

	CY2019 EMPLOYMENT TAX INCREMENT FINANCING (ETIF) APPLICATION INSTRUCTIONS
Line #	Please try to utilize the space available for each question. If necessary, provide additional pages with the electronic submittal. While every attempt has been made in this application to capture all information necessary to certify an applicant for Employment Tax Increment Financing (ETIF) participation, the department reserves the right to request supplemental documentation that will assist with final approval. Please be aware that many of the questions include a drop-down menu. Questions with a drop-down menu have been marked with an *. Please provide the following information:
	A. APPLICANT BUSINESS INFORMATION
8	Indicate if this application is for a new certification or an amendment to an existing certification.
10	Legal name of business applying for certification or amending their existing certification.
12	If applicable, Parent Company Name.
14	If applicable, "Doing Business As" information. Assumed names MUST be registered with the Maine Secretary of State. FMI #(207) 624-7752
16	Legal address of applicant business.
18	Maine Labor Market Area of ETIF project location. https://www.maine.gov/labor/cwri/LMADefinitions.html
20	Applicant's Federal Employer ID Number (EIN).
21	Primary and secondary contact information for the applicant business, including person's name, title, address, phone #, and e-mail.
27*	Applicant business type.
29*	Applicant's classification for IRS income tax reporting purposes.
31*	Indicate if all Maine employees work at address provided. Note: "Maine" employees are residents and non-residents who work at, or report to, your ETIF certified location in Maine and pay Maine state taxes.
32	If answer to Line #31 is No, provide all the Maine location(s) for the applicant business.
34	Provide requested information for Maine location(s) for the applicant business. Maine Labor Market Area data can be found at https://www.maine.gov/labor/cwri/LMADefinitions.html
43*	Select the option that best describes the proposed development project.
45*	Select the option that best describes economic development plans for existing Maine employees, positions, and property.
47	Applicant business ownership information, including principal owners, name, title, and percentage of ownership.
54*	Indicate if applicant business is seeking SBE certification.
57	If answer to Line #54 is yes, please provide requested information for additional entities. If no, skip to the next item. The Maine Department of Economic and Community Development will determine if the above are affiliated entities and may be certified as a Single Business Enterprise.
62*	Indicate if applicant plans to engage in retail operations in the ETIF. If yes, complete remaining questions of this section. If no, skip to the next item.
67*	Indicate if, at time of hire, applicant business will offer access to group retirement benefits subject to ERISA. Certification that qualified employees employed or to be employed are offered access to an ERISA qualified retirement plan, is a ETIF program requirement.
70*	Indicate if, at time of hire, applicant business will offer access to group health benefits. Certification that qualified employees employed or to be employed are offered access to an ERISA qualified retirement plan, is a ETIF program requirement.
73*	Check yes or no to indicate if applicant is a non-utility. Being a non-utility is required for ETIF
75*	Check yes or no to indicate if applicant is a for-profit enterprise. Being a for-profit enterprise is required for ETIF.
	B. QUALIFIED BUSINESS ACTIVITY

80	Briefly describe the Applicant's product(s) or service(s) distributed from or manufactured at location(s) directly related to the eligible sector(s) identified above.
82	Describe the Applicant business history of operations, in Maine.
84	Describe the proposed employment growth and investment plans, of applicant business for the next two years, including year of application.
C. ECONOMIC DEVELOPMENT PROJECT FINANCIAL PLAN AND HIRING ESTIMATES	
90	Identify the sources of funds, type of investment/uses of funds and associated costs of applicant's economic development project. Include estimated real estate investments, personal property investments, and employee training. Please provide the source of funds for each type of investment in the appropriate columns. If you do not see your specific type of investment listed, insert it under other and indicate the type of investment. The application will automatically calculate the dollar values entered and total them under the appropriate investment type.
103	Provide hiring information for net new qualified employees the business has created or anticipates creating within the first two calendar years of certification. Include occupation/title, work location, hire date, number of jobs, annual earnings and total payroll. If a company is certified in CY2019, they must create the required net new qualified positions by the end of CY2020.
112*	Select all counties where net new qualified employees are based.
116	Using hiring estimates indicated, complete the payroll and income tax withholding information for qualified employees and calculate the estimated return of withholdings to the applicant. Please note that only annual earnings and the income taxes withheld for net new qualified hires, may be used in calculating the estimated tax reimbursement, no other employer-paid benefits may be applied to the calculation.
D. EMPLOYMENT BASE LEVEL	
126	Provide employment information for the applicant, for both full-time and part-time employees, at the end of each quarter for the 3 calendar years immediately preceding the year of this application. Employees of a company who live outside of Maine, but report to a Maine location and pay Maine taxes, are considered Maine employees and must be counted in the baseline. The application will compute the information and provide what the base level of employment will be for the applicant's ETIF certification.
134	Provide total payroll figures and related income tax withholdings for the applicant business for each of the 3 calendar years immediately preceding the year of application for certification.
E. NEED FOR ETIF BENEFITS	
141	Provide the date the applicant submitted the required But For Letter to DECD.
143	Provide the date the DECD Commissioner acknowledged the But For Letter. If the But For Letter is submitted with the application, it will not be acknowledged separately.
F. DISCLOSURE	
148	Check the public purpose(s) that will be met through DECD's support of the ETIF development project.
152*	Indicate yes or no if the applicant is current on all taxes owed to the State of Maine. If no, any deficiencies must be fully explained.
G. CERTIFICATION	
157	Only an appropriately authorized individual may sign on behalf of the applicant business certifying compliance with all ETIF program provisions. In the case of a sole proprietorship, it should be the owner; in the case of a partnership, it should be an individual, preferably a general partner, who is authorized to act on behalf of all the partners; and in the case of a corporation, it should be either the CEO or a primary owner or officer.
158-164	Applicant business acknowledge and understands ETIF program requirements that must be met, once certified, to meet and maintain program compliance and eligible to have access to and receive ETIF program benefits.

	H. CONFIDENTIALITY
170	Please review the paragraph on “confidentiality”. Contact the department <u>immediately</u> if you have any questions or concerns regarding information you are providing in the ETIF application. Simply requesting that information be kept confidential does not make it confidential. DECD must review your request and make a final determination.
172	A signed original of the application and, if applicable, any supporting documentation, must be submitted as a PDF, by e-mail, to DECD at DECDtaxincentives@maine.gov . A copy of the e-mail should also be sent to the appropriate DECD staff member. If the applicant business is eligible for ETIF certification, the date the completed and executed ETIF application is received by DECD will be the date of ETIF certification.