# APPLICATION FORM – ECONOMIC DEVELOPMENT PROJECTS

**MONTANA DEPARTMENT OF COMMERCE**

**BIG SKY ECONOMIC DEVELOPMENT TRUST FUND (BSTF)**

**JOB CREATION PROJECT**

*Please reference the Application Guidelines for a complete explanation of required application information.*

|  |
| --- |
| I. APPLICANT INFORMATION – LOCAL/TRIBAL GOVERNMENT |
| Name of Local/Tribal Government Entity |        |
| Tax Identification Number |        |
| Chief Elected Official (Full Name & Title) |        |
| Contact Person (Full Name & Title) |        |
| Address (Street, City and 9-Digit Zip Code) |              |
| Phone Number |         |
| Email Address |        |
| Fax Number |        |

|  |
| --- |
| II. ASSISTED BUSINESS INFORMATION |
| Legal Name of Business to Receive Assistance |        |
| Physical Address of Project Location |        |
| Contact Person (Full Name & Title) |        |
| Address (Street, City and 9-Digit Zip Code) |        |
| Phone Number |        |
| Email Address |        |
| County project is located in |        |
| Business North American Industrial Classification System (NAICS)  |        |
| Tax Identification Number |       |
| Business Project Status (Startup, Expansion, Relocation, etc.) |        |
| Please describe in detail how the proposed Assisted Business will meet the eligibility criteria  |       |

|  |
| --- |
| III. PROJECT SUMMARY INFORMATION |
| Total Project Cost (Must match the Sources and Uses form) |        |
| Type of Assistance Requesting (Grant or Loan) |        |
| Amount of BSTF Funds Requested |        |
| Total Matching Funds  |        |
| Proposed Use of BSTF Funds: |        |
| Total Number of New Jobs to be created |        |
| Total Number of New BSTF Eligible Jobs to be created. |        |
| Hourly wage range for BSTF Eligible Jobs to be created.  |        |
| IV. PARTNER ORGANIZATION (IF APPLICABLE) |
| *Economic development organizations may be involved in implementing and administering a project if the eligible applicant agrees to such an arrangement. If a partner organization will be involved in the project, please provide the information in this section.*  |

|  |  |
| --- | --- |
| Contact Person (Full Name & Title) |       |
| Organization |       |
| Address (Street, City and 9-Digit Zip Code) |            |
| Phone Number |       |
| Email Address |       |
| What are the partner organizations responsibilities relative to completing the proposed project? |  |
| V. PROJECT INFORMATION  |
| *Please describe, in detail, the proposed project:* |
|       |
| *Please describe the Assisted Business:* |
|       |
| *Please explain what the BSTF financial assistance would be used (ex: equipment purchase, lease rate reduction, etc.):* |
|       |
| *Please identify the entities involved in completing the proposed project, including management of the project/staff plan.* |
|       |
| *Please provide an implementation plan/timeline for project activities from start-up through closeout:*  |
|       |
| *Please provide any relevant historical information on this project or the region it would support:* |
|       |
| Business’s Current Full-Time Employment Level in Montana |       |
| Business’s Current Full-Time Employment Level at the Project Site |        |
| Employee Benefits: See Appendix B (if ERISA eligible benefits are included in the calculation to meet the wage requirement) |
| VI. PROJECT ECONOMIC IMPACT STATEMENT |
| *Please provide a summary of the impacts (both positive and negative) the project would have on the state, regional and community economy as well as any services or functions that the business provides to the community, region or state. Also identify if the business associated with the project is competing with any local or regional existing businesses.* |
|        |

|  |  |
| --- | --- |
|  VII. PROJECT SOURCES & USES OF FUNDS |  |
|  | SOURCE:BSTF | SOURCE:Match      |  SOURCE:      | SOURCE:      | **TOTAL PROJECT COST** |
| Administration (up to 5%, max $30,000) |       |       |       |       |       |
| **ACTIVITY BUDGET** |  |  |  |  |  |
| Machinery/Equipment Purchase |       |       |       |       |       |
| Land Purchase |       |       |       |       |       |
| Lease rate Reduction |       |       |       |       |       |
| Employee Training |       |       |       |       |       |
| Wages |       |       |       |       |       |
| Construction Materials |       |       |       |       |       |
| Other:       |       |       |       |       |       |
|        |       |       |       |       |       |
| **TOTAL PROJECT** | **$** | **$** | **$** | **$** | **$** |
| BUDGET NARRATIVE  |

|  |
| --- |
| BUDGET NARRATIVE |
| *Provide a total project cost breakdown.* |
|       |
| *Provide a narrative including the source, use, and status (ie. On hand, awarded, committed, applied for, etc.) for all funds to be utilized in satisfying the program matching funds requirement.* |
|       |
| *Provide a description with documentation that details how all project costs are verified, specifying how and by whom they are determined (i.e. who prepared the cost estimates, equipment lists, etc.) and describe that the cost estimates are reasonable and complete.* |
|       |

**\*Provide written commitments for proposed match. The commitment may be from the applicant or assisted business.**

**\*The Department will withhold ten percent (10%) of the total authorized award amount for administration, until all tasks outlined in the contract have been completed and approved by the Department.**

|  |
| --- |
| VIII. CERTIFICATION BY LOCAL GOVERNMENT AND BUSINESS |
| As the responsible authorized agents of ***Local or Tribal Government Applicant:***, and ***Applicant Business:      ,*** we hereby submit this Big Sky Economic Development Trust Fund Application. The information presented in this application is, to the best of our knowledge, true, complete and accurately represents the proposed project. We understand that additional information and documentation may be required. In addition, we understand that the local or tribal government applicant and the assisted business receiving BSTF financial assistance are liable for the full amount of the award that is advanced by the Department if the assisted business: misrepresents itself or its claims, fails to create or maintain the number of net new eligible jobs as specified in the executed contract and assistance agreement, fails to inject the required amount of match into the project as specified in the executed contract and assistance agreement, or ceases operations at the Project Site.**[ ]  The Applicant designates       (*Name and Phone number*) as the authorized contact for any additional Department requests for the release of additional information regarding this application for BSTF funds.*****Local or Tribal Government Applicant:*** will accept responsibility for management of the project and compliance with Big Sky Economic Development Trust Fund regulations. ***Applicant Business:*** will accept responsibility for compliance with applicable Big Sky Economic Development Trust Fund regulations as specified in this application. |
| Name (typed): |        |  Local or Tribal Government |
| Title (typed): |        |   |
|   | Chief Elected Official |
|   |
| Signature: | X  |
| Date: |        |   |
|   |
| As the responsible authorized agents of the ***Assisted Business:      ,*** we hereby submit this Big Sky Economic Development Trust Fund Application. The information presented in this application is, to the best of our knowledge, true, complete and accurately represents the proposed project. We understand that additional information and documentation may be required. In addition, we understand that the local or tribal government applicant and the assisted business receiving BSTF financial assistance are liable for the full amount of the award that is advanced by the Department if the assisted business: misrepresents itself or its claims, fails to create or maintain the number of net new eligible jobs as specified in the executed contract and assistance agreement, fails to inject the required amount of match into the project as specified in the executed contract and assistance agreement, or ceases operations at the Project Site.The assisted business agrees that the Montana Department of Commerce and the Montana Department of Revenue may share financial and tax information related to this application. |
| Name (typed): |        |  Assisted Business |
| Title (typed): |        |   |
|   | Authorized Representative |
|   |
| Signature: | X  |
| Date: |        |   |
|   |
|  |