

**OHIO DEVELOPMENT SERVICES AGENCY**  
**OHIO ENTERPRISE ZONE PROGRAM**

**PROPOSED AGREEMENT** for Enterprise Zone Tax Incentives between the \_\_\_\_\_  
\_\_\_\_\_ located in the County of Mahoning and City of Youngstown, Ohio.

- 1a. Name of business, home or main office address, contact person, and telephone number (attach additional pages if multiple enterprise participates).

\_\_\_\_\_

|                 |                |
|-----------------|----------------|
| enterprise name | contact person |
|-----------------|----------------|

\_\_\_\_\_

|                  |         |               |
|------------------|---------|---------------|
| telephone number | address | email address |
|------------------|---------|---------------|

- 1b. Project site:

\_\_\_\_\_

|                |                  |
|----------------|------------------|
| contact person | telephone number |
|----------------|------------------|

\_\_\_\_\_

address

- 2a. Nature of business (manufacturing, distribution, wholesale or other).

- 2b. List primary 6-digit NAICS #\_\_\_\_\_.  
Business may list other relevant SIC numbers.

2c. If a consolidation, what are the components of the consolidation? (Must itemize the location, assets, and employment positions to be transferred.)

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2d. Form of business of enterprise (corporation, partnership, proprietorship, or other).

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3. Name of principal owner(s) or officers of the business (attach list if necessary).

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4. Is business seasonal in nature? Yes\_\_\_\_ No\_\_\_\_

5a. State the enterprise's current employment level at the proposed project site:

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5b. Will the project involve the relocation of employment positions or assets from one Ohio location to another? Note that the relocation projects are restricted in non-distress based Ohio Enterprise Zones. A waiver from the Director of the Ohio Development Services Agency is available for special limited circumstances. The business and local jurisdiction should contact ODSA early in the discussions.

Yes\_\_\_\_ No\_\_\_\_

5c. If yes, state the locations from which employment positions or assets will be relocated and the location to where the employment positions or assets will be located:

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5d. State the enterprise's current employment level in Ohio (itemized for full and part-time and permanent and temporary employees):

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5e. State the enterprise's current employment level for each facility to be affected by the relocation of employment positions or assets:

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5f. What is the projected impact of the relocation, detailing the number and type of employees and/or assets to be relocated?

6a. Has the Enterprise previously entered into an Enterprise Zone Agreement with the local

legislative authorities at any site where the employment or assets will be relocated as a result of his proposal? Yes\_\_\_ No\_\_\_

6b. If yes, list the local legislative authorities, date, and term of the incentives for each Enterprise Zone Agreement:

7. Does the Enterprise owe:

a. Any delinquent taxes to the State of Ohio or a political subdivision of the state:  
Yes\_\_\_ No\_\_\_

b. Any moneys to the State or a state agency for the administration or enforcement of any environmental laws of the State? Yes\_\_\_ No\_\_\_

c. Any other moneys to the State, a state agency or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not.  
Yes\_\_\_ No\_\_\_

d. If yes to any of the above, please provide details of each instance including but not limited to the location, amounts and/or case identification numbers (add additional sheets if necessary).

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8. Project Description (attach additional pages if necessary):

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9. Project will begin \_\_\_\_\_, 20\_\_\_ and be completed \_\_\_\_\_, 20\_\_\_ provided a tax exemption is provided.

10a. Estimate the number of new employees the business intends to hire at the facility that is the project site (job creation projection must be itemized by full and part-time and permanent and temporary):

10b. State the timeframe of this projected hiring: \_\_\_\_\_ years

10c. State proposed schedule for hiring (itemize by full and part-time and permanent and

temporary employees):

- 11a. Estimate the amount of annual payroll such new employees will add \$\_\_\_\_\_ (new annual payroll must be itemized by full and part-time and permanent and temporary new employees).
- 11b. Indicate separately the amount of existing annual payroll relating to any job retention claim resulting from the project: \$\_\_\_\_\_
- 12. Market value of the existing facility as determined for local property taxation.  
\$\_\_\_\_\_
- 13a. Business's total current investment in the facility as of the proposal's submission.  
\$\_\_\_\_\_
- 13b. State the businesses' value of on-site inventory required to be listed in the personal property tax return of the enterprise in the return for the tax year (stated in average \$ value per most recent 12 month period) in which the agreement is entered into (baseline inventory):  
\$\_\_\_\_\_

14. An estimate of the amount to be invested by the enterprise to establish, expand, renovate or occupy a facility:

|                                        | <u>Minimum</u> | <u>Maximum</u> |
|----------------------------------------|----------------|----------------|
| A. Acquisition of Buildings:           | \$             | \$             |
| B. Additions/New Construction:         | \$             | \$             |
| C. Improvements to existing buildings: | \$             | \$             |
| D. Machinery & Equipment:              | \$             | \$             |
| E. Furniture & Fixtures:               | \$             | \$             |
| F. Inventory:                          | \$             | \$             |
| <b>Total New Project Investment:</b>   | <b>\$</b>      | <b>\$</b>      |

15. a. Business requests the following tax exemption incentives: \_\_\_% for \_\_\_\_\_ years covering real property as described above. Be specific as to type of assets, rate, and term.

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b. Business's reasons for requesting tax incentives (be quantitatively specific as possible)

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Submission of this application expressly authorizes the \_\_\_\_\_ and/or \_\_\_\_\_ County to contact the Ohio Environmental Protection Agency to confirm statements contained within this application including item #7 and to review applicable confidential records. As part of this application, the business may also be required to directly request from the Ohio Department of Taxation or complete a waiver form allowing the Ohio Department of Taxation to release specific tax records to the local jurisdictions considering the incentive request.

Applicant agrees to supply additional information upon request.

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 9.66(C)(1) and 2921.13(D)(1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefit as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

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Name of Enterprise Date

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Signature Typed Name and Title

\*A copy of this proposal must be forwarded by the local governments to the affected Board of Education along with notice of the meeting date on which the local government will review the proposal. Notice must be given a minimum of fourteen (14) days prior to the scheduled meeting to permit the Board of Education to appear and/or comment before the legislative authorities considering the request.

\*\* Attach to Final Enterprise Zone Agreement as Exhibit A

Please note that copies of this proposal must be included in the finalized Enterprise Zone Agreement and be forwarded to the Ohio Department of Taxation and the Ohio Development Services Agency within fifteen (15) days of final approval.

**OHIO DEVELOPMENT SERVICES AGENCY  
ENTERPRISE ZONE PROJECT TAX ANALYSIS**

General Project Information

County: Mahoning

Local Government Authority: City of Youngstown, Ohio

Business: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Total Current Real Property Tax of Business (at site): \_\_\_\_\_

Total Current Tangible Personal Property Tax of Business (at site): \_\_\_\_\_

\*(note, if not applicable to site, use within local jurisdiction):

Note, does the project involve relocation of any assets or jobs? \_\_\_\_yes \_\_\_\_no

If yes, within local jurisdiction \_\_\_\_yes \_\_\_\_no

Within county \_\_\_\_yes \_\_\_\_no

Within State (distance \_\_\_mi) \_\_\_\_yes \_\_\_\_no

Does the project involve removal of any currently taxed assets (Real or Personal Property from the Tax Rolls? \_\_\_\_yes \_\_\_\_no

Estimated real property tax loss \$ \_\_\_\_\_

Estimated tangible personal tax loss \$ \_\_\_\_\_

Is there a local income tax? \_\_\_\_yes \_\_\_\_no

If yes, please list income tax rate: \_\_\_\_\_%

Note total number of new jobs projected-attributable to the project \_\_\_\_\_

Note new payroll projected from the new job commitment \_\_\_\_\_ x \_\_\_\_\_% income tax rate = \_\_\_\_\_  
New income tax generation

\_\_\_\_\_  
Enterprise Zone Manager or Authorized Signature

\_\_\_\_\_  
Date

1A. Total Project Costs Receiving Real Property Exemption

Real Property Tax Matrix

| Projected Tax Year                                                        | YR1    | YR2    | YR3    | YR4    | YR5    | YR6    | YR7    | YR8    | YR9    | YR10   |
|---------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Estimated Value of Real Property Improvements                             | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  |
| Exemption Schedule                                                        | _____% | _____% | _____% | _____% | _____% | _____% | _____% | _____% | _____% | _____% |
| Exempted Value                                                            | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  |
| Taxable Value                                                             | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  |
| Assessment                                                                | 35%    | 35%    | 35%    | 35%    | 35%    | 35%    | 35%    | 35%    | 35%    | 35%    |
| Real Property Tax Rate                                                    | .073   | .073   | .073   | .073   | .073   | .073   | .073   | .073   | .073   | .073   |
| Total Real Property Tax Foregone (Exempted Value x Assessment x Tax Rate) | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  |
| Net New Tax Revenue (Taxable Value x Assessment x Tax Rate)               | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  | _____  |

Total Real Property Tax Foregone Over Project Term: \$ \_\_\_\_\_

Total Net New Real Property Tax Revenue Generated Over Project Term: \$ \_\_\_\_\_

1B. Please calculate the annual net new Real Property Tax Revenue generated by the project. Subtract any real property tax revenue loss (page 1) \_\_\_\_\_ from the new real property tax generated \$ \_\_\_\_\_ (1A) to equal the net new annual real property increase (loss) \$ \_\_\_\_\_ to community.

2. Total Taxes Forgone \$ \_\_\_\_\_

Total Taxes Generated (including income tax) \$ \_\_\_\_\_

CITY OF YOUNGSTOWN - PROJECT SUMMARY

APPLICANT COMPANY: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

PRESENT LOCATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PROJET LOCATION: \_\_\_\_\_

CURRENT EMPLOYMENT LEVEL: \_\_\_\_\_

CURRENT ANNUAL PAYROLL: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

PROJECT COMMENCEMENT DATE \_\_\_\_\_ PROJECT COMPLETION DATE \_\_\_\_\_

- PROJECT BUDGET:
- A) Acquisition of Land \_\_\_\_\_
  - B) Additions/New Construction \_\_\_\_\_
  - C) Improvements to existing building: \_\_\_\_\_
  - D) Machinery and equipment \_\_\_\_\_
  - E) Inventory \_\_\_\_\_

PLEASE PROVIDE CONTACT INFORMATION FOR PARTIES INTERESTED IN CONSTRUCTION/BID INQUIRIES:

\_\_\_\_\_

NAME/TITLE, PHONE, EMAIL

JOB CREATION DATA: NEW EMPLOYEES FT/PT

Year one \_\_\_\_\_ Title/Position & Pay Range \_\_\_\_\_

\_\_\_\_\_

Year two \_\_\_\_\_ Title/Position & Pay Range \_\_\_\_\_

\_\_\_\_\_

Year three \_\_\_\_\_ Title/Position & Pay Range \_\_\_\_\_

\_\_\_\_\_

DESCRIBE EMPLOYEE BENEFIT PLAN: \_\_\_\_\_

\_\_\_\_\_

PAYROLL ATTRIBUTED TO NEW EMPLOYEES: \_\_\_\_\_

AFFIRMATIVE ACTION PLAN: Y \_\_\_\_\_ N \_\_\_\_\_

PRIVATE LENDER: \_\_\_\_\_

ANNUAL SALES REVENUE: \_\_\_\_\_

OWNERSHIP (Name & %): \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED:**  
**Cost Estimates (third party estimates where applicable)**  
**Business Plan and Financials**



|                                                                                                                                                                                    |                                                                                                                                                                                            |                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <p>CITY OF YOUNGSTOWN<br/>COMMUNITY PLANNING AND<br/>ECONOMIC DEVELOPMENT<br/>DEPARTMENT</p> <p style="text-align: center;"><b>CURRENT AND<br/>PROJECTED<br/>EMPLOYEE DATA</b></p> | <p>1. NAME AND ADDRESS OF<br/>ORGANIZATION</p> <p>_____</p> <p>ORGANIZATION</p> <p>_____</p> <p>NO. AND STREET</p> <p>_____</p> <p>CITY</p> <p>_____</p> <p>STATE AND ZIP</p> <p>_____</p> | <p>2. CURRENT TEMPORARY AND<br/>PART-TIME EMPLOYEES</p> <p>Total_____</p> <p>Total Females_____</p> <p>Total Minorities_____</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

| JOB CATEGORIES            |             | 3. CURRENT PERMANENT POSITIONS |                     | 4. NEW PERMANENT JOBS CREATED AS A RESULT OF THIS PROJECT | 5. PERMANENT JOBS TO BE RETAINED | 6. PERMANENT EMPLOYEES WHEN FULLY OPERATIONAL |                     |
|---------------------------|-------------|--------------------------------|---------------------|-----------------------------------------------------------|----------------------------------|-----------------------------------------------|---------------------|
|                           | S<br>e<br>x | TOTAL<br>EMPLOYEES             | TOTAL<br>MINORITIES | TOTAL<br>EMPLOYEES                                        | TOTAL<br>EMPLOYEES               | TOTAL<br>EMPLOYEES                            | TOTAL<br>MINORITIES |
| OFFICIALS & MANAGERS      | F           |                                |                     |                                                           |                                  |                                               |                     |
|                           | M           |                                |                     |                                                           |                                  |                                               |                     |
| PROFESSIONALS             | F           |                                |                     |                                                           |                                  |                                               |                     |
|                           | M           |                                |                     |                                                           |                                  |                                               |                     |
| TECHNICIANS               | F           |                                |                     |                                                           |                                  |                                               |                     |
|                           | M           |                                |                     |                                                           |                                  |                                               |                     |
| SALES WORKERS             | F           |                                |                     |                                                           |                                  |                                               |                     |
|                           | M           |                                |                     |                                                           |                                  |                                               |                     |
| OFFICE AND CLERICAL       | F           |                                |                     |                                                           |                                  |                                               |                     |
|                           | M           |                                |                     |                                                           |                                  |                                               |                     |
| CRAFTSPERSONS (SKILLED)   | F           |                                |                     |                                                           |                                  |                                               |                     |
|                           | M           |                                |                     |                                                           |                                  |                                               |                     |
| OPERATIVES (SEMI-SKILLED) | F           |                                |                     |                                                           |                                  |                                               |                     |
|                           | M           |                                |                     |                                                           |                                  |                                               |                     |
| LABORERS (UNSKILLED)      | F           |                                |                     |                                                           |                                  |                                               |                     |
|                           | M           |                                |                     |                                                           |                                  |                                               |                     |
| SERVICE WORKERS OTHER     | F           |                                |                     |                                                           |                                  |                                               |                     |
|                           | M           |                                |                     |                                                           |                                  |                                               |                     |
| TOTAL                     | F           |                                |                     |                                                           |                                  |                                               |                     |
|                           | M           |                                |                     |                                                           |                                  |                                               |                     |
| <b>GRAND TOTAL</b>        |             |                                |                     |                                                           |                                  |                                               |                     |

7. THIS FORM PREPARED BY: *(Typed Name)*

|                        |                                                       |
|------------------------|-------------------------------------------------------|
| (Typed Position)       | Authorized Organization Official (Typed Name & Title) |
| (Date & Telephone No.) | (Signature & Date)                                    |