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.)

______________________________________________________________________________
______________________________________________________________________________

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

______________________________________________________________________________

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

______________________________________________________________________________

4. Is business seasonal in nature? Yes____ No____

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

______________________________________________________________________________

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:

______________________________________________________________________________
______________________________________________________________________________

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

______________________________________________________________________________

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

______________________________________________________________________________

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).

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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
temporal 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:  

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Acquisition of Buildings:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>B. Additions/New Construction:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>C. Improvements to existing buildings:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>D. Machinery &amp; Equipment:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>E. Furniture &amp; Fixtures:</td>
<td>$</td>
<td>$</td>
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<tr>
<td>F. Inventory:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total New Project Investment:</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Page 4 of 5
b. Business’s reasons for requesting tax incentives (be quantitatively specific as possible)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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.

Name of Enterprise                                                                          Date
____________________________________________________________________________________
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.
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

<table>
<thead>
<tr>
<th>Projected Tax Year</th>
<th>YR1</th>
<th>YR2</th>
<th>YR3</th>
<th>YR4</th>
<th>YR5</th>
<th>YR6</th>
<th>YR7</th>
<th>YR8</th>
<th>YR9</th>
<th>YR10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Value of Real Property Improvements</td>
<td></td>
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<tr>
<td>Exemption Schedule</td>
<td>_____%</td>
<td>_____%</td>
<td>_____%</td>
<td>_____%</td>
<td>_____%</td>
<td>_____%</td>
<td>_____%</td>
<td>_____%</td>
<td>_____%</td>
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</tr>
<tr>
<td>Exempted Value</td>
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<tr>
<td>Taxable Value</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Assessment</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Real Property Tax Rate: 0.073

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 Forgone 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:_______________________________________________________________

PROJECT 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
CITY OF YOUNGSTOWN  
COMMUNITY PLANNING AND 
economic Development  
Department  

Current and 
Projected 
Employee Data

1. Name and Address of 
Organization

Organization__________________________________________
No. and Street__________________________________________
City____________________________________________________
State and Zip__________________________________________

2. Current Temporary and 
Part-time Employees

Total_____________________
Total Females_____________________
Total Minorities_____________________

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

<table>
<thead>
<tr>
<th>Job Categories</th>
<th>Total Employees</th>
<th>Total Minorities</th>
<th>Total Employees</th>
<th>Total Employees</th>
<th>Total Employees</th>
<th>Total Minorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officials &amp; Managers</td>
<td>F</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td>F</td>
<td>M</td>
<td></td>
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</tr>
<tr>
<td>Technicians</td>
<td>F</td>
<td>M</td>
<td></td>
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<td></td>
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<tr>
<td>Sales Workers</td>
<td>F</td>
<td>M</td>
<td></td>
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<tr>
<td>Office and Clerical</td>
<td>F</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Craftspersons (Skilled)</td>
<td>F</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Operatives (Semi-Skilled)</td>
<td>F</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laborers (Unskilled)</td>
<td>F</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Workers Other</td>
<td>F</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>F</td>
<td>M</td>
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</tbody>
</table>

7. This Form Prepared By: (Typed Name)

(Typed Position) Authorized Organization Official (Typed Name & Title)

(Date & Telephone No.) (Signature & Date)

9-16