### **Coleman Economic Development Corporation**



and Coleman Community Coalition 200 W. Liveoak, Coleman, TX 76834

325-625-3669

http://www.colemanedc.com/



### **REQUEST FOR ECONOMIC DEVELOPMENT ASSISTANCE**

The following information is required for all projects requesting economic development assistance from the CEDC / CCC. Incomplete applications will not be considered. If any requested information is not applicable, enter "n/a" in the space. After receipt of the application, the Board may require additional information to be submitted to indicate the financial abilities or other factors of the company.

| Business Name:                             |                        |  |  |  |
|--|------------------------|--|--|--|
|  |                        |  |  |  |
| Business Type (Sole Proprietor, LLC, etc.) |                        |  |  |  |
|  |                        |  |  |  |
| Mailing Address:                           | City, State, Zip Code: |  |  |  |
|  |                        |  |  |  |
| Phone Number:                              | Cell Number:           |  |  |  |
|  |                        |  |  |  |
| Business Representative:                   |                        |  |  |  |
|  |                        |  |  |  |
| Mailing Address (if different from above): |                        |  |  |  |
|  |                        |  |  |  |
| Email Address:                             | Website:               |  |  |  |
|  |                        |  |  |  |
| Phone Number:                              | Cell Number:           |  |  |  |
|  |                        |  |  |  |

I certify that the information submitted in this application, including attachments, is true, correct, and complete. Omissions or submission of incorrect information will render this application invalid.

Signature of Business Representative

# Project Information

\_\_\_\_\_

Description of Project:

| Property   | Address:                                     | Is Property Inside the City Limits?     |                                       |  |  |  |
|--|--|---|---------------------------------------|--|--|--|
|  |  | Yes: No:                                |                                       |  |  |  |
| Legal Description (attach if available)  |  |   |                                       |  |  |  |
|  |  |   |                                       |  |  |  |
| Do you Own, Rent, Lease the Property?  |  | Under What Name is the Property Listed? |                                       |  |  |  |
|  |  |   |                                       |  |  |  |
| Lien on the  | e Property?                                  | Any Pending Litigation?                 |                                       |  |  |  |
| Yes:   | No:  | Yes: No:                                |                                       |  |  |  |
|  | Value of Im                                  | provements:                             |                                       |  |  |  |
| Building:  | Equipment                                    | Total                                   | Est. Taxable                          |  |  |  |
|  |  |   |                                       |  |  |  |
| Existing Facility or Nev   | Existing Facility or New Building? Check One |   | on? New Industry?                     |  |  |  |
| Existing:  | New:   | Yes: No:                                | Yes: No:                              |  |  |  |
| Current Zoning App   | ropriate for Project?                        | Building Up to Code?                    | Environmental Issues?                 |  |  |  |
| Yes:   | No:  | Yes: No:                                | Yes: No:                              |  |  |  |
|  |  | Unknown:                                | Unknown:                              |  |  |  |
| Construction Time Frame (mor   | nth/year)                                    |   | ·                                     |  |  |  |
| Start:   |  | Complete:                               |                                       |  |  |  |
| Construction Materials to be Purchased (\$):   |  | Percent Purchased in Coleman (%):       |                                       |  |  |  |
|  |  |   |                                       |  |  |  |
| Equipment & Furniture to be P  | urchased (\$):                               | Percent Purchased in Coleman (%):       |                                       |  |  |  |
|  |  |   |                                       |  |  |  |
| Construction Workers Payroll (\$):   |  | Percent Spent in Coleman (%):           |                                       |  |  |  |
|  |  |   |                                       |  |  |  |
| Annual Facility Purchases:   |  | Percent Purchased in Coleman (%):       |                                       |  |  |  |
|  |  |   |                                       |  |  |  |
| Projected Annual Sale  | Projected Annual Sales: Annual Sales         |   | s in Coleman: % Subject to Sales Tax: |  |  |  |
|  |  |   |                                       |  |  |  |
| Will this project have a tourism impact on the community (create local hotel stays)? |  |   |                                       |  |  |  |
| If yes, complete the Tourism Project Supplemental Information Section (Page 7).      |  |   |                                       |  |  |  |

## Utility Usage Information

| Water  | Solid Waste                                |
|--|--|
| Average Monthly Usage (1000 gallons)         | Size Dumpster Requested / Montly Pickups   |
|  |  |
| Waste Water                                  | Electrical Service Needed                  |
| Average Monthly Usage (1000 gallons)         | Transformers Needed (Yes/No) Size:         |
|  |  |
| Rail   | Rail                                       |
| Weight Rail Needed / Average Monthly Volume: | Car Storage Needs On-Site / Number of Cars |
|  |  |
| Natural Gas Needs                            | Other Needs                                |
| Pressure Needed / Volume Usage per Month     | (Attach Additional Sheets if Necessary)    |
|  |  |

# **Employment Information**

| Number of Employees (FTE): |                     | Annual Payroll |                    |                           |        |                            |                            |                   |
|----------------------------|---------------------|----------------|--------------------|---------------------------|--------|----------------------------|----------------------------|-------------------|
| Year 1                     | Yea                 | ar 3           | Year 5             | Year 1                    |        | Year 3                     |                            | Year 5            |
|                            |                     |                |                    |                           |        |                            |                            |                   |
| Number                     | Number of Hourly: A |                | Ave. Wage/Hr       | Nu                        | mber   | Salaried:                  |                            | Av. Annual Salary |
| Unskilled                  |                     |                |                    | A                         | dmin   |                            |                            |                   |
| Semi-skilled               |                     |                |                    | Manag                     | gerial |                            |                            |                   |
| Skilled                    |                     |                |                    |                           | Sales  |                            |                            |                   |
| Other                      |                     |                |                    | C                         | Other  |                            |                            |                   |
| Benefits Offer             | red:                | Cost to F      | mployee Per Month  | Femily Coverage Available |        | Cost to F                  | Cost to Employee Per Month |                   |
| Health Plar                | า                   |                | inployee Per Month | Family Coverage Available |        | Cost to Employee Per Month |                            |                   |
| Yes: No:                   |                     |                |                    | Yes:                      | No:    |                            |                            |                   |
| Retirement / 4             | 401K                | Vac            | ation Days / Yr    | Sick Leav                 | e Day  | s/Yr                       | Paie                       | d Holidays / Yr   |
|                            |                     |                |                    |                           |        |                            |                            |                   |
| Profit Sharir              | ıg                  | De             | ntal Insurance     | Life Ins                  | uranc  | e                          | Disa                       | bility Insurance  |
| Yes: No:                   |                     | Yes:           | No:                | Yes:                      | No:    |                            | Yes: _                     | No:               |

Briefly explain your benefits package. Some items to cover are: Are same benefits offered to all employees? If not, please explain the difference between the plans. Is there a probationary period before benefits are offered? Are there any planned or expected changes in benefits in the near future?

#### NOTES:

**1. Construction Workers Payroll:** Include all construction workers. Bids may be required from subcontractors to detail payroll.

**2. Percent Spent in Coleman:** Percent of construction workers payroll that will be spent in Coleman (food and other retail purchases).

**3.** Annual Facility Purchases: Annual purchases of operating items such as office supplies, cleaning supplies, etc., that are subject to sales tax.

**4.** Purchases of Raw Materials from Local Manufacturers or Suppliers: Purchases of raw materials used in the manufacturing process that are *not* subject to sales tax.

**5.** Annual Sales in Coleman: Estimated sales to Coleman customers. If the company has no Coleman customers, enter "none".

### Economic Development Assistance Requested

| Amount of Financial Assistance Requested? |                              |  |  |  |  |
|---|------------------------------|--|--|--|--|
|   |                              |  |  |  |  |
| Other Incentives Requested:               |                              |  |  |  |  |
|   |                              |  |  |  |  |
|   |                              |  |  |  |  |
|   |                              |  |  |  |  |
|   |                              |  |  |  |  |
|   |                              |  |  |  |  |
| Explanation /                             | Explanation / Justification: |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·     |                              |  |  |  |  |
|   |                              |  |  |  |  |
|   |                              |  |  |  |  |
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|   |                              |  |  |  |  |
|   |                              |  |  |  |  |
|   |                              |  |  |  |  |
| Have You Applied for Funding in the Past? | If So, How Much?             |  |  |  |  |
|   |                              |  |  |  |  |
|   |                              |  |  |  |  |

#### **Required Attachments**

The following items may be requested prior to consideration of incentives. Please submit each as a separate item.

- 1. Plat / Map of property, extending 500 ft. beyond property in all directions (assistance available at City)
- 2. Detailed list of improvements, including equipment
- 3. Business Plan
- 4. Financials for previous three years.
- 5. Tax certificate (company tax I.D. number)
- 6. Zoning certificate or approval (assistance available at City)
- 7. Copy of Deed

**NOTE:** The EDC reserves the right to require additional information, including detailed financials, depending upon the size of the project.

### **Application Submission**

Submit the completed application by mail or in person to:

Kim Little Director of Economic Development City of Coleman 200 W. Liveoak Coleman, Texas 76834 edc@cityofcolemantx.us

Please address questions regarding this application to Kim Little at 325-625-3669.

## **Tourism Project Supplemental Information**

| Expected Overnight Stays in Coleman - Number of Rooms: |                                  |                         |                         |  |  |
|--|----------------------------------|-------------------------|-------------------------|--|--|
| Pre-Construction                                       | Construction                     | 1-3 Years after Opening | 3-5 Years after Opening |  |  |
|  |                                  |                         |                         |  |  |
| Explanation / Justification                            |                                  |                         |                         |  |  |
|  |                                  |                         |                         |  |  |
|  |                                  |                         |                         |  |  |
|  |                                  |                         |                         |  |  |
|  |                                  |                         |                         |  |  |
|  |                                  |                         |                         |  |  |
|  |                                  |                         |                         |  |  |
|  |                                  |                         |                         |  |  |
| Potential Ancillary / Compleme                         | entary Hospitality Related Devel | opment                  |                         |  |  |
| (include hotels, motels, restaut                       | ants, recreation areas)          |                         |                         |  |  |
|  |                                  |                         |                         |  |  |
|  |                                  |                         |                         |  |  |
|  |                                  |                         |                         |  |  |
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