

City of South Bend

Petition for Incentives

Petition must include a \$250 filing fee payable to the City Clerk's Office or online via the City's website at <http://southbendin.gov/government/content/tax-abatement> before processing can be complete



General Information		Project Name	Project Number
Legal name as registered with Secretary of State			
Business structure			
Company website			
Proposed Project Information			
Proposed project address		Parent company name	
City, State, Zip		Legal owner	
Site acreage or acreage required		Is the real estate owned or leased	
Square feet of facility		If leased by whom	
Primary Contact Information			
Primary company contact name		Title	
Address of company contact		Phone	
City, State, Zip		Email	
Senior Official Information			
Company senior official name		Title	
Address of company contact (if different from above)		Phone	
City, State, Zip		Email	
Consultant Information/Agent			
Hired business consultant/agent name		Consultant release (Y/N)	
Address		Local economic development partners approval (Y/N)	
City, State, Zip		Email	
Project Overview			
Brief description of your company, project, and why the property is necessary for economic growth			
Certified Technology Park appropriate			
Community Revitalization Enhancement District			
Certify that the Building Permit has not been issued (Y/N)		Number of residential units created by project	
If this is a petition for personal property tax abatement, has the equipment been installed			

Investment Details			
Public Infrastructure needs (Off-site of project in dollars)	Has any 504 funding been received?	What is the value of any equipment being purchased in Indiana for the project?	What is the value of any equipment being purchased from out of state for the project ?

New Project Investments								
Calendar Year	2015	2016	2017	2018	2019	2020	2021	2022
Land Acquisition								
Building Lease Payments								
Building Purchase Costs								
New Building Construction								
Existing Building Improvements								
New Machinery & Equipment								
Special Tooling/Retooling								
New Furniture/Fixtures								
New Computer/IT Hardware								
New Software								
On-site Rail Infrastructure								
On-site Fiber Infrastructure								
TOTAL								

Full-Time Permanent Indiana-Resident Positions by Calendar Year						
Calendar Year	Jobs retained	Total hourly wage w/o fringe or bonuses	Cumulative # of net NEW full time permanent jobs created at project	Hourly average wage, w/o benefits or bonuses, of cumulative net new jobs	Total training expenditure - not cumulative	Total # to be trained - not cumulative
2015						
2016						
2017						
2018						
2019						
2020						
2021						
2022						
2023						
2024						
2025						
2026						

Provide hourly wage information for new employees in the following positions.			
	Full time		Part time
Laborers			
Technical			
Managerial			
Administrative			
Who will be the individual responsible for coordinating with WorkOne on recruiting?			
Does your company have an EEO hiring policy?		Are you an EEO employer?	

Please list the number of full time and part time minority and/or female employees for each of the last three years:							Please describe your commitment to diversity and inclusion by detailing your outreach and recruitment efforts for the last three years as well as current policies.
Year							
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	
Black							
Hispanic							
Asian							
Indian							
Female							
Other							

**Complete below for Real or Personal Property Tax Abatement only.
Please sign for all requested incentives.**

Public Benefit Item:

Information is required on both the construction companies and the companies which will provide materials purchased for this project. Please complete the table below with the appropriate information. If you qualify for the points, please enter the full amount of available points.		Qualify (Yes or No)	Earned Points	Available Points
1	Construction Related (Contractors):			
	A.	Employ Local Companies (75%)		20
	B.	Purchase Materials from Local Companies (75%)		20
	C.	Require Employees vs. Independent Contractors		19
	D.	Require Prevailing Wage (Davis Bacon)		22
	E.	Require Health Benefits		22
	F.	Require Pension Benefits		18
	G.	Maintain Affirmative Action Plan		20
		Sub-total Construction Related:		141
	2	Wage & Benefit Related (Owner):		
A.		Pay Target Wage Levels		33
B.		Provide Health Benefits		34
C.		Provide Pension Benefits		29
D.		Provide Training		28
E.		Provide Child Care		15
F.		Provide Transportation Assistance		14
G.		Provide Employer Assisted Housing program		9
		Sub-total Wage & Benefit Related:		162
3	Workforce Related:			
	A.	Create New Jobs		42
	B.	Retain Existing Jobs		41
	C.	Maintain Affirmative Action Plan		35
	D.	Provide Targeted Hiring Preference		34
	Sub-total Workforce Related:		152	
4	Support a Municipal Facility:			
	A.	Support a SB Municipal Facility (donations to the zoo, conservatory, museum, etc.)		84
		Name of Facility		
	Sub-total Municipal Facility:		84	
Sub-total from Above:				539

The undersigned owner(s) of real property, located within the City of South Bend, hereby petition the Common Council of the City of South Bend for a real and/or personal property tax abatement consideration and pursuant to I.C., 6-1.1-12.1-1, et seq., and South Bend Municipal Code Sec. 2-76 et seq., for this petition state the above.

Submitted By:

Date:

What is the current assessed value?					Real Property:		Personal Property:	
What is the projected assessed value?					Real Property:		Personal Property:	
What is the tax key number for this project?								
What is the six digit NAICS code?								
Please attach a Google map and street view of the location.								
Please list the amount of real and personal property taxes paid for the last five years when applicable.					Real Property Taxes:	Personal Property Taxes:		
Year One								
Year Two								
Year Three								
Year Four								
Year Five								
Staff Use Only								
Please fill out the Public Benefit Summary Information and add to the total from above.								
					<u>(Y or N)</u>	<u>Points</u>	<u>Points</u>	
Public Benefit Item:								
<u>Project Related:</u>								
5	A.	Redevelop a Site that has Special Needs					49	
	B.	Develop Based on Local University Research					35	
	C.	Achieve a Physical Element of a Plan					36	
	Sub-total Project Related:							120
6	<u>Super Size Projects (point values are cumulative):</u>							
	A.	100% to 199%					25	
	B.	200% to 299%					68	
	C.	300% to 399%					65	
	D.	400% and Over					52	
Sub-total Super Size Projects:							210	
7	<u>Pay for Municipal Infrastructure:</u>							
	A.	Pay for Oversizing or Upgrading					14	
	B.	Pay for 26-50% of Extension Cost					26	
	C.	Pay for 51-75% of Extension Cost					39	
	D.	Pay for 76-100% of Extension Cost					52	
Sub-total Infrastructure Related:							131	
Total from Applicant Section:							539	
Total from Staff Section:							461	
Total Public Benefit Points:							1000	

Supplement to Petition for Incentives

Frequently Asked Questions

We are frequently asked to explain the following questions, in an effort to clarify we are providing answers below.

1) How do I pay my petition filing fee?

Your petition filing fee can be paid either in person or via mail to:

City Clerk's Office
Attn: Deputy City Clerk
227 West Jefferson Blvd. • Suite 400 S
South Bend, Indiana 46601

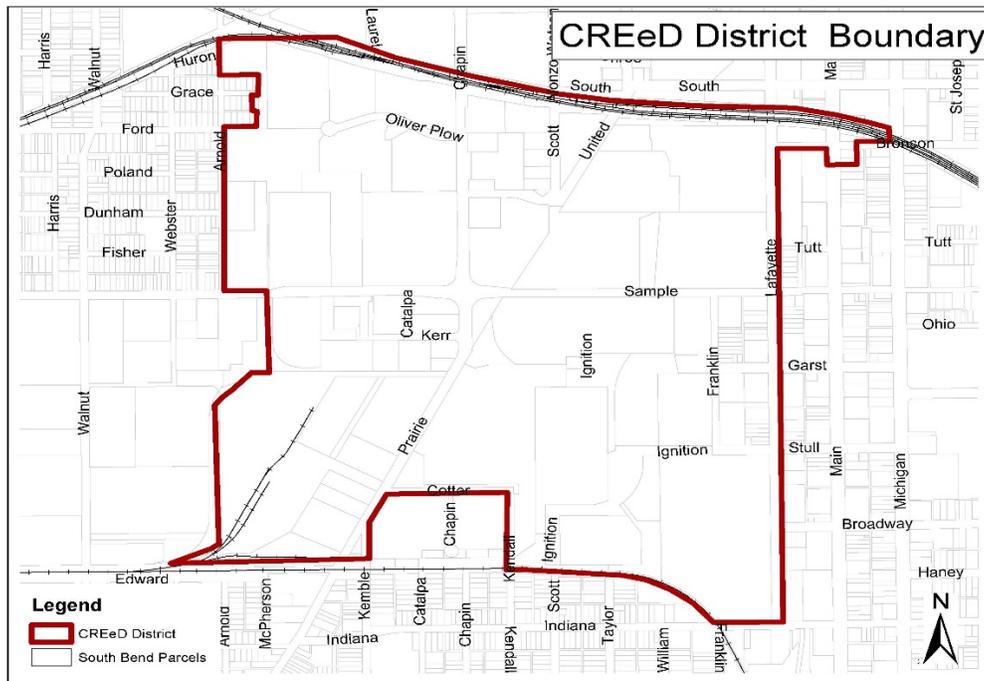
Or online via paypal at:
<http://southbendin.gov/government/content/tax-abatement>

2) Certified Technology Park appropriate? (Page one, under project overview)

In the South Bend area there are only two Certified Technology Parks, Innovation Park and Ignition Park. If your property is not located in either then the answer would be no.

3) Community Revitalization Enhancement District? (Page one, under project overview)

The map below outlines the CREd area, please check to see if you fall within the boundaries.



4) Has any 504 funding been received? (Page one, under investment details)

504 Funding is a loan that come from the Small Business Administration. This funding must be applied for to be received.

5) Total training expenditure – not cumulative (Page two, under full time Indiana resident positions)

The amount of money to be spent per year on training over the course of the project.

6) Total number to be trained – not cumulative (Page two, under full time Indiana resident positions)

The amount of people that you will train per year over the length of the project.

If you have any additional questions that are not addressed by this document, please contact Sarah Heintzelman in the Department of Community Investment at 574.235.5842 or email at sheintze@southbendin.gov



**STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS**

State Form 51767 (R4 / 2-13)
Prescribed by the Department of Local Government Finance

20__ PAY 20__
FORM SB-1 / Real Property
PRIVACY NOTICE
The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1(c) and (d).

This statement is being completed for real property that qualifies under the following Indiana Code (*check one box*):

- Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)
- Residentially distressed area (IC 6-1.1-12.1-4.1)

INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise, this statement must be submitted to the designating body **BEFORE** the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
- Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to initiation of the redevelopment or rehabilitation, **BEFORE** a deduction may be approved.
- To obtain a deduction, a Form 322/RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation is made or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. If the property owner misses the May 10 deadline in the initial year of occupation, he can apply between March 1 and May 10 of a subsequent year.
- Property owners whose Statement of Benefits was approved after June 30, 1991, must attach a Form CF-1/Real Property annually to the application to show compliance with the Statement of Benefits. [IC 6-1.1-12.1-5.1(b) and IC 6-1.1-12.1-5.3(j)].
- The schedules established under IC 6-1.1-12.1-4(d) for rehabilitated property apply to any economic revitalization areas designated after June 30, 2000, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17). The schedules effective prior to July 1, 2000, shall continue to apply to economic revitalization areas designated before July 1, 2000.

SECTION 1 TAXPAYER INFORMATION					
Name of taxpayer					
Address of taxpayer (number and street, city, state, and ZIP code)					
Name of contact person			Telephone number ()	E-mail address	
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT					
Name of designating body				Resolution number	
Location of property			County	DLGF taxing district number	
Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)				Estimated start date (month, day, year)	
				Estimated completion date (month, day, year)	
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT					
Current number	Salaries	Number retained	Salaries	Number additional	Salaries
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT					
			REAL ESTATE IMPROVEMENTS		
			COST		ASSESSED VALUE
Current values					
Plus estimated values of proposed project					
Less values of any property being replaced					
Net estimated values upon completion of project					
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER					
Estimated solid waste converted (pounds) _____			Estimated hazardous waste converted (pounds) _____		
Other benefits					
SECTION 6 TAXPAYER CERTIFICATION					
I hereby certify that the representations in this statement are true.					
Signature of authorized representative			Title	Date signed (month, day, year)	

FOR USE OF THE DESIGNATING BODY

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

- A. The designated area has been limited to a period of time not to exceed _____ calendar years* (see below). The date this designation expires is _____.
- B. The type of deduction that is allowed in the designated area is limited to:
 - 1. Redevelopment or rehabilitation of real estate improvements Yes No
 - 2. Residentially distressed areas Yes No
- C. The amount of the deduction applicable is limited to \$ _____.
- D. Other limitations or conditions (specify) _____
- E. The deduction is allowed for _____ years* (see below).
- F. Did the designating body adopt an alternative deduction schedule per IC 6-1.1-12.1-17? Yes No
If yes, attach a copy of the alternative deduction schedule to this form.

We have also reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved (signature and title of authorized member of designating body)	Telephone number ()	Date signed (month, day, year)
Attested by (signature and title of attester)	Designated body	

* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-4.

- A. For residentially distressed areas, the deduction period may not exceed five (5) years.
- B. For redevelopment and rehabilitation or real estate improvements:
 - 1. If the Economic Revitalization Area was designated prior to July 1, 2000, the deduction period is limited to three (3), six (6), or ten (10) years.
 - 2. If the Economic Revitalization Area was designated after June 30, 2000, and is not in a residentially distressed area, the deduction period may not exceed ten (10) years.



**STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51764 (R2 / 12-11)

Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE
The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

INSTRUCTIONS:

1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body **BEFORE** a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
2. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, **BEFORE** a deduction may be approved
3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
4. Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
5. The schedules established under IC 6-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17).

SECTION 1 TAXPAYER INFORMATION													
Name of taxpayer													
Address of taxpayer (number and street, city, state, and ZIP code)													
Name of contact person							Telephone number						
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT													
Name of designating body							Resolution number (s)						
Location of property					County		DLGF taxing district number						
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. (use additional sheets if necessary)					ESTIMATED								
										START DATE		COMPLETION DATE	
					Manufacturing Equipment								
					R & D Equipment								
					Logist Dist Equipment								
IT Equipment													
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT													
Current number		Salaries		Number retained		Salaries		Number additional		Salaries			
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT													
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.			MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT				
			COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE			
Current values													
Plus estimated values of proposed project													
Less values of any property being replaced													
Net estimated values upon completion of project													
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER													
Estimated solid waste converted (pounds) _____					Estimated hazardous waste converted (pounds) _____								
Other benefits:													
SECTION 6 TAXPAYER CERTIFICATION													
I hereby certify that the representations in this statement are true.													
Signature of authorized representative					Title			Date signed (month, day, year)					

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed _____ calendar years * (see below). The date this designation expires is _____.

B. The type of deduction that is allowed in the designated area is limited to:

- | | | |
|------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Installation of new manufacturing equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Installation of new logistical distribution equipment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Installation of new information technology equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ _____ cost with an assessed value of \$ _____.

D. The amount of deduction applicable to new research and development equipment is limited to \$ _____ cost with an assessed value of \$ _____.

E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ _____ cost with an assessed value of \$ _____.

F. The amount of deduction applicable to new information technology equipment is limited to \$ _____ cost with an assessed value of \$ _____.

G. Other limitations or conditions (specify) _____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction on or after July 1, 2000, is allowed for:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 year | <input type="checkbox"/> 6 years |
| <input type="checkbox"/> 2 years | <input type="checkbox"/> 7 years |
| <input type="checkbox"/> 3 years | <input type="checkbox"/> 8 years |
| <input type="checkbox"/> 4 years | <input type="checkbox"/> 9 years |
| <input type="checkbox"/> 5 years ** | <input type="checkbox"/> 10 years ** |

** For ERA's established prior to July 1, 2000, only a 5 or 10 year schedule may be deducted.

I. Did the designating body adopt an alternative deduction schedule per IC 6-1.1-12.1-17? Yes No
If yes, attach a copy of the alternative deduction schedule to this form.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: (signature and title of authorized member)	Telephone number ()	Date signed (month, day, year)
Attested by:	Designated body	

* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-4.5