



**APPLICATION FOR A CERTIFIED MISSOURI INCUBATOR DESIGNATION
SMALL BUSINESS INCUBATOR TAX CREDIT PROGRAM, SECTION 620.495 RSMo**

To become a certified Missouri Incubator, a local sponsor must complete this application and meet other requirements, and send to the department for review. For more information, please refer to the policy guidelines of the Small Business Incubator Program.

1. LOCAL SPONSOR	NAME		FEDERAL TAX ID NUMBER	
	ADDRESS (STREET, PO BOX)		MITS/MISSOURI TAX ID NUMBER	
	CITY	STATE	ZIP	NAICS CODE
	TELEPHONE NUMBER () -		FACSIMILE NUMBER () -	
	Type of Local Sponsor <input type="checkbox"/> College <input type="checkbox"/> Community College <input type="checkbox"/> Vocational School <input type="checkbox"/> University <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Special Tax District <input type="checkbox"/> Regional Planning Commission <input type="checkbox"/> Not-for-Profit Corporation <input type="checkbox"/> Other			
2. CONTACT PERSON	FIRST NAME	MIDDLE NAME	LAST NAME	
	ADDRESS (STREET, PO BOX)			
	CITY	STATE		ZIP
	TELEPHONE NUMBER () -	FACSIMILE NUMBER () -		EMAIL ADDRESS
3. INCUBATOR	NAME			
	ADDRESS (STREET, PO BOX)			
	CITY	STATE		ZIP
	CURRENT OWNER OF THE BUILDING		ZONING DESIGNATION OF INCUBATOR SITE	
	SIZE OF THE BUILDING (SQ. FEET)		SIZE OF RENTABLE UNIT (SQ. FEET)	
	NUMBER OF UNITS		TOTAL PROJECT COST \$	

4. FOCUS	<p>Note: Explain in the Project Narrative the rationale for the chosen focus of incubator companies.</p> <p> <input type="checkbox"/> Product Manufacturing <input type="checkbox"/> Product Development <input type="checkbox"/> Research and Development <input type="checkbox"/> Business Development Services <input type="checkbox"/> Other </p>			
	5. TYPE	<p>Note: Explain in the Project Narrative the rationale for the chosen type of incubator project</p> <p> <input type="checkbox"/> Acquisition of Land <input type="checkbox"/> Leasing of Land <input type="checkbox"/> Acquisition of Existing Building <input type="checkbox"/> Leasing of Existing Building <input type="checkbox"/> Rehabilitation of Buildings or Other Facilities <input type="checkbox"/> Construction of New Facilities <input type="checkbox"/> Purchase of Necessary Equipment and Furnishings </p>		
6. PROJECT COST ESTIMATES		<p>Note: If the project involves acquisition and rehabilitation of a facility in which only a portion of the space will be used as the small business incubator, eligible costs will be calculated either on a square footage basis or a valuation basis, whichever is most appropriate.</p>		
	6.1 Acquisition	<p>Note: Explain in the Project Narrative how the building chosen is suited to the purposes of the incubator project.</p>		
		TYPE	COST	ASSET LIFE (YEARS)
		Land	\$	
		Building	\$	
	TOTAL	\$		
	6.2 Leasing	TYPE	COST	ASSET LIFE (YEARS)
		Land	\$	
		Building	\$	
		TOTAL	\$	
	6.3 Rehabilitation of Buildings or Other Facilities	TYPE	COST	
		Electrical	\$	
Fire Protection System		\$		
Heating/Ventilating/Air Conditioning		\$		
Insulation		\$		
Lathing/Plastering/Painting		\$		
Plumbing		\$		
Roof		\$		
Sewer/Septic System		\$		
Water		\$		
Other (Explain in the Project Narrative)		\$		
TOTAL	\$			
6.4 Construction	TYPE	COST	ASSET LIFE (YEARS)	
	Building	\$		
	Other Facilities (Explain in Project Narrative)	\$		
	TOTAL	\$		

6. PROJECT COST ESTIMATES	6.5 Related Costs	Note: The costs below are NOT eligible costs. However, this is required to process the application.			
		TYPE		COST	
		Appraisal Fees		\$	
		Architectural Design/Inspections		\$	
		Contingencies (10% Maximum)		\$	
		Engineering Design		\$	
		General Insurance		\$	
		Legal Fees (not related to closing costs)		\$	
		Title Insurance		\$	
		Working Capital		\$	
		Other (Explain in the Project Narrative)		\$	
TOTAL		\$			
6.6 Equipment	Note: Attach additional sheets if necessary.				
	ITEM	QUANTITY	UNIT PRICE	ITEM TOTAL	ASSET LIFE (YEARS)
			\$		
			\$		
			\$		
			\$		
			\$		
TOTAL					
6.7 Furnishings	Note: Attach additional sheets if necessary.				
	ITEM	QUANTITY	UNIT PRICE	ITEM TOTAL	ASSET LIFE (YEARS)
			\$		
			\$		
			\$		
			\$		
			\$		
TOTAL					
6.8 Summary of Costs	TYPE		COST		
	Acquisition		\$		
	Lease		\$		
	Rehabilitation of Buildings or Other Facilities		\$		
	Construction of New Facilities		\$		
	Equipment		\$		
	Furnishings		\$		
	TOTAL		\$		
	Related Costs		\$		
GRAND TOTAL		\$			

6,9 Basis For Costs	Note: Attach copies.		
	Bids		\$
	Engineering/Architectural Estimates		\$
	Contractor Estimates		\$
	Other (Explain in the Project Narrative)		\$
7. FINANCING	Note: Explain in the Project Narrative the sources of the project financing. Additionally, complete the "Method of Financing Worksheet" for the commercial part of financing that excludes the use of tax credits, donations, and grants.		
	Small Business Incubator Contributions		\$
	Federal		\$
	Local		\$
	Private		\$
	Other		\$
	TOTAL		\$
8. CERTIFICATION	<ul style="list-style-type: none"> • I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein. • I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien. • I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examines the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding. • I attest that I have read and understand the Small Business Incubator Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099). • I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program. • I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief 		
9. SIGNATURE	Must be signed in the presence of a notary.	CONTRIBUTOR'S SIGNATURE ▶	DATE / /
	NOTARY EMBOSSER SEAL	STATE	COUNTY
			MY COMMISSION EXPIRES
	<p>On this ____ day of _____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.</p>		
	NOTARY PUBLIC SIGNATURE	NOTARY RUBBER STAMP	
<p>RETURN TO:</p> <p>Department of Economic Development Division of Business and Community Services Finance Management 301 West High Street, Room 770 P.O. Box 118 Jefferson City, MO 65102</p>			

METHOD OF FINANCING WORKSHEET

USE OF FUNDS		SOURCE OF FUNDS				
USE	AMOUNT	LENDER/COLLATERAL	TERM	RATE	LOAN AMOUNT	ANNUAL DEBT SERVICE
Acquisition of land & existing buildings	\$				\$	\$
Leasing of land & existing buildings	\$				\$	\$
Rehabilitation of buildings & other facilities	\$				\$	\$
Construction of new facilities	\$				\$	\$
Purchase of equipment & furnishings	\$				\$	\$
TOTAL USE OF FUNDS	\$	TOTAL SOURCES OF FUNDS			\$	\$