

Economic Development Assistance Program

CCIDC Prospective Tenant Application

Required Attachments

Please submit the following required documents along with the Economic Development Assistance Application complete in its entirety.

1. Documentation proving ownership, i.e. articles of incorporation and length of ownership. Also, a statement of participation of the owner(s) as to active or passive in the business in Columbus.
2. Three years of audited financial statements by a reputable accounting firm, licensed in the U.S.
3. Three years of corporate tax returns. If there are not three years of corporate tax returns, then personal tax returns.
4. Current Tax certificates.
5. Detailed proforma and business plan including:
 - a. Projected cash flow
 - b. Proposed activities, and detailed list of facilities and utilities needed
 - c. Roll-out dates
 - d. Number and types of employees
 - e. Money the prospective business and/or other investors have already invested in the project to date, i.e. architectural; legal; administrative fees, etc., if any.
 - f. Proposed beneficial economic impact on the City of Columbus and surrounding area
6. A professional resume of the owner(s). The resume must demonstrate a solid track record and proven ability to manage a project of the type and scope being proposed.
7. Professional and banking references for the principal(s) involved in this project.
8. Any loans approved or pre-qualification documents from prospective lenders, if any at this time.
9. Identification and description of:
 - a. Money the prospective business owner(s) plan to invest out-of-pocket.
 - b. Identification and description of collateral (money, investments, property, etc.) that the business owners currently own and will pledge as collateral for possible economic assistance.

Once these documents are received and reviewed, there may be additional information requested.

All information received by the CCIDC will be kept in the strictest confidence.

N.B. no mineral rights to the land owned by CCIDC will be transferred to a prospective business, only surface rights.

Application Submission

Submit the completed application by mail or in person to:
Columbus Community & Industrial Development Corporation
P.O. Box 98
Columbus, Texas 78934
All documentation and correspondence to the CCIDC and its affiliates will be kept in strictest confidence.

COMPANY INFORMATION

Applicant Business Name

Mailing Address

City	State	Zip Code
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Phone	Fax	E-mail
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Applicant Representative

Mailing Address

City	State	Zip Code
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Phone	Fax	E-mail
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COMPANY DESCRIPTION

Description of Company	Years Established
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SIC Code ¹	SIC Code Description
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Past three year sales average	Will product line be different going forward and if so, how?
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Projected Annual Sales ²	Increase in Columbus	Percent subject to sales tax
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Projected annual facility purchases ³	Percent purchased in Columbus
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Purchases of raw materials from local manufacturers or suppliers⁴
and if so, identify the local supply and estimate the dollar value on an annual basis

SIC Code	SIC Code Description
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Current annual purchase	Projected Increase
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Projected average inventory on hand in the beginning
Projected average inventory on hand in three years
Projected value of equipment (manufacturing or otherwise) to be installed for business use
Projections for increase or decrease of equipment to be installed in three years
<ol style="list-style-type: none"> 1. SIC Code: Standard Industrial Classification Code 2. Annual Sales in Columbus, Texas: Estimated sales to Columbus citizens. If you will have no Columbus customers, enter "none". 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: Purchases of raw material used in the manufacturing process that are NOT subject to sales tax.

UTILITY USAGE INFORMATION
See attached utility usage information sheet

EMPLOYMENT INFORMATION		
Projected Number of Employees (FTE)	Annual Payroll	
Number Salaried Employees	Number of Hourly Employees	
Range of Annual Salaries	Range of Hourly Wages	
Projected Weighted Average Mean of Annual Salaries	Projected Weighted Average Mean of Hourly Wages	
Percent Previously Unemployed	Health Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement/401K <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacation (#/year) <input type="checkbox"/> Yes <input type="checkbox"/> No	Sick Days (#/year) <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid Holidays (#/year) <input type="checkbox"/> Yes <input type="checkbox"/> No	Profit Sharing <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuition Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No
Flextime <input type="checkbox"/> Yes <input type="checkbox"/> No	Daycare <input type="checkbox"/> Yes <input type="checkbox"/> No	EAP <input type="checkbox"/> Yes <input type="checkbox"/> No

ECONOMIC DEVELOPMENT ASSISTANCE REQUESTED

Tax Abatement <input type="checkbox"/> Yes <input type="checkbox"/> No	First Year of Abatement	Abatement Schedule Requested ⁵
Financial Assistance Requested (Amount) Explanation/Justification		
Other Assistance Requested Explanation/Justification		
5. Abatement Schedule Requested: Please refer to the City of Columbus/Columbus Community and Industrial Development Corporation tax abatement policy to determine the applicable tax abatement schedule.		

UTILITY USAGE INFORMATION

Water:

Average Daily Usage: GPD

Average Monthly Usage: (1,000 gallons)

Peak Usage: GPM

Required System Pressure: PSI

Natural Gas:

Average Daily Usage: (MMCF)

Average Monthly Usage: (MMCF)

Hourly Peak Usage: (MMCF/Hr)

Required System Pressure: PSI

Wastewater:

Average Daily Flow: GPD

Average Monthly Flow: MGD

2-Hour Peak Flow: GPH

Strength of Effluent:

BOD: mg/l

COD: mg/l

TSS: mg/l

pH

Pre-treatment process (if any):

BANK REFERENCE INFORMATION AND AUTHORIZATION

Please provide CCIDC with your banking information.

Name of Bank

Street Address or P.O. Box City State Zip Code

Banking Officer's Name Title Phone Number Email

How long have you had a relationship with bank?

Number of loans and outstanding balances

AUTHORIZATION GIVING CCIDC THE ABILITY TO TALK DIRECTLY WITH YOUR BANKING OFFICER

I, _____, do hereby authorize an appointed representative(s) of the Columbus
(Officer of the Company)
Community and Industrial Development (CCIDC) board to contact the bank listed above for the purpose of
discussing financial background, relationship, and any other information deemed necessary to allow CCIDC to
make a decision on the land grant being requested by _____ .
(Name of Company)

Signature of Officer

Printed Name

Date