

**South Dakota
Reinvestment Payment Program
Application**

Date: _____

Project Owner: _____

Project Contact Information: _____

Federal Employer's Identification Number (FEIN): _____

Address (Street, City, County, State, Zip): _____

Telephone Number: _____

Web Address: _____

E-Mail Address: _____

NAICS Code: _____

Type of Ownership:

Partnership State of Incorporation: _____ Date of Incorporation: _____

LLC State of Incorporation: _____ Date of Incorporation: _____

Corporation State of Incorporation: _____ Date of Incorporation: _____

Other, please specify: _____

Type of Program Applying For:

(You can only mark one)

Reinvestment payment on project in excess of \$20,000,000

OR

Reinvestment payment on equipment upgrades exceeding \$2,000,000

Estimated **State** Sales/Use Tax \$ _____

Estimated Contractors Excise Tax \$ _____

Reinvestment Payment amount requested \$ _____

Please note that the Reinvestment Payment is applicable ONLY to sales tax.

Please explain how you computed the estimated Sales/Use tax and the Contractors Excise tax amounts:

Individual responsible for receiving notice and submitting documentation:

Name: _____

Address: _____

Phone: _____

Email: _____

Have you signed the Information Release Authorization? Yes No
(Information Release Authorization **must** be signed when application is submitted)

Project Name:

Location of the Project:

Legal Description:

Will the project be in Indian Country? Yes No

Description of the project:

Brief History of Management Team:

Why are you requesting a reinvestment payment?

Has the project applied for reduced property taxation through the County or Municipality?

Yes No If yes, please explain: _____

Has the County or Municipality applied for TIF (Tax Increment Financing) for this project?

Yes No If yes, has it been approved? _____

Are you aware of the County or Municipality’s intention to apply for TIF (Tax Increment Financing) for this project?

Yes No If yes, please explain: _____

Has the project applied for a municipal sales tax refund?

Yes No If yes, please explain: _____

Estimated date the project will commence: _____

Estimated date the project will be complete: _____

Prime Contractor: _____

List Anticipated SubContractors:

Name	Address	Phone

Estimated Cost of the Project: _____

Provide attached cost matrix and cost estimates to provide support for the estimated cost.

Description of equipment:

Total public infrastructure costs associated with the project: _____

Reinvestment Payment Program Application Cost Matrix

Description	Equipment and Materials Self Installed ³	Equipment and Materials Contractor Installed ³	Contractor Payments	Services ¹⁰	Fees ⁸	Internal Costs ⁹	Other (attach explanation)	Total
Land acquisition ¹								\$ -
Grading & excavation ²								\$ -
Site Improvements ⁴								\$ -
Existing Building ⁵								\$ -
Repairs & Renovations ⁶								\$ -
Construction - New Bldg. ⁷								\$ -
Manufacturing Equipment ^{3a}								\$ -
Warehousing Equipment ^{3b}								\$ -
Computers & Office Furniture ^{3c}								\$ -
3rd party installation costs								\$ -
Other (Attach explanation)								\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Please enter ALL amount before sales or excise tax.

1. Enter the amount paid for land acquisition here.
2. Enter the amount paid for grading and excavation in preparation for the project.
3. Enter the amount of equipment and materials purchased directly by you.
 - 3a. Enter the amounts for manufacturing equipment here.
 - 3b. Enter the amounts for warehousing equipment here.
 - 3c. Enter the amount for computers and office furniture here.
4. Enter the amount for site improvements, including parking lots, rail spurs, landscaping, etc.
5. Enter the amount you plan to pay to purchase an existing structure.
6. Enter the amount to plan to incur to repair and/or renovate an existing structure.
7. Enter the amount you plan to pay to construct new buildings/structures.
8. Enter the amount paid separately for permits, platting fees, etc. here.
9. Enter internal costs being capitalized per GAAP here.
10. Enter amounts paid for services that are not construction related (architect, engineering, etc.) when these services are not part of the contractor's cost.

List all the local government tax mechanisms and state economic tools, loans, or grants provided to this project. Please note the status of each.

Current Employment Information

(Please provide current employment levels as of the date of the application.)

	Total Employees (in and out of SD)	Average Annual Hours	Total South Dakota Employees	Average Annual Hours
Full-time				
Part-time*				
Seasonal/Temporary**				
Total Employees	-		-	

*Works less than 30 hours per week.

**Works only during peak season (please specify length of peak season ___ months).

South Dakota Employees Only

	Wages Weighted			Number of employees receiving that wage			Total Employees
	Low	Avg	High	Low	Avg	High	
Managers & Administrators							-
Professional & Technical							-
Sales							-
Clerical							-
Service							-
Ag, Forestry, Fishing							-
Production & Maintenance							-
Total South Dakota Employees							-
Current South Dakota total annual payroll:							-

Current Employee Benefit Package

1. Please provide a detailed listing of employer paid benefits.

2. Please provide a detailed description of all other benefits offered.

Projected Employment Information

South Dakota (only) employment projected to be created/retained each year as a result of the project being serviced:

Projected Annual Employment in South Dakota						
<i>Jobs to be created (specify if jobs are to be retained only)</i>						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Full-Time						
Part-Time*						
Seasonal/Temp**						
Total New Employees						

*Works less than 30 hours/week
**Works only during peak season (please specify: _____months)

Anticipated Economic Impact of Project (attach if necessary):

Projected annual property taxes to be paid as a result of the project: \$ _____

Previous state assistance:

Community Benefits:

Please attach the following items:

- ___ Any letters of support for the project
- ___ Any applicable environmental permits for this project (DENR, Building Permit, ETC)
- ___ Any feasibility studies conducted

CONFIDENTIALITY STATEMENT

South Dakota Codified Laws 1-16G-11(BED);. DOCUMENTARY MATERIAL CONSISTING OF TRADE SECRETS EXEMPT FROM DISCLOSURE - Any documentary material or data made or received by the applicable board or the GOED for the purpose of furnishing assistance to a business, to the extent that such material or data consists of trade secrets or commercial or financial information regarding the operation of such business, may not be considered public records, and shall be exempt from disclosure pursuant to the provisions of 1-16G-3 to 1-16G-11, inclusive, or other applicable law. Any discussion, consideration of, or action upon such trade secrets or commercial or financial information by the applicable board may be done in executive session closed to the public, notwithstanding the provisions of the open meeting laws of this state.

Please NOTE that once an application is approved the following information shall be made public on the GOED website: the name of any person that receives a reinvestment payment; the amount of the reinvestment payment; an estimated number of the full-time jobs to be created by the project; an estimated average wage of the full-time jobs; a list of all the local government tax mechanisms and state economic tools, loans, or grants provided to the project; an estimate of the property taxes to be paid by the project; and a statement of why the project would not have occurred in South Dakota without the reinvestment payment.

Pursuant to SDCL 22-29-19, persons who knowingly make any materially false statement on or related to this application, or who willfully overvalues any land or other property offered as security for any loan sought by or related to this application is subject to prosecution. The maximum penalty for a violation of SDCL 22-29-19 is 2 years in the state penitentiary or a \$2000 fine, or both. By their execution of this Application, all persons signing this Application warrant and represent that they have read and understand the provisions of SDCL 22-29-19.

Applicant: _____

Officer's Signature: _____

Officer's Name/Title: _____

Telephone Number: _____ Date: _____

Information Release Authorization: Reinvestment Payment Program

South Dakota law generally prohibits the South Dakota Department of Revenue from releasing taxpayer information to anyone but the taxpayer or the taxpayers' duly appointed designee. The appointment of a designee must be in writing. Furthermore, South Dakota law prohibits the Governor's Office of Economic Development and the Board of Economic Development from disclosing certain confidential information pertaining to its applicants and/or prospects. The Governor's Office of Economic Development provides staff and other support services for the Board of Economic Development.

By signing this Information Release Authorization, the undersigned Applicant is authorizing the exchange of otherwise confidential information by and among the South Dakota Department of Revenue, the Governor's Office of Economic Development and the Board of Economic Development and is providing a limited waiver of the confidentiality protections described above. The execution of this Information Release Authorization expressly authorizes the foregoing governmental entities to mutually communicate, share, discuss and convey any information regarding the Applicant's project necessary to (1) estimate the amount of South Dakota sales and use tax, and contractors' excise tax to be generated by the Applicant's project; (2) determine the final amount of SUT and CET actually generated by the Applicant's project; and (3) determine the Applicant's tax payment status to the State of South Dakota per ARSD 68:02:07:14. Except as otherwise required or permitted by applicable law, the information shall not be further disclosed by any of the entities without the express written consent of the Applicant.

Applicant Name (owner/partnership/corporation): _____

Mailing Address: _____

Responsible Person (Please Print): _____

Title: _____

Authorized Signature: _____ Date _____

South Dakota Tax License Number(s) (list all): _____

Application Number (assigned by GOED): _____

GOED Authorized Representative: _____

Dept. of Revenue Authorized Representative: _____

Authorization for the Board of Economic Development to take action on the application

Please note any action taken by the board on an application will be done in an open forum and will be public information. Do not submit this application unless you are ready for the board to take action on the application in an open meeting with the results thereof published in the minutes.

I authorize GOED to take forward this application to the Board of Economic Development for action in accordance with ARSD 68:02:07:05.

X _____

Date: _____