



Kentucky Small Business Investment Credit (KSBIC) Application

Before proceeding with this application, all applicants should familiarize themselves with the [KSBIC Guidelines](#). If you need assistance with the application, e-mail cedsbds@ky.gov or call Mark Johnson at (800)626-2930.

Section A: Business Information & Small Business Size Verification

By submitting this application to the Cabinet for Economic Development, you are certifying that the information about the applicant business is true, complete and accurate to the best of your knowledge.

1. Legal Business Name: _____
2. Business Physical Street Address: _____

3. Business Mailing Address: _____

4. Federal Employer Identification Number (EIN)/Federal Taxpayer Identification Number (TIN): _____
5. Kentucky Department of Revenue Tax Number: _____
6. Contact Person and Title: _____

7. Contact Person Phone Number: _____

8. Contact Person E-mail Address: _____

9. Business Web Site: _____

10. Select One Primary Business

Category: ___ Manufacturing ___ Wholesale ___ Retail
 ___ Construction ___ Service ___ Other

11. Please identify all owners of the applicant business with 20% or more ownership interest along with their EIN/Social Security numbers and dates of birth. If these owners are legal entities, please identify the appropriate principals with governing oversight of the applicant entity or the officers serving on the board of directors, management committee, or governing body of the applicant entity along with their Social Security numbers and dates of birth. The Cabinet reserves the right to run a background check on the individuals identified.

12. Provide a brief description of the business _____
(150 characters max)

13. Business Entity Type: ___ Sole Proprietorship ___ Limited Liability Company
___ Corporation ___ Partnership ___ Limited Partnership
___ Limited Liability Partnership

14. Enter the total number of employees (including owners) who work full- time in the applicant business (including affiliates, subsidiaries and all locations, but excluding the

newly created eligible positions used to apply for this program) as of the date this application is submitted to the Kentucky Cabinet for Economic Development. (Note: you are ineligible if this number exceeds 50):

Go to the Kentucky Secretary of State's online organization database at <http://sos.ky.gov/online.htm>, click on "Organization Search", enter the legal name of the applicant business and search for the company record. If the company record is found, print a copy of the company record to include as part of your supporting documentation and enter the date listed in the "Organization Date" field in question 15 below. If no company record was found, the business organization/start date must be verified by one of the three methods identified in 307 KAR 1:060.

15. Enter the business/organization start date (MM/DD/YYYY): _____

Section B: Determination of Eligible New Full-Time Positions

16. Enter the total number of employees at all locations who worked full-time in the applicant business (include owners, affiliates and subsidiaries) as of December 31st of the base year (as defined in 307 KAR 1:060): _____

17. Enter the number of eligible positions for which KEDFA has previously approved the applicant business to receive tax credits through the Kentucky Small Business Investment Credit program. If none, enter "0": _____

Provide the following information for each eligible position for which you are requesting a tax credit under this program. Complete questions 18-24 if the eligible position (or positions) was continuously filled by the same employee (or employees). Complete questions 25-37 if the same eligible position was filled by two or more employees with no more than thirty days between employment. If you have more than one eligible position, make copies and answer the appropriate questions for each eligible position. By providing the requested data, you are certifying that the position is either a new position or a current position that has been vacant for twelve consecutive months immediately preceding the hiring of the individual(s) listed:

18. Name of Employee: _____

19. Title of Employee: _____

20. Employee Start Date (MM/DD/YYYY): _____

21. Employee Anniversary Date (start date in question 20 plus one year; MM/DD/YYYY): _____

22. Did the Employee work at least 35 hours per week

(including total number of paid hours worked and approved paid leave hours)? _____ yes _____ no

23. Base Hourly Wage of Employee
(as defined in 307 KAR 1:060): _____

24. Kentucky county where the Employee worked: _____

Complete questions 25 – 37 only if you have an eligible position that was filled by more than one employee. If this doesn't apply to you, skip to Section C: Qualifying Equipment or Technology, at the top of page 5.

25. Name of First Employee: _____

26. Title of First Employee: _____

27. First Employee Start Date (MM/DD/YYYY): _____

28. First Employee End Date (MM/DD/YYYY): _____

29. Name of Second Employee: _____

30. Second Employee Start Date (MM/DD/YYYY): _____

31. Number of days the position was unfilled
(question 30 minus question 28): _____

32. Is this Employee currently employed? _____ yes _____ no

If not, Second Employee End Date (MM/DD/YYYY): _____

33. Did the First Employee work at least
35 hours per week (including total number of paid
hours worked and approved paid leave hours)? _____ yes _____ no

34. Did the Second Employee work at least
35 hours per week (including total number of paid
hours worked and approved paid leave hours)? _____ yes _____ no

35. Base Hourly Wage of First Employee: _____

36. Base Hourly Wage of Second Employee: _____

37. Kentucky county where the Employees worked: _____

Section C: Qualifying Equipment or Technology

38. In the chart below, list \$5,000 or more of qualifying equipment or technology purchased after December 31, 2009. Applicant should consult 307 KAR 1:060 to ensure the items listed meet the program definition of qualifying equipment/technology:

Qualifying Equipment or Technology List

#	Item Description (example: computer, copy machine, etc.)	Purchase Date (MM/DD/YY)	Quantity	Unit Cost (cost per individual unit)	Total Cost (quantity X unit cost)	Purchased in KY? (Yes/No)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Make additional copies of this page if you have other equipment or technology to list.

Supporting Documentation

To submit a complete application, the following documentation must be provided in hard copy format to the address listed below. Documentation must be mailed or otherwise delivered to:

Kentucky Cabinet for Economic Development
Small Business Services Division
Old Capitol Annex
300 West Broadway
Frankfort, KY 40601
Attn: Mark Johnson

- This Completed Application.
- Eligible Company – the business must certify (in a form provided by the Division) that the business meets the eligibility requirements as contained in 307 KAR 1:060.
- Business Size – acceptable documentation includes a copy of the most recent payroll records or similar document prior to the application submission date. Provide a listing of affiliates and subsidiaries of the applicant business. The payroll records must identify all full-time employees (35 or more hours per week) at all locations of the applicant business, including affiliates and subsidiaries. If part-time employees are also included on the payroll, put an “F” next to the name of all full-time workers. Please provide verification of hours worked on all full time employees including owners and salaried employees.
- Business Organization/Start Date – if the business is registered with the Kentucky Secretary of State, acceptable documentation includes the organization number and organization date as listed in the Secretary of State’s Organization Search database at <http://sos.ky.gov/online.htm>. For businesses not required to be registered in this database, acceptable documentation includes one of the following: (a) the initial occupational license issued to a business that clearly identifies the Company Start Date; or (b) documentation from the Kentucky Department of Revenue that shows the Company Start Date; or (c) an Affidavit from the business attesting to the Company Start Date including the factual basis for citing the date.
- Base Employment – acceptable documentation includes a copy of the payroll reports or similar document that shows the applicant’s number of full-time employees (35 or more hours per week) at all locations of the applicant business, including affiliates and subsidiaries, as of December 31st of the base year (as defined in 307 KAR1:060), listed in question 16 of this Application.
- Eligible Position – acceptable documentation includes copies of detail payroll records or similar documents that clearly show the start date/initial payroll period, end date/12 month anniversary date, and total wages paid to the employee(s) filling each eligible position identified in the application. If more than one employee filled the qualifying position, documentation must clearly show the requested information for both employees. If the application is selected for submission to the Kentucky Economic Development Finance Authority, the business must additionally certify (in a form provided by the Division) that the current level of employment exceeds its base

employment by at least the number of eligible positions at the time the administrative fee is paid.

- Qualifying Equipment or Technology - acceptable documentation includes a copy of the invoice/receipt for each item purchased, along with proof of payment by the applicant business. Documentation must clearly describe the item(s) purchased and show the date and location of the purchase. Proof of payment must identify the name of the payer and the purchase price. To be considered acceptable, the payment amount on the application must match the purchase price on the documentation. For vehicles, a copy of the title in the business name will be required. Additionally at the time the administrative fee is paid, the business must certify (in a form provided by the Division) that the business currently owns the qualifying equipment or technology.
- Certification of Application Form and Economic Development Incentive Disclosure Statement - see pages 7-10 of this Application.

For additional information on the Kentucky Small Business Investment Credit (KSBIC) program, email cedsbds@ky.gov or contact Mark Johnson at (800)626-2930.

CERTIFICATION OF APPLICATION

Note: Eligibility for financial assistance is based on information presented in this application and in the required documentation accompanying it. As funding for the Program is limited, submission of the application and all required documentation does not guarantee receipt of incentives. Any changes in the facts presented herein, including but not limited to, any material changes to the representations made in the documentation provided in accordance with the requirements set forth in this application could disqualify the applicant from receiving the incentives.

Certification: I, the undersigned, on behalf of the applicant, hereby represent and certify that (a) the foregoing application information, including all documentation, to the best of my knowledge, is true, complete and accurate with respect to the information concerning the proposed project for which financial incentives are sought and does not contain any information for which any entity competing with the applicant may claim a proprietary interest; and (b) neither I, nor any of the officers, directors or principals associated with the Applicant are or were at the time of the application, directors or officers of, or otherwise have a fiduciary duty toward, an entity that is or may be in competition with the Applicant for this Program.

The undersigned, on behalf of the applicant, acknowledges that information contained within the application and submitted documentation may be subject to public disclosure to the extent required by law pursuant to any request made under the Kentucky Open Records Act contained in Chapter 61 of the Kentucky Revised Statutes. Notwithstanding the above, except as otherwise agreed to by the applicant in writing, no confidential or proprietary application information shall be disclosed if properly excluded from disclosure under KRS 61.878 (as determined by the Authority, the Kentucky Attorney General or court of competent

jurisdiction). If approved, information reported to the Cabinet or the Authority with regard to employment numbers, average wages, investment, eligible costs, approved costs and other information as required by a tax incentive agreement shall be available for public disclosure.

In addition, the undersigned, on behalf of the applicant, acknowledges and grants permission to the Authority to share any and all information contained within the application and submitted documentation with appropriate state agencies and local jurisdiction(s) to determine the feasibility and potential impacts associated with the project for which incentives are sought.

Signature

Date

Print Name

Title

**ATTACHMENT A
CABINET FOR ECONOMIC DEVELOPMENT
ECONOMIC DEVELOPMENT INCENTIVE DISCLOSURE STATEMENT**

INSTRUCTIONS: In accordance with the Executive Branch Code of Ethics, Chapter 11A of the Kentucky Revised Statutes ("KRS"), *before* any board or authority within or attached to the Cabinet for Economic Development ("CED") takes final action on any contract or agreement by which a bond, grant, lease, loan, assessment, incentive, inducement, or tax credit is awarded (the "incentive package"), the beneficiary of the incentive package must file with the approving board or authority a disclosure statement stating: (i) the identity of the beneficiary of the incentive package, (ii) the identity of any person employed to act on behalf of the beneficiary with respect to the incentive package, (iii) the details of any financial transaction (as defined in KRS 11A.201(5)(a), see below) between the beneficiary (or any other person listed in (ii) above) and any agent or public servant of the Cabinet for Economic Development, any member of any board or authority within or attached to that Cabinet, or any other public servant involved in the negotiation of the economic incentive package. Your application or request will not be processed until this form is filed. CED will file copies of this form with the Executive Branch Ethics Commission pursuant to KRS 11A.233(2).

NOTE: For purposes of KRS 11A.201(5)(a), the definition of "financial transaction" is activity conducted or undertaken for profit, not available to the general public on the same terms, that arises from the joint ownership, the ownership, or part ownership in common, of any real or personal property or any commercial or business enterprise of whatever form between:

- 1) Beneficiary, agent or employee of the beneficiary; and
- 2) CED agent, employee, member of board or authority attached to CED, or other public servant involved in the negotiation of any incentive package.

Beneficiary's Legal Name:

Type(s) of Economic Incentive Package(s): _____

Please identify all employees or agents of the Beneficiary who have acted on behalf of the Beneficiary in its dealings with the CED or any board or authority within or attached to the CED (please attach separate sheet if additional room is needed) in regard to the above incentive package:

Name & Title: _____ Organization: _____

Name & Title: _____ Organization: _____

Name & Title: _____ Organization: _____

Name & Title: _____ Organization: _____

Have any of the above-listed employees or agents of the Beneficiary had any “financial transactions” (as defined above) with a CED agent, employee, or a board or agency attached to CED or any other public servant involved in the negotiation of any economic incentive package? Y N

If yes, please detail any "financial transactions" (as defined above) between the Beneficiary (or any other person listed as an employee or agent of the Beneficiary) and (i) any agent or public servant of the CED, (ii) any member of any board or authority within or attached to that Cabinet, or (iii) any other public servant involved in the negotiation of the economic incentive package (please attach separate sheet if needed):

1. Name of Beneficiary (Agent or Employee): _____
Name of Cabinet (Agent, Employee or Board/Authority member): _____
Name of Other Public Servant: _____
Description of Financial Transaction: _____

2. Name of Beneficiary (Agent or Employee): _____
Name of Cabinet (Agent, Employee or Board/Authority member): _____
Name of Other Public Servant: _____
Description of Financial Transaction: _____

3. Name of Beneficiary (Agent or Employee): _____
Name of Cabinet (Agent, Employee or Board/Authority member): _____
Name of Other Public Servant: _____
Description of Financial Transaction: _____

The undersigned, a duly authorized representative of the Beneficiary listed above, hereby certifies that the information set forth in this Economic Incentive Disclosure Statement has been reviewed, and is true and correct to the best of the knowledge of the undersigned.

Signature: _____

Date: _____