

**Illinois Department of Commerce**

**and Economic Opportunity**

**Enterprise Zone Program**

**Application for New Zone Designation**

**(revised September 12, 2022)**

[This page is intentionally left blank.]

Introduction

Part A: Applicant and Administration

A1. Applicant 2

A1.01. Legal Name

A1.02. Type of Application

A1.03. Primary Contact for Application

A1.04. Secondary Contact for Application

A1.05. Designating Unit(s) of Government

A2. Administration 4

A2.01. Management Structure

A2.02. Local Zone Administrator

A2.03. Designating Zone Organizations

Part B: Zone Authorization

B1. Interagency Agreement (Joint Application Only) 6

B1.01. Statement of Need for Joint Application

B1.02. Attachment of Original Interagency Agreement

B1.03. Attachment of Certified Copies of Interagency Agreement

B2. Designating Ordinances 7

B2.01. Listing of Designating Ordinance(s)

B2.02. Attachment of Original Designating Ordinance(s)

B2.03. Attachment of Certified Copies of Designating Ordinance(s)

Part C: Local Labor Market Area (LLMA)

C1. LLMA 8

C1. Description of LLMA

C2. Justification for LLMA

C2.01. Narrative Justification for LLMA

C2.02. Communities of Interest (Residents)

C2.03. Communities of Interest (Companies)

C3. Listing of LLMA Census Tracts

C4. LLMA Maps

C4.01. Attachment of LLMA Maps (County and Municipal Boundaries)

C4.02. Attachment of LLMA Maps (Enterprise Zone Boundaries)

Part D: Description of Proposed Enterprise Zone

D1. Legal Description 11

D1.01. Attachment of boundary description

D1.02. Attachment of Zone Map

D1.03. Listing of Parcel Identification Numbers

D1.04. Geospatial Data (GIS Shape Files)

D1.05. Statement of Contiguous Nature

D1.06. Zone Size

Part E: Eligibility Criterion

E. Overview 12

E1. Unemployment 13

E1.01. Unemployment, Supporting Documentation

E1.02. LLMA Unemployment Rate

E1.03. Census Tract Unemployment Rate

E2. Employment Opportunities 14

E2.01. Statement on Poverty and Unemployment

E2.02. General Projections, Summary

E2.03. General Projections, Supporting Documentation

E2.04. Specific Commitments, Summary

E2.05. Specific Commitments, Supporting Documentation

E3. Poverty 16

E3.01A. Poverty, Supporting Documentation

E3.01B. LLMA Poverty Rate

E3.01C. Census Tract Poverty Rate

E3.02A. National School Lunch Program, Supporting Documentation

E3.02B. LLMA, National School Lunch Program Participation

E3.02C. Census Tract, National School Lunch Program Participation

E3.03A. Supplemental Nutrition Assistance Program, Supporting Documentation

E3.03B. LLMA, Supplemental Nutrition Assistance Program

E3.03C. Census Tract, Supplemental Nutrition Assistance Program

E4. Abandoned Coal Mine, Brownfield or Federal Disaster 18

E4.01A. Abandoned Coal Mines, Summary

E4.01B. Abandoned Coal Mines, Supporting Documentation (IDNR)

E4.01C. Abandoned Coal Mines, Supporting Documentation (OSMRE)

E4.01D. Abandoned Coal Mines, Map

E4.02A. Brownfield, Summary

E4.02B. Brownfield, Supporting Documentation (IEPA)

E4.02C. Brownfield, Supporting Documentation (US EPA)

E4.02D. Brownfield, Map

E4.03A. Federal Disaster, Summary

E4.03B. Federal Disaster, Supporting Documentation

E5. Large-Scale Business Closings 22

E5.01. Large-Scale Closings, Summary

E5.02. Large-Scale Closings, Supporting Documentation

E6. Vacant Structures 23

E6.01A. Vacancy Rate, Industrial (Census Tracts)

E6.01B. Vacancy Rate, Industrial (LLMA)

E6.01C. Vacancy Rate, Industrial (Supporting Documentation)

E6.02A. Vacancy Rate, Commercial (Census Tracts)

E6.02B. Vacancy Rate, Commercial (LLMA)

E6.02C. Vacancy Rate, Commercial (Supporting Documentation)

E6.03A. Vacancy Rate, Industrial + Commercial (LLMA)

E7. Tax Base Improvement Plan 26

E7.01A. State and Local Sales Tax, Summary

E7.01B. Income Tax, Summary

E7.01C. Property Tax, Summary

E7.01C. Tax Base, Supporting Documentation

E7.02A. Tax Plan, Summary

E7.02B. Tax Plan, Supporting Documentation

E8. Public Infrastructure Plan 28

E8.01. Inventory of Public Infrastructure

E8.02A. Plan Summary

E8.02B. Project Detail

E9. Career Skills Program 31

E9.01. Career Skills, Summary

E9.02. Career Skills, Supporting Documentation

E11. Minorities, Women, and Persons with Disabilities 32

E11.01. Minorities, Women, and Persons with Disabilities, Opportunities for Business Entities

E11.01. Minorities, Women, and Persons with Disabilities, Hiring of Individuals

Part F: Zone Incentives, Goals and Economic Impact

F1. Zone Incentives 32

F1.01. Zone Incentives, Summary

F1.02. Zone Incentives, Detail

F2. Zone Incentives, Individual Detail Statements 33

F3. Tax Increment Financing Districts 34

 F3.01. TIF, Summary

 F3.02. TIF, Map

 F3.03. TIF, Statement of Policies and Procedures

F4. Goals and Economic Impact 35

F4.01. Statement of Three (3) Year Goals and Economic Impact

F4.02. Listing of Tasks, Activities and Commitments to Achieve Goals and Economic Impact

Part G: Community Support

G1. Public Notice and Public Hearing 36

G1.01. Public Notice

G1.02. Public Hearing

G2. Letters of Support 36

G3. Notification of Consideration 36

G3.01. Invitation for Public Comment

G3.02. Notice to Illinois State Legislators

Part H: Application Certification

Application Certification 39

Appendix 1: Additional Forms

Appendix 1, Part A Forms

A1.05. ii

Appendix 1, Part B Forms

B2.01. iii

Appendix 1, Part C Forms iii

C2.02. iii

C2.03. iii

C3 iii

Appendix 1, Part D Forms

N/A

Appendix 1, Part E Forms

E1: Unemployment

E1.03 iv

E2: Employment Opportunities

E2.02 iv

E2.04 iv

E3: Poverty

E3.01C v

E3.02C v

E3.03C v

E4: Abandoned Coal Mine, Brownfield or Federal Disaster

E4.01A vi

E4.02A vi

E4.03A vi

E5: Large-Scale Business Closings

E5.01 vii

E6: Vacant Structures

E6.01A vii

E6.02A vii

E7: Tax Base Improvement 5 Year Plan

E7.01A viii

E7.01B viii

E7.01C viii

E7.02A viii

E8: Public Infrastructure Improvement Plan

E8.01A ix

E8.02A ix

E3.02B ix

E9: Career Skills Programs

E9.01 xi

Appendix 1, Part F Forms

F2.01-F2.09 xi

F3.01 xii

F4.02 xii

Appendix 1, Part G Forms

G3.02 xiii

Appendix 1, Part H Form Application Certification

GH xiv

**Introduction**

The Illinois Enterprise Zone Act, 20 ILCS 655/1, *et seq.* (the “Act”), took effect December 7, 1982, and was amended effective in 2012 and 2013 and 2018 and again in 2021. The purpose of the Act is to stimulate business, industrial growth, neighborhood revitalization, and retention in depressed areas by means of relaxed government controls and tax incentives. As amended, the Act requires applicants to satisfy various criteria set forth in Section 4 of the Act. The Department of Commerce and Economic Opportunity (the “Department”) reviews these applications based on the scoring system set forth in the Act, and then submits its recommendations to the Enterprise Zone Board for review and either approval or denial of such applications. Applicants should thoroughly review the instructions contained within this application, as well as the Act and administrative rules applicable to Enterprise Zones.

On-line applications are due to the Department by December 31, 2022. Manual submission of applications as well as paper documents accompanying any on-line submission must be postmarked by December 31, 2022. Any electronic material submitted after December 31, 2022 or printed material postmarked after December 31, 2022 on any calendar year shall be held by the Department for consideration and action during the following calendar year. For Enterprise Zones that are scheduled to expire on or after January 1, 2017 and prior to January 1, 2024 an application process shall begin no sooner than two (2) years prior to the year in which the zone expires. For Enterprise Zones that are scheduled to expire on or after January 1, 2024 an application process shall begin five (5) years prior to the year in which the zone expires. At that time, the Zone becomes available for either the previously designated area or a different area to complete for designation. No preference for designation as an Enterprise Zone will be given to the previously designated zone.

Under the Act, the total possible term for an Enterprise Zone is 25 years. The initial designation shall be for fifteen (15) years; however, an Enterprise Zone shall be subject to review by the Enterprise Zone Board after thirteen (13) years for a potential additional 10-year term. During the review process, the Board shall consider the costs incurred by the State and units of local government as a result of tax benefits received by the Enterprise Zone as well as whether the Zone has substantially implemented the plans and achieved the goals set forth in its original application, including satisfaction of the investment and job creation or retention information provided by the applicant with respect to paragraph (f) of subsection (1) of Section 4 of the Act. (20 ILCS 655/5.3(c).)

**Applicants must provide proper and sufficient supporting documentation for any and all assertions contained within the application. Any data which is not supported by the documentation specifically required in this application will not be considered for eligibility. Pursuant to Part 520, Section 520.220 of Title 14 of the Illinois Administrative Code (the “Code”), an application must be submitted on the standard application form provided by the Department. Charts and tables included in the application must be completed in their entirety and in the existing format for an application to receive the scoring points associated with each criterion.**

Applications may be submitted to:

Illinois Department of Commerce & Economic Opportunity

Enterprise Zone Program

607 East Adams Street, 12th Floor

Springfield, Illinois 62701

<https://ez.ildceo.net/ez/>

CEO.EZHelp.illinois.gov

Applicants may request census tract data from:

Northern Illinois University

Center for Governmental Studies

<http://enterprisezonesillinois.com/>

**Part A: Applicant and Administration**

**A1. Applicant**

A municipality or county within the State of Illinois may apply to the Department for certification of an Enterprise Zone, in accordance with the requirements set forth in Sections 4 and 5 of the Act.

**A1.01 Provide** the legal name of the Enterprise Zone.

|  |
| --- |
|  |

**A1.02.** Specify the type of application.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Single Unit of Government |  | Joint Application |

**A1.03.** Identify the primary contact for application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |  |
| Affiliation: |  |  |  |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

**A1.04.** Identify a secondary contact for application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |  |
| Affiliation: |  |  |  |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

**A1.05.** Identify the unit(s) of government.

Provide contact information for each designating unit of government.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |  |
| Chief Elected Official: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |  |
| Chief Elected Official: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |
| Unit of Government: |  |  |  |  |  |  |
| Chief Elected Official: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |  |
| Chief Elected Official: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |  |
| Chief Elected Official: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |  |
| Chief Elected Official: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |  |
| Chief Elected Official: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

**A2: Administration**

Applicants must identify the management structure for the operation of the proposed Enterprise Zone as well as a description of the selection process and responsibilities of the local zone administrator and any designated zone organization (DZO).

**A2.01:** Provide a description of the management structure of the proposed Enterprise Zone; including but not limited to the selection of, duties of and responsibilities of local administrators and organizations (such as a zone board, local zone administrator, DZO, etc.).

|  |
| --- |
|  |

**A2.02:** Local Zone Administrator

**A2.02A:** Does the designating ordinance(s) authorize the operation of a local zone administrator within the proposed Enterprise Zone?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**A2.02B:** If “yes” to A2.02A, provide the contact information for the local zone administrator.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Primary Contact Name: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

**A2.03:** Designated Zone Organization (DZO)

A2.03A: Does the designating ordinance(s) of authorize the operation of a DZO within the proposed Enterprise Zone?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**A2.03B:** If “yes” to A2.03A, provide the contact information for the DZO.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DZO Name: |  |  |  |  |  |  |
| Primary Contact Name: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

**A2.03C:** If “yes” to A2.03A, describe the role of the DZO. The description must list the functions, programs and services to be performed by the DZO; citing the specific subsection of Section 8 of the Act and the section of the designating ordinance or intergovernmental agreement which authorizes the activities.

**Part B: Zone Authorization**

**B1:** Interagency Agreement (Joint Applications Only)

A joint application must be supported by enabling ordinances passed by designating units of local government in accordance with Section 5(a) and (b) of the Act.

An intergovernmental agreement signed and approved by all joint applicants shall be executed and submitted as a part of the joint application package. The intergovernmental agreement shall include:

1. Duration. The duration of the Enterprise Zone; and
2. Description. A description of the Enterprise Zone: and
3. Incentives. The provisions for the tax incentives, programs, and other benefits to be offered: and
4. Zone Administrator. A provision for the position of Zone Administrator, and a description of the responsibilities of the position and the selection process: and
5. Management Structure. A management structure for the operation of the Enterprise Zone; and
6. Designated Zone Organizations (DZO). The methods of selecting Designated Zone Organizations and coordinating their activities with each designating unit of government.

**B1.01:** Provide a statement detailing the need for a zone covering portions of more than one municipality or county, and a description of the agreement between joint applicants.

|  |
| --- |
|  |

**B1.02:** Attach an original copy of the interagency agreement with original signatures which has been signed and approved by all the designating units of local government.

**B1.03:** Attach two (2) certified copies of the interagency agreement which has been signed and approved by all the designating units of local government.

**B2: Designating Ordinance(s)**

No area may be designated as an enterprise zone except pursuant to the designating ordinance adopted in accordance with the Act.

An ordinance designating an area as an enterprise zone must set forth:

1. a precise description of the area comprising the zone, either in the form of a legal description or by reference to roadways, lakes and waterways, and township, county boundaries; and
2. a finding that the zone area meets the qualifications of Section 4 of the Act; and
3. provisions for any tax incentives or reimbursement for taxes, which pursuant to state and federal law apply to business enterprises within the zone at the election of the designating county or municipality, and which are not applicable throughout the county or municipality; and
4. a designation of the area as an enterprise zone, subject to the approval of the Department of Commerce and Economic Opportunity; and
5. the duration or term of the enterprise zone.

**B2.01:** Complete the following schedule identifying each designating unit of local government and its ordinance.

|  |  |  |  |
| --- | --- | --- | --- |
| Unit of Government | Document Title | Document Number | Date Executed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**B2.02:** Attach an original copy of the designating ordinance(s) which has been signed and approved for each designating unit of government. If the proposed zone resides in more than one (1) county; then an original copy of each designating ordinance is required.

**B2.03:** Attach two (2) certified (signed indentation/stamp/seal) copies of the designating ordinance(s) which has been signed and approved for each designating unit of government.

**Part C: Local Labor Market Area (LLMA)**

“Local labor market area” or “LLMA” means an economically integrated area within which individuals can reside and find employment within a reasonable distance or can readily change jobs without changing their place of residence. A local labor market area must be contiguous, compact and entirely within the State of Illinois and shall be, to the extent practicable, comprised of whole Census Tracts. An LLMA must, at a minimum, contain the entire area within the boundaries of the Enterprise Zone to which it relates. An LLMA area may take into account communities of interest.

Applicants must provide a specific definition of the LLMA, along with a statement explaining why the LLMA used is appropriate for the Enterprise Zone to which it relates. Applicants are encouraged to include data on commuting patterns and public transportation or other information demonstrating that for the LLMA used individuals can reside and find employment within a reasonable distance or can readily change jobs without changing their place of residence.

**C1.01:** Provide a description of the LLMA and the county or counties that it encompasses. If the LLMA includes a county or counties in which the proposed Enterprise Zone does not reside; the applicant must also identify the specific communities of interest associated with such area.

|  |
| --- |
|  |

**C2.01:** Provide justification for the LLMA and the area that it encompasses.

|  |
| --- |
|  |

**C2.02:** Using the format below, identify the specific communities of interest and the percentage of employees that commute from adjacent counties which do not contain the proposed Enterprise Zone. (Selection of an LLMA with lesser commuting percentages, especially those with less than one percent (1%), for any county may adversely affect the application’s scoring.)

|  |  |  |
| --- | --- | --- |
| LLMA County | Community or Communities of Interest | % of County Residents Commuting Into the Proposed Enterprise Zone |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C2.03:** Using the format below, identify the key companies and the percentage of employees that commute from adjacent counties which do not contain the proposed Enterprise Zone.

|  |  |  |
| --- | --- | --- |
| LLMA County | Company of Interest | % of Company Employees Commuting Into the Proposed Enterprise Zone |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C3:** Provide a listing of all census tracts, the county in which the census tract resides and indicate whether each specific census tract contains a portion of the proposed Enterprise Zone’s territory.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| County | Census Tract | EZ Lies Within(Yes/No) |  | County | Census Tract | EZ Lies Within(Yes/No) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**C4.01:** Attach a map of the LLMA that clearly identifies the LLMA’s boundaries by providing the names of streets or highways as well as county and municipal boundaries. The map or maps must be provided in a format and scale that allows them to be clearly interpreted by the “unaided eye”.

**C4.02:** Attach a map of the LLMA that clearly identifies the LLMA’s location in relation to the proposed Enterprise Zone. The map or maps must be provided in a format and scale that allows them to be clearly interpreted by the “unaided eye”.

**D: Description of the Proposed Zone**

An ordinance designating an area as an enterprise zone must set forth a precise description of the area comprising the zone, either in the form of a legal description or by reference to roadways, lakes and waterways, and township, county boundaries.

A “boundary description” is a legal description of the Enterprise Zone and a map of the Enterprise Zone that clearly identifies the zone’s boundaries and provides names of streets and highways.

Applicants must provide a complete description of the proposed zone’s boundaries which properly includes all of the following:

1. A boundary description of the proposed zone must be in the form of metes and bounds or in the form of a common description which provides reference to streets, roadways and highways as well as township, municipal and county boundaries;
2. A map(s) of the proposed zone which provides reference to streets, roadways and highways as well as township, municipal and county boundaries. The map(s) must be provided in a format and scale that allows clear interpreted by the “unaided eye” and recorded with the local County Recorder of Deeds.;
3. A separate listing of all parcel identification numbers (PINs) included within the proposed zone’s area; and
4. Geospatial data as ESRI ARCGIS Shape files.

**D1.01:** Attach a boundary description of the zone, which must be in the form of metes and bounds or a common description that provides reference to streets, roadways and highways as well as township, municipal and county boundaries, which has been formally adopted through the designating ordinance(s).

**D1.02:** Attach a map or maps of the proposed zone, that provides reference to streets, roadways and highways as well as township, municipal and county boundaries, which has been formally adopted through the designating ordinance(s).

**D1.03:** Attach a listing of all PINs included within the proposed zone’s area. The listing of PINs is required for the purpose of satisfying standards set forth by the local County Recorder of Deeds related to the recording of the designating ordinance(s). Applicants are encourage to contact their local County Recorder of Deeds for information pertaining to additional standards set by the local County Recorder of Deeds.

**D1.04:** Include ESRI ARCGIS Shape files that provide geospatial data for the proposed zone area.

**D1.05:** The applicant must indicate whether the proposed zone area is contiguous in nature.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Contiguous |  |  | Not Contiguous |

**D1.06.** Provide the total area of the proposed Enterprise Zone. This total area of the zone must include any and all connecting strips.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Acres |  | Square Miles |

**Part E: Eligibility Criterion**

**E. Overview**

An applicant may qualify an area for designation as an Enterprise Zone, subject to certification by the Department, in accordance with the criteria set forth in Section 4 of the Act and the following:

a) Contiguous Area. The area is contiguous, which means the area has a solid continuous boundary. Boundaries shall be clearly defined and follow natural or man-made entities such as rivers, highways, and boundaries of units of government. The zone area may exclude wholly surrounded territory within its boundaries.

b) Calculating Total Area. For purposes of calculating total area, the minimum is one-half square mile and the maximum is 12 square miles, or 15 square miles if the zone is located within the jurisdiction of four (4) or more counties or municipalities, excluding lakes or waterways. Where the Enterprise Zone is a joint effort of three or more units of government, or two or more units of government, if located in a township divided by a municipality of 1,000,000 or more inhabitants, and where the certification has been in effect at least one year, the minimum is one-half square mile and the maximum is 13 square miles, excluding lakes and waterways. Boundaries that are connecting strips shall be not less than three, nor more than 10, feet wide. Waterways shall not be used as connecting strips.

c) Coverage of Area. The areas must:

1. be entirely within a municipality;
2. be entirely within the unincorporated areas of a county, except when reasonable need is established for the zone to cover parts of more than one municipality or county; or
3. comprise all or part of a municipality and an unincorporated area of a county.

d) Required Tests. The area must meet at least three (3) of the following tests, as defined in the Act and Administrative Code.

1. Unemployment
2. Employment Opportunities
3. Poverty
4. Abandoned Coal Mine, Brownfield or Federal Disaster Area
5. Large Scale Business Closings
6. Vacant Structures
7. Tax Base Improvement 5 Year Plan
8. Public Infrastructure Improvement Plan
9. Career Skills Programs
10. Minorities, Women, and Persons with Disabilities

**Part E1: Unemployment**

Applicants are required to provide the unemployment rate for the LLMA as a whole, the unemployment rate for each individual census tract within the LLMA and the source material used to calculate the unemployment rate for the LLMA and individual census tracts.

Applicants may receive up to 50 points for the extent to which the applicant meets or exceeds the criteria in Section 520.210(d)(1) of the Code with points awarded according to the severity of the unemployment as indicated by the percentage that the unemployment rate in the LLMA exceeds 120% of the State’s annual average unemployment rate for the most recent calendar year or the most recent fiscal year as reported by the Department of Employment Security.

The State’s average unemployment rate for the calendar year ending December 31, 2021 was 6.1%.

**E1.01:** Attach the supporting documentation used to calculate the unemployment rate for the LLMA and individual census tracts. Acceptable data sources include:

Illinois Department of Employment Security

Attn: Rich Reinhold

Phone: 312.793.5896

Email: Richard.Reinhold@Illinois.gov

Or

A data report from Northern Illinois University, Center for Governmental Studies (<http://enterprisezonesillinois.com/>)

**The Department will not accept any other data sources for the unemployment criterion.**

**E1.02:** Using the format below, provide the unemployment rate for the LLMA as a whole.

 (Unemployment Rate = Unemployed Individuals In LLMA / LLMA’s Total Labor Force)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LLMA’s Total Population | LLMA’s Total Labor Force | Total Employed IndividualsIn LLMA | Total Unemployed Individuals In LLMA | LLMA’s Unemployment Rate |
|  |  |  |  |  |

**E1.03:** Using the format below, provide a listing of all census tracts, the county in which the census tract resides and the unemployment rate for each individual census tract within the LLMA.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| County | Census Tract | UI Rate |  | County | Census Tract | UI Rate |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Part E2: Substantial Employment Opportunities**

Applicants are required to provide evidence that designation will result in the development of substantial employment opportunities by creating or retaining a minimum aggregate of 1,000 full-time equivalent jobs due to an aggregate investment of $100,000,000 or more, and will help alleviate the effects of poverty and unemployment within the LLMA.

Applicants may receive up to 50 points for the extent to which the applicant meets or exceeds the criteria in Section 520.210(d)(2) of the Code, with points awarded in accordance with the number of jobs created and retained and the aggregate amount of investment promised in the Enterprise Zone as well as the alleviation of the effects of poverty and unemployment within the LLMA. More points are awarded for specific commitments.

**E2.01:** Provide a statement describing how designation of the proposed Enterprise Zone will help alleviate the effects of poverty and unemployment within the LLMA.

|  |
| --- |
|  |

**E2.02:** Using the format below, provide the “general projections” for the estimated impact which designation of the proposed zone may have upon the LLMA.

“General projections” means number of jobs and amount of investments that are determined based upon general economic forecasting models. Overall, these totals are estimates and would include indirect, direct and induced figures based on trend of past area job growth, which may or may not be a result of the Enterprise Zone Designation. Only include data for those jobs and investments that are the result of the zone designation, not those that would otherwise occur. If the jobs and or investment would occur despite their being an enterprise zone, they should not be included.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Study Name and Developer | Date OfStudy | Estimated Jobs Created | Estimated Jobs Retained | Estimated Capital Investment |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**E2.03:** Attach copies of the economic development studies and/or community planning studies, identified in E2.02.

**E2.04:** Using the format below, identify the “specific commitments” provided by established business entities within the LLMA or potential business entities that may relocate to the LLMA as a result of zone receiving designation.

“Specific commitments” means a written commitment from a specific company that has agreed to invest, create and/or retain a certain number of jobs as a condition of the Enterprise Zone designation. Only include data for those jobs and investments that are the result of the zone designation, not those that would otherwise occur. The specific commitment must identify the name of the business entity, the number of “full-time equivalent jobs” created and/or “full-time retained jobs”, the period over which the jobs will be created and/or retained, the total capital investments and the period in which the capital investment will be made.

“Full-time equivalent job” means a job in which the new employee works for the recipient or for a corporation under contract to the recipient at a rate of at least 35 hours per week. A recipient who employs labor or services at a specific site or facility under contract with another may declare one full-time, permanent job for every 1,820 hours worked per year under that contract. Vacations, paid holidays, and sick time are included in this computation. Overtime is not considered a part of regular hours.

“Full-time retained job” means any employee defined as having a full-time or full-time equivalent job preserved at a specific facility or site, the continuance of which is threatened by a specific and demonstrable threat, which shall be specified in the application for development assistance. A recipient who employs labor or services at a specific site or facility under contract with another may declare one retained employee per year for every 1,750 hours worked per year under that contract, even if different individuals perform on-site labor or services.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Entity | Period of Job Creation/Retention | Estimated Jobs Created | Estimated Jobs Retained | Period of Capital Investment | Estimated Capital Investment |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**E2.05:** Attach copies of the supporting letters for each specific commitment, identified in E2.04.

**Part E3: Poverty**

Applicants are required to demonstrate that all or part of the LLMA has a prevalent rate of poverty; as determined through the poverty rate, the percentage of families with children living below the poverty line or the percentage of households in the local labor market area receiving food stamps or benefits under the Supplemental Nutrition Assistance Program (SNAP).

**E3.01: Poverty Rate**

Applicants may receive up to 10 points for the poverty rate in the LLMA, according to the latest data from the American Community Survey. All or part of the LLMA must have a poverty rate of at least 20% according to the latest data from the American Community Survey.

**E3.01A:** Attach the supporting documentation used to calculate the poverty rate for the LLMA and individual census tracts. Acceptable data sources include:

A data report from the American Community Survey (<https://www.census.gov/programs-surveys/acs>) using the estimate of all the people below the poverty level within the LLMA. Do not use subgroups based on age, race, family type, work status, or other non-geographic subgroups; or

A data report from Northern Illinois University, Center for Governmental Studies (<http://enterprisezonesillinois.com/>)

**The Department will not accept any other data sources for the Poverty Rate criterion.**

**E3.01B:** Using the format below, provide the poverty rate for the LLMA as a whole.

 (Poverty Rate = Individuals In LLMA Below Poverty Level / LLMA’s Total Population)

|  |  |  |
| --- | --- | --- |
| LLMA’s Total Population | Total Individuals in LLMA Below Poverty Level | LLMA’s Poverty Rate |
|  |  |  |

**E3.01C:** Using the format below, provide a listing of all census tracts, the county in which the census tract resides and the poverty rate for each individual census tract within the LLMA.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| County | Census Tract | Poverty Rate |  | County | Census Tract | Poverty Rate |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**E3.02: Percentage of families with children in the LLMA living in poverty**

Applicants may receive up to 10 points by demonstrating that 35% or more of the families with children in the area are living below 130% of the poverty line, according to the American Community Survey.

**E3.02A:** Attach supporting documentation used to calculate the percentage of families with children in the LLMA that are living below 130% of the poverty line. Acceptable data sources include:

A data report(s) from the latest American Community Survey (https://www.census.gov/programs-surveys/acs); or

A data report from Northern Illinois University, Center for Governmental Studies (<http://enterprisezonesillinois.com/>)

**The Department will not accept any other data sources for the criterion.**

**E3.03: Supplemental Nutrition Assistance Program (SNAP)**

Applicants may receive up to 10 points for the percentage of households in the LLMA that receive Supplemental Nutrition Assistance Program (SNAP) benefits, according to the latest data from the American Community Survey. At least 20% or more households in the LLMA must be receiving SNAP benefits according to the latest data from the American Community Survey.

**E3.03A:** Attach the supporting documentation used to calculate the rate of households receiving SNAP within the LLMA and individual census tracts. Acceptable data sources include:

A data report from the American Community Survey (https://www.census.gov/programs-surveys/acs) using the estimate of households receiving food stamps within the LLMA. Do not use subgroups based on age, race, family type, work status, or other non-geographic subgroups; or

A data report from Northern Illinois University, Center for Governmental Studies (<http://enterprisezonesillinois.com/>)

**The Department will not accept any other data sources for the SNAP criterion.**

**E3.03B:** Using the format below, provide the rate of households receiving SNAP within the LLMA as a whole.

(Percentage of Households Receiving SNAP = Households in LLMA Receiving SNAP/Total Households In LLMA)

|  |  |  |
| --- | --- | --- |
| Total Households In LLMA | Households In LLMA Receiving SNAP | Percentage of Households Receiving SNAP |
|  |  |  |

**E3.03C:** Using the format below, provide a listing of all census tracts, the county in which the census tract resides, the number of households in the census tract, the number of households receiving SNAP and the percentage of households receiving SNAP for each individual census tract within the LLMA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| County | Census Tract | Households In Census Tract | Households Receiving SNAP | Percentage of Households Receiving SNAP |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Part E4: Abandoned Coal Mine, Brownfield or Federal Disaster Area**

Applicants must demonstrate that the proposed zone area contains an abandoned coal mine or a brownfield (as defined in Section 58.2 of the Environmental Protection Act, 415 ILCS 5) or an inactive nuclear-powered electrical generation facility where spent nuclear fuel is stored on-site is located in the proposed zone area, or all or a portion of the proposed zone was declared a federal disaster area in the three (3) years preceding the date of the application.

Applicants may receive up to 30 points for the extent to which the applicant meets or exceeds the criteria in Section 520.210(d)(4) of the Code, with points awarded in accordance with the severity of the environmental impact of the abandoned coal mine, brownfield, or federal disaster area.

**E4.01: Abandoned Coal Mine**

To be considered an abandoned coal mine, the coal mine must be listed on the Illinois Department of Natural Resources Abandoned Mine Locator, or the federal Office of Surface Mining Reclamation and Enforcement’s Abandoned Mine Lands Portal. More points will be awarded for abandoned coal mines in the proposed Enterprise Zone that are a priority one (1) or two (2) site, as determined by the Illinois Department of Natural Resources, Office of Mines and Minerals, Division of Abandoned Mined Lands Reclamation or Federal Office of Surface Mines.

**E4.01A:** Using the format below, provide a listing of the abandoned coal mine(s) within the proposed Enterprise Zone.

|  |  |  |
| --- | --- | --- |
| IL DNR Number | Federal Priority | Site Location  |
| Priority 1 or 2 (Y/N) | Federal ID No. | Name | Address | Census Tract |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**E4.01B:** Attach the supporting documentation used to identify the abandoned coal mines in E4.01A. Acceptable data sources include:

A site information data report and site map from the Illinois Department of Natural Resources Abandoned Mine Locator (<http://maps.dnr.illinois.gov/illinoisminepermits/>). The abandoned mine must be located in the proposed zone area. Points will not be awarded for abandoned mines that are located within the LLMA, but do not resided in the proposed zone area; or

A data report from Northern Illinois University, Center for Governmental Studies (<http://enterprisezonesillinois.com/>).

**E4.01C:** Attach the supporting documentation used to determine the federal priority stats of the abandoned coal mines identified in E4.01A. Acceptable data sources include:

A site information report from the Federal Office of Surface Mines ([https://www.osmre.gov](https://www.osmre.gov/)). The abandoned mine must be located in the proposed zone. Points will not be awarded for abandoned mines that are located within the LLMA, but do not resided in the proposed zone area; or

A data report from Northern Illinois University, Center for Governmental Studies (<http://enterprisezonesillinois.com/>)

**The Department will not accept any other data sources for the Abandoned Mine criterion.**

**E4.01D:** Attach a map of the propose zone which clearly identifies each of the abandoned coal mines identified in E4.01A.

**E4.02: Brownfields**

To be considered a brownfield the site must be listed in the Illinois Environmental Protection Agency Site Remediation Program database. Applicants are required to provide the 10-digit Illinois Environmental Protection Agency identification number (LPC#) for the site. More points will be awarded for brownfields in the proposed Enterprise Zone that are listed on the U.S. Environmental Protection Agency’s National Priorities List.

**E4.02A:** Using the format below, provide a listing of the brownfield(s) within the proposed Enterprise Zone.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IEPA LPC # | Federal Priority ID No. | Site Location, Name | Site Location, Address | Census Tract |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**E4.02B:** Attach the supporting documentation used to identify the brownfields in E4.02A. Acceptable data sources include:

A site information data report and site map from the Illinois Environmental Protection Agency Site Remediation Program database (<http://www.epa.illinois.gov/topics/cleanup-programs/brownfields/database/index>). The brownfield must be located in the proposed zone area. Points will not be awarded for brownfields that are located within the LLMA, but do not resided in the proposed zone area; or

A data report from Northern Illinois University, Center for Governmental Studies (<http://enterprisezonesillinois.com/>).

**E4.02C:** Attach the supporting documentation used to identify the federal priority number of the brownfield identified in E4.02A. Acceptable data sources include:

A site information report from the US Environmental Protection Agency’s National Priorities List (<http://www.epa.gov/superfund/sites/query/queryhtm/nplfin.htm#IL>). The brownfield must be located in the proposed zone area. Points will not be awarded for brownfields that are located within the LLMA, but do not resided in the proposed zone area; or

A data report from Northern Illinois University, Center for Governmental Studies (<http://enterprisezonesillinois.com/>)

**The Department will not accept any other data sources for the Brownfield criterion.**

**E4.02D:** Attach a map of the propose zone clearly identifying each of the brownfields identified in E4.02A.

**E4.03: Federal Disaster Area**

To be considered a federal disaster area the county or counties containing the proposed zone or portions of the proposed zone must have experienced a federal disaster within the three (3) years preceding the date of application, as designated by the Federal Emergency Management Agency (FEMA).

The applicant must provide the major disaster declaration number, the area designated as adversely affected by the major disaster, and the date of the declaration. Applicants are encouraged to use copies of the appropriate notices in the Federal Register of a major disaster declaration and related determinations. This does not include any non-FEMA declarations. Points will be awarded for major disaster declarations when a county or counties in the proposed Enterprise Zone are included in the (FEMA) individual assistance program, the FEMA public assistance program, or both programs. More points will be awarded for multiple major disaster declarations.

**E4.03A:** Using the format below, provide a listing of the Federal Disasters experienced by the proposed Enterprise Zone within the three (3) years preceding the date of application, as designated by the Federal Emergency Management Agency (FEMA).

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration Number | Date of Declaration | Affected County or Counties | Type of Disaster |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E4.03B:** Attach the supporting documentation used to identify the brownfields in E4.03A. Acceptable data sources include:

A notice of declaration or determination from the Federal Emergency Management Agency (FEMA) which is available at (<https://www.fema.gov/>); or

A data report from Northern Illinois University, Center for Governmental Studies (<http://enterprisezonesillinois.com/>).

**The Department will not accept any other data sources for the Federal Disaster Area.**

**Part E5:** **Large Scale Business Closings**

Applicants are required to demonstrate that the LLMA has experienced at least one (1) large-scale closings, affecting 50 or more workers, in the five (5) years preceding the date of application. If the LLMA contains at least on such closing, the applicant may report additional data for all large-scale closings, affecting 50 or more workers, which have occurred in the ten (10) years preceding the date of application.

Applicants may receive up to 50 points for the extent to which the applicant meets or exceeds the criteria in Section 520.210(d)(5) of the Code, with points awarded in accordance with the severity of the applicable facility closures or downsizing. Severity of the applicable facility closures or downsizing will be measured by the number of workers affected as shown by notices filed pursuant to the Illinois Worker Adjustment and Retraining Notification Act [820 ILCS 65] in the ten (10) years prior to the date of application, notices filed pursuant to the State Facilities Closure Act [30 ILCS 608] in the five (5) years prior to the date of application, or reliable evidence of the number of workers affected by federal facility closures in the five (5) years prior to the date of application.

**E5.01:** Using the format below, list any large-scale closing, affecting at least 50 or more workers, which occurred within five (5) years preceding the date of application. If LLMA contains at least one such closing, list any additional large-scale closings, affecting at least 50 or more workers, which occurred within the ten (10) years preceding the date of application. The data submitted must include date of lay-off/closing, name of the entity, a designation of the entity as a private (companies) or public (federal/state) entity. number of affected workers, census tract and the county in which the census tract is located.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Layoff / Closing | Business Entity / Facility Name | Private / Public(Federal / State) | Affected Workers | CensusTract |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**E5.02:** Attach the supporting documentation used to identify the large-scale closings in E5.01. Acceptable data sources include:

A copy of the notice filed pursuant to the Illinois Worker Adjustment and Retraining Notification Act [820 ILCS 65] or a copy of the notice filed pursuant to the State Facilities Closure Act [30 ILCS 608]. (<https://www.illinois.gov/dceo/WorkforceDevelopment/warn/Pages/default.aspx>); or

A data report from Northern Illinois University, Center for Governmental Studies (<http://enterprisezonesillinois.com/>)

**The Department will not accept any other data sources for the Large-Scale Business Closings criterion.**

**Part E6: Vacant Structures**

Applicants must demonstrate that the LLMA contains a high floor vacancy rate of industrial or commercial properties, vacant or demolished commercial and industrial structures are prevalent in the LLMA, or industrial structures in the LLMA are not used because of age, deterioration, relocation of the former occupants, or cessation of operation. Vacancy prevalence rates are determined by dividing the total vacant and/or demolished square feet by the total square feet. The applicant’s vacancy rate and prevalence must meet or exceed the state’s annual average vacancy rate and minimum prevalence base for each category.

Applicants may receive up to 40 points for the extent to which the applicant meets or exceeds the criteria in Section 520.210(d)(6) of the Code, with points awarded in accordance with the severity and extent of the high floor vacancy or deterioration. Applicants shall list affected commercial or industrial parcels and/or units and describe how those parcels or units were determined to be vacant or deteriorated. To show a vacancy rate or prevalence, applicants shall provide data of the total number or square feet of commercial and industrial parcels or units in the LLMA in comparison to total number or square feet of vacant and demolished commercial and industrial parcels or units. Applicants shall describe how that data was collected or determined.

**E6.01: Vacancy Rate, Industrial**

To be considered, the LLMA’s industrial vacancy rate as of December 31, 2019, must meet or exceed the state average vacancy rate.

**E6.01A:** Vacancy Rate, Industrial (Census Tracts): Using the format below, provide a listing of all census tracts, the county in which the census tract resides, the total square footage of industrial property, the total square footage of vacant industrial property, and the vacancy rate for each individual census tract within the LLMA. Vacant industrial square footage should only include those properties in the census tract which are properly zoned as industrial and are unoccupied or demolished as of the date of application. Vacancy rate must be determined by dividing the total vacant and/or demolished square feet by the total square feet.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| County | Census Tract | TotalIndustrial Sq. Ft. | Vacant Ind. Sq. Ft.  | Demolished Ind. Sq. Ft. | Vacancy Rate |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**E6.01B:** Vacancy Rate, Industrial (LLMA): Using the format below, provide the total the total square footage of industrial property, the total square footage of vacant industrial property, and the vacancy rate for the LLMA. Vacant Industrial square footage should only include those properties in the census tract which are properly zoned as industrial and are unoccupied or demolished as of the date of application. Vacancy rate must be determined by dividing the total vacant and/or demolished square feet by the total square feet.

|  |  |  |
| --- | --- | --- |
| Industrial Sq. Ft. | Vacant / Demolished Industrial Sq. Ft.  | Vacancy Rate |
|  |  |  |

**E6.01C:** Attach the supporting documentation used to identify the census tracts, the county in which the census tract resides, the total square footage of industrial property, the total square footage of vacant industrial property, and the property’s status (occupied/vacant/demolished).

**E6.02: Vacancy Rate, Commercial**

To be considered, the LLMA’s commercial vacancy rate as of December 31, 2019, must meet or exceed the state average vacancy rate.

**E6.02A:** Vacancy Rate, Commercial (Census Tracts): Using the format below, provide a listing of all census tracts, the county in which the census tract resides, the total square footage of commercial property, the total square footage of vacant commercial property, and the vacancy rate for each individual census tract within the LLMA. Vacant commercial square footage should only include those properties in the census tract which are properly zoned as commercial and are unoccupied or demolished as of the date of application. Vacancy rate must be determined by dividing the total vacant and/or demolished square feet by the total square feet.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| County | Census Tract | TotalComm. Sq. Ft. | Vacant Comm. Sq. Ft.  | Demolished Comm. Sq. Ft. | Vacancy Rate |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**E6.02B:** Vacancy Rate, Commercial (LLMA): Using the format below, provide the total the total square footage of commercial property, the total square footage of vacant commercial property, and the vacancy rate for the LLMA. Vacant commercial square footage should only include those properties in the census tract which are properly zoned as commercial and are unoccupied or demolished as of the date of application. Vacancy rate must be determined by dividing the total vacant and/or demolished square feet by the total square feet.

|  |  |  |
| --- | --- | --- |
| Commercial Sq. Ft. | Vacant / Demolished Commercial Sq. Ft.  | Vacancy Rate |
|  |  |  |

**E6.02C:** Attach the supporting documentation used to identify the census tracts, the county in which the census tract resides, the total square footage of commercial property, the total square footage of vacant commercial property, and the property’s status (occupied/vacant/demolished).

**E6.03: Vacancy Rate, Industrial + Commercial**

To be considered, the LLMA’s combined square footage for vacant industrial and commercial property as of December 31, 2021, must result in a calculated vacancy rate that meets or exceed the state average vacancy rate.

**E6.03A:** Vacancy Rate, Industrial + Commercial (LLMA): Using the format below, provide the total the total square footage of industrial and commercial property, the total square footage of vacant industrial and commercial property, and the vacancy rate for the LLMA. The calculated amounts provided in this section must correspond to the data provided in sections E6.01A, E6.01B, E6.01C, E6.02A, E6.02B and E6.02C. Vacancy rate must be determined by dividing the total vacant and/or demolished square feet of industrial and commercial property by the total square feet of industrial and commercial property.

|  |  |  |
| --- | --- | --- |
| Ind. Sq. Ft. | Comm. Sq. Ft. | Total Ind. + Comm. Sq. Ft. |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Vacant Ind. Sq. Ft. | Vacant Comm. Sq. Ft. | Total Vacant Ind. + Comm. Sq. Ft. |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Total Ind. + Comm. Sq. Ft. | Total Vacant Ind. + Comm. Sq. Ft. | Vacancy Rate |
|  |  |  |

**Part E7: Tax Base Improvement 5 Year Plan**

Applicants are required to demonstrate a substantial plan, over the next five (5) years from the date of designation, for using the designation to improve the State and local government tax base, including income, sales, and property taxes, including a plan for disposal of publicly-owned real property by methods described in Section 10 of the EZ Act. Applicants should compare the current tax base to the final tax base after five (5) years. Applicants must address each tax category: income, sales and property taxes.

Applicants may receive up to 30 points for the extent to which the applicant meets or exceeds the criteria in Section 520.210(d)(7) of the Code with points awarded in accordance with the extent to which the application addresses a plan to improve the State and local government tax base. Applicants shall address the State and local sales tax base, the State income tax base, and the local property tax base, including a plan for disposal of publicly owned real property by methods described in Section 10 of the EZ Act.

**E7.01: Tax Base**

**E7.01A:** State and Local Sales Tax: Using the format below, provide the current tax base for state and local sales tax, the estimated increase/decrease over five (5) years and the calculated increase/decrease for each designating unit of government of the proposed Enterprise Zone.

|  |  |  |
| --- | --- | --- |
| Unit of Government | Current State and Local Sales Tax Revenue | Estimated Increase/(Decrease) |
| Amount | Percentage |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E7.01B:** Income Tax: Using the format below, provide the current tax base for income tax, the estimated increase/decrease over five (5) years and the calculated increase/decrease for each designating unit of government of the proposed Enterprise Zone.

|  |  |  |
| --- | --- | --- |
| Unit of Government | Current Income Tax Revenue | Estimated Increase/(Decrease) |
| Amount | Percentage |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E7.01C:** Property Tax: Using the format below, provide the current tax base for property tax, the estimated increase/decrease over five (5) years and the calculated increase/decrease for each designating unit of government of the proposed Enterprise Zone.

|  |  |  |
| --- | --- | --- |
| Unit of Government | Current Property Tax Revenue | Estimated Increase/(Decrease) |
| Amount | Percentage |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E7.01D:** Attach the supporting documentation used to calculate the state and local sales tax, income tax, property tax as well as the estimated increases/decrease over five (5) years.

**E7.02: Tax Base Improvement Plan**

**E7.02A:** Tax Plans: Using the format below, identify the Tax Base Improvement Plans adopted by each of the designating units of government of the proposed Enterprise Zone.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Unit(s) of Government | Plan Name and Author | Brief Description |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E7.02B:** Attach a copy of each of the plans identified in E7.02A.

**Part E8: Public Infrastructure Improvement Plan**

Applicants must demonstrate that a significant public infrastructure is present in the LLMA in addition to a five (5) year plan from the date of designation for infrastructure development and improvement.

Applicants may receive up to 50 points for the extent to which the applicant meets or exceeds the criteria in Section 520.210(d)(8) of the Code with points awarded in accordance with the existence of significant public infrastructure in addition to a plan for infrastructure development and improvement. Applicants shall provide an inventory of the public infrastructure that demonstrates that significant public infrastructure exists in the LLMA to support economic development at the time of the application. Applicants shall provide a five (5) year public infrastructure improvement and development plan for each municipality and/or county applicant government that provides for large, physical improvements that are permanent in nature and that are needed for the functioning of the community, including transportation, utilities, etc. The plans shall include a listing of the capital improvement projects, the plan for financing the projects, a timetable for the construction or completion of the projects, and justification for the projects. Points will be awarded for both the inventory of existing public infrastructure and the public infrastructure improvement and development plan, with a majority of the points awarded based on the public infrastructure improvement and development plan.

**E8.01: Inventory of Public Infrastructure**

**E8.01A:** Using the format below, provide an inventory which identifies the significant public infrastructure present within the local labor market area. “Public infrastructure” means local roads and streets, access roads, bridges and sidewalks; waste disposal systems; water and sewer line extensions, water distribution and purification facilities, and sewage treatment facilities; rail or air or water port improvements; gas and electric utility facilities; transit capital facilities; development and improvement of publicly owned industrial and commercial sites; or other public capital improvements that are an essential precondition to business retention, development or expansion.

“Category of Infrastructures” includes: transportation, utility, public safety, education, etc.

“Subcategory of Infrastructure” includes: roads, bridges, public transportation, gas and electric facilities, water and sewer facilities, rail access, airports, water ports, hospitals, community colleges, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Unit of Government | Category of Infrastructure | Subcategory of Infrastructure | Description |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E8.02: Public Infrastructure Improvement and Development Plans**

**E8.02A:** Plan Summary: Using the format below, provide a listing of the public infrastructure improvement and development plan or plans for each designating unit of government.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item No. | Plan Date | Plan Name | Unit(s) of Government | Capital Improvement Projects |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**E8.02B:** Project Detail: Attach a “Project Detail”, using the format below, provide detail for each of the capital improvement projects identified in E8.02A. The item no. listed in E8.02B should correspond to the item no. listed in E8.02A.

|  |  |
| --- | --- |
| Item No.: |  |
| Capital Improvement Project: |  |
|  |  |
| Unit(s) of Government: |  |
|  |
|  |  |  |  |  |
| Project Timetable: | Start: |  | Completion: |  |
|  |  |
| Brief Description: |  |
|  |
|  |
|  |
|  |  |
| Justification: |  |
|  |
|  |
|  |
|  |  |  |  |
| Funding | Year | Funding Amount | Funding Source |
|  | 2022 |  |  |
|  | 2023 |  |  |
|  | 2024 |  |  |
|  | 2025 |  |  |
|  | 2026 |  |  |

|  |  |
| --- | --- |
| Item No.: |  |
| Capital Improvement Project: |  |
|  |  |
| Unit(s) of Government: |  |
|  |
|  |  |  |  |  |
| Project Timetable: | Start: |  | Completion: |  |
|  |  |
| Brief Description: |  |
|  |
|  |
|  |
|  |  |
| Justification: |  |
|  |
|  |
|  |
|  |  |  |  |
| Funding | Year | Funding Amount | Funding Source |
|  | 2023 |  |  |
|  | 2024 |  |  |
|  | 2025 |  |  |
|  | 2026 |  |  |
|  | 2027 |  |  |

**Part E9: Career Skills Programs**

Applicants are required to demonstrate that high schools or community colleges located within the LLMA are engaged in ACT Work Keys, Manufacturing Skills Standard Certification, or industry-based credentials that prepare students for careers. The applicant must provide written documentation from at least one (1) high school and/or community college within the LLMA that the institution is providing ACT Work Keys, Manufacturing Skills Standard Certification, or industry-based credentials that prepare students for careers at some time during the current school year.

Applicants may receive up to 40 points for the extent to which the applicant meets or exceeds the criteria in Section 520.210(d)(9) of the Code with points awarded in accordance with the extent to which educational programs exist for career preparation. Applicants shall list all high schools and community colleges in the LLMA and indicate which high schools and community colleges are engaged in ACT Work Keys, Manufacturing Skills Standard Certification, or other industry-based credentials that prepare students for careers. Applicants shall provide documentation that high schools and community colleges in the LLMA are engaged in these programs. More points will be awarded to applicants with a higher percentage of high schools and community colleges engaged in ACT Work Keys, Manufacturing Skills Standard Certification, or other industry-based credentials that prepare students for careers.

**E9.01:** Using the format below, list all high schools and community colleges within the LLMA, along with the census tract that the high school or community college is located in and indicate if the high school or community college is providing ACT Work Keys, Manufacturing Skills Standard Certification, or industry-based credentials that prepare students for careers at some time during the current school year.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution | Census Tract | High School or Comm. College | Career Skills Offered (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E9.02:** Attach supporting documentation from each of the high schools or community colleges within the LLMA which identifies the ACT Work Keys, Manufacturing Skills Standard Certification, or industry-based credential programs available to students during the current academic year.

**Part E11: Minorities, Women, and Persons with Disabilities**

Applicants are required to demonstrate a substantial plan for using the designation to encourage:

1. participation by businesses owned by minorities, women, and persons with disabilities, as those terms are defined in the Business Enterprise for Minorities, Women, and Persons with Disabilities Act; and
2. the hiring of minorities, women, and persons with disabilities.

Applicants may receive up to 40 points for the extent to which the applicant meets or exceeds the criteria in Section 4.1(a)(11) of the Act.

 **E11.01:** Applicants are encouraged to provide a policy statement adopted by each unit of government through an ordinance which expresses a commitment to encourage the development of business entities owned by minorities, women and persons with disabilities”, as defined under the Business Enterprise for Minorities, Women, and Persons with Disabilities Act (30 ILCS 575/0.01, et seq.).

**E11.02:** Applicants are encouraged to provide a policy statement adopted by each unit of government through an ordinance which expresses a commitment to encourage the hiring of individuals defined as “minority person”, “woman” and “person with disability”, as defined under the Business Enterprise for Minorities, Women, and Persons with Disabilities Act (30 ILCS 575/0.01, et seq.).

**Part F: Zone Incentives, Goals and Economic Impact**

**F1: Zone Incentives and Economic Impact**

Local Incentives and Programs. Information concerning each local incentive, program, special activity, or commitment to be provided in support of the zone, including: a description of each, how it will be implemented, who will provide it, the estimated impact on the revenue of the local government, any special qualifications or conditions imposed on its applicability, and the period of availability and the effective date provided. However, each incentive, program, special activity, or commitment to be provided may not be offered on a case-by-case basis, and must assure that all taxpayers or participants eligible under similar circumstances are treated in a similar manner.

**F1.01:** Complete the following schedule, in order of priority, identifying each local incentive, program, special activity, or commitment to be provided in support of the zone. Include only those incentives which are specifically authorized under the designating ordinance(s).

|  |  |  |  |
| --- | --- | --- | --- |
| Local Incentive | Description | Unit(s) of Government | Administered By |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**F1.02:** Complete subparts F2.01-F2.09 for each of the local incentives, programs, special activities, or commitments identified in F1.01.

**F2.01:** Incentive Name

|  |
| --- |
|  |

**F2.02:** Incentive Purpose: Briefly describe each incentive and its purpose.

|  |
| --- |
|  |

**F2.03:** Implementation: Describe how the incentive, program or activity will be implemented.

|  |
| --- |
|  |

**F2.04:** Provider: Indicate who will provide the incentive. If the applicant is the provider, indicate “applicant”. In the case of a joint application, indicate the name of the appropriate unit of government. If someone else is the provider, indicate the name of the organization, entity or individual. Provide evidence of commitment or assurances in the form of ordinances, resolutions, or letters from private sector entities. (Note: Non-applicant taxing bodies, such as school districts, which are participating in the abatement of property tax, must provide a resolution from the governing board authorizing such participation.)

|  |
| --- |
|  |

**F2.05:** Limitations/Applicability: Indicate any special conditions or qualifications imposed on the applicability of the incentive such as phase in/phase out schedules, permit requirements, property class eligibility, prevailing wage or living wage requirements, etc.

|  |
| --- |
|  |

**F2.06:** Period of Availability: Indicate the time period for which the incentive will be made available.

|  |
| --- |
|  |

**F2.07:** Source of Funds: For activities which require direct expenditures, indicate the source of funds.

|  |
| --- |
|  |

**F2.08:** Revenue Impact: Briefly describe and estimate the impact of the incentive on the revenues of the designating unit(s) of government.

|  |
| --- |
|  |

**F2.09:** Benefit to Zone Residents: Describe and estimate the intended effect and anticipated benefits to zone residents and businesses.

|  |
| --- |
|  |

**F3: Tax Increment Financing Districts**

If a Tax Increment Financing District (TIF) has been created under Division 74.4 of the Illinois Municipal Code and the TIF or a portion of the TIF resides within the proposed Enterprise Zone; then the property that is located in both the Enterprise Zone and the TIF shall not be eligible for the abatement of taxes under Section 18-170 of the Property Tax Code.

**F3.01:** Complete the following schedule identifying each TIF located within the county or counties containing the proposed Enterprise Zone.

|  |  |  |  |
| --- | --- | --- | --- |
| TIF District | EstablishedDate | County | Authorizing Unit of Government |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**F3.02:** Attach a map or maps of the proposed zone and its location in relation to TIF’s identified in F3.01.

**F3.03:** Provide a statement that explains the established policies and procedures instituted by the local unit(s) of government to identify and regulate any areas of the proposed Enterprise Zone which may contain a TIF or portions of a TIF.

|  |
| --- |
|  |

**F4: Zone Goals and Economic Impact**

Economic Development Goals of the Zone. A statement concerning the economic development goals and objectives of the zone, including: specific three-year development goals and objectives of the zone, and a zone implementation plan describing the specific tasks, activities, and commitments that must be accomplished to achieve each three-year objective.

**F4.01:** Provide a statement that identifies the three (3) year goals and objectives of the zone, the implementation plan for these goals and objects as well as their estimated economic impact.

|  |
| --- |
|  |

**F4.02:** Complete the following schedule, in order of priority, identifying each specific task, activity, and commitment that must be accomplished to achieve each three-year objective.

|  |  |  |  |
| --- | --- | --- | --- |
| Task, Activity or Commitment | ImplementationDate | Completion Date | Description |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part G: Community Support**

**Part G1: Public Notice and Public Hearing**

The local unit(s) of government must conduct at least one public hearing within the proposed zone area on the question of whether to create the zone, what local plans, tax incentives and other programs should be established in connection with the zone, and what the boundaries of the zone should be; public notice of such hearing shall be published in at least one newspaper of general circulation within the zone area, not more than 20 days nor less than 5 days before the hearing.

**G1.01:** Attach a copy of the public notice that was issued along with a certificate of publication from the newspaper in which the notice appeared.

**G1.02:** Attach a copy of the transcripts from the public hearing which was conducted on the question of whether to create the zone, what local plans, tax incentives and other programs should be established in connection with the zone, and what the boundaries of the zone should be.

**Part G2: Letters of Support**

Applicants are encouraged to provide letters of support to document the input, assistance, resources and commitments which public and private sector entities provided in the development of this application or will provide in the implementation of the proposed zone’s goals and objectives. Letters from individuals, business, labor, community or other groups in support of this application may be attached.

**Part G3: Notice of Consideration**

**G3.01:** Invitation for Public Comment: If the Department determines that the application meets the minimum threshold for consideration; it is required to issue a public notice in at least one newspaper of general circulation inviting the general public to submit comments directly to the Department. Please provide the contact information for the newspapers of general circulation within the proposed zone area.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Newspaper: |  |  |  |  |  |  |
| Contact Name: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Newspaper: |  |  |  |  |  |  |
| Contact Name: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Newspaper: |  |  |  |  |  |  |
| Contact Name: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

**G3.02:** Notice to Illinois State Legislators: If the Department determines that the application meets the minimum threshold for consideration; it is required to issue notice to Illinois State legislators, whose district includes the proposed zone or portions of the proposed zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legislator’s Name: |  |  | House/Senate: |  |  |
| Address Line 1: |  |  | District #: |  |  |  |
| Address Line 2: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legislator’s Name: |  |  | House/Senate: |  |  |
| Address Line 1: |  |  | District #: |  |  |  |
| Address Line 2: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legislator’s Name: |  |  | House/Senate: |  |  |
| Address Line 1: |  |  | District #: |  |  |  |
| Address Line 2: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legislator’s Name: |  |  | House/Senate: |  |  |
| Address Line 1: |  |  | District #: |  |  |  |
| Address Line 2: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legislator’s Name: |  |  | House/Senate: |  |  |
| Address Line 1: |  |  | District #: |  |  |  |
| Address Line 2: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legislator’s Name: |  |  | House/Senate: |  |  |
| Address Line 1: |  |  | District #: |  |  |  |
| Address Line 2: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legislator’s Name: |  |  | House/Senate: |  |  |
| Address Line 1: |  |  | District #: |  |  |  |
| Address Line 2: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legislator’s Name: |  |  | House/Senate: |  |  |
| Address Line 1: |  |  | District #: |  |  |  |
| Address Line 2: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

**Part H: Application Certification**

THE APPLICANT CERTIFIES THAT:

To the best of my knowledge and belief, data and other information in this application are true and correct, and this document has been authorized by the governing body of the applicant. I further certify that each incentive authorized by the governing body will be implemented and that all necessary administrative procedures will be established and effected.

**ORIGINAL SIGNATURES ARE REQUIRED FROM EACH DESIGNATING UNIT OF GOVERNMENT.**

**CERTIFYING REPRESENTATIVE: (To be signed by the Chief Elected Official)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |
|  | (Typed) |  |  |  |  |
|  |  |  |  |  |  |  |
| Chief Elected Official: |  | Title: |  |  |  |
|  | (Typed) |  | (Typed) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature: |  | Date: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |
|  | (Typed) |  |  |  |  |
|  |  |  |  |  |  |  |
| Chief Elected Official: |  | Title: |  |  |  |
|  | (Typed) |  | (Typed) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature: |  | Date: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |
|  | (Typed) |  |  |  |  |
|  |  |  |  |  |  |  |
| Chief Elected Official: |  | Title: |  |  |  |
|  | (Typed) |  | (Typed) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature: |  | Date: |  |  |  |

**Appendix 1: Additional Forms**

An application must be submitted on the standard application form provided by the Department. Charts and tables included in the application must be completed in their entirety and in the existing format in order for an application to receive the scoring points associated with each criterion. The charts and tables must ***not*** be altered. Applicants may utilize as many of the additional copies of the charts and tables provided in this appendix, as necessary.

***20 ILCS 655/5.1***

 *Sec. 5.1. Application to Department. A county or municipality which has adopted an ordinance designating an area as an enterprise zone shall make written application to the Department to have such proposed enterprise zone certified by the Department as an Enterprise Zone. The application shall include:*

*(i) a certified copy of the ordinance designating the proposed zone;*

*(ii) a map of the proposed enterprise zone, showing existing streets and highways;*

*(iii) an analysis, and any appropriate supporting documents and statistics, demonstrating that the proposed zone area is qualified in accordance with Section 4;*

*(iv) a statement detailing any tax, grant, and other financial incentives or benefits, and any programs, to be provided by the municipality or county to business enterprises within the zone, other than those provided in the designating ordinance, which are not to be provided throughout the municipality or county;*

*(v) a statement setting forth the economic development and planning objectives for the zone;*

*(vi) a statement describing the functions, programs, and services to be performed by designated zone organizations within the zone;*

*(vii) an estimate of the economic impact of the zone, considering all of the tax incentives, financial benefits and programs contemplated, upon the revenues of the municipality or county;*

*(viii) a transcript of all public hearings on the zone;*

*(ix) in the case of a joint application, a statement detailing the need for a zone covering portions of more than one municipality or county and a description of the agreement between joint applicants; and*

*(x) such additional information as the Department by regulation may require.*

 *(Source: P.A. 82-1019.)*

***Section 520.220 Form of Application [excerpt]***

*“An application shall be submitted on the standard application form provided by the Department. …”*

**Part A: Applicant and Administration**

**A1.05.** [Continued] Identify the unit(s) of government.

Provide the contact information for each designating unit of government.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |  |
| Chief Elected Official: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |  |
| Chief Elected Official: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |  |
| Chief Elected Official: |  |  | Title: |  |  |  |
| Address: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

**Part B: Zone Authorization**

**B2.01:** [Continued] Complete the following schedule identifying each designating unit of local government and its ordinance.

|  |  |  |  |
| --- | --- | --- | --- |
| Unit of Government | Document Title | Document Number | Date Executed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part C: Local Labor Market Area (LLMA)**

**C2.02:** [Continued] Using the format below, identify the specific communities of interest and the percentage of employees that commute from adjacent counties which do not contain the proposed Enterprise Zone. (Selection of an LLMA with lesser commuting percentages, especially those with less than one percent (1%), for any county may adversely affect the application’s scoring.)

|  |  |  |
| --- | --- | --- |
| LLMA County | Community or Communities of Interest | % of County Residents Commuting into the Proposed Enterprise Zone |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Part C: Local Labor Market Area (LLMA)**

**C2.03:** [Continued] Using the format below, identify the key companies and the percentage of employees that commute from adjacent counties which do not contain the proposed Enterprise Zone.

|  |  |  |
| --- | --- | --- |
| LLMA County | Company of Interest | % of Company Employees Commuting into the Proposed Enterprise Zone |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Part C: Local Labor Market Area (LLMA)**

**C3:** [Continued] Provide a list of all census tracts, the county in which the census tract resides and indicate whether or not each specific census tract contains a portion of the proposed Enterprise Zone’s territory.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| County | Census Tract | EZ Lies Within(Yes/No) |  | County | Census Tract | EZ Lies Within(Yes/No) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Part E1: Unemployment**

**E1.03:** [Continued] Using the format below, provide a listing of all census tracts, the county in which the census tract resides and the unemployment rate for each individual census tract within the LLMA.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| County | Census Tract | UI Rate |  | County | Census Tract | UI Rate |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Part E2: Substantial Employment Opportunities**

**E2.02:** [Continued] Using the format below, provide the “general projections” for the estimated impact which designation of the proposed zone may have upon the LLMA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Study Name and Developer | Date OfStudy | Estimated Jobs Created | Estimated Jobs Retained | Estimated Capital Investment |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Part E2: Substantial Employment Opportunities**

**E2.04:** [Continued] Using the format below, identify the “specific commitments” provided by established business entities within the LLMA or potential business entities that may relocate to the LLMA as a result of zone receiving designation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Entity | Period of Job Creation/Retention | Estimated Jobs Created | Estimated Jobs Retained | Period of Capital Investment | Estimated Capital Investment |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Part E3: Poverty**

**E3.01C:** [Continued] Using the format below, provide a listing of all census tracts, the county in which the census tract resides and the poverty rate for each individual census tract within the LLMA.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| County | Census Tract | Poverty Rate |  | County | Census Tract | Poverty Rate |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Part E3: - Percentage of families with children in the LLMA living in poverty**

**E3.02C:** [Continued] Using the format below, provide a listing of allcensus tracts, the county, number of families in the households, number of families with children, poverty rate and whether tract qualifies for above 130% of poverty line (Y/N).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| County | Census Tract | Number of Families in Households | Number of Families with children in Households | Poverty Rate | Above 130% of Poverty Line (Y/N) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Part E3: Supplemental Nutrition Assistance Program (SNAP)**

**E3.03C:** [Continued] Using the format below, provide a listing of all census tracts, the county in which the census tract resides, the number of households in the census tract, the number of households receiving SNAP and the percentage of households receiving SNAP for each individual census tract within the LLMA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| County | Census Tract | Households in Census Tract | Households Receiving SNAP | Percentage of Households Receiving SNAP |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Part E4: Abandoned Coal Mine, Brownfield or Federal Disaster Area**

**E4.01A:** [Continued] Using the format below, provide a listing of the abandoned coal mine(s) within the proposed Enterprise Zone.

|  |  |  |
| --- | --- | --- |
| IL DNR Number | Federal Priority | Site Location |
| Priority 1 or 2 (Y/N) | Federal ID No. | Name | Address | Census Tract |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Part E4: Abandoned Coal Mine, Brownfield or Federal Disaster Area**

**E4.02A: [**Continued] Using the format below, provide a list of the brownfield(s) within the proposed zone.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IEPA LPC # | Federal Priority ID No. | Site Location, Name | Site Location, Address | Census Tract |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Part E4: Abandoned Coal Mine, Brownfield or Federal Disaster Area**

**E4.03A:** [Continued] Using the format below, provide a listing of the Federal Disasters experienced by the proposed Enterprise Zone within the three

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration Number | Date of Declaration | Affected County or Counties | Type of Disaster |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part E5: Large Scale Business Closings**

**E5.01:** [Continued] Using the format below, list any large-scale closing, affecting at least 50 or more workers, which occurred within five (5) years preceding the date of application. If LLMA contains at least one such closing, list any additional large-scale closings, affecting at least 50 or more workers, which occurred within the last ten (10) years. The data submitted must include the date of lay-off/closing, name of the entity, a designation of the entity as a private (companies) or public (federal/state) entity, number of affected workers, census tract and the county in which the census tract is located.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Layoff / Closing | Business Entity / Facility Name | Private / Public(Federal / State) | Affected Workers | CensusTract |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Part E6: Vacant Structures**

**E6.01A:** [Continued] Vacancy Rate, Industrial (Census Tracts): Using the format below, provide a listing of all census tracts, the county in which the census tract resides, the total square footage of industrial property, the total square footage of vacant industrial property, and the vacancy rate for each individual census tract within the LLMA. Vacant industrial square footage should only include those properties in the census tract which are properly zoned as industrial and are unoccupied or demolished as of the date of application. Vacancy rate must be determined by dividing the total vacant and/or demolished square feet by the total square feet.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| County | Census Tract | TotalIndustrial Sq. Ft. | Vacant Ind. Sq. Ft.  | Demolished Ind. Sq. Ft. | Vacancy Rate |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Part E6: Vacant Structures**

**E6.02A:** [Continued] Vacancy Rate, Commercial (Census Tracts): Using the format below, provide a listing of all census tracts, the county in which the census tract resides, the total square footage of commercial property, the total square footage of vacant commercial property, and the vacancy rate for each individual census tract within the LLMA. Vacant commercial square footage should only include those properties in the census tract which are properly zoned as commercial and are unoccupied or demolished as of the date of application. Vacancy rate must be determined by dividing the total vacant and/or demolished square feet by the total square feet.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| County | Census Tract | TotalComm. Sq. Ft. | Vacant Comm. Sq. Ft.  | Demolished Comm. Sq. Ft. | Vacancy Rate |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Part E7: Tax Base Improvement 5 Year Plan**

**E7.01A:** [Continued] State and Local Sales Tax: Using the format below, provide the current tax base for state and local sales tax, the estimated increase/decrease over five (5) years and the calculated increase/decrease for each designating unit of government of the proposed Enterprise Zone.

|  |  |  |
| --- | --- | --- |
| Unit of Government | Current State and Local Sales Tax Revenue | Estimated Increase/(Decrease) |
| Amount | Percentage |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part E7: Tax Base Improvement 5 Year Plan**

**E7.01B:** [Continued] Income Tax: Using the format below, provide the current tax base for income tax, the estimated increase/decrease over five (5) years and the calculated increase/decrease for each designating unit of government of the proposed Enterprise Zone.

|  |  |  |
| --- | --- | --- |
| Unit of Government | Current Income Tax Revenue | Estimated Increase/(Decrease) |
| Amount | Percentage |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part E7: Tax Base Improvement 5 Year Plan**

**E7.01C:** [Continued] Property Tax: Using the format below, provide the current tax base for property tax, the estimated increase/decrease over five (5) years and the calculated increase/decrease for each designating unit of government of the proposed Enterprise Zone.

|  |  |  |
| --- | --- | --- |
| Unit of Government | Current Property Tax Revenue | Estimated Increase/(Decrease) |
| Amount | Percentage |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part E7: Tax Base Improvement 5 Year Plan**

**E7.02A:** [Continued] Tax Plans: Using the format below, identify the Tax Base Improvement Plans adopted by each of the designating units of government of the proposed Enterprise Zone.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Unit(s) of Government | Plan Name and Author | Brief Description |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part E8: Public Infrastructure Improvement Plan**

**E8.01A:** [Continued] Using the format below, provide an inventory which identifies the significant public infrastructure present within the local labor market area. “Public infrastructure” means local roads and streets, access roads, bridges and sidewalks; waste disposal systems; water and sewer line extensions, water distribution and purification facilities, and sewage treatment facilities; rail or air or water port improvements; gas and electric utility facilities; transit capital facilities; development and improvement of publicly owned industrial and commercial sites; or other public capital improvements that are an essential precondition to business retention, development or expansion.

|  |  |  |  |
| --- | --- | --- | --- |
| Unit of Government | Category of Infrastructure | Subcategory of Infrastructure | Description |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part E8: Public Infrastructure Improvement Plan**

**E8.02A:** [Continued] Plan Summary: Using the format below, provide a listing of the public infrastructure improvement and development plan or plans for each designating unit of government.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item No. | Plan Date | Plan Name | Unit(s) of Government | Capital Improvement Projects |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Part E8: Public Infrastructure Improvement Plan**

**E8.02B:** [Continued] Project Detail: Attach a “Project Detail”, using the format below, provide detail for each of the capital improvement projects identified in E8.02A. The item no. listed in E8.02B should correspond to the item no. listed in E8.02A.

|  |  |
| --- | --- |
| Item No.: |  |
| Capital Improvement Project: |  |
|  |  |
| Unit(s) of Government: |  |
|  |
|  |  |  |  |  |
| Project Timetable: | Start: |  | Completion: |  |
|  |  |
| Brief Description: |  |
|  |
|  |
|  |
|  |  |
| Justification: |  |
|  |
|  |
|  |
|  |  |  |  |
| Funding | Year | Funding Amount | Funding Source |
|  | 2023 |  |  |
|  | 2024 |  |  |
|  | 2025 |  |  |
|  | 2026 |  |  |
|  | 2027 |  |  |

|  |  |
| --- | --- |
| Item No.: |  |
| Capital Improvement Project: |  |
|  |  |
| Unit(s) of Government: |  |
|  |
|  |  |  |  |  |
| Project Timetable: | Start: |  | Completion: |  |
|  |  |
| Brief Description: |  |
|  |
|  |
|  |
|  |  |
| Justification: |  |
|  |
|  |
|  |
|  |  |  |  |
| Funding | Year | Funding Amount | Funding Source |
|  | 2023 |  |  |
|  | 2024 |  |  |
|  | 2025 |  |  |
|  | 2026 |  |  |
|  | 2027 |  |  |

**Part E9: Career Skills Programs**

**E9.01:** [Continued] Using the format below, list all high schools and community colleges within the LLMA, along with the census tract that the high school or community college is located in and indicate if the institution is providing ACT Work Keys, Manufacturing Skills Standard Certification, or industry-based credentials that prepare students for careers at some time during the current school year.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution | Census Tract | High School or Comm. College | Career Skills Offered (Y/N) |
|  |  |  |  |
|  |  |  |  |

**Part F: Zone Incentives, Goals and Economic Impact**

**F1.02:** [Continued] Complete subparts F2.01-F2.09 for each of the local incentives, programs, special activities, or commitments identified in F1.01.

**F2.01:** Incentive Name

|  |
| --- |
|  |

**F2.02:** Incentive Purpose: Briefly describe each incentive and its purpose.

|  |
| --- |
|  |

**F2.03:** Implementation: Describe how the incentive, program or activity will be implemented.

|  |
| --- |
|  |

**F2.04:** Provider: Indicate who will provide the incentive. If the applicant is the provider, indicate “applicant”. In the case of a joint application, indicate the name of the appropriate unit of government. If someone else is the provider, indicate the name of the organization, entity or individual. Provide evidence of commitment or assurances in the form of ordinances, resolutions, or letters from private sector entities. (Note: Non-applicant taxing bodies, such as school districts, which are participating in the abatement of property tax, must provide a resolution from the governing board authorizing such participation.)

|  |
| --- |
|  |

**F2.05:** Limitations/Applicability: Indicate any special conditions or qualifications imposed on the applicability of the incentive such as phase in/phase out schedules, permit requirements, property class eligibility, prevailing wage or living wage requirements, etc.

|  |
| --- |
|  |

**F2.06:** Period of Availability: Indicate the time period for which the incentive will be made available.

|  |
| --- |
|  |

**F2.07:** Source of Funds: For activities which require direct expenditures, indicate the source of funds.

|  |
| --- |
|  |

**F2.08:** Revenue Impact: Briefly describe and estimate the impact of the incentive on the revenues of the designating unit(s) of government.

|  |
| --- |
|  |

**F2.09:** Benefit to Zone Residents: Describe and estimate the intended effect and anticipated benefits to zone residents and businesses.

|  |
| --- |
|  |

**Part F: Zone Incentives, Goals and Economic Impact**

**F3.01:** [Continued] Complete the following schedule identifying each TIF located within the county or counties containing the proposed Enterprise Zone.

|  |  |  |  |
| --- | --- | --- | --- |
| TIF District | EstablishedDate | County | Authorizing Unit of Government |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part F: Zone Incentives, Goals and Economic Impact**

**F4.02: [**Continued] Complete the following schedule, in order of priority, identifying each specific task, activity, and commitment that must be accomplished to achieve each three-year objective.

|  |  |  |  |
| --- | --- | --- | --- |
| Task, Activity or Commitment | ImplementationDate | Completion Date | Description |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part G: Community Support**

**G3.02:** [Continued] Notice to Illinois State Legislators: If the Department determines that the application meets the minimum threshold for consideration; it is required to issue notice to Illinois State Legislators, whose district includes the proposed zone or portions of the proposed zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legislator’s Name: |  |  | House/Senate: |  |  |
| Address Line 1: |  |  | District #: |  |  |  |
| Address Line 2: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legislator’s Name: |  |  | House/Senate: |  |  |
| Address Line 1: |  |  | District #: |  |  |  |
| Address Line 2: |  |  |  |  |  |  |
|  | Street |  | State |  | Zip Code |  |
| Phone: |  |  | Email: |  |  |  |

**Part H: Application Certification**

[Continued]

THE APPLICANT CERTIFIES THAT:

To the best of my knowledge and belief, data and other information in this application are true and correct, and this document has been authorized by the governing body of the applicant. I further certify that each incentive authorized by the governing body will be implemented and that all necessary administrative procedures will be established and effected.

**ORIGINAL SIGNATURES ARE REQUIRED FROM EACH DESIGNATING UNIT OF GOVERNMENT.**

**CERTIFYING REPRESENTATIVE: (To be signed by the Chief Elected Official)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |
|  | (Typed) |  |  |  |  |
|  |  |  |  |  |  |  |
| Chief Elected Official: |  | Title: |  |  |  |
|  | (Typed) |  | (Typed) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature: |  | Date: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |
|  | (Typed) |  |  |  |  |
|  |  |  |  |  |  |  |
| Chief Elected Official: |  | Title: |  |  |  |
|  | (Typed) |  | (Typed) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature: |  | Date: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit of Government: |  |  |  |  |  |
|  | (Typed) |  |  |  |  |
|  |  |  |  |  |  |  |
| Chief Elected Official: |  | Title: |  |  |  |
|  | (Typed) |  | (Typed) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature: |  | Date: |  |  |  |