

Incentive Request Application

Please fill out the form to the best of your ability. The established guidelines stipulate that all projects must meet or exceed minimum threshold levels. If these levels are not met, the project may be considered on a case-by-case basis.

Deliver to:

Dickinson Economic Development Corporation 4403 State Hwy 3 Dickinson, TX 77539

OR

Email:

dfunk@dickinsontexas.gov

Date of Application:
Basic Company Information
Company Name:
Type of Business:
North American Industry Classification System (NAICS) Code (https://www.census.gov/naics/):
Company Website (if applicable):
Company Facebook (if applicable):
Company Instagram (if applicable):
Any Other Company Social Media Pages (if applicable):
Mailing Address:
City, State, ZIP Code:
Your Name & Title:
Email Address:
Dhone Numbers

Current Company Details/Data

<u> </u>	npany:
Number of CURRENT Em	ployees:
Full Time:	Part-time:
Avg. Annual Salaries/Ho	urly Wages: \$
Current Total Annual Pay	roll: \$
Type of Ownership:	
	Partnership: Proprietorship:
Name of Owners:	
Corporate Headquarters	Address (if applicable):
PLEASE ATTACH MOST R	ECENT ANNUAL FINANCIAL STATEMENT FOR THE PAST 3 YEARS.
	Project Information
Project Address:	
Type of Facility:	
Distribution: Deve	lopment: Manufacturing: Service:
Entertainment/Food Ser	vice: Other (Specify):
Project Description	
New:	_ Expansion: Modernization:
Has the Applicant ever b amount, when, and how	een loaned/granted funds by the DEDC? If so, in what were the funds spent?
	ually obligated to achieve the purpose above?

Owner's financial contribution to the project, if any: \$			
If this application is not approved, will the Applicant still pursue the project?			
Please provide a detailed description of the project:			
Please explain in detail how DEDC funds will be applied to the project (a detailed budget may be attached):			
Please provide a detailed summary of how the project would contribute to the economic prosperity of Dickinson, Texas:			
Economic Information			
New Jobs Created Annual Payroll			
At opening:			
At 3 years:			
At 5 years:			

New jobs filled by Dickinson residents	
Full Time: Part-time:	
Estimated Annual Number of Visitors to Facility:	
Estimated annual sales: \$	
Estimated number of sales taxes to be paid annually: \$	
Estimate increase in taxable sales as a result of the project:	%
Is this a job retention initiative? Yes No	
If yes, describe the potential job loss without this project:	
Operations	
Total Annual Operating Budget: \$	
Value of materials purchased for operations (excluding inventory): \$	
Percentage of materials bought in Dickinson:%	
Average annual cost of each utility	
a. Electricity: \$	
b. Telephone: \$	
c. Cable: \$	
d. Natural Gas: \$	
e. Sanitation: \$	
f. Water & Sewer: \$	
Signatures	
Authorized Company Representative	
Name:	
Title:	
Address:	
Email:	
Phone:	

PLEASE ATTACH

- A. Bank References
- B. Last 3 years of business financial statements.
- C. Detailed budget of funds to be spent (if applicable).
- D. Any other supporting documentation you deem necessary.