



Economic Development Incentive Grant Program Application

The purpose of the Economic Development Incentive Grant Program is to sustain and strengthen the economic vitality of the town by encouraging the location and/or expansion of business and industrial enterprises that significantly add to the tax base, provide high-paying and quality jobs, stimulate new economic development or redevelopment in the town and are sensitive to and compatible with the natural and built environment of the town. (Mount Pleasant Code of Ordinances §117)

I. COMPANY INFORMATION

Please provide the following information, attaching as necessary.

a. Company Name: _____

b. Current Company address: _____

c. Historical Information on the Company

d. Description of the Company's Products and Services.

e. Estimate the amount of revenue generated from the following geographical locations.

Revenue	Percentage	Amount
<i>Within the Charleston, Berkeley Dorchester Region</i>		
<i>South Carolina</i>		
<i>United States</i>		
<i>Total</i>	----	

f. Estimate the annual town tax revenues to be generated over a five-year period.

II. PROJECT TIME FRAME

Start Date for Project: _____
(Date job creation and/or investment begins)

Completion Date: _____
(Date job creation and/or investment to be complete)

III. JOB CREATION

a. Total number of new jobs projected over the first five years after completion of the project:

b. Categories and wage rates for **new** jobs:

Category	Number of Jobs	Average Wage (annual)
<i>Executive/Management</i>		
<i>Technical/Professional</i>		
<i>Administrative/Clerical</i>		
<i>Skilled Production</i>		
<i>Unskilled Production</i>		
<i>Contract Employees</i>		
<i>Other</i>		
<i>Total</i>		

c. If the project involves the retention of existing jobs at the site, what will be the total number of jobs retained at the project site?

d. Annual payroll resulting from new jobs:

- e. Annual payroll resulting from retained jobs: _____
- f. If this project is an expansion of an existing company within Mount Pleasant, please state the number of current jobs in the state? _____

IV. CAPITAL INVESTMENT

If applying for reimbursement of impact fees, plan review fees, associated with the Description of the proposed facility.

<i>Street Address</i>	
<i>Building Type (New/Existing)</i>	
<i>Square Footage</i>	
<i>Capital Investment for Site</i>	\$
<i>Capital Investment for Facility</i>	\$
<i>Capital Investment for Equipment</i>	\$

Please include a description of the site as well as proposed building or renovations. Include the potential for the site to accommodate future expansions:

V. REIMBURSEMENT REQUESTED

- a. Please mark the amount you are requesting next to the appropriate

<i>Incentive</i>	<i>Amount Requested</i>
<i>Municipal Impact Fees</i>	\$
<i>Building Permit Fees</i>	\$
<i>Plan Review Fees</i>	\$

Business license Taxes	\$
Total	\$

- b. Please attach the appropriate documentation outlining where and how you determined the above costs.
- c. Please provide a short narrative demonstrating how the above amounts are attributable to your expansion or relocation or why they are necessary for job retention.

VI. VERIFICATION OF CORRECT INFORMATION

I certify that the above information is accurate and complete to the best of my knowledge and understand that further information may be required by the Town Administrator.

Applicant's Signature: _____

Title: _____

Date: _____

Once you have ensured this document is complete, please print, sign, scan and email to open4biz@tompsc.com.
Please ensure the email subject line reads, "ED Grant Application."