

**APPLICATION FOR DESIGNATION
AS AN ECONOMIC REVITALIZATION AREA
PERSONAL PROPERTY**

This application needs to be completed and signed by the owner(s) of the property where redevelopment or rehabilitation is to occur. The application should be submitted along with a site plan and a complete set of elevations, and the property application fee to the Anderson Economic Development Department, Room #105, 120 East 8th Street, Anderson, Indiana 46016.

Please see attached guidelines for an explanation on filling out the application. If more assistance in completing the application is necessary, please contact Economic Development Department at (765) 648-6112.

1. Address or Location of Property: _____
2. Township: _____
3. Legal Description: _____
4. Property Owner Name, Address, Phone, & Email (if more than one owner, enter each owner separately):
Name: _____
Address: _____
Phone: _____
Email: _____

Property Owner(s) Name, Address, Phone, & Email:

Name: _____
Address: _____
Phone: _____
Email: _____

Property Owner(s) Name, Address, Phone, & Email:

Name: _____
Address: _____
Phone: _____
Email: _____

5. Owner(s) Representative (if any):

Name: _____
Address: _____
Telephone: _____
Email: _____

6. Is the property/manufacturing facility served by city utilities? Yes_____ No_____
7. Are the present city utilities adequate to fulfill the new equipment requirements?
 Yes_____ No_____ If no, please explain: _____

8. Is there evidence that the facility housing the new equipment is technologically, economically or energy obsolete? _____

9. Briefly describe the use of the new equipment and its purchase price _____

 _____ \$ _____
10. Property Tax Assessments and Payment:
 A. Amount of last business personal property assessment \$ _____
 B. Amount of last business personal property taxes \$ _____
11. How many new jobs will be created or existing jobs retained because of the new equipment's operation? New (created)_____ Retained_____

I hereby certify the information and representations on this application are true and complete.

_____	_____
Signature(s) of Owner(s)	Date
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Please be advised per Indiana Statute that equipment cannot be installed until final council approval of application. We will notify you via mail of the final approval.

Application Fee: \$75.00.
Make check payable to: City of Anderson

PERSONAL PROPERTY: COMMERCIAL TAX ABATEMENT GUIDELINES

APPLICATION:

- 1.) Address of new construction
- 2.) Township (i.e. Anderson, Fall Creek ,Adams, Lafayette)
- 3.) Legal description (it will be on deed to property or recorded plat). The legal description must be the location where equipment will be installed.
- 4.) Names, address, phone, and email of ALL property owners
- 5.) Name and contact information if somebody else will be representing the applicant (i.e. attorney, builder, etc.)
- 6.) Is property served by City Utilities: Yes or No.
- 7.) Are the existing utilities adequate to serve the new equipment? Yes or No. If no, why not.
- 8.) Why is facility obsolete? Provide an answer as to why the facility needs the new equipment (outdated, new product line, etc.)
- 9.) Describe the new equipment, its use, and the PURCHASE price.
- 10.) Amount of: (information can be obtained from Madison County Assessor's Office or tax statement):
 - a. Actual \$\$ amount of the last business personal property ASSESSMENT
 - b. Actual \$\$ amount of the last personal property TAXES
- 11.) How many jobs created and/ or retained because of new equipment.

Statement of Benefits (SB1)-Form

Section 1: Fill out name, address, contact person (representative if there is one) and telephone number.

Section 2: Designating Body is the City of Anderson Common Council, enter Location address of property, description of project, estimated start and completion dates (same as on application), enter Madison County, leave Resolution # blank, enter DLGF taxing district (DLGF taxing unit can be found at http://www.in.gov/dlgr/files/Township_Taxing_District_Associations.pdf)

Section 3: Estimate number of CURRENT employees and their COMBINED salaries, number of retained employees with COMBINED salaries due to proposed project, and number of additional (new) employees with COMBINED salaries due to proposed project. The new and retained employees should be the same as on the application (#11).

Section 4: Enter Current Values both COST and ASSESSED VALUE (assessed value can be found at the Madison County Assessor's Office or tax statement); Estimated values of personal property (enter both the COST and the Assessed value), enter the value of any personal property that is being replaced or removed, if applicable, and then the NET estimated COST and Assessed value).

Section 5: Please fill in if this applies to your type of business

Section 6: Sign and Date

NOTES:

An Affirmative Action Plan must be submitted with application and be approved by the Human Resources Director PRIOR to hearing by Common Council.

The tax abatement application MUST be approved by Common Council PRIOR to installation of equipment.

Attach description of new personal property.

The Common Council must approve both a preliminary resolution (unless it has already been approved previously for the area) and a confirmatory resolution.

A CF-1 form must be filed along with Form 103-ERA Schedule of Deduction from Assessed Value by May 15 of every year with the Madison County Assessor. *(Please contact the Madison County Assessor for more information.)* **The filing of the application is a testament to your understanding of this requirement.**

A copy of the CF-1 form also must be filed with the Economic Development Office by May 15 so it may be reviewed for compliance. Within 45 days, the City will determine if the project is in compliance with the Statement of Benefits form. If the City of Anderson determines that the property owner has NOT made reasonable effort to comply, then the designating body may adopt a resolution terminating the deduction.

It is the responsibility of the applicant to file all necessary paperwork with the Madison County Assessor's Office to receive the deduction. Please contact the Madison County Assessor for more information on what is needed. **The filing of the application is a testament to your understanding of this requirement.**

Applicant or representative MUST appear at all meetings or the application may be tabled or withdrawn.

Please remember to sign, date, and pay application fee. Make check payable to the City of Anderson.



**STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51764 (R3 / 12-13)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

INSTRUCTIONS

1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body **BEFORE** a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction.
2. The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.
3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
4. Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
5. For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)

SECTION 1 TAXPAYER INFORMATION								
Name of taxpayer			Name of contact person					
Address of taxpayer (number and street, city, state, and ZIP code)				Telephone number ()				
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT								
Name of designating body				Resolution number (s)				
Location of property			County	DLGF taxing district number				
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. (Use additional sheets if necessary.)				ESTIMATED				
				START DATE		COMPLETION DATE		
				Manufacturing Equipment				
				R & D Equipment				
				Logist Dist Equipment				
IT Equipment								
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT								
Current number	Salaries	Number retained	Salaries	Number additional	Salaries			
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT								
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Current values								
Plus estimated values of proposed project								
Less values of any property being replaced								
Net estimated values upon completion of project								
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER								
Estimated solid waste converted (pounds) _____			Estimated hazardous waste converted (pounds) _____					
Other benefits:								
SECTION 6 TAXPAYER CERTIFICATION								
I hereby certify that the representations in this statement are true.								
Signature of authorized representative				Date signed (month, day, year)				
Printed name of authorized representative			Title					

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

- A. The designated area has been limited to a period of time not to exceed _____ calendar years * (see below). The date this designation expires is _____.
- B. The type of deduction that is allowed in the designated area is limited to:
- | | | |
|--|------------------------------|-----------------------------|
| 1. Installation of new manufacturing equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Installation of new logistical distribution equipment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Installation of new information technology equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- C. The amount of deduction applicable to new manufacturing equipment is limited to \$ _____ cost with an assessed value of \$ _____.
- D. The amount of deduction applicable to new research and development equipment is limited to \$ _____ cost with an assessed value of \$ _____.
- E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ _____ cost with an assessed value of \$ _____.
- F. The amount of deduction applicable to new information technology equipment is limited to \$ _____ cost with an assessed value of \$ _____.
- G. Other limitations or conditions (specify) _____
- H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:
- | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|---------------|
| <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 3 | <input type="checkbox"/> Year 4 | <input type="checkbox"/> Year 5 | (see below *) |
| <input type="checkbox"/> Year 6 | <input type="checkbox"/> Year 7 | <input type="checkbox"/> Year 8 | <input type="checkbox"/> Year 9 | <input type="checkbox"/> Year 10 | |
- I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? Yes No
 If yes, attach a copy of the abatement schedule to this form.
 If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved by: (signature and title of authorized member of designating body)	Telephone number ()	Date signed (month, day, year)
Printed name of authorized member of designating body	Name of designating body	
Attested by: (signature and title of attester)	Printed name of attester	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17

Abatement schedules

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
 - (2) The number of new full-time equivalent jobs created.
 - (3) The average wage of the new employees compared to the state minimum wage.
 - (4) The infrastructure requirements for the taxpayer's investment.
- (b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.
- (c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.



**CITY OF ANDERSON
HUMAN RELATIONS COMMISSION
CONTRACT COMPLIANCE COMMITTEE**

Project Workforce Breakdown Form

JOB CATEGORRY	MINORITY WORKFORCE BREAKDOWN																
	TOTAL NUMBER OF EMPLOYEES IN EACH POSITION		BLACK		HISPANIC		AMERICAN INDIAN		ALASKAN NATIVE		ASIAN OR PACIFIC ISLANDER		HANDICAPPED		% OF TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F			

Project Name: _____
Date: _____

Company Name: _____
Official Name: _____
Equal Opportunity Officer: _____
Telephone: _____

Signature and Title of Representative



**CITY OF ANDERSON
HUMAN RELATIONS COMMISSION
CONTRACT COMPLIANCE COMMITTEE**

Company-wide Workforce Breakdown Form

JOB CATALOGORY	MINORITY WORKFORCE BREAKDOWN														% OF TOTAL	
	TOTAL NUMBER OF EMPLOYEES IN EACH POSITION		BLACK		HISPANIC		AMERICAN INDIAN		ALASKAN NATIVE		ASIAN OR PACIFIC ISLANDER		HANDICAPPED			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		

Project Name: _____
Company Name: _____
Official Name: _____
Date: _____ Equal Opportunity Officer: _____
Telephone: _____

Signature and Title of Representative