



**MORE JOBS FOR MARYLANDERS
EXISTING MARYLAND MANUFACTURER
PROJECT ENROLLMENT APPLICATION**

APPLICANT INFORMATION

1. Business Name			
2. Business Mailing Address			
	City	State/Zip	
3 (a) FEIN		3 (b) UI Number	
4. Business 6-digit NAICS Code			
5(a). SDAT ID Number		5(b). Attach SDAT Certificate of Good Standing dated within last 30 days.	
6. Beginning Date of Tax Year (MM/DD/YY)		End Date of Tax Year (MM/DD/YY)	
7(a). No. of Full-time Maryland Employees		7(b) Aggregate Payroll of Full-time Maryland Employees	
8. No. of Years in Business			

EXISTING MANUFACTURING ESTABLISHMENT INFORMATION

9. Facility Location:	Address:		
	City	State/Zip	County
Property Account ID Number			
Facility NAICS			
10. Beginning Date of Operations at this location			
11. If you have other Maryland manufacturing facility locations, attach a list of locations.			
12. Description of activities performed and products manufactured at the facility:			
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14. Projected Job and Wage Schedule:										
Year										
Projected New Jobs per year										
Aggregate Payroll of New jobs										
15. Total Projected Capital Investment of Project? \$ _____										

Notice of Intent

16. Business Notified Commerce Prior to Hiring employees for Qualified Positions	Yes	No
17. Date of Notice of Intent		

JOB TRAINING

18. Do you currently offer an ongoing job training program(s)? Yes No

Check the box of the types of training currently offered:

- Process Improvement / Lean Management
- Quality Improvement / ISO 9000 / Variation Reduction / Six Sigma
- Performance Measurement and Management
- Technology / Automation / Systems Development and Integration
- Product / Process Design and Development
- General Management (Supervisory, Leadership, Strategy, Project Management)
- Essential workplace ("soft") skills (communications, customer service, team building)
- Job readiness (GED preparation, literacy, English language, remedial skills)
- Other (please identify): _____

19. No. of employees that participated in the last two years? _____

20. Do you currently have a postsecondary education program? Yes No

Describe the program and number of participants in the last two years: _____

21. Attach documentation of training programs including benefits manual, course materials, brochures or any marketing materials including from website.

Collection of Personal Information: In accordance with Executive Order 01.01.1983.18, the Department of Commerce (“Commerce”) advises you as follows: Certain personal information requested by the Department is necessary in determining your eligibility. Failure to disclose this information may result in the denial of one of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, General Provisions Article, Sections 4-101 et seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department and other public officials for purposes directly connected with administration of the program for which its use is intended. Such information is routinely shared with State, federal or local government agencies. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Publicity: The applicant agrees that the Department of Commerce may issue press releases and otherwise publicize information about the applicant’s employment levels before and after its qualification for the More Jobs for Marylanders Incentive Program.

THE FORM MUST BE SIGNED BY AN OWNER OR OFFICER OF THE BUSINESS ENTITY

I verify that the business is applying for Certification as a Qualified Business Entity and to enroll its Project in the More Jobs for Marylanders Incentive Program. The business (1) is current in all State and local tax obligations; (2) is not in default in any State or local contract; (3) is in good standing and authorized or registered to do business in the State.

I verify that the business applying for Certification as a Qualified Business Entity did not move its existing facility to another County in the State after June 1, 2017.

Under penalties of perjury, I declare that the information contained in this application, to the best of my knowledge and belief, it is true, correct and complete.

Date

Signature of Officer of Company

Contact Name

Print Officer’s Name

Contact Email Address

Title of Officer

Contact Phone Number

Exhibit A (Regarding Item 3.A. of the Application)

This form is for gathering statistical data only. This form will be separated from the application and the information provided in it will not be a part of the application approval process. Furnishing this information is voluntary; failure to do so will have no effect on the approval of the requested financial assistance.

Respondent does not wish to furnish this information

If Respondent is a business organization: If Respondent is a business owned and controlled primarily by individuals who are identified in any of the following categories, please check all the categories that apply:

- Female
- Of Hispanic or Latino origin
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Veteran

Is the Respondent a State/Federal/Other certified Minority Business Enterprise?

Yes No

If yes, please provide your:

State MBE certification number: _____

Federal 8(a)/SDB certification number: _____

Identify who the other issuer is and the other certification number: _____

Respondent is a publicly held entity or other organization not classifiable as owned by individuals of a particular gender, race, ethnicity, or veteran status.

If the Respondent is an individual:

Is the Respondent Female? Yes No
Is the Respondent of Hispanic or Latino origin? Yes No
Is the Respondent a Veteran? Yes No

Which of the following categories describes the Respondent (multiracial respondents may select all applicable racial categories):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

FOR DEPARTMENT USE ONLY:
Respondent Name: _____
Date: _____

More Jobs for Marylanders Existing Manufacturer Project Enrollment

Application Instructions

Below are instructions for filling out the More Jobs for Marylanders New Manufacturer Project Enrollment Application.

Applicant Information:

- 1) Provide the full legal name of the entity, as it will appear on the certificate.
- 2) Provide the address of the business entity. The certificate will be mailed to this address.
- 3) a) Provide the Federal Employee ID Number, and b) Unemployment Insurance Number.
- 4) Provide the 6-digit North American Industrial Classification Code (NAICS) of the business entity. More information on NAICS codes can be found at: <http://www.census.gov/eos/www/naics/>
- 5) To qualify, the business must be registered to do business with the State Department of Assessment and Taxation and be in Good Standing. Please provide the business's SDAT ID number and a copy of its Certificate of Good Standing dated within 30 days of submitting this application.
- 6) Provide the beginning and end date of the business's tax year.
- 7) Provide the total number of employees in Maryland and the aggregate annual payroll of those employees.
- 8) Provide the number of years the business has been in business.

Existing Manufacturing Establishment Information

An existing business that moves its facility from one Maryland County into another after June 1, 2017 will not be eligible for the income tax credit incentive.

- 9) Provide the address of the facility that the business is establishing its new manufacturing facility in Maryland:
 - Provide the city, state and zip code of the facility.
 - Provide the County the business is locating in. Existing manufactures that locate in a Tier 1 County must create 5 new jobs to qualify, in Tier 2 counties they must create 10 new jobs. Tier 1 Counties include Baltimore City, Allegany, Dorchester, Somerset and Worcester Counties.
 - Provide the SDAT Property account ID number.
 - Provide the Facility NAICS. The establishment that is creating the qualified positions must be primarily engaged in NAICS 31, 32 or 33.
- 10) Provide the date that the business started its operation at this facility location.
- 11) If you have other manufacturing facility locations in Maryland, attach a list of those locations.
- 12) Provide a description of the activities performed and products manufactured at the facility.
- 13) Circle that which best describes your project. Provide the projected number of new jobs and wages of those jobs and year they will be created.
- 14) Provide the projected number of new jobs and wages of those jobs and year they will be created.
- 15) Provide the projected amount of capital investment that will be made related to this project.

Notice of Intent

An existing Manufacturer must provide Notice of Intent to Commerce before it begins to create new jobs to qualify for the program.

- 16) Confirm the business notified Commerce.
- 17) Provide the date of Notice of Intent.

Job Training

A requirement of the More Jobs for Marylanders Incentive Program is to provide an ongoing jobs skills enhancement training program or post-secondary education program approved by Commerce.

- 18) Confirm if the business provides ongoing job training and check the types of job training it offers.
- 19) Provide the number of employees at the business that have participated in the last two years.
- 20) Confirm if the business offers a post-secondary education program and if so, describe the program and number of employees that have participated in the last two years.
- 21) Attach documentation to the application that shows the business offers some training to its employees. This can include information from a benefits manual or course materials. It may include a brochure or marketing materials, including from the business's website.

The application must be signed by an Officer of the business applying. By signing the application, the business is confirming that it did not move its existing facility from one Maryland County to another after June 1, 2017.

To submit an application by mail, mail the signed application and attachments to:

Mark A. Vulcan, Esq., CPA
Program Manager, Tax Incentives
Maryland Department of Commerce
401 East Pratt Street, 17th Floor
Baltimore, Maryland 21202

Please contact Mark Vulcan at 410-767-6438, Stacy Kubofcik at 410-767-4980 or Emiko Kawagoshi at 410-767-4041 with any questions.