



**MORE JOBS FOR MARYLANDERS
NEW 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. No. of Employees			
8. No. of Years in Business			

NEW MANUFACTURING ESTABLISHMENT INFORMATION

9. Facility Location:	Address:		
	City	State/Zip	County
Property Account ID Number		Facility NAICS	
10. Projected Start Date of Operations:			

11. Description of activities performed and products manufactured at the facility:

12. Which best describes your project (Circle one)?
 New business operation Moving existing business into Maryland Expanding business into Maryland

13. Projected Job and Wage Schedule:

Year										
Projected New Jobs per year										
Aggregate Payroll of New jobs										

14. Total Projected Capital Investment of Project \$ _____

Notice of Intent

15. Business Notified Commerce Prior to Establishing Manufacturing Facility Yes No

16. Date of Notice of Intent

JOB TRAINING

17. 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): _____

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

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

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

20. 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 Act, 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.

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 New 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 of the Business.
- 8) Provide the number of years the business has been in business.

New Manufacturing Establishment Information

- 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. A new manufacturer must establish its business in a Tier 1 County. Tier 1 Counties include Baltimore City, Allegany, Baltimore, Dorchester, Prince George's, Somerset, Washington and Worcester Counties. If the business is locating in a county not listed above, it will not qualify as a New Business Entity. It may however, apply as an existing manufacturer after it locates in the State and qualify for the incentives related to existing manufacturers only.
 - Provide the SDAT Property account ID number.
 - Provide the Facility NAICS. The new establishment that is creating the qualified positions must be primarily engaged in NAICS 31, 32 or 33.
- 10) Provide the date that the business will start its operations at the new manufacturing establishment.
- 11) Provide a description of the activities performed and products manufactured at the facility.
- 12) Circle that which best describes your new project.
- 13) Provide the projected number of new jobs and wages of those jobs and year they will be created.
- 14) Provide the projected amount of capital investment that will be made related to this project.

Notice of Intent

The New Manufacturer must provide Notice of Intent to Commerce before it establishes a business facility in Maryland to qualify for the incentive program.

- 15) Confirm the business notified Commerce.
- 16) 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.

- 17) Confirm if the business provides ongoing job training and check the types of job training it offers.
- 18) Provide the number of employees at the business that have participated in the last two years.
- 19) 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.
- 20) 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.

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.