

# Income Tax Grant Sharing Program Application



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## 1. Applicant/Company Information

Company Name

Contact (s)

Mailing Address

City/State/Zip

E-mail Address

Phone

Project Location

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## 2. Company Organization Type

Company Officers/Principal (s)

Type of Organization

Corporation

Sole Proprietorship

LLC

Franchise

Other

Business Classification

Construction

Manufacturing

Service

Research & Development

Other

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## 3. Current Employment/Payroll information

	<b># of Jobs</b>	<b>Annual Payroll</b>
Full-time permanent		
Part-time permanent		
Full-time temporary		
Part-time temporary		
Seasonal		

## 4. Projected Number of Jobs

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Full-time permanent			
Part-time permanent			
Full-time temporary			
Part-time temporary			
Seasonal			

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## 5. Projected Annual Payroll

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Full-time permanent			
Part-time permanent			
Full-time temporary			
Part-time temporary			
Seasonal			

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## 5. Timeline

Project will begin and be completed by:

## 6. Relocation

Will the project involve the relocation of employment positions or assets from one Ohio location to another?

Yes          No

If yes, indicate the location from where the employment positions or assets will be relocated

If yes, provide the current employment level for each facility to be affected by the relocation.

If yes, provide the number of employees and/or assets to be relocated to Stow.

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## 10. Project Description

In the space provided below, please describe the project. This statement should focus on the ability to grow and to expand capacity. Savings, efficiencies and improvements in technology expected as a result of this loan should also be addressed. Describe new products, if any, which will result from the project. Discuss the potential for spin-off industries if this project is funded. State what the company expects to accomplish with the overall project. This should include information on existing as well as planned products, services or business information.

### 11. Requirements and Certifications

The undersigned, duly authorized Officers of the Applicant, hereby certify that the statements made in the foregoing application and in all attachments submitted in connection with this application are true and correct to the best information and belief of the undersigned and are submitted as a basis for determining approval for the City of Stow Income Tax Sharing Grant Program.

I/we certify that the requirements listed below will be met:

- a. I/we agree to notify the City of Stow of any modifications to projected employment and payroll during the life of this agreement.
- b. I/we understand that the annual payment provided for in an approved Stow Income Tax Grant Agreement is dependent upon compliance with the payroll commitments provided in this application and contained within the agreement.
- c. I/we understand that entering into this agreement requires the business to maintain operations in the City of Stow for the life of this agreement. If relocation out of the City of Stow occurs prior to the expiration of an agreement, at the sole discretion of the Stow City Council, repayment of the accumulated grant payments may be required.
- d. The Applicant agrees to supply additional information upon request.

Signature

Date

Name and Title of Applicant

Submit completed applications to:

*Robert Kurtz, Director - Planning & Development  
City of Stow - 3760 Darrow Road Stow, OH 44224  
[rkurtz@stow.oh.us](mailto:rkurtz@stow.oh.us) - 330.689.2811*

