

HIGH IMPACT JOBS PROGRAM

(HIP) APPLICATION



SECTION A

Business Information

Company Name:

Project Site Address:

City:

State:

Zip:

Parish:

Secretary of State Charter Number

Louisiana Department of Revenue Number

Federal Employee Identification Number

NAICS code

Business Phone Number

Business Email

Contact Person Name and Title:

Contact Phone

Contact Email

Brief Description of the Nature of the Business:

Number of Baseline Employees
(Attach Baseline Spreadsheet)

Number of Proposed New Jobs

SECTION B

Project Details

Anticipated Contract Start Date:

Is the project located in a [Distressed area](#)? Yes No
If yes, attach map or evidence of geographic boundaries

Is this a target sector identified in [LED's strategic plan](#)? Yes No
If yes, describe:

Companies primarily engaged in the following sectors are ineligible:

- Gaming
- Retail Sales
- Professional Sports Teams
- State and Political Subdivision Enterprises
- Automotive Rental and Leasing
- Local Solid Waste Disposal
- Local Sewage Systems
- Local Water Systems
- Solar Farms

Click [here](#) for a full list of ineligibility

SECTION C

Job Creation Plan

Parish Average Wage: \$

If in a distressed area, Regional Average Wage: \$

Projected Annual Wages within the parish average wage listed below

Note: These amounts reflect the projected annual wages within the parish average wage listed. The specific grant percentages and wage brackets are indicated in the column rows.

Parish Average Wage	Year 1	Year 2	Year 3	Total Estimated Grant
110–124% (Distressed Area = 8%)	[Fill in payroll eligible for 8%]	[Fill in payroll eligible for 8%]	[Fill in payroll eligible for 8%]	[All Years payroll x 8%]
125–149% (18%)	[Fill in payroll eligible for 18%]	[Fill in payroll eligible for 18%]	[Fill in payroll eligible for 18%]	[All Years payroll x 18%]
≥150% (22%)	[Fill in payroll eligible for 22%]	[Fill in payroll eligible for 22%]	[Fill in payroll eligible for 22%]	[All Years payroll x 22%]

Total Estimated Grant: \$

Will the jobs listed above meet all the following criteria? Yes No

- Did not exist in the state for the employer prior to the effective date of the contract.
- Are full-time, at will employees. Does not include seasonal or temporary positions.
- Are directly employed by the company or a named subsidiary.
- Are filled onsite or remotely by Louisiana employees of the company or a named subsidiary.
- Include a basic health benefits plan as described by program statute.

Will any of the jobs be filled by a subsidiary entity of the Applicant? Yes No

If yes, please provide the legal names of all such subsidiary entities:

SECTION D

Additional Information

Is the applicant participating in any other LED statutory incentive programs? Yes No
If yes, list program(s) and contract number(s):

Does the applicant have a current Quality Jobs contract? Yes No
If yes, list contract number(s):



SECTION E

Fees

Fee calculation: Total Estimated Grants for all years x .005 (min \$500 and max \$15,000)

Application Fee Amount: \$

Expenditure Verification Deposit: \$7,500

SECTION F

Certification

This application and all related information submitted to LED shall be presumed to be public records under La. R.S. 44:1 et seq., unless subject to a specific exception established by law. An applicant may submit a cover sheet providing that "DOCUMENTS CONTAIN CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION" & mark each individual page as such. However, such request shall be subject to verification and final determination by LED.

I hereby certify that the information provided in this application is true and correct, and I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and /or criminal penalties for filing of false public records and/or forfeiture of any tax credits approved under this program. I also understand that any final certification will be subject to the submission and review of an independent expenditure verification report conducted by a Certified Public Accountant licensed in the state of Louisiana; Finally, I understand that this application and information submitted with it shall not be returned to the applicant.

I verify that I have read the text above and have accurately answered the questions in the form.

Authorized Company Representative Name (Printed)

Title

Signature

Date

