



DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
ELIGIBILITY APPLICATION FOR
MANUFACTURING REINVESTMENT ACCOUNT

Pursuant to Public Act No. 11-1, Section 18

Eligibility Requirements: A Manufacturing Reinvestment Account means a trust created or organized by a manufacturer and held by a Connecticut bank for the benefit of such manufacturer, to which the manufacturer may make cash contributions not to exceed one hundred thousand dollars in income years commencing on or after January 1, 2012, or such manufacturer's domestic gross receipts.

Eligibility Criteria: Manufacturer means any business entity subject to tax pursuant to Chapter 208 or 229 of the General Statutes that is engaged in the business of manufacturing, as defined in subdivision (72) of Section 12-81 of the General Statutes. One hundred manufacturers may participate in this program. The company must have not more than 50 full-time employees.

Please complete all fields and attach additional documents as necessary.

- 1. Applicant's Full Legal Name:
2. Applicant's Federal Tax ID: State Tax ID:
3. Form of Ownership: Corporation Subchapter "S" Corporation Proprietorship Partnership Limited Liability Corporation Other (please specify) Date Established:
4. Applicant's Current Address: Town: Zip:
5. Contact Person: Title:
6. Phone: work cell
7. Email:
8. Web site:
9. Type of Business:
10. NAICS Code (www.census.gov/eos/www/naics):
11. Describe the Business Activity:
12. What Connecticut financial institution will be utilized to set up the account:

13. Provide an investment plan for training and/or the capital investment activity relative to this fund.

14. Employment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Bank Statement verification and a schedule of expenditures will be required when making a claim.

**Required Materials:** *Attach Additional Documents, as needed*

	A. Certificate of Incorporation. (if applicable)
	C. Department of Labor Information Release Form (attached)
	D. Letters of Good Standing from: <a href="#">Secretary of State</a> , <a href="#">Department of Labor</a>

**Application Process/Next Steps:**

- Eligibility Application is submitted by the applicant
- Eligibility Review is then conducted by DECD
- Eligibility Letter is sent to the applicant

**Certification by Applicant**

It is hereby represented by the undersigned to the Department of Economic and Community Development to consider the eligibility into the Manufacturing Reinvestment Account requested herein, that to the best of my knowledge and belief no information or data contained in the application or in the attachments are in any way false or incorrect and that no material information has been omitted. The undersigned agrees that banks, credit agencies, and other references are hereby authorized now, or anytime in the future, to give the Department of Economic and Community Development any and all information in connection with matters referred in this application, including information concerning the payment of taxes by the applicant. In addition, the undersigned agrees that any incentives pursuant to this application will be utilized exclusively for the purposes represented in this application, as may be amended. False statements made in preparation and submission of this application and related materials are punishable as a Class A misdemeanor under Connecticut General Statutes 53a-157b.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Return to:**

**DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT**  
**Office of Business & Industry Development**  
**505 Hudson Street**  
**Hartford, CT 06106**  
**Phone: (860) 270-8025**  
**Fax: (860) 707-1809**  
**Attention: Barbara Fernandez**

**EXHIBIT B: Authorization for the Release of Company Information**

I, \_\_\_\_\_, agree that the Connecticut Department Labor may disclose information pertaining to \_\_\_\_\_ (the Company), such as employer name, address, and number of employees, by facility location, to the Connecticut Department of Economic and Community Development (DECD). This authorization pertains to the following locations and their related Unemployment Insurance Number (UI #). Attach additional sheets, if necessary:

<u>Company Name</u>	<u>Location</u>	<u>UI #</u>
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I further agree that DECD may, in turn, disclose such information to the Connecticut General Assembly and Auditors of Public Accounts as part of its reporting requirements pursuant to Connecticut General Statute 32-1m, as may be amended or modified. In addition, I understand that this information may be utilized for purposes of performing employment reviews and research related activities conducted by DECD.

I understand that this authorization may be revoked at any time, except to the extent that action has already been taken in reliance on it. However, I understand that revocation of this authorization may result in default under my tax credit allocation with DECD. This authorization will expire upon the Company's fulfillment of its contractual obligations with DECD and DECD's fulfillment of its reporting requirements pursuant to Connecticut General Statute 32-1m, as may be amended or modified.

_____	_____
Name (Print or Type)	Title

_____	_____
Signature	Date