

Application for Requesting Certification of New Generation Cooperative Incentive Tax Credits

Please Type			
SECTION 1		NEW GENERATION PROCESSING ENTITY INFORMATION	
NAME OF NEW GENERATION PROCESSING ENTITY		CONTACT NAME	
ADDRESS (STREET/P.O. BOX)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	SIC CODE or NAICS CODE	
BUSINESS FEDERAL IDENTIFICATION NUMBER	COUNTY NEW GENERATION PROCESSING ENTITY LOCATED IN	STATE SENATORIAL DISTRICT	STATE REPRESENTATIVE DISTRICT
NEW GENERATION PROCESSING ENTITY IS ORGANIZED AS: (check one) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> NON-PROFIT COOPERATIVE MARKETING ASSOCIATION (Chapter 274 RSMo) <input type="checkbox"/> COOPERATIVE COMPANY (Chapter 357 RSMo)			
NEW GENERATION PROCESSING ENTITY IS A (check one) <input type="checkbox"/> DEVELOPMENT FACILITY OR Briefly describe the good produced and the agricultural commodity utilized or the process used to produce a good from an agricultural product. Use additional sheets if necessary.	<input type="checkbox"/> RENEWABLE FUEL PRODUCTION FACILITY Briefly describe the energy source and the renewable, domestically grown, organic compound utilized. Use additional sheets if necessary.		
SECTION 2		INVESTMENT INFORMATION	
PROPOSED INVESTMENT: Total amount of project funds required; amount of member equity investment proposed; and amount of tax credits requested. Attach additional sheets if necessary.			
USE OF INVESTMENT: Detail listing of the intended uses of all project funds, the proposed sources of such funds, the anticipated construction schedule of the project, and the anticipated financing schedule. (See Program Guidelines for eligible and ineligible uses of funds). Attach additional sheets if necessary.			
SECTION 3		OTHER INFORMATION:	
ECONOMIC IMPACT OF THE PROJECT: Attach a sheet for the number of estimated new full-time permanent, part-time permanent and construction jobs projected to be created due to the project during the next three years, and estimated wage scales of major job classifications.			
PRIVATE INVESTMENT: Amount of outside private investment (non-producer member) to be received by the eligible new generation processing entity. \$ _____			
OTHER STATE AND/OR FEDERAL PROGRAMS: Attach a sheet for any state and federal programs you have applied for and any state or federal programs you've received. <i>Example: Program Name Program Dollars</i>			

Affidavit of Authorized Workers

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be a credible person and of lawful age, who being by me first duly sworn, on his/her/their oath, deposes and says:

I certify that I am either the applicant or am an authorized representative of the applicant (please list name of applicant _____) and as such am authorized to make the statement of affirmation contained herein.

I (We) hereby certify, subject to penalties of law, that I(we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired and currently employed by me, my business, and/or any other business entity which I have hiring or management authority.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. **You must include a copy of the Memorandum of Understanding (MOU) you will receive when enrolling in e-verify.** To enroll visit www.dhs.gov/e-verify.

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1 RSMo, and shall not be in violation during the length of the contract. In addition the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed an unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

_____ Print Name	_____ Signature	_____ Title
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_____ Print Name	_____ Signature	_____ Title
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State of Missouri
County of _____

Subscribed and sworn to before me, this _____ day of _____, 20____.

[Notary Seal:]

[signature of Notary]

_____ My commission expires: _____, 20____.

[typed name of Notary]
NOTARY PUBLIC