

**Town of Johnstown, Colorado
Incentive Request Form**

SECTION I

Applicant

Company Name: _____

Applicant headquarters address: _____

City: _____ State: _____ Zip: _____

Ownership: Private Public

Business Structure: Proprietorship Partnership
 Corporation Other

Contact person

Name: _____

Title: _____

Phone Number: _____

Email: _____

SECTION II

Project information

Proposed location address or parcel number: _____

City: _____ County: _____ Zip: _____

NAICS code: _____ Industry type: _____

Does the site require annexation into the Town limits: Yes No

Building: New construction Expansion Improvements

Acquisition: Purchased

If yes, purchase date Click or tap to enter a date.

Leased

If yes, lease term _____

Briefly describe project (conceptual site plan in lieu will be accepted): _____

List other communities considered for this project: _____

Has the company applied or received any incentives for this project? If yes, briefly explain which entity and type of incentive: _____

SECTION III

Fiscal Impact Information

Real Property:

Land	\$
Existing Building Improvements	\$
New Building Improvements	\$
Total	\$

Personal Property:

Equipment	\$
Machinery	\$
Furniture and Fixtures	\$
Other	\$
Total	\$

Total capital investment for proposed project \$ _____

What is the expected annual gross revenue \$ _____

If applicable; how much direct sales tax will be generated annually \$ _____

SECTION IV

Employment Impact Information

Provide number of Full-Time jobs, with hourly wage/salary, to be created or retained. Fringe benefits are not to be included in these calculations. Include current employment numbers, if applicable. Attach additional sheets if necessary.

Title or Occupation	Number of employees	Hourly wage per employee	Annual Salary
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Provide number of Part-Time jobs, with hourly wage/salary, to be created or retained. Fringe benefits are not to be included in these calculations. Include current employment numbers, if applicable. Attach additional sheets if necessary.

Title or Occupation	Number of employees	Hourly wage per employee	Annual Salary
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Total company jobs to be created or retained once project is complete: _____

If available, include expected number of constructions jobs: _____

Provide total annual payroll years 1-3, excluding fringe benefits:

	Year 1: 202_	Year 2: 202_	Year 3: 202_
# Existing jobs			
# New jobs			
Total annual payroll	\$	\$	\$

Please submit the completed incentive request form and any additional documentation to:

Sarah Crosthwaite
Economic Development Manager
scrosthwaite@townofjohnstown.com
970-578-9612