

PROJECT CONTACT

Please provide the contact information of the person that can answer questions regarding this application or project.

CONTACT TYPE: BUSINESS CONSULTANT (IF CONTACT IS A CONSULTANT, A DISCLOSURE AUTHORIZATION IS REQUIRED.)

PREFIX FIRST NAME MI LAST NAME

CONTACT PERSON'S COMPANY NAME TITLE

MAILING ADDRESS (IF DIFFERENT FROM BUSINESS MAILING ADDRESS)

CITY STATE ZIP CODE

PHONE NUMBER EXT

EMAIL ADDRESS



QUALIFICATION CERTIFICATION

On behalf of the business submitting application and after making reasonable inquiry in order to fairly represent the intention of the business as of this date, for purposes of determining eligibility for the Enterprise Zone Program (EZ), the undersigned representative certifies that to the best of their knowledge:

1. The Enterprise Zone project for which application is made will result in at least the following number of net new jobs (permanent full-time jobs at the project site, as defined by EZ rules):

Please check applicable box	Existing Business Employees (nationwide including affiliates)	Net New Jobs required for qualification (at the project site)
<input type="checkbox"/>	41 or greater	5
<input type="checkbox"/>	31— 40	4
<input type="checkbox"/>	21 — 30	3
<input type="checkbox"/>	11 — 20	2
<input type="checkbox"/>	0 — 10	1

2. The business intends these net new jobs to be permanent jobs (jobs that currently have no anticipated end date falling within the EZ project period)

3. The applicant understands the jobs lost due to closure or downsizing of certain Louisiana sites of the business and affiliates, or relocation or downsizing of applicant headquarters (including parents, will be deducted in determining the number of net new jobs [as provided by EZ rules]). The applicant does/ does not currently anticipate such closure, relocation or downsizing (attach an explanation if applicable)

_____, 20____
DATE

BUSINESS NAME

SIGNATURE (AUTHORIZED COMPANY OFFICIAL)

(Must be signed by owner, executive, senior level officer, project site manager or equivalent rank employee of the business.)

PRINT (AUTHORIZED COMPANY OFFICIAL'S NAME AND TITLE)

