



COMMONWEALTH OF MASSACHUSETTS
ECONOMIC ASSISTANCE COORDINATING COUNCIL
MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT

Economic Development Incentive Program (EDIP)
LOCAL INCENTIVE-ONLY APPLICATION

A complete application with all required attachments must be submitted in electronic form to your MOBD Regional Director by 5:00 P.M. on the [application deadline date](#). **Applications that are incomplete or submitted after the deadline will not be considered at the scheduled EACC meeting, without exception.**

For assistance with this application please work with your MOBD Regional Director and local municipal official. Refer to [402CMR 2.00](#)

| PART I. COMPANY OVERVIEW | | | | | |
|--|------------------------|--|----------------------|------------------|-------|
| 1. COMPANY INFORMATION | | | | | |
| Company Name: | LDI | | | | |
| Project Location Address: | Street Address: | 36 DARTMOUTH ST BOSTON MA 02116-5956 USA | | | |
| | City: | Billerica | Massachusetts | Zip Code: | 01821 |
| FEIN # (Federal Employer Identification Number) | #20-3456783 | | | | |
| DUA # (Dept. of Unemployment Assistance Number) | #77365277 | | | | |

| 2. COMPANY CONTACT | | | | | |
|---|------------------------|--|---------------|---------------|------------------------|
| Executive Officer/ Company Designee: | Full Name: | Sam Kumar | Title: | Developer | |
| Contact (if different from above) | Full Name: | | Title: | | |
| Contact Address: | Street Address: | 44 CHARTER ST BOSTON MA 02113-1128 USA | | | |
| | City: | Springfield | State: | Massachusetts | Zip Code: 01109 |
| Telephone Number: | (746) 939-7242 | | | | |
| Email Address: | sam@example.com | | | | |

| 3. COMPANY DESCRIPTION & HISTORY |
|--|
| Please provide a description of the proposed expansion project. Additionally, please explain why the local incentives are necessary for this project to move forward. |
| jhfhusyu |

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PART II. ECONOMIC DEVELOPMENT PROJECT

1. NATURE & PURPOSE OF PROPOSED PROJECT

Please provide a description of the proposed expansion project. Please be sure to include reason for expansion/relocation, scope of project overall (ex. capital improvements to property, project timeline, square footage, misc. enhancements, etc.)
square footage

2. PROJECT TIMELINE

| (a) Please indicate the date a Letter of Intent was sent to the municipality and cc: MOBD Regional Director: | (b) Date the applicant expects to begin the project: | (c) Date the applicant expects to complete the project: | (d) Date the applicant expects to open the facility: |
|--|--|---|--|
| 11/23/2022 | 11/25/2022 | 11/27/2022 | 11/29/2022 |

Additional Information (if necessary) on Project Timeline:

40 days

3. PRIVATE INVESTMENT

| | |
|--|-----------|
| Total Projected Private Investment: | \$400,000 |
|--|-----------|

Additional Information (if necessary) on Investment:

No

4. MASSACHUSETTS EMPLOYMENT

| | |
|---|--|
| (a) Is the applicant new to Massachusetts? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| (i) If no, where are the existing Massachusetts facilities? | |
| (b) Will the proposed economic development project require and/or trigger the closing or consolidation of any Massachusetts facilities or the elimination of any other jobs currently in Massachusetts? If yes, please give location of facility and explain. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain: jwuuirth |

Additional Information (if necessary) on Investment:

No

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5. EMPLOYMENT & JOB CREATION

(A) LDI EXISTING EMPLOYMENT AT PROJECT LOCATION

Please indicate the number of Permanent Full-Time Jobs to be created in total and by year. If job creation timeline exceeds five years, please complete the “Extended Job Creation Schedule” and attach as an addendum.

| (i) Permanent Full-Time Employment at Project Location at Date of Application: | (ii) Permanent Full-Time Employees to be Transferred from other Massachusetts Site to Project Location: | (iii) Total Permanent Full-Time Existing Jobs to be Retained at Project Location (sum of questions 5 (a) i. & ii.): |
|--|---|---|
| 10 | 20 | 30 |

Notes (if necessary) on Current Project Location Employment

Chicopee

(B) LDI JOB CREATION SCHEDULE AT PROJECT LOCATION

| | |
|---|-----|
| Permanent Full-Time Jobs to be Created (net new to facility and Massachusetts): | 200 |
| 2022 | 30 |
| 2023 | 30 |
| 2024 | 40 |
| 2025 | 50 |
| 2026 | 50 |

6. FACILITY

| | |
|---|--|
| (a) Will the applicant own or lease/rent the facility where the business expansion/relocation will occur? | Lease <input type="checkbox"/> Own <input type="checkbox"/> Rent <input checked="" type="checkbox"/> |
| (i) If leasing/renting, identify the developer/landlord and state who will be the taxpayer of record for purpose of paying local real estate taxes? | jajtkjl |
| (c) Does the applicant intend to utilize the Commonwealth's Abandoned Building Deduction? Please note: To be eligible for the deduction the building the applicant plans to inhabit must have been at least 75% vacant or unused for 24 months or more. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If yes, name vacancy percentage and duration: % Vacant for months |

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PART III. LOCAL INCENTIVE AGREEMENT INFORMATION

Please work with the local municipality and your MOBD Regional Director in completing the below section.

1. MUNICIPAL CONTACT

| | | | | | |
|---------------------------|------------------------|---|---------------|---------------|------------------------|
| Municipal Contact: | Full Name: | Samir singh | Title: | Developer | |
| Contact Address: | Street Address: | 121 BEACON ST BOSTON MA 02116-1546 USA | | | |
| | City: | Boston | State: | Massachusetts | Zip Code: 02121 |
| Telephone Number: | (738) 938-3898 | | | | |
| Email Address: | samir@ex.com | | | | |

2. LOCAL INCENTIVE AGREEMENT

| | |
|--|--|
| (a) Type of Local Incentive: | <input type="checkbox"/> Tax Increment Financing (TIF) <input type="checkbox"/> Special Tax Assessment (STA) <input checked="" type="checkbox"/> Other |
| Value (if Other): | 50,000 |
| Detail from where the amount is (if Other): | bdbwkhre |
| i) Duration of Local Incentive: | 30 |
| ii) Exemption Schedule of Local Incentive: | 40-50-50% |
| iii) Start & Expiration Date of Local Incentive: If Agreement commences upon certificate of occupancy please check box: | Start Date: Expiration Date: <input type="checkbox"/> Local Incentive Agreement commences upon certificate of occupancy and the dates represent best projections of the start & expiration of the local incentive based on the project timeline. |
| iv) Date Municipality Approved Local Tax Incentive or Date of Scheduled Vote: | Date Municipality Approved Local Tax Incentive: 11/23/2022 Date of Scheduled Vote: 11/24/2022 <input type="checkbox"/> N/A |

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| | |
|---|--|
| (b) Attachment A: Local Incentive Agreement Please attach a signed copy of the TIF, STA, or other municipal incentive agreement. | Attached <input checked="" type="checkbox"/> Not Completed <input type="checkbox"/> N/A <input type="checkbox"/> |
| (c) Attachment B: Municipal Vote by Authoritative Body Approving Incentive Please attach a copy of the vote approving the local incentive. | Attached <input type="checkbox"/> Not Completed <input type="checkbox"/> N/A <input type="checkbox"/> |
| (d) Exhibit 1: Local Incentive Valuation Please complete the attached exhibit detailing the estimated property tax exemption over the life of the agreement. https://www.mass.gov/doc/exhibit-1-local-incentive-valuation-local-incentive-only/download | Attached <input checked="" type="checkbox"/> Not Completed <input type="checkbox"/> N/A <input type="checkbox"/> |
| PART IV. LABOR AFFIRMATION & DISCLOSURES | |
| 1. CERTIFICATION OF STATE & FEDERAL EMPLOYMENT LAWS | |
| <input checked="" type="checkbox"/> As an applicant requesting Certified Project approval, <u>nejkrhkh</u> , affirms that this business will not unlawfully misclassify workers as self-employed or as independent contractors, and certifies compliance with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended. | |
| <input checked="" type="checkbox"/> As an applicant requesting Certified Project approval, <u>hwkrhyw</u> , affirms that this business will not knowingly employ developers, subcontractors, or other third parties that unlawfully misclassify workers as self-employed or as independent contractors, or that fail to comply with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended. | |
| 2. COMPANY DISCLOSURE | |
| Within the past five years, has the applicant or any of its officers, directors, employees, agents, or subcontractors of which the applicant has knowledge, been the subject of (if yes, please provide details): | |
| (a) an indictment, judgment, conviction, or grant of immunity, including pending actions, for any business-related conduct constituting a crime under state or federal law; | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Details: |
| (b) a government suspension or debarment, rejection of any bid or disapproval of any proposed contract subcontract, including pending actions, for lack of responsibility, denial or revocation of prequalification or a voluntary exclusion agreement; or | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Details: jhdkuwy |
| (c) any governmental determination of a violation of any public works law or regulation, or labor law or regulation or any OSHA violation deemed "serious or willful?" | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Details: |

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V. AUTHORIZATION & CERTIFICATIONS

1. CERTIFICATE OF GOOD STANDING

Provide proof of good tax standing in the Commonwealth of Massachusetts via a Massachusetts Department of Revenue Certificate of Good Standing for each of the businesses intending to take advantage of the state tax incentives.

**Applications will not be reviewed by the Economic Assistance Coordinating Council until a Certificate of Good Standing has been received.*

To obtain a Certificate of Good Standing visit: <https://www.mass.gov/how-to/request-a-certificate-of-good-standing-tax-compliance-or-a-corporate-tax-lien-waiver>

Attached ☒

**Date of DOR Application
for Certificate of Good
Standing:**
11/23/2022

2. APPLICATION AUTHORIZATION, CERTIFICATION & ACKNOWLEDGEMENT

I/We, sample, of the applicant business applying for "Certified Local Incentive Only Project" status from the Commonwealth of Massachusetts, Economic Assistance Coordinating Council hereby certify that I/we have been authorized to file this application and to provide the information within and accompanying this application and that the information provided herein is true and complete and that it reflects the applicant's intentions for investment, job creation and sales to the best of my/our knowledge after having conducted reasonable inquiry. I/We understand that the information provided with this application will be relied upon by the Commonwealth in deciding whether to approve "Certified Local Incentive Only Project" status and that the Commonwealth reserves the right to take action against the applicant or any other beneficiary of the Certified Local Incentive Only Project is the Commonwealth discovers that the applicant intentionally provided misleading, inaccurate, or false information I/We make this certification under the pains and penalties of perjury. I/we agree to submit a Calendar Year Annual Report to the Massachusetts Office of Business Development to give updates on the progress of the project.

The signatories also hereby acknowledge that, under the Public Records law of the Commonwealth of Massachusetts, this application and all documents submitted in support thereof are public records under the provisions of Massachusetts G. L., Ch. 4, sec. 7 (26).

Signed:



Samir

Developer

11/21/2022

Name

Title

Date

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3. DEPARTMENT OF UNEMPLOYMENT ASSISTANCE CONSENT FOR DISCLOSURE OF WAGE REPORTING INFORMATION

Consent for the Disclosure of Wage Reporting Information for Federal Employment Identification Number (FEIN): # 20-3456783

Division of Unemployment Assistance (DUA) Number: # 77365277

I/We, hhhf, a duly authorized representative of uurt and of all the other businesses listed in this Local Incentive Only Application (hereinafter "Employer"), hereby releases and gives authority to the Massachusetts Department of Unemployment Assistance, pursuant to G.L. c. 151A, §46(1), to provide the Economic Assistance Coordinating Council, upon its request, with the Employer's information, including but not limited to, wage reporting information, that is (a) necessary to verify the amount and tax year in which the Employer claims any of the Tax Incentives awarded in the Economic Development Incentive Program or Employer's fulfillment of job creation and job retention commitments as indicated in the supplemental application and job chart, or (b) otherwise necessary to ensure the proper operation or enforcement of this Agreement or the Program.

This authorization is effective upon date of signature and will be valid until superseded by a subsequent application or revoked in writing.

Signed:



Samir

Developer

11/21/2022

Name

Title

Date