

Return all applications and documentation to:

Healthy Forest Enterprise Incentives Program
Arizona Commerce Authority
333 N. Central Avenue, Suite 1900
Phoenix, AZ 85004

Questions regarding Healthy Forest Program can be directed to: michellev@azcommerce.com

**Arizona Commerce Authority
HEALTHY FOREST ENTERPRISE INCENTIVES
PROGRAM**

**APPLICATION FOR CERTIFICATION
AS A HEALTHY FOREST ENTERPRISE**
(For tax incentives under A.R.S. § 41-1516)

Section A. Business Information

Business
Name

Mailing
Address

NAICS #

City/State/Zip

FEI

Number

Contact
Name

Business
Phone

Email
Address

Business
Fax

Section B. Healthy Forest Incentives Requested

Please indicate which of the following incentives the business intends to pursue.

- | | | | | | |
|----|--|-------|-----|-------|----|
| 1. | Transaction privilege tax exemption on purchase of equipment? | _____ | Yes | _____ | No |
| 2. | Transaction privilege tax exemption on the lease or rental of equipment? | _____ | Yes | _____ | No |
| 3. | Use tax exemption on equipment purchased out-of-state? | _____ | Yes | _____ | No |
| 4. | New job income tax credits? | _____ | Yes | _____ | No |

Section C. Project Information

To be eligible for the Healthy Forest Enterprise Incentives a business must have at least one eligible project at the time of application. If the business has multiple projects at the time of application, Section C of this form must be completed for each project regardless of its eligibility. Please note: on March 1st an annual report must be submitted to Commerce by a certified business. The annual report must include documentation on all the business activity and attest that more than 50 percent of its activity was in qualifying projects during the certification period. **If a certified business doesn't meet the requirements during the certification period as reported in the annual report, the business' certification will be revoked.** Commerce will notify the appropriate agencies of the revocation, which initiates denial of incentives and recapture of incentives already received during the certification period.

Business Name: _____

For every qualified project, please attach the letter from the U.S. Forest Service or State Forester as provided by A.R.S. § 41-1516 (B), a sample letter is attached. Subcontractors must submit a copy of the forester letter referenced above and either 1) a letter from the contractor describing the scope of work, or 2) a copy of the contract between the subcontractor and contractor.

What is the contract name & number: _____ What is the total contract amount? \$ _____

What is the effective date of the contract? (Month, Day, Year) _____ What is the anticipated completion date of the contract? (Month, Day, Year) _____

In which activities during the project will the business be engaged? (Check all that apply)

_____ Harvesting _____ Initial Processing _____ Transporting

Where will work under the contract take place?

_____ Federal Land _____ Non Federal Land

In which county will work under the contract take place? _____

Contracting Officer Name _____ Phone _____

Please provide a brief summary of the provisions of the contact and specify the eligible activities that will occur from the contract. (Use an attachment if more space is needed.)

Does the business operation enhance or sustain forest health, sustain or recover watershed or improve public safety? _____ Yes _____ No

If the business will be **harvesting or initial processing** please answer the following based on the letter from or contract with the U.S. Forest Service or the State Forester. If this is not a qualified project, please estimate percentages and weights.

State the percentage of qualified forest product that will be harvested or processed for this project, measured by weight. (Must be at least 70% to be eligible) Please also provide the estimated total weight of the project. _____ % _____ Tons

State the percentage of qualified forest product that will be harvested in Arizona for this project, measured by weight. (Must be at least 75% to be eligible) Please also provide the estimated total weight of the project. _____ % _____ Tons

If the business will be **transporting** please answer the following please answer the following based on the letter from or contract with the U.S. Forest Service or the State Forester. If this is not a qualified project, please estimate percentages and weights.

State the percentage of qualified forest products it will transport that are harvested in Arizona for this project. (Must be 100% to be eligible) Please also provide the estimated total weight of the project. _____ % _____ Tons

Estimate the percentage of total miles for transporting qualifying forest products from or to qualifying projects. (Must be at least 75% to be eligible) _____ % _____ Tons



Section D. Supporting Information

- **Attach documentation that the business is registered with and is participating in the E-Verify program pursuant to A.R.S. §23-214(B).**
- **Please attach a copy of the business' current UC-018 (Unemployment tax and wage report) that is submitted to the Arizona Department of Economic Security on a quarterly basis.**

Please list the current number of full-time employees. _____

What was the Arizona gross payroll (excluding benefits) for the business in the past year? \$ _____

What was the Arizona average hourly wage paid to employees in the past year? \$ _____

Does the business pay for health insurance premium or membership fees for full-time employees? Yes No

If yes, what percentage does the business pay? _____ %

If the business made an investment in fixed assets during the past year in anticipation of this project, please complete the following:

Buildings/Land \$ _____
Equipment/Machinery \$ _____
Total \$ _____

Section E. Affidavit

I, as an officer of the business, certify under penalty of perjury that the information contained herein is true and correct according to my best belief and knowledge after a reasonable investigation of the facts.

- The business qualifies as a Healthy Forest Enterprise as described in A.R.S. § 41-1516;
- The business operations enhance or sustain forest health, sustain or recover watershed or improve public safety;
- The business shall allow inspections and audits by the Arizona Commerce Authority as are reasonably necessary to verify the accuracy of the submitted information;
- The business has completed and is submitting the required Memorandum of Understanding with this application;
- The business agrees to submit a Recertification Application 30-days prior to expiration of the each certification;
- The business agrees to file an Annual Report by March 1st of the year on all business activities for the previous year that includes information on tax incentives the business received;
- The business agrees to notify any sub-contractors it will use during the contract to apply separately for Healthy Forest Enterprise Incentives;
- The business must submit a copy of the Letter of Certification to the Arizona Department of Revenue for approval prior to using the certification;
- The business must provide proof that it is registered with and is participating in the E-Verify program pursuant to A.R.S. §23-214(B) <http://www.uscis.gov/portal/site/uscis>
- Hereby certifies that the applicant does not have scrutinized business operations in Iran, in accordance with A.R.S. § 35-393 et seq; and
- Hereby certifies that the applicant does not have scrutinized business operations in Sudan, in accordance with A.R.S. § 35-391 et seq.

Signature of Authorized Officer

Title

Print Name

Date



LETTERHEAD

US Forest Service, State Forester or Bureau of Indian Affairs

Healthy Forest Program Manager
Business Development Finance
Arizona Commerce Authority
333 N. Central Avenue, Suite 1900
Phoenix, AZ 85004

To whom it may concern:

As required by A.R.S. § 41-1516 (B) (1) (b), I am submitting the following information regarding an application for Healthy Forest Enterprise Incentives.

Business name: _____
Contract name: _____
Contract number: _____
Contract start date: _____
Contract end date: _____
Name of the forest and the county: _____

Description of the eligible activity to be performed under the contract (check all that apply):

Harvesting?	Yes	_____	No	_____
Initial Processing?	Yes	_____	No	_____
Transporting?	Yes	_____	No	_____

	Percentage	Estimated Weight in Tons
The percentage of harvested or processed products, <u>measured by weight</u> , and the actual weight in tons that (<i>choose one</i>) will be <input type="checkbox"/> was <input type="checkbox"/> qualifying forest products: (percentage must be at least 70%)		
The percentage of qualifying forest products, <u>measured by weight</u> , and the actual weight in tons that (<i>choose one</i>) will be <input type="checkbox"/> was <input type="checkbox"/> harvested from sources in Arizona: (percentage must be at least 75%)		
The percentage of qualifying forest products transported that (<i>choose one</i>) will be <input type="checkbox"/> was <input type="checkbox"/> harvested from areas in Arizona: (percentage must be at least 100%)		

Upon conclusion of the project, I will re-submit this form and reflect any changes in the percentages that occurred during the course of the contract. Further, if the terms of the contract are not met, I will so state and provide the reason for non-compliance in the following space.

Sincerely,

US Forest Service, State Forester or BIA

