

# Iowa's Enterprise Zone Program 2010 Annual Progress Report

(This report should only be used for projects approved prior to July 1, 2003.)

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Enterprise Zone Agreement #: \_\_\_\_\_

**Reporting Period: January 1 – December 31, 2010**

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**1. Project Status:** Is the project, as described in the Business' *Application for Enterprise Zone Benefits*:

- On Schedule  
 Behind Schedule (*If so, please explain further in an attachment.*)  
 Completed. If so, when was the project completed? \_\_\_\_\_

**2. Job Creation:** Please **attach** a report the following:

- Current payroll records for the pay period closest to December 31, 2010.
- Job Creation Worksheet (The Job Creation Worksheet can be downloaded from <http://www.iowalifechanging.com/business/reports.html> )

Please state the total number of new jobs created by the Business in the Enterprise Zone since the project was initiated: \_\_\_\_\_

Has the Business met the job creation requirement as defined in Article IV of the Enterprise Zone Agreement?

- Yes. If yes, when did the Business meet this requirement? \_\_\_\_\_
- No, the Business has not met the job creation requirement and does not expect to meet it.
- No, the Business has not yet met the job creation requirement but does expect to meet it. When does the Business expect to meet this requirement? \_\_\_\_\_

**Wage Levels:** Please indicate the average wage of the new jobs the Business has created in the Enterprise Zone: \_\_\_\_\_

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**3. Capital Investment:** Please indicate the total amount of capital investment the Business has made within the Enterprise Zone since the project was initiated:

Use of Funds	Amount Budgeted	Amount Spent
<b>Total</b>		

**4. Employee Benefits:** All full-time employees must have the option of choosing one of the following:

- (1) The business pays 80 percent of both of the following:
  - (a) The cost of a standard medical insurance plan (for single employee coverage).
  - (b) The cost of a standard dental insurance plan (for single employee coverage) or an equivalent plan.
- (2) The business provides the employee with a monetarily equivalent plan to the plan provided for in subparagraph (1) above.

It was determined at the time the Business' *Application for Enterprise Zone Benefits* was approved, that the Business satisfied this requirement. Have there been any changes to the Business' medical, dental, or a monetarily equivalent benefit(s) since the Business' application was approved?

- No
- Yes. If yes, please attach information that shows how the Business continues to meet this requirement. *The insurance information should include: 1) the total cost of each benefit, 2) the amount and/or percentage of the cost paid by the employee, and 3) a benefit summary (deductibles, co-payments, eligibility requirements, etc.).*

**5. Business Changes:** Have there been any changes or proposed changes in the ownership, structure or control of the Business since this award was made?

- No
- Yes *(Please explain further in an attachment.)*

**6. Local EZ Commission Requirements:** If applicable, please, *in an attachment*, document how the Business has met any additional requirements established by the local Enterprise Zone commission.

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## **Certification of Accuracy:**

I hereby certify, under penalty of perjury, that the information presented to the Iowa Department of Economic Development in this Annual Progress Report is true and correct and that I have the authority to submit this information on behalf of the business.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Preparer's Name (if different from above): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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The original, signed Annual Progress Report must be returned to the IDED. Please mail it to:

**Iowa Department of Economic Development**  
**ATTN: Jeremy Babcock**  
**200 East Grand Avenue**  
**Des Moines IA 50309-1819**

Please direct questions to Jeremy Babcock at 515.725.3128 or [jeremy.babcock@iowalifechanging.com](mailto:jeremy.babcock@iowalifechanging.com).

Please forward a copy of the signed Annual Progress Report to the Sponsoring Community identified in the Enterprise Zone Agreement.