

**New Jobs and Income Program (NJIP)  
2010 Annual Progress Report**

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

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

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

Sponsoring Community: \_\_\_\_\_

NJIP Agreement #: \_\_\_\_\_

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

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**1.      Project Status:** Is the project, as described in the Business' NJIP Application:

- 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 the following documents:

- 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>)

**Number of Jobs:** Please indicate the total number of *project-related jobs*\* created by the Business since the project was initiated:

\_\_\_\_\_

*\* Project-related jobs mean all new full-time, non-management, production jobs created by the location or expansion of the business.*

**Median Wage:** Please indicate the median wage for the project-related jobs.

\_\_\_\_\_

**Job Creation:** Has the Business met the job creation requirement as defined in Article IV of the NJIP 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.

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**3. Capital Investment:** Please use the budget submitted as part of the original NJIP application as a guide to completing the following table.

USE OF FUNDS	AMOUNT BUDGETED	AMOUNT SPENT
<b>TOTAL</b>		

**4. Employee Benefits:** The Business agreed to pay at least 80% of the cost of a standard medical and dental insurance plan for all full-time employees working at the project site in which the investment occurred. It was determined at the time the Business' NJIP Application was approved, that the Business satisfied this requirement. Have there been any changes to the Business' medical and/or dental insurance since the Business' application was approved?

- No
- Yes. If yes, please provide 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. Additional Requirements:** The Business must continuously meet the additional requirements (three or more) identified in the original application submitted to IDED and the NJIP Agreement (Article IV) to be in compliance. Please indicate which Additional Requirements the Business has agreed to meet and whether the business is in compliance with respect to those requirements:

- Offer a pension or profit sharing plan to full-time employees.
- Produce or manufacture high value-added goods or services or be in the following state-targeted industry: \_\_\_\_\_
- Makes child care services available to its employees.
- Invests annually no less than 1% of pretax profits from the facility located to Iowa or expanded under the program in research and development in Iowa.
- Invest annually no less than 1% of the pretax profits from the facility located to Iowa or expanded under the program in worker training and skills enhancement.
- Have an active productivity and safety improvement program involving management and worker participation and cooperation and which includes benchmarks for gauging compliance.
- Occupy an existing facility with at least one building of which shall be vacant and shall contain at least 20,000 square feet.
- No, the Business is not in compliance with respect to the additional requirements identified above. *(Please explain further in an attachment.)*
- Yes, the business is in compliance with respect to the additional requirements identified above.

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**6. 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.)*

**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 NJIP Agreement.