



# **Fort Bend County & Fort Bend County Drainage District Tax Abatement Joint Application (2025-2027)**

Fort Bend County and Fort Bend County Drainage District are separate taxing entities under Texas Law, and each are eligible to enter into Tax Abatement Agreements under **Tax Code Chapter 312**. The Commissioners Court is the governing body of each entity, therefore Application for Tax Abatement for both entities is allowed by submission of a Single Joint Application.

## **I. APPLICANT INFORMATION:**

1. Applicant's Business Name and Structure (LLC, LP, Corporation, etc.) that will be operating in Fort Bend County:
  
2. Name of any Parent Company, Controlling Affiliate or if applicant company is a Subsidiary of another entity that would be responsible for performance of any proposed tax abatement agreement:
  
3. Please provide a brief history and description of the company:
  
4. Contact Person and Info for Abatement Process:

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

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Company officer name who would execute any potential tax abatement agreement:

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

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

6. Company legal counsel representing tax abatement agreement:

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

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

7. Headquarters Location (where the company's officers direct, control and coordinate the entity's activities)

City: \_\_\_\_\_ State: \_\_\_\_\_

8. State of registration or incorporation:

9. Does the company currently have operations elsewhere in the State of Texas? If so, please state the name of the communities.

## II. PROJECT DETAILS:

10. List other communities (outside of Fort Bend County) that are being considered for the project. If no communities outside of Fort Bend County are being considered, please describe how without an incentive the project would not occur or would be otherwise substantially altered:
11. Indicate any incentives sought or received from other Fort Bend County taxing entities in connection with this project.
12. Describe the project, including size and scope of Improvements and Real Property to be undertaken, the facility's use, and the product or service to be produced.
13. Classification and NAICS CODE I.E. (Aviation/Aerospace & Advanced Manufacturing, Bioscience/Healthcare, Information Technology and Cyber-Security, Corporate and Regional Headquarters, Creative Industries, Environmental/Clean/Green Technology, Finance, Logistics and Distribution, Manufacturing):
14. Physical address of Proposed Project:
- City: \_\_\_\_\_
- County Precinct: \_\_\_\_\_
- City Council District: \_\_\_\_\_
- School District: \_\_\_\_\_
- Land Size of Project (acres): \_\_\_\_\_
15. Proposed Cost of New Improvement: \$ \_\_\_\_\_
16. Proposed Cost of New Fixed Equipment and Machinery: \$ \_\_\_\_\_

17. Cost of other Personal Property excluding Inventory: \$\_\_\_\_\_

18. Proposed Cost of Initial Inventory: \$\_\_\_\_\_

19. Estimated Time Schedule of Investment including proposed start of construction date and completion of construction date for each phase. (In the case of modernizations, a statement of the assessed value of the facility, separately stated for real and personal property, shall be given for the tax year immediately preceding the application.)

Proposed Start Date of Project Development:

Anticipated Commencement of Operations:

20. Does/will the applicant own or lease the project's proposed Real Property Improvements?

☐ Own New construction at Current Location    ☐ Own Expansion at Diff Location

☐ Lease Existing Facility    ☐ Lease Proposed Facility

If to be leased, provide the name of the landlord/owner.

If to be leased, indicate lease term.

Years: \_\_\_\_\_

Beginning Date:

Expiration date:

If Applicant owns any other property in Fort Bend County, list existing Fort Bend Central Appraisal District tax account numbers associated with this project. (If Applicable)

Real property:


Personal property:


### III. **JOB CREATION & WAGES:**

21. **For expansion projects only.** Minimum number of new full-time jobs to be created and schedule of placement. (Note: FBC Tax Abatement Guidelines require jobs to pay at least \$18 per hour to be eligible for an incentive calculation. If Project has jobs that pay below \$18 per hour, please list separately).

22. **For retention projects only.** Number of new and retained full-time jobs at the proposed project site and a schedule of placement. (Note: FBC Tax Abatement Guidelines require jobs to pay at least \$18 per hour to be eligible for an incentive calculation. (If Project has jobs that pay below \$18 per hour, please list separately).

Full-time: \_\_\_\_\_

Part-time: \_\_\_\_\_

Seasonal: \_\_\_\_\_

23. Base Hourly Wage at project site (Excluding Benefits and Bonuses):

24. Average Annual Salary of Existing Jobs (If Applicable):

25. Average Annual Salary of Retained Jobs at Proposed New Site:

26. Does the company offer health care benefits?

☐ Yes    ☐ No

## **TAX & LEGAL COMPLIANCE:**

27. Is the company delinquent in the payment of ad valorem taxes to any taxing unit located in Fort Bend County?

☐ Yes ☐ No

If yes, explain:

Has the applying company or any of its affiliates been cited, currently under investigation, or have litigation pending for any violations of federal, state, county and/or municipal laws, codes, or ordinances?

☐ Yes ☐ No

If yes, indicate the nature/status of the violation(s):

28. Has the company previously received an incentive from the County? ☐ Yes ☐ No

Where is the property located: \_\_\_\_\_

If yes, indicate the time period (MM/YYYY): \_\_/\_\_\_\_

If yes, explain: \_\_\_\_\_

If yes, is/was the company in compliance with all terms and conditions:

☐ Yes ☐ No

29. Is any interest in this project presently held by an elected, appointed or employed member of any taxing entity?

☐ Yes ☐ No

30. Is any interest in this project presently held by a member of the Fort Bend County Commissioners Court or other County official or employee?

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

#### **IV. COMMUNITY IMPACT & ENVIRONMENTAL DISCLOSURE:**

31. Describe any goodwill benefits and involvement that the applicant has previously provided and/or is committed to providing in the future to the Fort Bend County community.
  
32. Provide an assessment of the project's environmental impact, and any remediation and/or compliance plan associated with the project, which would have the effect of minimizing the negative impact of the project on the environment.

#### **V. REQUIRED ATTACHMENTS:**

- A. A map and legal description (metes and bounds) of the facility site.
- B. CAD data or a shape file with the boundaries of the proposed facility site, and if the Reinvestment Zone and facility site are not the same, then also include CAD data or a shape file with the boundaries of the proposed Reinvestment Zone.
- C. Any financial information the applicant deems appropriate for evaluating the financial capacity and other factors of the Applicant.
- D. Any additional information the Applicant deems helpful to the evaluation of the application.

**Note: FBC reserves the right to request additional financial and other information appropriate for evaluating the financial capacity and other non-financial factors.**

Companies must submit a non-refundable application fee of \$1,000.00 with their application, made payable to Fort Bend County. Projects that require an assignment or amendment are also required to pay the same application fee in accordance with the adopted *Tax Abatement Guidelines*.

**VI. CERTIFICATION:**

I understand and certify that I have read the County of Fort Bend 's and County of Fort Bend Drainage District's current *Tax Abatement Guidelines*. I am familiar with the provisions contained therein, and that the information provided in this application may become a part of an incentive agreement with the County of Fort Bend. I also certify that I am authorized to sign this application, that the information provided herein is true and correct, and that knowingly providing false information will result in voiding the application and termination of any incentive agreement.

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

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

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

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

**VI. SUBMISSION & PAYMENT DETAILS:**

**Application Fee: \$1,000.00 (non-refundable)**

**Payment Instruction: Make check payable to "Fort Bend County"**

**Return Original Executed Application to:**

Fort Bend County Economic Opportunity & Development

Attn: Director of Economic Opportunity & Development

Address: 245 Commerce Green Blvd. Suite 165, Sugar Land, TX 77469

Telephone: 346-481-6911