



**Illinois**  
**Department of Commerce**  
**& Economic Opportunity**  
JB Pritzker, Governor

## **Blue Collar Jobs Act**

### **New Construction Jobs Credit Application**

#### **Part I: Applicant Information**

**NAME OF APPLICANT (d/b/a if applicable):**

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**KEY CONTACT NAME AND TITLE:** \_\_\_\_\_

**KEY CONTACT ADDRESS, PHONE, AND EMAIL**

\_\_\_\_\_

\_\_\_\_\_

**FEIN:** \_\_\_\_\_ **IBT:** \_\_\_\_\_ **STANDARD INDUSTRIAL CODE (if available):** \_\_\_\_\_

**ILLINOIS UNEMPLOYMENT INSURANCE ACCOUNT CODE:** \_\_\_\_\_

Please check one below to indicate which qualified program you are already enrolled in to be eligible for the credit.

**ENTERPRISE ZONES (EZ):** \_\_\_\_\_  
(attach confirmation letter from zone administrator)

**HIGH IMPACT BUSINESS (HIB):** \_\_\_\_\_  
(attach HIB designation)

**ECONOMIC DEVELOPMENT FOR A GROWING ECONOMY (EDGE):** \_\_\_\_\_  
(attach EDGE Agreement)

**RIVER EDGE REDEVELOPMENT ZONE (RERZ):** \_\_\_\_\_  
(attach confirmation letter from RERZ administrator)

The applicant certifies that it is a company in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The applicant also certifies that no tax liens, including but not limited to municipal, county, State or federal liens, have been filed against the applicant, the majority shareholders of the applicant, or in the name of related businesses owned by the applicant.



**Illinois**  
**Department of Commerce**  
**& Economic Opportunity**  
JB Pritzker, Governor

## Part II: Project Information

PROJECT TITLE AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

STATE SENATE DISTRICT: \_\_\_\_\_ STATE HOUSE DISTRICT: \_\_\_\_\_

NUMBER OF CONSTRUCTION JOBS ON THE PROJECT (Estimated): \_\_\_\_\_

IS THE PROJECT IN AN UNDERSERVED AREA ([DCEO Underserved Area Map](#)) ?

Yes \_\_\_\_\_ NO \_\_\_\_\_

### YOU MUST ATTACH THE FOLLOWING:

- 1) A detailed narrative description of the project including the nature and benefit of the project to the local area and surrounding communities and its potential contributors.
- 2) A site map of the proposed site for the new project, including local roads, municipalities, county boundaries, flood plains and wetlands.



**Illinois**  
**Department of Commerce**  
**& Economic Opportunity**  
JB Pritzker, Governor

## **Part III: Capital Investment Information**

**TOTAL AMOUNT OF QUALIFIED INVESTMENT IN THE PROJECT:**

\_\_\_\_\_

**IS THE INVESTMENT AVAILABLE IMMEDIATELY? Yes \_\_\_\_\_ NO \_\_\_\_\_**

**If you marked No, please attach detailed schedule regarding when the eligible investment will be placed in service.**

**YOU MUST ATTACH THE FOLLOWING:**

- 1) Documentation to substantiate the valuation of the Project (this includes, but is not limited to, statements or estimates from appraisers, vendors, contractors, or architects).**
- 2) In addition, please complete and submit to IDOR the DCEO version of IDOR form ITR-1 available from the DCEO BCJA program manager. This form is required for IDOR clearance and will be necessary to complete the review and processing of an application.**



**Illinois**  
**Department of Commerce**  
**& Economic Opportunity**  
JB Pritzker, Governor

## Part IV: Certification of Prevailing Wage

I hereby certify that:

-The applicant company intends to construct a new capital improvement project that qualifies for the New Construction Jobs Credits as provided in the Blue Collar Jobs Act; and

- That such facility shall be constructed in compliance with the Illinois Prevailing Wage Act, and that Applicant will insert into all contracts for such construction a stipulation to the effect that not less than the prevailing rate of wages as applicable to the Program shall be paid to all laborers, workers, and mechanics performing work under the Award and requiring all bonds of contractors to include a provision as will guarantee the faithful performance of such prevailing wage clause as provided by contract; and

-That the applicant company shall comply with the reporting requirements of the Corporate Accountability for Tax Expenditures Act (P.A. 93-552); and

-That the Department of Commerce and Economic Opportunity is hereby granted access to material documentation, and other data required to verify application information.

---

**PRINTED/TYPED NAME OF AUTHORIZED  
EXECUTIVE:**

---

**SIGNATURE OF AUTHORIZED  
EXECUTIVE:**

---

**NAME OF COMPANY:**

---

**COMPANY FEIN NUMBER:**

---

**DATE:**

---

\*The Prevailing Wage Act requires contractors and subcontractors to pay laborers, workers and mechanics employed on construction projects covered by the Act to be paid no less than the general prevailing rate of wages (consisting of hourly cash wages plus fringe benefits) for work of a similar character in the county where the work is performed.

\*No later than the 15th day of each calendar month, the Applicant shall submit to the Illinois Department of Labor (IDOL) a certified payroll for the immediately preceding month documenting that all individuals subject to the Prevailing Wage Act received the prevailing rate of wages for the work performed pursuant to this Application. Monthly certified payroll reports should be sent to IDOL – Prevailing Wage Portal:

<https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/Prevailing-Wage-Portal.aspx>

\*The current prevailing wage rates for each county are available on the Illinois Department of Labor's website:

<http://www.illinois.gov/idol/Pages/default.aspx>

If you have any questions, you can contact IDOL by email at [pio.dol@illinois.gov](mailto:pio.dol@illinois.gov) or phone 217-782-1710.



**Illinois**  
**Department of Commerce**  
**& Economic Opportunity**  
JB Pritzker, Governor

## **Part V: Authorized Signatures**

The applicant certifies that all information contained in this application, including the documentation, is true. The applicant certifies that the individual below is duly authorized to sign on its behalf.

This document authorizes the Illinois Department of Revenue (IDOR), the Illinois Department of Labor (IDOL) and other appropriate agencies to verify with the appropriate State agencies the amount of the incremental income tax withheld by the applicant, a Taxpayer, and after doing so, shall issue a certificate to the applicant/Taxpayer stating that the amounts have been verified and to share specific tax data related to requests made by the Department of Commerce and Economic Opportunity (DCEO) for purposes of awarding business incentives.

I certify that to the best of my knowledge and belief, data and other information in this application is true and correct. I agree to provide representatives of DCEO access to any and all material, documentation, and other data required to verify the information contained in this application. I agree to comply with the recapture provisions pursuant to P.A. 93-0552, the Corporate Accountability for Tax Expenditures Act.

I certify and provide assurance that the applicant is not aware of a condition or occurrence, which would result in bankruptcy or closure. In the event that the employment criteria are not fulfilled for the duration of the exemption, I accept responsibility for notifying DCEO immediately, in which case eligibility for the exemption is terminated.

**SIGNATURE OF AUTHORIZED EXECUTIVE OFFICER:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**NAME AND TITLE OF OFFICER:**

\_\_\_\_\_



**Illinois**  
**Department of Commerce**  
**& Economic Opportunity**

JB Pritzker, Governor

## **Part VI: SUBMISSION INSTRUCTIONS**

- 1. Please submit one copy of the application, including all attachments, to DCEO for review. Applications may be submitted by E-mail or U.S. Postal Service.**

**Department of Commerce and Economic Opportunity**  
**Blue Collar Jobs Act**  
**607 E. Adams**  
**Springfield, Illinois 62701**  
**[ceo.bcja@illinois.gov](mailto:ceo.bcja@illinois.gov)**

- 2. The format of this application may be reproduced and completed in expanded form with supplemental attachments provided the final application is submitted with original signatures. All pages must be numbered in sequence and attachments labeled.**
- 3. NOTE: DCEO is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under PA 84-1118 and PA 84-1124. Disclosure of this information is voluntary; however, failure to comply may result in this application not being processed.**