



Tarrant County Annual Tax Abatement Evaluation Report

Reporting Period: January 1, _____ to December 31, _____

I. PROJECT INFORMATION

Property Owner: _____

Company/Project Name: _____

Project Contact: _____ Title: _____

Telephone: _____ Fax: _____ E-mail: _____

Property Owner Address: _____

Company Address (if different): _____

Address of Property Subject to Abatement: _____

Has construction/installation of planned improvements commenced? Yes No

If Yes, on what date? _____

If No, please explain. _____

Has construction/installation of planned improvements been completed? Yes No

If Yes, on what date? _____

If No, please estimate completion date *and* attach a current time schedule for the project: _____

Date on which *Certificate of Occupancy* was received: _____

II. INVESTMENT / VALUATION

REAL PROPERTY

Current Year Appraised Value – Land: \$ _____

Current Year Appraised Value – Improvements: \$ _____

Construction Costs Incurred This Reporting Period: \$ _____

Appraised Value of Improvements Added This Period: \$ _____

PERSONAL PROPERTY

Current Year Appraised Value – Machinery, Equipment, and Other Business Personal Property:

\$ _____

New Machinery and Equipment Costs Incurred During Period: \$ _____

Current Year Appraised Value Inventory and Supplies: \$ _____

Appraised Value of Machinery, Equipment, and Other Business Personal Property Added This Period:

\$ _____

Percentage/Amount of Inventory Subject to Other Exemptions (i.e., Freeport/Foreign Trade Zone): _____%

III. JOB CREATION / RETENTION

Total Current Employees at End of Reporting Period: Full-time: _____ Part-time: _____

Number of Current Employees Residing in Tarrant County: _____

Number of New Employees Added During Reporting Period: Full-time: _____ Part-time: _____

Number of New Employees Added Since Abatement Agreement: Full-time: _____ Part-time: _____

Current Workforce Diversity Percentages:

Gender: Male _____% Female _____%

Ethnicity: Caucasian _____% Asian _____% African American _____%

Hispanic _____% Other _____%

Annual Payroll During Reporting Period: \$ _____

Average Salary During Reporting Period: \$ _____

IV. CONSTRUCTION / SUPPLIER / SERVICES CONTRACTS

CONSTRUCTION:

Construction Dollars Spent This Reporting Period: \$ _____

Percent Construction Dollars Spent With Tarrant County Contractors: _____%

Number of Construction Related Jobs This Period: _____

Total Construction Payroll This Period: \$ _____

AWARDS TO DISADVANTAGED BUSINESS ENTERPRISES (DBE):

Total Dollars of Construction Contracts to DBE: \$ _____

Percent of Total Construction Contracts to DBE: _____%

SUPPLIER / SERVICES:

Total Number Supplier/Services Contracts This Period: _____

Total Dollars Supplier/Services Contracts This Period: \$ _____

Percent Awarded to Tarrant County Businesses: _____%

Percent Contract Dollars Awarded to Tarrant County Businesses: _____%

Percent Awarded to DBE: _____%

Percent Contract Dollars Awarded to DBE: _____%

V. EMPLOYEE AND ENVIRONMENTAL FACTORS

Company Sponsored Health Care Benefits Are Available To (check all that apply):

Full-time Part-time No Employees

Number of Employees Enrolled in Health Care Plan at End of Period: _____

Name of Health Care/Insurance Provider: _____

Average Percentage of Monthly Health Insurance Premiums Paid by Company: _____ %

Average Monthly Employee Cost for Health Care Benefits: Individual: \$ _____ Family: \$ _____

List Other Company Benefits Provided (i.e., life insurance, pension plan, childcare, etc.): _____

Does Your Company Participate in The North Texas Clean Air Coalition Ozone Action Program?

Yes No

If Yes, Please Attach Information on Company Program Initiatives.

Does your company encourage, facilitate, and/or provide subsidies/initiatives for alternative commute options (i.e., bus, vanpools, carpools, telecommuting, etc.)? Yes No

If Yes, Please Describe: _____

Number of Fleet Vehicles Purchased This Period: _____

Describe Use of Vehicles: _____

Number of New Vehicles Per Type of Fuels Used:

Gasoline _____

Diesel _____

LPG _____

CNG _____

Electric _____

Other _____

Number of Gasoline Vehicles Rated as LEV (Low Emission Vehicles): _____

VI. ADDITIONAL INFORMATION (TO BE ATTACHED)

Copy of Personal Property List Rendered to the Tarrant Appraisal District

Brief Narrative Highlighting The Progress And Status of the Project

If Applicable, a Statement Addressing Any Failure to Meet Requirements of the Tax Abatement Agreement and a Plan for Rectification

VII. CERTIFICATION

I certify that, to the best of my knowledge and belief, the information and attachments provided herein are true and accurate and in compliance with the terms of the tax abatement agreement with Tarrant County.

Name of Certifying Officer

Title

Phone

Fax

Signature of Certifying Officer

Date

In order to remain eligible for the abatement of Tarrant County and Tarrant County Hospital District property taxes, you must return the completed report by April 30th, 2006 to:

Ms. Lisa McMillan
Economic Development Coordinator
Tarrant County Administrator's Office
100 E. Weatherford Street, Suite 404
Fort Worth, Texas 76196-0609

You may also forward an electronic copy of the completed report to:

lmcmillan@tarrantcounty.com

Please note that if you do submit this form electronically, you must also submit an original hard copy of the report to the above stated physical address for proper filing and review.

For assistance call: (817) 884-2643