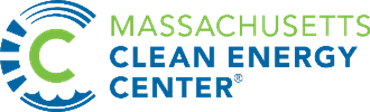
**Application for Offshore Wind Company Certification and 2024 Offshore Wind Tax Incentive**

Please refer to the Massachusetts Clean Energy Center’s *Offshore Wind Tax Incentives Solicitation OSW-2024-07* and *Guidelines and Questions for Offshore Wind Company Certification Application* before completing this form.

**1. Applicant Company Legal Name (“Applicant”)**

**2. Tax Incentive - Indicate the type of credit being sought and total amount requested (the five-year credits if awarded will be distributed in equal parts over five taxable years)**

**3. Federal Tax ID / EIN**

**4. Year Incorporated**

**5. Full Name of Authorized Representative (Last, First)**

**6. Title of Authorized Representative**

**7. E-mail Address of Authorized Representative**

**8. Phone number of Authorized Representative**

**9. NAICS Code and Description (see** [**https://www.naics.com/search/**](https://www.naics.com/search/)**)**

**10. Business Address**

**11. Corporate Address (if different from Business Address)**

**12. Summary of Applicant’s Business/Technology, and Role in the Offshore Wind Industry**

**13. Top Officers/Key Personnel/Management Team - Provide the names, titles, and contact information for company leadership and other key personnel.**

**14. Number of Employees in Massachusetts - What is the current total number of W-2 full-time equivalent (FTE) employees in Massachusetts? Third party contractors, 1099 employees, or interns do not count as part of this number. For purposes of this certification, employees are considered to be full-time equivalent if they work 35 hours or more per week for this company.**

**15. Company Description and Plans To Grow Manufacturing and/or Related Supply Chain Capacity in the Offshore Wind Industry - Provide a brief overview and summary of the company, including its history, location, mission statement, objectives and values, legal structure, product(s) and/or services, identified market. Explain how the company’s plans for growth will contribute to the manufacture, fabrication and assembly of domestic supply chain components of the offshore wind industry within the Commonwealth; create employment in Massachusetts; and leverage additional funding or attracting additional resources.**

**16. Capital Investment(s) and Lease Payments - If the tax benefit for which the applicant is applying is for the qualified total capital investment in an offshore wind facility, please provide a brief description of the facility, the capital project, the key project elements (including physical improvements, redevelopment, and/or new construction to be completed), summary of total project costs with a budget breakdown by project elements and tasks, and an accounting of the owner’s total capital investment in the facility, including the types and dates of major capital expenditures. Provide details on what expenditures constitute the qualified total capital investment. Explain how the project fits into the Applicant’s overall business strategy and indicate the project’s commencement and completion dates (expected or actual). For tenants only, please also provide the total annual lease payment due and the term of the lease.**

**17. Projected Revenue Generated in Massachusetts for the period 2024-2028**

**18. Plans to Achieve Projected Revenue in Massachusetts - Outline the goals and objectives and describe the specific strategies and actions which the offshore wind company will achieve its projected new state revenue. Please describe how the tax credits being sought factor into these plans. Please also describe how these plans will leverage additional funding or attract additional resources to the Commonwealth.**

**19. New Taxable Income from Capital Investment in Offshore Wind Facility - Provide an estimate of the projected taxable income based on the projected revenue generated in Massachusetts for the period 2024-2028 described above.**

**20. New Hire Commitment - Estimate the number of W-2 FTE employees to be hired in each calendar year 2024-2028. Consultants, 1099 employees, or interns do not count as part of this number. For purposes of this program, employees are considered to be full-time equivalent if they work 35 hours or more per week for this company. Please note that this figure reflects the application commitment for net new hires under the program. Once the application is submitted, the commitment cannot be adjusted either up or down. This number will be part of the basis, of any award made and will be included in the tax award agreement to be executed by an awardee. Please describe the methods by which the company shall obtain the new employees.**

**21. Average New Hire Salary - Provide an estimated average annual salary and taxable income for the new hires committed above for 2024-2028. Please provide the estimate of base salary only, do not include bonuses or any other additional compensation.**

**22. New Hire Taxable Income - Provide an estimate of the projected taxable income pursuant of new employees described above.**

**23. Diversity and Inclusion - Please provide a brief description of what programs and policies are in place to promote diversity and inclusion at your company. If available please include diversity statistics of the executive management team, board of directors and organization as a whole. Provide the Applicant’s Diversity/Equity/ Inclusivity Plan or Policy.**

**24. Wage Affirmation - Provide a statement that the Applicant affirms that, in connection with the construction and redevelopment project for which MassCEC funding is being sought, it will (i) provide its employees with the minimum hourly wage rates as determined pursuant to the Massachusetts Division of Occupational Safety’s Prevailing Wage Program (the “Prevailing Wages”) and (ii) contract only with contractors and subcontractors that, to applicant’s knowledge, provides their respective employees with Prevailing Wages.**

**25. Employment Classification - Provide a statement that the Applicant affirms that it will not unlawfully misclassify workers as self-employed or as independent contractors and certifies compliance with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers’ compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended.**

**26. Employment Due Diligence - Provide a statement that the Applicant affirms that it will not knowingly employ developers, subcontractors, or other third parties or entities that unlawfully misclassify workers as self-employed or as independent contractors, or that fail to comply with applicable state and federal employment laws and regulations, including but not limited to minimum wages unemployment insurance, workers’ compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended.**

**27. Indictment - Within the past five years, has the Applicant or any of its officers, directors, employees, agents, or subcontractors of which the Applicant has knowledge, been the subject of an indictment, judgement, conviction, or grant of immunity, including pending actions, for any business-related conduct constituting a crime under state of federal law?**

Yes or No

**28. Government Suspension - Within the past five years, has the Applicant or any of its officers, directors, employees, agents, or subcontractors of which the Applicant has knowledge, been the subject of a government suspension or debarment, rejection of any bid or disapproval of any proposed contract, including pending actions, for lack of responsibility denial or revocation of prequalification or voluntary exclusion agreement?**

Yes or No

**29. Violation of Law - Within the past five years, has the Applicant or any of its officers, directors, employees, agents, or subcontractors of which the Applicant has knowledge, been the subject of any governmental determination of a violation of any public works law or regulation, or labor law or regulation or any OSHA violation deemed “serious or willful?”**

Yes or No

**30. Certificate of Good Standing and/or Tax Compliance - Please include a copy of the Applicant’s Certificate of Good Standing and/or Tax Compliance, from the Department of Revenue. For more information, please see:** [**https://www.mass.gov/info-details/faqs-dor-certificate-of-good-standing-or-corporate-tax-lien-waiver#what-is-a-certificate-of-good-standing-and/or-tax-compliance-and-do-i-need-one?-**](https://www.mass.gov/info-details/faqs-dor-certificate-of-good-standing-or-corporate-tax-lien-waiver#what-is-a-certificate-of-good-standing-and/or-tax-compliance-and-do-i-need-one?-)

**31. Authorized Respondent Signature and Acceptance - I verify that I am authorized to commit my organization and to make this application on behalf of the organization. I certify that the above information is correct and that the statements made herein, including all attachments and exhibits, are true and correct to the best of my knowledge. The submission of false information to MassCEC is subject to prosecution under the False Claims Law at M.G.L. c. 12, sections 5A – 5O. I understand that this application for Offshore Wind Company Certification for the 2023 Offshore Wind Tax Incentives Solicitation may be disqualified if it does not contain all required information.**

**On behalf of the Applicant, I understand and acknowledge that all materials submitted as part of this application may be subject to disclosure under the Massachusetts Public Records Law.**

**Furthermore, I understand and acknowledge that I have followed the procedures set forth below for any documents that I believe may be confidential and proprietary in nature and that may fall within the parameters of MassCEC’s statutory exemption from the Massachusetts Public Records Law at M.G.L. c. 23J section 2(k); and that MassCEC’s receipt of such documents does not represent a finding by MassCEC or the Supervisor of Public Records that such documents fall within such exemption.**

**By signing below and submitting this Application to MassCEC, the applicant expressly authorizes the Massachusetts Department of Revenue to release, upon request, to MassCEC and any person or entity authorized to act on its behalf information contained on applicant’s tax filings relevant to the award applied for pursuant to this Application and/or granted by MassCEC. MassCEC agrees to keep such information confidential and to use such information solely for the purpose of evaluating this Application and administering the Program.**

**I acknowledge and agree that MassCEC has sole discretion to determine which applicants receive awards under the Program and which applicants are designated certified offshore wind companies. I understand that if MassCEC determines that if the applicant fails to substantially achieve the revenue, job growth and capital investment projections set forth in the certification proposal, or if the applicant engages in any act, omission, or misrepresentation that frustrates the public purpose of the Offshore Wind Industry Investment Program over the five-year period following certification, applicant’s certification, may be revoked.**

**I acknowledge and agree that if applicant is awarded a tax incentive from MassCEC, the awardee will be required to enter into an agreement with MassCEC to receive such award.**

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**Signature of Authorized Respondent**

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**Date**