

**APPLICATION FOR:**  
**JOBS Fund Incentives**

Rev 12/2014

**INSTRUCTIONS**

All applicants should familiarize themselves with the information regarding the incentive programs for which application is made as well as other applicable program statutory requirements.

Capital expenses shall be defined as an equipment or property acquisition, building expansion, or improvements. Operating expenses shall be defined as expenses necessary for the operation of the business and shall include utilities, rent, and payroll. If an applicant does not indicate the purpose of the expenses, then the application will not be considered.

The application, consisting of the Project Information, the individual program and Certification and Disclosure worksheets, should be completed and submitted, including the original signatures, and the required attachments, to the following address:

ATTN: Chief Development Officer  
Office of the Mayor  
200 E. Main Street  
Lexington, KY 40507  
(859)-258-3100

**REQUIRED ATTACHMENTS**

To ensure consideration, the following items must be submitted in addition to the completed application:

- | 1)                                | A non-refundable application fee payable to the Lexington-Fayette Urban County Government for  |                          |                        |                                   |       |                          |       |
|-----------------------------------|--|--------------------------|------------------------|-----------------------------------|-------|--------------------------|-------|
|                                   | <table border="0"><thead><tr><th style="text-align: left;"><u>Incentive Program</u></th><th style="text-align: left;"><u>Application Fee</u></th></tr></thead><tbody><tr><td>Innovation Attraction and Support</td><td>\$250</td></tr><tr><td>Local Business Expansion</td><td>\$250</td></tr></tbody></table> | <u>Incentive Program</u> | <u>Application Fee</u> | Innovation Attraction and Support | \$250 | Local Business Expansion | \$250 |
| <u>Incentive Program</u>          | <u>Application Fee</u>   |                          |                        |                                   |       |                          |       |
| Innovation Attraction and Support | \$250  |                          |                        |                                   |       |                          |       |
| Local Business Expansion          | \$250  |                          |                        |                                   |       |                          |       |

The application fee may be paid via check along with the application.

Check should be payable to: LFUCG Re: Jobs Fund Incentives Application

- 2) Company letter including a brief history of the business and description of the project.
- 3) Financial statements for the most recent fiscal year-end.
- 4) Monthly cash flow projections for the next two years of business operations
- 5) Description of current or expected customers (depending on proprietary nature)
- 6) Include three years reviewed and/or audited financials

Note Other items as described in the Policies and Guidelines may be requested by the committee.  
If all materials are not included, the application will be considered incomplete and will not be taken

approval.

# APPLICATION FOR INCENTIVE PROGRAMS

## PROJECT INFORMATION

Rev 2/2022

Date:

Is this an amendment to the initial application for incentives?

### APPLICANT INFORMATION (Entity applying for incentives)

Company Name			
Simply Worx, LLC			
Street Address	City	State	Zip Code
3133 Cherry Meadow Path	Lexington	KY	40509
Federal Employer ID Number	NAICS Code	Company Organization	State of Organization
93-2155545		LLC	KY
Contact Person	Title	Telephone	Fax
Quentin Smith	Owner	501-952-3350	
Email Address		Company Website	
quentin@simplyworx.net		www.worxdf.com	
Is the applicant registered and in good standing with the Kentucky Secretary of State?			Yes
Is the applicant registered and in good standing with the Kentucky Department of Revenue?			Yes
Is the applicant current on all local, state and federal taxes?			Yes
<p>Has the applicant, or any owner or affiliate of the applicant, ever been convicted of any criminal offenses, been in receivership or adjudicated a bankruptcy, or been denied a business related license or had a business related license suspended or revoked by any administrative, governmental or regulatory agency?</p> <p><input type="text" value="No"/> If yes, please list the violation and explain (attach additional explanation if needed):</p>			
No			

### PROJECT LOCATION

Street Address	City	State	Zip Code
938 Enterprise Ct	Lexington	KY	40510
County	Industry	Is location in a Tax Increment Financing District?	
Fayette	Engineering/Printing	<input type="text"/>	
a) Will the applicant provide a service to or use technology for customer or affiliate entities predominantly outside Lexington?			No
b) Is the applicant designed to serve a multistate, national or international market?			yes
<p>Is the contact person for the project location the same as the person listed in the Applicant Information section? <input type="text" value="Yes"/> If no, then please complete the following:</p>			
Contact Person	Email Address	Telephone	Fax

**COMPANY OWNERSHIP**

Please identify all owners of the company with 20% or more interest in the company, including parent companies for subsidiaries. If owners are legal entities, please identify the officers serving on the board of directors, management committee of the applicant or other governing body or appropriate principals with governing oversight of the applicant entity and provide the requested information. LFUCG may run a background check on any individuals identified. If necessary, please submit listing on a separate document.

Company or Individual Name	Birth	City	State	Security Number	Percent
Quentin Smith	4/22/1977	Lexington	KY	366-82-8864	100
Is the applicant or its owner publicly traded?			no		

**EXISTING LEXINGTON LOCATIONS**

Other than the proposed project, does the applicant have any existing Lexington locations?

*If yes, then please complete the following:*

Company Name	Address	City	full-time positions

*Please attach additional listing if more space is needed.*

**AFFILIATES WITH RELATION TO THE PROJECT**

Will any affiliated entity be the owner or lessor of the project?  *If yes, please provide:*

Affiliate Name	Address	City, State	FEIN

Will any affiliated entity employ any employees at the site of the project?  *If yes, please provide:*

Affiliate Name	FEIN	resident positions at the project location

*Please attach additional listing if more space is needed.*

**REQUIRED ATTACHMENT:** If either affiliate question is answered "yes," then a disclosure statement will be required to be submitted for each affiliated entity along with the applicant.

**PUBLIC INCENTIVES**

LOCAL

Is the company receiving other local incentives?

No

If yes, please list other local incentives

STATE

Is the company receiving other state incentives?

No

If yes, please list other state incentives

FEDERAL

Is the company receiving other federal incentives?

No

Is the company receiving an SBIR or STTR grant?

No
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If yes, which partner agency?	
If yes, which Phase?	

**PRIVATE FINANCING**

Is the company receiving private financing?	No
If yes, please list the financing entity	
Please indicate the (\$) amount of financing for the project	

**PROJECT COSTS**

Fund Program (Grant, Loan, or Forgivable Loan)	Loan
Dollar Amount Requested	\$ 250,000
Please provide the estimated expenses for the project	
Capital Expenses	\$ -
Operating Expenses	
Land	
Building (new construction / acquisition / additions)	\$ -
Improvements (existing buildings)	\$40,000
Equipment (including installation costs)	\$82,000
Employee Costs	\$116,000
Facility Operating Costs	\$12,000
Start-up Costs (excluding equipment)	\$12,000
Rent (leased projects only):	\$126,000
Estimated annual rent:	\$ 42,000
Number of years for rent:	3
<b>TOTAL PROJECT COST</b>	<b>\$ 388,000</b>

**Start-up Costs** include the costs incurred to furnish and equip a facility, such as computers, furnishings, office equipment, manufacturing equipment, fixtures, relocation of out-of-state equipment and nonrecurring costs of fixed telecommunication equipment.

**EMPLOYMENT, WAGES & BENEFITS**

*Full-time, Lexington resident employees are persons who are subject to Kentucky income tax and are employed by the company (or affiliate) at the project located in Lexington for at least 35 hours per week. (Do not include contract employees)*

	Resident Employees
Current number at the project location	0
Total number of new jobs to be created	20
Total jobs projected by the end of the project	20

Total annual payroll for the current number of full-time, Lexington resident employees	\$0.00
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Anticipated Wages for the New Jobs to be Created:

Hourly Wage	\$28	Number of Jobs	10
Hourly Wage		Number of Jobs	

Hourly Wage		Number of Jobs	
Hourly Wage		Number of Jobs	
Hourly Wage		Number of Jobs	
Hourly Wage		Number of Jobs	
Unweighted Median Hourly Wage	\$28.00	Total Number of Jobs	10
		Incentive Dollars per Job	\$ 38,800

Mean Wages for the New Jobs Above the Program Minimum (\$28.00):

Hourly Wage	\$28	Number of Jobs	10
Hourly Wage		Number of Jobs	
Hourly Wage		Number of Jobs	
Hourly Wage		Number of Jobs	
Hourly Wage		Number of Jobs	
Hourly Wage		Number of Jobs	
Mean Hourly Wage	\$28.00	Total Number of Jobs	10

Mean Wages for the New Jobs Below the Program Minimum (\$28.00):

Hourly Wage	\$23	Number of Jobs	1
Hourly Wage	\$19	Number of Jobs	2
Hourly Wage	\$18	Number of Jobs	7
Hourly Wage		Number of Jobs	
Hourly Wage		Number of Jobs	
Hourly Wage		Number of Jobs	
Mean Hourly Wage	\$18.70	Total Number of Jobs	10

Employee Benefits are payments by the company for its full-time employees for health insurance, life insurance, dental insurance, vision insurance, defined benefit plans, 401(k) plans or similar plans.

Will new jobs created be offered at least some form of company paid employee benefit?

No

What is the value of the benefit package as a percent of wages or salary?

Indicate which of the following employee benefits will be offered as a company-paid benefit:

<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	Dental Insurance	<input type="checkbox"/>	Other Retirement
<input type="checkbox"/>	Health Insurance	<input type="checkbox"/>	Stock Purchase	<input type="checkbox"/>	Profit Sharing
<input type="checkbox"/>	Disability Insurance	<input type="checkbox"/>	401(k)	<input type="checkbox"/>	Other (list below)

**TOTAL EMPLOYMENT AND PAYROLL PROJECTIONS**

Please provide estimates for the cumulative new employment and new payroll to be created as a result of the project. Do not include employment or payroll information for existing employees at the site of the project. Minimum for compliance purposes is 5 years, or until the incentive is repaid.

	Full-time Lexington	Cumulative Total Payroll
As of Activation Date	0	\$0
End of Fiscal Year 1	2	\$116,000

End of Fiscal Year 2	4	\$232,000
End of Fiscal Year 3	5	\$290,000
End of Fiscal Year 4	7	\$406,000
End of Fiscal Year 5	8	\$464,000
End of Fiscal Year 6	10	\$580,000
End of Fiscal Year 7		
End of Fiscal Year 8		
End of Fiscal Year 9		
End of Fiscal Year 10		

**INCOME, SALES & PROFIT PROJECTIONS**

Please provide estimates for the Kentucky taxable income (loss), Kentucky gross sales and Kentucky gross profits to be generated as a result of the project. If the project is an expansion, include only those estimates for the expansion portion of the project (not the existing operations).

	<b>Income (Loss)</b>	<b>Sales</b>	<b>Profits</b>
End of Fiscal Year 1	\$122,000	\$122,000	(\$33,833)
End of Fiscal Year 2	\$263,000	\$263,000	\$49,500
End of Fiscal Year 3			
End of Fiscal Year 4			
End of Fiscal Year 5			
End of Fiscal Year 6			
End of Fiscal Year 7			
End of Fiscal Year 8			
End of Fiscal Year 9			
End of Fiscal Year 10			

**INCENTIVE USAGE INFORMATION**

**NEW LOCATION**

Will the project be a new location in Lexington?  *If no, skip to Expansion*

Site Acreage  Building Square Footage

The facility will be:

*New Constructions*: Provide the Anticipated Construction Dates: *Acquisitions*: Answer the following:

Start  Has the facility been unoccupied for more than 90 days?

Completion

**EXPANSION**

Will the project be an expansion of an existing facility?  *If no, skip to New Equipment*

a) Does the project involve additions or renovations to existing buildings?

b) Does the project involve relocation from an existing facility?

c) If b) is yes, is real estate available at or adjacent to the existing facility?

d) What is the total estimated cost of the expansion?

Present Acreage  Present Square Footage

Increased Acreage  Increased Square Footage

Total Acreage  Total Square Footage

**NEW EQUIPMENT**

Will the incentive be for a purchase of new equipment?  *If no, skip to Operating Expenses*

Does the facility currently own a similar piece of equipment?

Will the new equipment be used for expanded capacity?

What is the total estimated cost of the new equipment?

**OPERATING EXPENSES**

Will the incentive be for an operating subsidy?  *If yes, please list monthly expenses*

Monthly Lease	<input type="text" value="3,500"/>	Other	<input type="text"/>
Monthly Utilities	<input type="text" value="1,000"/>	List Other	<input type="text"/>
Monthly Payroll	<input type="text" value="9,667"/>	Expenses	
Monthly Supplies	<input type="text" value="0"/>		

If the incentive does not match any of the programs listed, please attach a document describing the proposed use of incentive funds with rationale.

**COLLATERAL**

Please indicate any collateral to secure incentives including serial numbers.

Cash Value of Collateral

Please list any lienholders on the existing collateral.

**FOR OFFICE USE ONLY**

Date Submitted

CDO Review



Board Review  
Council Review

**PROGRAM:**

 Grant  
 Loan

Financial Statements  Application Fee  
 Company Letter

**INTEREST:**

 Interest  Rate



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**APPLICATION FOR JOBS FUND INCENTIVES  
CERTIFICATION OF APPLICATION**

Rev 5/2014

Company Name

Simply Worx, LLC

**CERTIFICATION**

Eligibility for financial assistance is determined by the information presented in this application and in the required attachments. Any changes in the status of the proposed project from the facts presented herein, including but not limited to the commencement of construction, any public announcement or legal commitment (e.g., lease or contract) with contingency language, could jeopardize the project's eligibility for incentives. Please contact the staff of the LFUCG before taking any action which would change the status of the project as reported herein.

I, the undersigned, on behalf of the applicant, hereby represent and certify that the foregoing application information, including all attachments, to the best of my knowledge, is (a) true, complete and accurate with respect to the information concerning the proposed project for which financial incentives are sought; and (b) does not contain any information which any entity competing with the applicant may claim a proprietary interest.

Select which of the following is applicable:

For a new location project, I represent and certify that, but for the financial incentives being provided in this application, the proposed project could not reasonably and efficiently locate in Lexington and would otherwise locate outside of Lexington.

For an expansion project, I represent and certify that the financial incentives being provided in this application are necessary for the expansion to occur.

The undersigned, on behalf of the applicant, acknowledges that information contained within the application and attachments is true and accurate.

The undersigned, on behalf of the applicant, acknowledges that the applicant will be required to self-report any changes in the status of the project to the LFUCG.

In addition, the undersigned, on behalf of the applicant, acknowledges and grants permission to the LFUCG to use the information provided in this application for the purpose of administering the Jobs Fund Incentives.

Quentin Smith

Signature

Owner

Title

Quentin Smith

Print Name

January 14, 2025

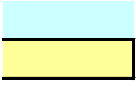
Date

*For Electronic Signature: The person responsible for signing the document may type his/her name in the signature line.*









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