**STATE OF KANSAS**

**KANSAS CORPORATE TAX CREDIT QUALIFYING VENDOR**

**“CERTIFIED BUSINESS” APPLICATION**

***Submit completed checklist and application to:***

**KANSAS PROCUREMENT AND CONTRACTS**

**900 SW JACKSON, ROOM 451-S**

**TOPEKA KS 66612-1216**

*By submission of a signed application, the vendor certifies that all enclosed information is true and accurate and that any exceptions are clearly identified.*

*By submission of a signed application, the applicant / employer certifies to the Department of Administration (DoA) that it has the permission and/or legal authority to send their employee’s information to DoA, and it further hereby releases and agrees to defend and hold harmless the State of Kansas, its respective agencies and employees from any and all liability whatsoever relating or pertaining to the information provided by the employer.*

Legal Name of Person, Firm or Corporation

Contact Person:

Street Mailing Address City & State Zip

PO Box (if applicable) City & State Zip

Toll Free Telephone Local Phone

Cell: Fax Number

E-Mail

Signature Date

Typed Name Title

*CERTIFIED BUSINESS APPLICATION QUESTIONNAIRE*

*The definition of what constitutes a “CERTIFIED BUSINESS” is established by Kansas Law.*

*HB 2044 (2019 Kansas Legislature)*

*By statute, any business that becomes certified must be re-certified on an annual basis* *by the Department of Administration.*

Legal Name of Person, Firm or Corporation

*When submitting your application, please initial the following items to indicate that you understand the requirement and have included the necessary information with your submission.*

*Initial below*

*When line*

*Completed*

***\_\_\_\_\_ Complete and submit the entire CERTIFIED BUSINESS APPLICATION QUESTIONNAIRE and attachments as described herein***

***\_\_\_\_\_ CHECK ONE (1) BUSINESS-TYPE THAT BEST DESCRIBES YOUR BUSINESS ENTITY:***

*\_\_\_\_\_ Sole Proprietorship, or*

*\_\_\_\_\_ Partnership, or*

*\_\_\_\_\_ Association, or*

*\_\_\_\_\_ Corporation domiciled in Kansas, or*

*\_\_\_\_\_ Wholly-owned subsidiary of a foreign corporation*

***\_\_\_\_\_\_ Provide a separate letter or statement briefly describing your business’ Kansas Work Presence, using the following basic criteria as a guide as you prepare the written narrative***

* *Does your business make its principal place of business in Kansas?*
* *Does your business pay a majority of its payroll (in dollar volume) to residents of Kansas?*
* *Does your business employ Kansas residents as a majority of its employees?*
* *Has your business made significant capital investments in Kansas?*

\_\_\_\_\_ ***Provide a Completed*** Health Insurance Coverage

***This information will be forwarded to the Kansas State Employee Health Program for verification.***

*In order to achieve “Certified Business” status,* ***statute requires that a business contribute at least 75% of the premium cost for individual health insurance coverage for each employee. The level of such coverage shall be at least equal to the level of benefits offered by the state employee benefit program established by K.S.A. 75-6501 et seq., and amendments thereto.***

*CERTIFIED BUSINESS APPLICATION QUESTIONNAIRE*

Legal Name of Person, Firm or Corporation

*Initial below*

*When line*

*Completed*

***\_\_\_\_\_\_ CHECK THE STATUS THAT BEST DESCRIBES YOUR BUSINESS ENTITY:***

*In order to achieve “Certified Business” status,* ***statute requires that a business NOT operate under a certificate issued by the US Secretary of Labor under subsection (c) of 29 U.S.C. § 214 regarding payment of sub-minimum wages.***

*\_\_\_\_\_ Yes, we’re in compliance*

*\_\_\_\_\_ No, we’re not in compliance*

***By checking Yes or No, and by signing the application document, you are certifying the sub-minimum wage status of your business.***

***\_\_\_\_\_ CHECK THE STATUS THAT BEST DESCRIBES YOUR BUSINESS ENTITY:***

*In order to achieve “Certified Business” status,* ***statute requires that a business employ at least 30% of its employees who are individuals with disabilities and reside in Kansas;***

*\_\_\_\_\_ Yes, we’re in compliance*

*\_\_\_\_\_ No, we’re not in compliance*

***If you check “Yes” you must submit the following information with your Certification Application:***

* ***Full Name (Last Name, First Name, Middle Initial)***
* ***Last four (4) digits of Social Security Number***
* ***Date of Birth***

***This information must be submitted in a separate sealed envelope to protect personal information.***

***The sealed envelope will be forwarded to the Kansas Department on Aging and Disability Services for verification.***

*\_\_\_\_\_ Yes, I understand that as a CERTIFIED BUSINESS, I must cooperate in a timely fashion with Potential Vendor to confirm their sales for entities who wish to claim Corporate Tax Credit based upon purchases of goods and/or services from my* ***CERTIFIED BUSINESS.***

***Potential vendors seeking the tax credit will request Sales Certification. CERTIFIED BUSINESS must review and complete the Sales Certification within three (3) business days.***