

Please provide the following contact information

Company Name:

Name of Contact Person:

Current Address

Phone Number

FAX

E-mail

Date of Application:

Building of Interest:

Square footage: MFG Warehouse Commercial

Established Business Startup

Current Number of Employees

Projected at this location

TYPE OF BUSINESS:

DATE INITIAL OCCUPANCY IS, DESIRED: REQUIRED:

The following information will assist the Authority in selecting the businesses and industries that show potential for providing the most overall benefit to the community. (Items preceded by an * Must be completed)

BUSINESS PLAN: COMPLETED AND AVAILABLE

* Type a brief summary of what you intend to make, sell, or do, on the property

QUALITY JOBS;

1. * **NUMBER OF JOBS TO BE CREATED** **RETAINED**
2. AVERAGE HOURLY RATE **X** NUMBER OF EMPLOYEES
X HOURS PER WEEK = TOTAL ANNUAL SALARY
3. BENEFITS = HEALTH RETIREMENT VACATION PROFIT SHARE
4. LONG TERM EMPLOYMENT PROSPECTS (GOOD, AVERAGE, UNCERTAIN)
5. IS COMPANY COMMITTED TO A POLICY OF PROMOTING CONTINUOUS EDUCATION AND TRAINING?
- For all employees Selected employees
6. ADVANCEMENT POTENTIAL (GOOD, AVERAGE, LIMITED) DIVERSE LEVELS OF
EMPLOYMENT AT THIS LOCATION (PRODUCTION, SUPERVISORY, MANAGEMENT - (YES, OR NO)

ACCESS TO CAPITAL ;

*** HOW DO YOU INTEND TO FINANCE YOUR PROJECT?**

*(INDICATE BELOW, THE % OF THE PROPOSED PROJECT FUNDING ANTICIPATED IN THE FOLLOWING CATEGORIES)
PERCENTAGES MUST BE ENTERED IN THE FOLLOWING FORMAT
EX. 5% WOULD BE ENTERED AS .05*

1. CONVENTIONAL FINANCING (COMMITTED)
IF SO, WHAT BANK?
2. OWNER FINANCING
3. SUBSIDIZED LOANS THROUGH TRA OR ANOTHER GOVERNMENT ENTITY
(COMMITTED) IF SO, WHAT PROGRAM?
4. TOTAL PROJECT COSTS: (APPROXIMATE, IF UNKNOWN AT THIS TIME) =
-
-

