



ECONOMIC DEVELOPMENT ASSISTANCE APPLICATION

Applicant/Company Name: _____

Address: _____

City State Zip

Telephone: (____) - ____ - ____

Fax: (____) - ____ - ____

E-Mail: _____

Website: _____

Principal Contact(s) and Titles:

1) _____, _____

2) _____, _____

Section I: Project Summary

1. Please provide a brief overview of the relocation or expansion project. _____

2. Please describe the physical characteristics of the proposed project.
 - a. Provide a brief description of the proposed facility, including proposed location, square footage, and age and condition of the building. _____

 - b. If the building is leased:
 - i. What are the annual lease payments? _____

 - ii. What is the present value of the lease? _____

 - c. If the building is owned:
 - i. What are the annual note payments? _____

 - ii. What is management's estimate on the value of the property? _____
What is this estimate based on? _____

 - iii. Has the property been appraised? If so, value? _____
 - iv. Will any portion of the building be leased? _____
 - d. List any other offices or plant locations of the Company. _____

 - e. Any special facility needs for proposed location (i.e. water, sewer, power, streets, etc.) _____

 - f. Describe a project time-line for completion. _____

 - g. Please indicate if you will be utilizing a general contractor locally, from outside the County, or a mix of local and non-local contractors for construction purposes. Please provide the name and address of the contractor, if known. _____

Section III: People and Job Creation

- Names of Current Executive/Senior Management Personnel responsible for the proposed operation.

Name	Title	Years of Service	Ownership Interest	Total Annual Compensation
				\$
				\$
				\$
				\$
				\$

- Names of all Directors and Key Employees associated with the Company.

Name	Title	Years of Service	Ownership Interest	Total Annual Compensation
				\$
				\$
				\$
				\$
				\$

- Are any new management talents needed? _____
What kind? _____

What specific members of management will be hired in the next year? _____

- Indicate any management not full time with Company (describe other responsibilities).

- Please list all *current* employees as outlined in the table below.

Job Category	Current Number	Average Hourly Wage
Accounting/Finance		\$
General Management		\$
Research & Development		\$
Clerical		\$
Sales/Marketing		\$
Engineering		\$
Production		\$
TOTAL		\$

6. Please list all *new employees* that will be created by the proposed project using the table format below.

Job Title/Category	Hourly Wage Range (Low - High)	Average Hourly Wage	Jobs Created Per Year										Total Jobs	
			1	2	3	4	5	6	7	8	9	10		
Exempt (Salaried)														
	\$ - \$	\$												
	\$ - \$	\$												
	\$ - \$	\$												
	\$ - \$	\$												
	\$ - \$	\$												
	\$ - \$	\$												
Non-Exempt (Hourly)			1	2	3	4	5	6	7	8	9	10		
	\$ - \$	\$												
	\$ - \$	\$												
	\$ - \$	\$												
	\$ - \$	\$												
	\$ - \$	\$												
	\$ - \$	\$												

Section IV: Signature and Verification

I hereby certify that the foregoing and attached information is true and correct to the best of my knowledge.

_____ Date

_____ Applicant's Signature

_____ Title