



Pre-Screening Project Questionnaire

BUSINESS INFORMATION:

Name of Business: _____ Bus Type: _____

Business Address: _____ Website: _____

Authorized Representative: _____ Phone: _____

Email Address: _____

SITE INFORMATION:

Project Name: _____

Proposed Project address/location: _____ Sq.ft. of facility: _____

Purchase or Lease: _____ Purchase Price or Monthly Rent: _____ Term: _____

Project Description: _____

Project Timeline: _____

Any other names/companies associated with this inquiry? (please provide): _____

INVESTMENT:

USES OF PROJECT FUNDS		SOURCES OF PROJECT FUNDS	
Acquisition (Building):	\$	Owners' Equity Investment:	\$
Building (Construction/Renovation):	\$	Bank Loan:	\$
Machinery & Equipment:	\$	Private Investor	\$
Infrastructure:	\$	Other:	\$
Soft Costs (Fees, Miscellaneous):	\$	Other:	\$
TOTAL PROJECT COSTS:	\$	TOTAL PROJECT SOURCES:	\$

Is there a funding gap? _____ (Companies pursuing incentives under the City's SBC Programs must provide written assurance that "but for" the incentives, the proposed project would not occur, or would otherwise be substantially altered so that the economic returns or other associated public benefits secured by the City's participation would be reduced.) If so, what is the shortfall amount \$_____

Employment:

Number of current employees: _____ Projected # of FTE to be jobs created: _____

Current monthly payroll: _____ Projected monthly payroll: _____

Employee Benefits: ___ Health: ___ Dental/Vision: ___ Life: ___ Retirement _____

Applicant Name: _____ Title: _____ Date: _____