

Project Questionnaire

Date _____

Name of Business: _____ City: _____ State: _____ Zip: _____

Contact Information – Name: _____ Phone: _____ Email: _____

Expansion of Iowa Company

New Location in Iowa

1. Describe the company, its products, and the customer base:

2. Describe the project including location (city/county), proposed project activities, and estimated start date:

3. Does the business plan to lease the facility? Yes No

If yes, please provide the Annual Base Rent Payment (lease payment minus property taxes, insurance, and operating/maintenance expenses):

4. What is the total premium cost for a standard medical plan for single employee coverage? \$ _____

a. What portion of this cost is paid by the business? _____ %

c. What is the deductible associated with this plan? \$ _____

5. What is the total premium cost for a standard medical plan for family coverage? \$ _____

a. What portion of this cost is paid by the business? _____ %

c. What is the deductible associated with this plan? \$ _____

Other Project Information:

6. Is the project located on a Brownfield or Grayfield site? Yes, describe: No Not sure

7. [NAICS](#) Code for primary business operations, if known:

8. If known, what other sources of funds have been identified for the project?

9. Have you been in contact with any state or local/community development representatives in the State of Iowa?

Yes No If so, whom?

10. Is the Business actively considering locations outside of Iowa? Yes No

If yes, please explain.

Additional Information:

If direct financial assistance is provided, acceptable collateral will be required to secure the financing. Types of collateral that the Board may require include: an irrevocable letter of credit or dedicated certificate of deposit. As an alternative, your company can elect to pledge no collateral and draw the available funding at the end of the five year contract. The amount of funding at that time will be based on actual contract compliance.

* **NOTE:** This questionnaire is neither an award nor a contract. It is designed to establish basic program eligibility and provide estimates of potential assistance according to the details provided. The estimates provided are for sample purposes only. All actual assistance amounts will be determined based on completion of a full application, final approval by the board, and satisfactory compliance with all contractual terms. All awards of assistance are ultimately subject to the requirements of the applicable Iowa law authorizing the programs.