Iowa 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:**

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

1. **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) in the budget below, and only major renovation costs your company expects to incur.

1. **Please estimate the project budget to the best of your ability:** Include only costs the company plans to incur directly

|  |  |  |
| --- | --- | --- |
| **Budget Item:** | **Amount:** | **Estimated Timeline (over 3 years)** |
| Base Rent (3 years) |       |       |
| Tenant Improvements |       |       |
| Land Acquisition (if not leased) |       |       |
| Site Preparation (if not leased) |       |       |
| Building Acquisition (if not leased) |       |       |
| Building Construction (if not leased) |       |       |
| Building Remodeling (if not leased) |       |       |
| Mfg. Machinery & Equip. |       |       |
| Other Machinery & Equip. |       |       |
| Computer Hardware |       |       |
| Computer Software |       |       |
| Furniture & Fixtures |       |       |
| Research & Development |       |       |
| Other (specify)  |       |       |
| **TOTAL** |       |       |

1. **Employment:** Describe the number of employees and the pay scale that would result from this project (add rows if needed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Category** | **No. of Jobs** | **Created (C) or Retained(R)** | **Starting or Current Wage Rate** | **Wage at 36 months following the award** |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
| **TOTAL** |       |       |       |       |

*“Retained job” means an existing full-time, permanent position which is at risk of elimination in Iowa, if the project does not proceed. Verification may be requested during the application process.*

1. ***“Sufficient benefits***” Financial assistance programs require that companies provide a certain level of medical insurance to full time, permanent employees. Please answer the following questions about your company’s benefits:

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Option 1** | **Option 2** | **Option 3** |
| 70% single Coverage | 60% Family coverage |  Monetary Equivalent |
| Total Number of Employees in US | Pay 70% of premium costs for a standard medical plan, single coverage. | Pay 60% of premium costs for a standard medical plan, family coverage. | Provide medical and pay the monetary equivalent of Option 1 or Option 2 in supplemental employee benefits.*Benefits Counted Toward**Monetary Equivalent: Medical coverage, Dental coverage, Vision insurance, Life insurance, Pension, 401(k) (company’s Average contribution, Short-/long-term disability insurance, Child care services, Other nonwage compensation**\*\* Premium costs that vary by employee cannot qualify under Option 3.* |
| 201+ | $1700 maximum deductible | $3750 maximum deductible |
| 50-200 | $2500 maximum deductible | $5250 maximum deductible |
| 0-49 | $3000 maximum deductible | $6000 Maximum deductible |
| *\* In addition, the IEDA will assess the affordability of plans that are qualified under the deductible and premium percentage paid by the employer criteria. Plans that are not offered at a reasonable cost to employees will be deemed not qualified and the business is not eligible for benefits under the High Quality Jobs Program.*  |

1. How many full-time, permanent employees does your company currently employ within the U.S.?
2. What is the total premium cost for a standard medical plan for **single employee coverage**? $
	1. What portion of this cost is paid by the business?
	2. What is the deductible associated with this plan? $
3. What is the total premium cost for a standard medical plan for **family coverage**? $
	1. What portion of this cost is paid by the business?
	2. What is the deductible associated with this plan? $

**Other Project Information:**

1. Will the project be located on a Certified Site? [ ]  Yes [ ]  No [ ]  Not sure
2. Is the project located on a Brownfield or Grayfield site? [ ]  Yes, describe: [ ]  No [ ]  Not sure
3. [NAICS](http://www.census.gov/epcd/www/naicstab.htm) Code for primary business operations, if known:
4. If known, what other sources of funds have been identified for the project?
5. Have you been in contact with any state or local/community development representatives in the State of Iowa?

[ ]  Yes [ ]  No If so, whom?

1. 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.

The IEDA Board has a local community match policy. If your company proceeds to a full application, participation at the local level should be anticipated.

Submit to: Iowa Economic Development Authority - IPQ

 businessfinance@iowaeda.com

Questions: 515.348.6200