

## I. APPLICANT INFORMATION

1. APPLICANT NAME: (Contractually responsible party) \_\_\_\_\_

CONTACT NAME/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FTI#/SSN# \_\_\_\_\_

2. COMPANY NAME: (If different from applicant) \_\_\_\_\_

CONTACT NAME/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FTI#: \_\_\_\_\_

3. COMPANY CONTACT / TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

4. COMPANY PRIMARY SIC CODES: \_\_\_\_\_

5. PROJECT START DATE: \_\_\_\_\_ PROJECT END DATE: \_\_\_\_\_

6. JOB CREATION START DATE: \_\_\_\_\_ JOB CREATION END DATE: \_\_\_\_\_

## II. COMPANY INFORMATION

7. DATE ESTABLISHED: \_\_\_\_\_

8. CEO NAME: \_\_\_\_\_

9. CFO NAME: \_\_\_\_\_

10. PRINCIPAL OWNER: \_\_\_\_\_ SSN# \_\_\_\_\_

(Attach list if more than one and include percent of ownership)

11. NAME OF U.S. PARENT COMPANY (If applicable): \_\_\_\_\_

FTI# \_\_\_\_\_

12. PLEASE CHECK AND COMPLETE AS APPLICABLE:

\_\_\_\_\_ C CORPORATION

\_\_\_\_\_ S CORPORATION

\_\_\_\_\_ SOLE PROPRIETORSHIP

\_\_\_\_\_ PARTNERSHIP

\_\_\_\_\_ LIMITED PARTNERSHIP

\_\_\_\_\_ LIMITED LIABILITY COMPANY

\_\_\_\_\_ EMPLOYEE STOCK OWNERSHIP PLAN

\_\_\_\_\_ (51%) MINORITY OWNED (MBE)\*

\_\_\_\_\_ (51%) WOMAN OWNED (WBE)

\_\_\_\_\_ FOREIGN OWNED (Specify Name & Country) \_\_\_\_\_

\_\_\_\_\_ JOINT VENTURE (Specify JV Partners) \_\_\_\_\_

\* MBE is defined as African American, Hispanic, American Indian or Oriental. Please attach a copy of state certification.

### III. ECONOMIC IMPACT

13. PROJECT DESCRIPTION (Attach additional sheet if necessary):

14. PROJECT ADDRESS (If different from company):

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

15. COUNTY: \_\_\_\_\_

16. CITY/VILLAGE/TOWNSHIP: \_\_\_\_\_

17. STATE SENATOR: \_\_\_\_\_ 18. STATE REP: \_\_\_\_\_

19. TYPE OF BUSINESS: \_\_\_\_\_  
(Manufacturing, Distribution, Research & Development, etc.)

20. PRIMARY PRODUCT/SERVICE TO BE PROVIDED AT PROJECT SITE: \_\_\_\_\_

21. PROJECT TYPE: \_\_\_ START UP \_\_\_ EXPANSION \_\_\_ RELOCATION \_\_\_ CONSOLIDATION

22. IF RELOCATION/CONSOLIDATION SPECIFY FROM WHERE:

\_\_\_ STATES (Specify) \_\_\_\_\_

\_\_\_ COUNTIES (In Ohio) \_\_\_\_\_

\_\_\_ MUNICIPALITIES (In Ohio) \_\_\_\_\_

23. RELOCATION OF JOBS: \_\_\_ NO \_\_\_ YES (How Many?) \_\_\_\_\_

24. NUMBER OF PEOPLE TRANSFERRING TO OHIO: \_\_\_\_\_

25. INTERSTATE/INTERNATIONAL COMPETITION FOR PROPOSED PROJECT: \_\_\_\_\_  
(List States/Countries) \_\_\_\_\_

26. FULL-TIME EMPLOYEMENT COMPOSITION:

STATE:

PROJECT SITE:

A. # Total Existing Full-Time Employees \_\_\_\_\_ A. # Total Existing Full-Time Employees \_\_\_\_\_

B. # Women \_\_\_\_\_ B. # Women \_\_\_\_\_

C. # Minority \_\_\_\_\_ C. # Minority \_\_\_\_\_

D. # FTE\* \_\_\_\_\_ D. # FTE\* \_\_\_\_\_

27. PROJECTED EMPLOYMENT (Project Site):

	YEAR 1	YEAR 2	YEAR 3
A. # Retained Full-Time	_____	_____	_____
B. # New Employees Full-Time	_____	_____	_____
C. # Minority Projected	_____	_____	_____
D. # Women (OITP only)	_____	_____	_____
E. # LMI (CDBG only)	_____	_____	_____
F. # FTE*	_____	_____	_____

G. Average Hourly Wage \$ \_\_\_\_\_ (New Full-Time Employees)

H. Average Hourly Benefits \$ \_\_\_\_\_ (New Full-Time Employees)

A full-time employee is an employee working an average of at least 35 hours per week/annually. Minority is defined for employment purposes as African American, Asian American, Hispanic, Native American or Pacific Islander.

\*FTE = Full-time equivalents (e.g. two part-time employees working a total of at least 35hrs/week)