

Initial Project Questionnaire

DATE: _____

COMPANY: _____ CONTACT NAME: _____

ADDRESS: _____ TITLE: _____ ROLE IN PROJECT _____

PHONE: _____

MANUFACTURING DISTRIBUTION OFFICE R&D EXPANSION RELOCATION

PRODUCT: _____ MARKET: _____

REQUIREMENTS: Existing Facility or Build: _____

BUILDING: Area _____ sq.ft. Mfg. _____ sq.ft. Office _____ sq.ft.
Sprinklered _____ A/C _____ Construction _____
Ceiling height _____ ft. Other _____

SITE: Area _____ acres Special process water: _____
Effluent _____ Interstate/highway frontage yes no
Distance from interstate _____ mi Other _____

UTILITIES: Water usage _____ Sewer requirements _____
Electric power _____ Natural gas _____
Telecom _____ Other _____

TRANSPORTATION: Rail yes no
Truck yes no
Air yes no

LABOR: Total No. _____
Expected average wage _____
Special Skills _____

CAPITAL INVESTMENT: Building \$ _____ M & E \$ _____

FINANCING SECURED: yes no *START-UP: yes no
Building _____ Land _____
Equipment _____

TIME TABLE: Preliminary Immediate Definite timetable _____

KEY FACTORS: 1. _____ 2. _____
3. _____ 4. _____

Confidential: yes no

REMARKS: _____

