

# IOWA PROJECT QUESTIONNAIRE



Submit questionnaire to: [businessfinance@iowaeda.com](mailto:businessfinance@iowaeda.com)

Name of Business:

Business Address:

City:

State:

Zip:

## PRIMARY CONTACT

Name:

Phone:

Email:

## PROJECT DETAILS

Address of Investment:

Expansion of Iowa Company

New Location in Iowa

Will the project be located on a Certified Site?

Yes

No

Unsure

[NAICS Code](#) for primary business operations:

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

## Describe the proposed investment:

*(Include information on if the project adds new production/product lines, increases productivity through automation, or is bringing new operations to the state of Iowa)*

Does the business plan to lease the facility?

Yes, Lease term:

No

*If yes, please provide the lease term above and 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.*

Please estimate the project budget below to the best of your ability:

*Include only costs the company plans to incur directly*

BUDGET ITEM	AMOUNT
Annual Base Rent	
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)	
Manufacturing Machinery & Equipment	
Other Machinery & Equipment	
Computer Hardware	
Computer Software	
Furniture & Fixtures	
<b>TOTAL</b>	

What is the estimated timeline on the investment?

What financing has been identified/secured for the investment?

## EMPLOYMENT

Current Number of Employees at Facility:

Enter the number of employees and the hourly wage that would result from this project:

JOB CATEGORY	NO. OF JOBS	CREATED (C) OR RETAINED* (R)	STARTING OR CURRENT WAGE RATE
<b>TOTAL JOBS:</b>			

\* A "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.

Will proposed investment require new/expanded training of existing employees? (Please explain)

## BENEFITS

Financial assistance programs require that companies provide a certain level of medical insurance to full time, permanent employees. Please review the qualified benefits matrix below and answer the questions that follow.

### QUALIFIED BENEFITS MATRIX

	OPTION 1	OPTION 2	OPTION 3
	70% single Coverage	60% Family coverage	Monetary Equivalent
Total Number of Employees in U.S.	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.  <b>Premium costs that vary by employee cannot qualify under Option 3.</b>
201+	\$1,700 maximum deductible	\$3,750 maximum deductible	
50-200	\$2,500 maximum deductible	\$5,250 maximum deductible	
0-49	\$3,000 maximum deductible	\$6,000 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 Program.*

How many full-time, permanent employees does your company currently employ within the U.S.?

What is the total annual premium cost for a standard medical plan for single employee coverage?

What percentage of this cost is paid by the business?

What is the deductible associated with this plan?

What is the total annual premium cost for a standard medical plan for family coverage?

What percentage of this cost is paid by the business?

What is the deductible associated with this plan?

## STRATEGIC ECONOMIC IMPACT

What percentage of current suppliers are based in Iowa?

Will the project increase the use of Iowa suppliers?

How does this project contribute to diversifying Iowa's economy and overall economic output or GDP?

Will the project include new electricity or gas infrastructure such as generation, service extension, or energy storage?

Yes

No

If yes, please explain:

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

Yes

No

If so, whom?

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.

*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 IEDA's programs.*

