

BIG Pre-application Questions



Email questions to: businessfinance@iowaeda.com

To complete the BIG Pre-application, log in and complete the form on the Opportunity Iowa portal: [Business Incentives Growth \(BIG\) Detail](#)

Name of Business:

Business Address:

City:

State:

Zip:

PRIMARY CONTACT

Name:

Phone:

Email:

PROJECT DETAILS

Address of Investment:

New Location in Iowa

Will the Project be located on a Certified Site?

NAICS Code for primary Business operations:

Expansion of Iowa Company

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	

BUDGET ITEM	AMOUNT
Computer Hardware	
Computer Software	
Furniture & Fixtures	
TOTAL	\$ 0.00

What is the estimated timeline on the investment?

What financing has been identified/secured for the investment?

EMPLOYMENT

Current Number of Employees at Facility:

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

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
TOTAL JOBS:	0		

* 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.

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

Options	Coverage Type	201+ Employees	50-200 Employees	0-49 Employees
Option 1	70% Single Coverage Pay 70% of premium costs for a standard medical plan, single coverage.	\$1,700 maximum deductible	\$2,500 maximum deductible	\$3,000 maximum deductible
Option 2	60% Family Coverage Pay 60% of premium costs for a standard medical plan, family coverage.	\$3,750 maximum deductible	\$5,250 maximum deductible	\$6,000 Maximum deductible
Option 3	Monetary Equivalent 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. <i>Premium costs that vary by employee cannot qualify under Option 3.</i>			

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.

1. How many full-time, permanent employees does your company currently employ within the U.S.?
2. What is the total annual premium cost for a standard medical plan for single employee coverage?
 - a. What percentage of this cost is paid by the business?
 - b. What is the deductible associated with this plan?
3. What is the total annual premium cost for a standard medical plan for family coverage?
 - a. What percentage of this cost is paid by the business?
 - b. 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 yes, please explain:
If so, whom?

Is the business actively considering locations outside of Iowa? Yes No If yes, please explain: