



**Project Intake Form  
(Version 2.0)**

Intake Date:    /    /

PROJECT: COMPANY INFORMATION							
Parent Company Name and other Subsidiaries				Organization Legal Name/DBA			
Street Address						Suite	
City				State		ZIP	
Company Contact Name			Title			Phone Number	(   )    -
Cluster				NAICS Code			
Company Description Summary							

PROJECT INFORMATION							
Project Description							
Project Site Address (if known)							
Ohio County				Ohio Jurisdiction			
Jobs Current			Jobs at Risk			Jobs Created	
Competing States/Communities							
Total Payroll*	\$	Jobs Retained Total Payroll*		\$	Jobs Created Total Payroll*		\$
Building Costs	\$	Land Costs	\$	M&E Costs	\$	Total Fixed Asset Investment	\$
IT Cost	\$	Training Cost	\$	Working Capital Cost	\$	Total Investment	\$

OTHER PROJECT INFORMATION							
Project Type			Project Start Date	/ /		Project Decision Date	/ /
Total Sales	\$			Ohio Sales	\$		
CAT**			Sales & Use Tax			SPT***	
Project Drivers							
Project Needs							
Local Funding Support							

\* Average Base Salary excluding Benefits, Bonuses, etc.

\*\*CAT = Commercial Activities Tax

\*\*\* SPT = State Payroll Withholding Tax (previous 12 months at project site)