



Project OPEN INTAKE INTERVIEW

1. Contact Information

A. Company Name: _____

Legal name if different than above: _____

Headquarters location: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Website: _____ E-Mail _____

B. Highest Ranking Official (Owner or Principal with primary decision-making authority.)

First Name, Middle Initial, Last Name: _____

Title: _____

Phone: _____

Email: _____

C. Additional Contact Person (optional)

(We may contact you about your application and to notify you of selection into the program. If your company is selected, we will send you information to prepare for the technical assistance process or other activities.)

First Name, Middle Initial, Last Name: _____

Title: _____

Phone: _____

Email: _____

2. About Your Company

A. Describe in a sentence or two what your company does — please use non-technical language.

B. What year was your company founded?

C. When did your company establish its principal place of business in Saline County?

D. Which of the following best describes your company's primary business?

E. What is your company's Data Universal Numbering System (DUNS) number? Leave blank if you do not have a DUNS number.

F. Legal form - Mark only one type:

- Proprietorship
- Partnership
- Limited Liability Partnership
- C Corporation
- S Corporation
- Professional Corporation
- Professional Limited Liability Corporation
- Franchise
- Other _____

G. Is your company privately owned and operated? Yes____ No____

H. Is your company 51% or more owned by one of the following: (Check all that apply - optional information used to evaluate the effectiveness of outreach to various demographic groups)

- Disabled Person
- Female
- Minority (optional: please indicate your race or ethnicity:_____)
- Veteran

I. Is 51% or more of your company owned by another company? Yes _____ No _____

J. Number of company locations: In Kansas: _____ Out of Kansas: _____

K. Percentage of physical assets: In Kansas: _____ Out of Kansas: _____

3. People Resources

A. W-2 Employees. Enter the number of employees for which a Form W-2 is issued (e.g., whom you hire/fire directly and for whom you pay benefits or payroll taxes). Important: to be eligible for state assistance (training) the full-time equivalent amount must be at least 5 but not more than 100 employees in 2016.

	2011	2012	2013	2014	2015	2016 (Projected)	2017 (Projected)
Full-Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part-Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Where are your W-2 workers located? *(Please enter as percentages.)*

	2015 Actual	2015 Projected	2016 Projected	2017 Projected
In state:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Out of state:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

B. Explain increases or decreases in people resources (e.g., increase due to merger/acquisition; loss of contract resulted in employee furloughs; new product required hiring of additional workers)

4. Financial Information

A. Enter your company's total annual gross revenue, including sales receipts or working capital from investors or grants.

1. Do not include loan amounts.
2. Use exact amounts if available.
3. Enter amounts as numerals, with or without commas.

2011: \$

2012: \$

2013: \$

2014: \$

2015: \$ (Year-end estimate)

2016: \$ (Projected)

2017: \$ (Projected)

B. Explain increases or decreases in revenue (e.g., increase due to merger/acquisition; cost of raw materials increased drastically, reducing your margins; new product offerings late last year boosted earnings considerably).

C. Percentage of revenue:

In state: %

Out of state: %

International: %

5. Business Issues

A. Please identify 1 to 3 key issues you think will be important to discuss with the economic assistance team - list by priority.

- *Business Issue #1:*
- *Business Issue #2:*
- *Business Issue #3:*

6. Participation Agreement

I have reviewed the application, and to the best of my knowledge, the information provided in this application is true and no significant information has been omitted. I acknowledge I am over 21 years of age and am authorized to act on behalf of the company.

I understand that the information in this application will remain confidential, except for private review by the Project OPEN intake staff. I acknowledge that the associate organizations may assist in the interview process to determine the company's eligibility for the program.

This application is to be initialed by the company's highest ranking official:

Name: _____

Title: _____

Company Name:

Date: _____ Time: _____

By signing below, you indicate that you have read the "Participation Agreement," agree to the terms as stated, and acknowledge that you are electronically signing this application form.

Signature: _____

Date: _____