

PRIME COMPANY BACKGROUND FORM

Information is confidential

6.12.08

Parent Company Information (if applicable)		
Parent Name		
Address		City/State/ZIP
Country		Parent Region
Phone () -	Fax () -	E-mail
CEO Name	Title	Web Site
Parent Notes		

Parent Company Contacts			
Contact # 1 Type <input type="checkbox"/> Parent Company Primary <input type="checkbox"/> Parent Company Secondary			Title
Name	Middle	Last	E-mail
Phone () -	Extension	Cell Phone () -	Fax () -
Parent Contact Notes			
Contact # 2 Type <input type="checkbox"/> Parent Company Primary <input type="checkbox"/> Parent Company Secondary			Title
Name	Middle	Last	E-mail
Phone () -	Extension	Fax () -	
Parent Contact Notes			

Company Information					
Person Filling Out This Form		Date Form Filled Out			
Company Name			Previous Company Name (if applicable)		
Address			Phone () -		
City/State/ZIP			Fax () -		
Web Site			E-mail		
Utility Provider 1:			Utility Provider 2 (if appropriate):		
County	Region (user defined)	SCode (Defined by Master License Holder)	Visit Priority High Medium Low	Next Visit Date	Member/Investor <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Notes					

Company Contact(s)			
Contact # 1			
Contact Type (Circle one) Company Primary Executive Company Secondary Executive Company Middle Manager			Title
Name	Middle	Last	E-mail
Phone () -	Extension	Cell Phone () -	Fax () -
Visit Date	Letter Date	Referred by	Next Contact Date
Company Contact Notes			

Contact # 2			
Contact Type (Circle one) Company Primary Executive Company Secondary Executive Company Middle Manager			Title
Name	Middle	Last	E-mail
Phone () -	Extension	Cell Phone () -	Fax () -
Visit Date	Letter Date	Referred by	Next Contact Date
Company Contact Notes			

History			
Affiliation to parent company	<input type="checkbox"/> Subsidiary	<input type="checkbox"/> Division	<input type="checkbox"/> Branch
Years in Business	Year Company Established in Community	Beginning of Fiscal Year (Month)	

Type of Facility (Please check all that apply)					
<input type="checkbox"/> Headquarters	<input type="checkbox"/> Division	<input type="checkbox"/> Office operation	<input type="checkbox"/> Branch plant	<input type="checkbox"/> Distribution/Warehouse	<input type="checkbox"/> Manufacturing

Type of Ownership (Please check one)			
<input type="checkbox"/> Public	<input type="checkbox"/> Employee-owned	<input type="checkbox"/> Private	<input type="checkbox"/> Family
<input type="checkbox"/> Not-for-Profit	<input type="checkbox"/> State government	<input type="checkbox"/> Federal government	<input type="checkbox"/> Foreign Owned

Products/Services				
Primary Products/Services				
If known, please list your NAICS (NAICS = North American Industry Classification System Code)				
1)	2)	3)	4)	5)

Business Sector (Please check one)			
<input type="checkbox"/> Advanced Manufacturing	<input type="checkbox"/> Consumer Goods Producer	<input type="checkbox"/> Energy & Energy Utilities	<input type="checkbox"/> Industrial Goods
<input type="checkbox"/> Aeronautics and Defense	<input type="checkbox"/> Consumer Services	<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Retail Related Operations
<input type="checkbox"/> Agriculture, Forestry, Minerals	<input type="checkbox"/> Convention/tourism	<input type="checkbox"/> Government	<input type="checkbox"/> Technology/Information
<input type="checkbox"/> Building & Construction	<input type="checkbox"/> Diversified	<input type="checkbox"/> Health care & Pharmaceuticals	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Communications	<input type="checkbox"/> Durable goods producer	<input type="checkbox"/> High-end Business Services	<input type="checkbox"/> Transportation
Business Sector Notes			

Local Employment																											
<table border="1"> <thead> <tr> <th>Type</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Full-time</td> <td>_____</td> </tr> <tr> <td>Part-time</td> <td>_____</td> </tr> <tr> <td>Leased</td> <td>_____</td> </tr> <tr> <td>Total Employees</td> <td>_____ (mm/yy)</td> </tr> </tbody> </table>		Type	Number	Full-time	_____	Part-time	_____	Leased	_____	Total Employees	_____ (mm/yy)	<table border="1"> <thead> <tr> <th>Function</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Management</td> <td>_____</td> </tr> <tr> <td>Technical</td> <td>_____</td> </tr> <tr> <td>Sales/Marketing</td> <td>_____</td> </tr> <tr> <td>Clerical</td> <td>_____</td> </tr> <tr> <td>Production</td> <td>_____</td> </tr> <tr> <td>Total Employees</td> <td>_____</td> </tr> </tbody> </table>		Function	Number	Management	_____	Technical	_____	Sales/Marketing	_____	Clerical	_____	Production	_____	Total Employees	_____
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Total Employees	_____																										
Number of jobs added or lost (-) in past 3 years	Number of shifts per day	Number of days per week	Peak Season (circle all that apply) J F M A M J J A S O N D																								
Total Gross Annual Payroll																											
\$																											
<i>Employment Notes</i>																											

Union Representation	
Is there union representation at your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Name of Primary Union	Contract expiration date (mm/yy)
2 nd Union (if applicable)	2 nd Contract expiration date (mm/yy)
3 rd Union (if applicable)	3 rd Contract expiration date (mm/yy)
Percentage of Workforce Represented _____%	
Union Activity (please check all that apply)	
<input type="checkbox"/> Positive working relationship	<input type="checkbox"/> Organization activities
<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Arbitration
	<input type="checkbox"/> Certification
	<input type="checkbox"/> Decertification
<i>Union Notes</i>	

Facility		
Acreage	Building Size (square feet)	Number of Buildings
Average Age of Building(s) (check one) <input type="checkbox"/> Under 10 years <input type="checkbox"/> 11–25 years <input type="checkbox"/> Over 25 years		
Average Condition of Building(s) (check one) <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Space added or deleted (-) in last 3 years (square feet)		
Past expansion date (mm/yy)	Size and purpose of expansion	
Past expansion date (mm/yy)	Size and purpose of expansion	
Past expansion date (mm/yy)	Size and purpose of expansion	
Is there room for additional expansion at this location: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the facility owned or leased? <input type="checkbox"/> Owned <input type="checkbox"/> Leased		If leased, lease expiration date
Name, location, phone number of property owner		
<i>Facility Notes</i>		

Other Facilities	
Are there other company-owned facilities in the region? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type? (Please check all that apply) <input type="checkbox"/> Headquarters <input type="checkbox"/> Division <input type="checkbox"/> Office operation <input type="checkbox"/> Branch plant <input type="checkbox"/> Distribution/Warehouse <input type="checkbox"/> Manufacturing	
Where are they located?	
Are there other company facilities that make the same or similar products? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where are they located?	
<i>Other Facility Notes</i>	