

Project Intake Form

Please send the completed form to:

Heather Malone, Vice President

Heather@LongviewUSA.com

roject Name:	

Company Name:	
Point of Contact:	Email/Phone:
Project Name:	
Industry Type:	Industry Code (SIC/NAICS):
PROJECT OVERVIEW:	
TROJECT OVERVIEW.	
Project Timeline –	
Location Decision:	_
Construction:	_
Operational:	<u> </u>
Capital Investment –	
Land:	
Building/Improvements:	
Equipment:	
Equipment:	_

Project Name: _____

SITE CRITERIA Building size: _____ Acres: Ceiling height: _____ Parking spaces: _____ Crane(s): _____ Own/Lease: _____ **UTILITY REQUIREMENTS** Electricity: Natural Gas: _____ Telecomm/Internet: ______ **ACCESS TO TRANSPORTATION** Highway/Interstate Proximity: Railroad Proximity: _____ Airport Proximity: _____ Port Proximity: (Inland or Deepwater)

Project Name: _____

WORKFORCE	
Jobs Created:	Average Wage:
Ed/Training/Certs Needed:	
PROJECT FINANCING	
Is the project fully funded? _	If no, explain:
MISCELLANEOUS	
Please provide any additiona	al information relevant to the project site location

Project Name: ____