



CAPITALIZE ALBANY
CORPORATION

Project Questionnaire Form

General Information

Company/Project Name:	Contact Person:
Business Address:	Project Location:
Phone Number:	Fax Number:
Email Address:	
What will this assistance be used for? (Check all that apply)	
<input type="checkbox"/> Business Enterprise <input type="checkbox"/> New Construction <input type="checkbox"/> Commercial Rehab <input type="checkbox"/> Residential Rehab <input type="checkbox"/> Mixed-use	
<input type="checkbox"/> Property Acquisition <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other (explain)	
Do you have a primary bank yet?	If so, which bank(s) are you using?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a contractor?	

Ownership Breakdown (Please attach additional sheets if necessary)

Name:		Name:	
Title:		Title:	
Ownership:	%	Ownership:	%
Years With Company:		Years With Company:	

Real Estate Information

Facility Size (total square feet):	Site Size (Acreage/Square Feet):		
Location:			
Lease:	Own:		
Yes	No	Yes	No
If lease, name of landlord:		If own, current leases w/ tenants (please name)?	



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Project Questionnaire Form cont'd

Breakdown of Project Cost

Land/Building Purchase	\$	%	of project
Renovations	\$	%	of project
Machinery/Equipment	\$	%	of project
Working Capital	\$	%	of project
FFE	\$	%	of project
Soft Costs	\$	%	of project
Other Costs (please identify)	\$	%	of project
Total Estimated Project Cost	\$	%	of project

Proposed Financing Sources

Bank (please identify)	\$	%	of project
*Capitalize Albany Corporation Requested Assistance	\$	%	of project
Grants (please identify)	\$	%	of project
Historic Tax Credits	\$	%	of project
Equity	\$	%	of project
Other Sources (please identify)	\$	%	of project
Total	\$	%	of project

*Please note requested assistance only refers to needed assistance and does not guarantee that project will be eligible for any assistance. If project is eligible for any assistance, further application will be required.

Project Timeline

Sample timeline	Insert project specific information:
Acquisition of building:	
Acquire financing:	
Project construction:	
Project completion	
Date received final CO	



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Project Questionnaire Form cont'd

Is the applicant prepared to provide the following information?

* Projected financial statements: <ul style="list-style-type: none">• One year for existing businesses• Three years for new businesses	Yes	No
* Current personal financial statement(s) for all principals with 10% or more ownership	Yes	No
* Documented need for financing	Yes	No
* Written business plan (If yes, please provide a copy)	Yes	No
* Available collateral (If yes, please provide description)	Yes	No

Additional Project Information

Provide a description of the proposed project. Please identify as much information about what the proposed project is and the desired results (i.e. Purchase and renovate 45,000 square foot building located in downtown Albany and to convert it to mixed use, including 20 new apartments and two new storefronts, or a business purchases a 12,000 square foot building to convert it in to a commercial space and offices).

Please return this form to:
Capitalize Albany Corporation
21 Lodge Street, Albany, NY 12207
Phone: (518) 434-2532 Fax: (518) 434-9846