

JOB CREATION AND RETENTION PROGRAM

Preliminary Assessment Questionnaire

Completion of this form will enable Empire State Development Corporation and New York City Economic Development Corporation to make an assessment of the likelihood that your company will be eligible for consideration of JCRP assistance for your project. As a discretionary grant program, eligibility does not guarantee an offer of assistance.

Date:

Company Name:

Industry:

U.S. & Global Headquarter Address(es):

Contact Name:

Contact Telephone Number:

Contact E-mail Address:

1. Please describe the business functions at the Company's New York City location(s).

2. Current Employment at all New York City Locations

Address	No. of Full-time Employees

3. Projected Total New York City Employment in Four Years:

4. Please indicate whether the Company has or is currently negotiating an office lease in Lower Manhattan (if yes, please indicate the actual or projected lease expiration dates).

Please e-mail this form to JCRP@esd.ny.gov or fax it to 212.803.3131.