

ELIGIBLE BUSINESS DETERMINATION FORM

SECTION I: BUSINESS INFORMATION

1. NAME:		2. CONTACT NAME:	
3. ADDRESS:			
4. CITY:		5. STATE:	6. ZIP:
7. PHONE NUMBER:	8. EMAIL ADDRESS:		
9. FEIN:	10. REVENUE ID:	11. NAICS CODE:	
12. DESCRIPTION OF BUSINESS (I.E. HOW DOES THE BUSINESS EARN REVENUE?)			
13. HAS THE BUSINESS RECENTLY BEEN ACQUIRED? IF YES, PROVIDE DATE OF ACQUISITION. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. IS THE BUSINESS CURRENTLY UNDERGOING ACQUISITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		13. OWNERSHIP STRUCTURE / ORGANIZATIONAL CHART (PROVIDE AS AN ATTACHMENT)	

SECTION II: EMPLOYMENT & INCOME

1. TOTAL NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES EMPLOYED BY THE BUSINESS: 1A. IN TOTAL (IN-STATE AND OUT OF STATE LOCATIONS) 1B. WITHIN FLORIDA 1C. AT LOCATION RECEIVING AN ELIGIBLE INVESTMENT.....	2. TOTAL PAYROLL PAID BY THE BUSINESS: 2A. IN TOTAL (IN-STATE AND OUT OF STATE LOCATIONS) 2B. WITHIN FLORIDA 2C. AT LOCATION RECEIVING AN ELIGIBLE INVESTMENT.....
3. WHAT IS THE BUSINESS'S TOTAL NET INCOME FOR THE TAXABLE YEAR PRECEDING THIS RURAL BUSINESS DETERMINATION FORM?	
4. PLEASE ATTACH THE FOLLOWING FORMS/DOCUMENTS TO THIS SUBMISSION: 4A. List of employees broken down company location. Please include the wages paid to each employee. 4B. Federal corporate tax return for the taxable year preceding this Eligible Business Determination form AND/OR audited financial statements for the taxable year preceding this Eligible Business Determination form.	

SECTION III: PRINCIPAL BUSINESS OPERATIONS

1. HOW MANY BUSINESS LOCATIONS DOES THE BUSINESS HAVE? PLEASE INCLUDE LOCATIONS BOTH INSIDE AND OUTSIDE OF FLORIDA.
2. ATTACH A LIST OF ALL ADDRESSES FOR THE LOCATIONS NOTED ABOVE IN SECTION III, 1.

3. IS THE BUSINESS'S PRINCIPAL BUSINESS OPERATIONS, AS DEFINED IN SECTION 288.062(2)(I), F.S., LOCATED WITHIN A RURAL COMMUNITY, AS DEFINED IN SECTION 288.062(2)(J), F.S., OF FLORIDA? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. IF NOT, AS A RESULT OF THE ELIGIBLE INVESTMENT, WILL THE BUSINESS RELOCATE EMPLOYEES TO ESTABLISH PRINCIPAL BUSINESS OPERATIONS IN A RURAL COMMUNITY OF FLORIDA? <input type="checkbox"/> YES <input type="checkbox"/> NO 4A. IF SO, HOW MANY FULL-TIME EQUIVALENT EMPLOYEES WILL BE RELOCATING OR HIRED IN A RURAL COMMUNITY OF FLORIDA?
5. IF RELOCATING TO A RURAL COMMUNITY OF FLORIDA PLEASE ATTACH A LIST OF THE NEW EMPLOYEES TO BE HIRED AND THEIR CORRESPONDING WAGES. IF RELOCATING EMPLOYEES, PLEASE LIST THEIR NAMES, CURRENT PLACE OF EMPLOYMENT, AND WAGES TO BE PAID IN FLORIDA.

SECTION IV: INVESTMENT INFORMATION
1. HOW MUCH IS THE RURAL FUND CONSIDERING INVESTING IN THE BUSINESS?
2. IDENTIFY WHETHER THE ELIGIBLE INVESTMENT WILL BE A CAPITAL OR EQUITY INVESTMENT.

SECTION V: BUSINESS AFFILIATES
1. LIST THE AFFILIATES, AS THAT TERM IS DEFINED IN SECTION 288.062(2)(A), F.S., OF THE BUSINESS.
2. ARE ANY OF THE AFFILIATES OF THE BUSINESS A FOREIGN ENTITY AS DEFINED IN SECTION 288.0071, F.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO