City of Oroville Site Selection Inquiry Form

Company Name: _____

Address: _____

Phone/Fax: _____

Principal Contact Phone/Fax: _____

Consultant Phone/Fax: _____

Broker Phone/Fax: _____

Relocating From: _____

Expansion of Existing Facility: _____

Additional Facility: _____

Type of Operation	Estimated Investment			
	Heavy	Light		
☐ Manufacturing/Assembly	☐	☐	Land	$_____
☐ Warehouse/Distribution	☐	☐	Building	$_____
☐ Office/R & D	☐	☐	Equipment	$_____
			Total:	$_____
☐ Other (Please Describe)	☐	☐		

_____

_____

Site Selection Factors

Please rate from 1-5 (with 5 being the most important) the following factors that would be important to your company in making a decision to locate or expand operations in El Dorado County.

	(Not Very Important) 1	2	3	(Very Important) 4	5
Labor Cost and Availability	☐	☐	☐	☐	☐
Proximity to Engineering Talent	☐	☐	☐	☐	☐
Land and Building Cost	☐	☐	☐	☐	☐
Housing Cost	☐	☐	☐	☐	☐
Proximity to International Airport	☐	☐	☐	☐	☐
Proximity to Port	☐	☐	☐	☐	☐
Incentive Programs	☐	☐	☐	☐	☐
Pro-Business Community	☐	☐	☐	☐	☐
Utility Cost (gas & electric)	☐	☐	☐	☐	☐
Water Availability and Cost	☐	☐	☐	☐	☐
Waste Water Capacity and Cost	☐	☐	☐	☐	☐
Transportation Access	☐	☐	☐	☐	☐
Proximity to Universities	☐	☐	☐	☐	☐
Proximity to Customers	☐	☐	☐	☐	☐
Proximity to Suppliers	☐	☐	☐	☐	☐
Visibility	☐	☐	☐	☐	☐
Other_____	☐	☐	☐	☐	☐

Site Requirements

Company Desires To: Land and Building Requirements:
(Check all that may apply)

☐ Purchase ☐ Acres Required: _____

☐ Lease ☐ Acres Required: _____

☐ Unimproved Land ☐ Building Size: _____ Sq. Ft.

☐ Fully Improved Land ☐ Maximum Land Price: $_____ Per Acre

☐ Existing Free-Standing Building ☐ Maximum Lease Rate: $_____ Sq. Ft./Mo.

☐ Existing Multi-Tenant Building ☐ Maximum Purchase Price $_____ Per Sq. Ft.

☐ Build-To-Suit

Image _____

Construction Type _____

Sq. Ft. Office _____

Yard Area _____

Parking Stalls _____

Doors _____

Clear Height _____

Bay Spacing _____

Floor Drains _____

Floor Loading _____

Lighting _____

Refrigeration _____

Sprinklers _____

Ventilation _____

Number of Docks _____

Number of Grades _____

Estimated Facility Schedule:

Do you presently own ☐ or lease ☐ existing facilities?

If this is relocation, when does your lease expire on your current facility?
Month ____ Day ____ Year _____

When would you like to begin construction?
Month ____ Day ____ Year _____

Transportation Requirements:

Truck — Acceptable Distance to Interstate/Major Highway _____ Miles

Air — Type: ☐ Commercial Private ☐ Cargo

Acceptable Distance to Airport Miles_____

Rail — On Site: ☐ Yes ☐ No

Preferred Carrier: _____

Ship — Acceptable Distance to Deep water Port Miles: _____

Traffic Volume — Number of Trucks In/Out Per Day _____

Number of Employees _____

Number of Shifts In/Out Per Day _____

Utility Requirements:

Electric Demand: _____ Kilowatts

Electric Usage: _____ Kilowatts Per Month

Gas 1,000 Cu. Ft./Hour _____ Therms/Month: _____ (1 Therm=100Cu. Ft.)

Desired Service Voltage: Volts:_____ Amps:_____ Phases:_____

Annual Operation Hours: _____

(Please attach copies of gas & electric bills from similar facilities, if available, for a rate comparison.)

Is interruptible service acceptable? ☐ Yes ☐ No

Are you interested in "off peak" rates? ☐ Yes ☐ No

Water	Waste Water	Solid Waste
_____Gallons per day	_____Gallons per day (Treated)	_____Tons Per Day
	_____Gallons per day (Untreated)	

Identifiable Toxics:_____

Projected Recyclable Solid Waste:_____
Hours of Operation / Time of Day:_____
Can you operate "off peak" hours? ☐ Yes ☐ No

Type of Fire Protection:_____

Air Quality
Emission Type:

_____ _____Pounds per
_____ _____Pounds per
_____ _____Pounds per

Employment Information:

Indicate anticipated number of employees required for each category below.

	Initial	Build	Out New	Relocation
Management	_____	_____	_____	_____
Professional	_____	_____	_____	_____
Skilled	_____	_____	_____	_____
Semi-Skilled	_____	_____	_____	_____
Clerical	_____	_____	_____	_____
Unskilled	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

Describe Positions, Training Requirements, etc. (if possible) (Attach another page if neccassary)

_____

_____

What is your hiring time line?_____

What training assistance would you be interested in? _____

Inventory Annual Sales

$_____ Dollar Amount of Inventory (Annual)
$_____ Annual Sales (Gross Receipts) Mfg.
$_____ Cost of Raw Materials (Annual) Mfg.
$_____ Value of Product (Annual)

Description of "Value Added" Process: _____

Financing:

Are you in need of Financing Assistance?	☐Yes	☐No
Revolving Loan Fund	☐Yes	☐No
Small Business Administration	☐Yes	☐No
Industrial Development Bonds	☐Yes	☐No
Private Assistance	☐Yes	☐No
Public Assistance	☐Yes	☐No

Value of Project to be financed $_____

Value of Land to be financed $_____

Value of Equipment to be financed $_____

Amount of Loan sought $_____

Competition From Other Communities: ☐Yes ☐No

What other communities are being considered for your company's facility expansion?

SEND COMPLETED FORM TO:

Sam Driggers: Economic Development Manager

1735 Montgomery Street, Oroville, CA 95965-4820

Tel: (530) 538-2422 Fax: (530) 538-2426 driggersse@cityoforoville.org