

In accordance with 10 MRSA Section 979, the Finance Authority of Maine is required to collect the following information from all applicants with more than ten (10) employees and to provide it to the Maine Department of Labor and the Maine Department of Health and Human Services.

BUSINESS/BORROWER NAME

Business/Borrower Name

Name of company representative who should be contacted to follow up on employment & training issues.

| | | | |
|-----------------|------------|----------------|--------|
| Contact Person | | Title | |
| Mailing Address | | City/State/Zip | County |
| Phone Number | Fax Number | Email Address | |

Employment Information

| Annual Salary | Number of Jobs Created in Next 12 Months | Number of Jobs Retained | % Health Care Insurance Premium (if any) Paid by Company |
|---------------------|--|-------------------------|--|
| < \$24,772 | | | % |
| \$24,772 – \$49,544 | | | % |
| > \$49,544 | | | % |

Identify the percentage of current employees in the various job categories listed.

| Office | Sales | Technical | Professional | Managerial | Production |
|--------|-------|-----------|--------------|------------|------------|
| % | % | % | % | % | % |

Number of new full-time/part-time positions created as a result of FAME's assistance.

| 1st Year | 2nd Year | 3rd Year | Total |
|------------|------------|------------|------------|
| Full Time: | Full Time: | Full Time: | Full Time: |
| Part Time: | Part Time: | Part Time: | Part Time: |

List titles and brief job descriptions for all new positions:

Business/Borrower Name

Training Information

In what ways could a training program assist your company?

What training will your company provide?

How would wage assistance be helpful in training new employees?

What is your projected hiring schedule?

SIGNATURE and CERTIFICATION

I certify that I am authorized to submit this form and to the best of knowledge and belief, all information is true, complete and accurate.

Printed Name: _____ Title: _____

Signature: _____ Date: _____