

Cape Collaborates Small Business Program

Minimum Criteria Questionnaire

1) First and Last Name *

2) Phone Number *

3) Email *

4) Business Name, if applicable

5) Is the business a for-profit, privately held business? *

☐ Yes

☐ No

6) Is the business located in, expanding within, starting up in, or relocating to the City of Cape Coral? *

☐ Yes

☐ No

7) Does the business employ fewer than 10 full-time employees? *

☐ Yes

☐ No

8) Does the business generate average annual gross revenues of \$1 million or less per year? *

☐ Yes

☐ No

☐ New business / Not applicable

9) Does your business fall within one of the industries listed below?

☐ Life sciences, healthcare, biotechnology, pharmaceuticals, or medical devices

☐ Information technology, telecommunications, communications, or cybersecurity

☐ Financial or professional services, including banking, insurance, securities, investments, corporate/regional headquarters, engineering, legal, accounting, or consulting

☐ Light industry or manufacturing

☐ Logistics or distribution

☐ Business is primarily retail, a gas station, car wash, or storage facility

10) Does the proposed project include a capital investment exceeding \$25,000 for eligible construction, renovation, tenant improvements, site development, permitting, impact fees, utility connections, floodproofing, fire walls, fire suppression, or other City-approved capital improvements? *

☐ Yes

☐ No

☐ Unsure

Estimated total project investment: \$ _____