

Project Initiation Form

Appointment Information

Company:		Date:	
Met With:		Title:	

Commercial Property Benefit (Collect Depreciation Schedule if Avail)

Purchase Price:		Notes:
Date of Purchase:		
Type of Facility:		
Optional Information		
Major Renovation Cost:	(Must send depreciation schedule)	
Blue Prints Avail?:		
Acreage:		
Previous 1031?:		

Manufacturing Payroll Credit (Estimates Acceptable)

Annual Gross Revenue:		Type of Manufacturing:
Annual Payroll:		
Number of Employees:		
Corporation Type:		

Energy Savings / Tax Credits (collect 1 year utility bills)

Type of Facility:		Notes:
Square Footage:		
Annual Energy Expense:		
Recent/Upcoming Renovations:		

Real & Personal Property Tax: (Collect and Upload Tax Bill)

Total Annual Property Tax:		Notes:
Tax Bill Collected?		
Number of Locations:		

Workers Compensation Review (Additional Docs may be needed)

Annual Policy Premium:		Notes:
Current Provider:		
Number of Employees:		

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Waste Recovery

Waste Exp Per Year:		<u>Notes:</u>
Waste Exp. Last 3 mo.:		
Collected Waste Bills:		
Multiple Buildings:		

Total Insurance Review Must be \$200K or more in annual Property & Casualty Premiums

Total Annual Premium:	<u>Notes:</u>
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Next Steps: (Fill out Completely)

<input type="checkbox"/> Gather Information	PIF:	Information Above
<input type="checkbox"/> Find out Who <i>Who should we be working with on this project. It's best if we can have the CPA on the CCP</i>	Name/Title:	
	Phone:	
	Email:	
	CPA Name:	
	CPA Phone:	
<input type="checkbox"/> Set the Appt <i>Advisor go onsite, Project Manager via CCP</i>	CPA Email:	
	Date/Time:	
	Time Zone:	
<input type="checkbox"/> Send in the CAR	This Form:	Submit in CRM

Notes: _____

I understand that I will relinquish a percentage of the fees for Sales Assistance. Any service that the PIF information was not gathered on we will attempt to collect, and will be compensated the "PIF Portion" of our Closing Assistance Fees. Services will be provided in accordance with the Service Engagement signed by Blue Coast Financial. Although I am engaging GMG officially for this client by filling out this form I also agree that the same terms will apply for ANY clients GMG provides assistance for.

Advisor Information:

Date: _____

Signed: _____

Name: Robert J. Rawls Advisor # 813

Contact Number: Tel: (850) 479-6256 Fax: (850) 807-7280

Email Address: rrawls@bcfgservices.com