Rock Island Business Assistance Intake

Your name	
Address:	
_	Email:
9.3	
	Tell us about your Business
iness Name:	
ation/potential lo	cation:
cribe your busine	ss (retail, bar/restaurant, manufacturing, etc.):
ual revenue (proi	ected): # of employees:
cription of projec	WELCOMF TO
	ACK ICI ARITUTI
line of projected	budget:
at funding source	s do you already have identified (including the amounts)?:
at is needed for a	ssistance/resources?
acted timeline for	r project?
etteu timenne 10	

Electronically

Stacey McIntosh Program Director- DARI smcintosh@rockislandforward.com 563.321.7550 In-Person

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