



Monday, June 30, 2025

Initial / Status Report

Note: Reports must be submitted by the EDO. Please use this report for projects with funding agreements dated 2025 and later.

Which report are you submitting?

EDO Submitter's Name

Name of EDO

Project Name

Project # - (list the project number located on the front of the funding agreement to ensure it is assigned to the correct project).

Type of Company

EDO Submitter's Phone Number

EDO Submitter's Email

EDO Submitter's Title

Is the person submitting the form the same as the authorized contact?

EDO Authorized Contact

EDO Authorized Contact's Phone Number

EDO Authorized Contact's Email

EDO Authorized Contact's Title

If needed: you can download a blank Innovative Company **Initial** Report Template Tracker [here](#).

If needed: you can download a blank Innovative Company **Status** Report Template Tracker [here](#).

If needed: you can download a blank Technology Company **Initial** Report Template Tracker [here](#).

If needed: you can download a blank Technology Company **Status** Report Template Tracker [here](#).

Upload: The COMPLETED Report Here

Success Stories:

We would love for your organization to share any success stories that have emerged from your program. If you have an organization you'd like to highlight, please submit your stories [here](#).



Sunday, June 1, 2025

Program Impact, Recruitment, and Expenditures Report

Project # (located on the front of the funding agreement to ensure it is assigned to the correct project).

Which report are you submitting?

Name of EDO

Address of EDO

Submitter's Name

Submitter's Title

Submitter's Email

Submitter's Phone Number

Is there person submitting the form the same as the authorized contact?

EDO Authorized Contact's Title

EDO Authorized Contact

Authorized Contact's Email

Authorized Contact's Phone

Provide a short description of the program

Section I: The actual economic impact from the Program

- (a) Total number, and job descriptions, of program staff (EDO employed).
- (b) Total number, and job descriptions, of program staff who were Alabama residents at the time they were hired by the EDO or the Program Provider.
- (c) Total number and payroll, exclusive of benefits, or full-time and part time employees existing before entry into the Program.
- (d) Total number and payroll exclusive of benefits of Program Positions.
- (e) Total number of Companies locating permanent operations in Alabama at the project's commencement.

- (f) Total number of companies that had permanent operations in Alabama at the project's commencement.
- (g) Total number of estimated indirect jobs created by the Program.
- (h) Total follow-on investment recruited for the Program to support Companies entering the Program.
- (i) Overall statewide economic impact of the Program. I would like to:
- (j) Type or upload overall statewide economic impact of the Program.

Section 2: Program Expenditures

Provide a breakdown of actual Program expenditures and an accounting of the disposition by the EDO of all certified contributions received from taxpayers to undertake the Program. The breakdown of actual Program expenditures shall conform to line items and detail provided in the budget submitted with the Application.

I would like to:

Type Program Expenditures

Upload Program Expenditures

Section 3: Program Recruitment Detail

- (a) Total number of applications received for the Program.
- (a) List the name(s) of the all applicants here.
- (b) Total number of companies invited to participate in the Program.
- (b) List the name(s) of the companies invited to participate here.
- (c) Total number of companies participating in the Program
- (c) List the name(s) of the company participating here.
- (d) Total number of companies graduating from the Program
- (d) List the name(s) of the companies graduating here.

Section 4: Additional Information

Upload additional files here

Type additional comments here

Note: Submit this report for projects associated with funding agreements submitted in 2023 or 2024.



Audited Financials

Project #

Audited Financials Year

Name of EDO

Address of EDO

EDO Contact Name

EDO Contact Title

EDO Contact Email

EDO Contact phone number

Upload your Audited Financials below:

Provide additional information here, if needed.