Economic Development Fund
Building Better Communities
General Obligation Bond Program

EDF General Project Overview

Project Title

Name of Business

Date Submitted

After review of this Project Overview the Office of Economic Development and International Trade may request additional information including a business plan containing a market assessment, financial proformas, and development site plans. The submission of this project overview does not guarantee funding.

Jack Osterholt, Director
Regulatory and Economic Resources Department
STEPHEN P. CLARK CENTER, 111 N.W. 1st STREET, 12th FLOOR MIAMI, FLORIDA 33128
Telephone (305) 375-2883 Fax (305) 679-7895
www.miamidade.gov
1. BUSINESS INFORMATION
A. Name of Business Unit: ____________________________________________________________

B. Mailing Address: __________________________________________________________________________________

Street Address

City State Zip Code

C. Primary Contact Person of Parent Company (if applicable):

___________________________________________________________________________________________

D. Title: ____________________________________________________________________________________________

Mailing Address: ____________________________________________________________________________________________

Street Address

City State Zip Code

Telephone: __________________________ Fax: __________________________

Email: __________________________ Website: __________________________

E. Federal Employer Identification Number: ______________________________________

F. Unemployment Compensation Number: ______________________________________

G. Florida Sales Tax Registration Number: ______________________________________

H. What is the business’s tax year? (ex: Jan 1 to Dec 31): __________________________

I. Is this business an active and duly registered for-profit Florida corporation?

Yes [ ] No [ ] If no, please explain: ________________________________________________

Indicate ownership status: (Note: Responding to this question is voluntary and not required.
The County does not use this information as a factor in determining the award of County funds or
communications.) Check all that apply.

Minority Owned Business [ ] Woman Owned Business [ ] Privately Owned Business [ ]
Publicly Owned Business [ ] None [ ]

Is this business an active and duly registered not-for-profit 501(C)(3) Florida
corporation?

Yes [ ] No [ ]

J. Will the business requesting grant funds own or lease the property where the project will
be located?

Own [ ] Lease [ ] (Note: Provide a copy of the deed showing ownership or a copy of the lease.)

K. If the business will own the property, is or will the property be encumbered by any
mortgage and if so provide the balance of the mortgage(s).

2. PROJECT OVERVIEW

A. Which of the following best describes this business?:

[ ] New business unit to Miami-Dade County creating jobs.

[ ] Existing Miami-Dade County business creating/expanding jobs in Miami-Dade.

(If an expansion, how many jobs are currently in the expanding business unit?) ____________

[ ] Developer building new construction for business _________ (name of the company) that will be creating _______ jobs.

1 Must be a separate business unit or reporting unit of a business unit that is or will be registered with the State of Florida for unemployment compensation purposes.
B. How many individuals are employed at all Florida locations? (FTE\(^2\))

____________________________

C. Are any jobs being transferred from other Florida locations?

Yes ☐ No ☐ If yes, how many jobs and from where? ___________________________

Why are these jobs being transferred? ____________________________________________

D. Project Location Information:

(i) What is the project’s proposed location address:

Street Address

City ____________________________ State ____________________________ Zip Code ____________________________

(ii) What is the project’s current location address (if different):

Street Address

City ____________________________ State ____________________________ Zip Code ____________________________

(iii) Is the project location within a current or proposed Brownfield site / area?

Yes ☐ No ☐ If yes, attach a copy of the official document designating the Brownfield area.

(iv) Is the project location in an Enterprise Zone, Empowerment Zone or a Targeted Urban Area as defined in Section 30A-129(2) of the Miami-Dade County, FL Code of Ordinances?

Yes ☐ No ☐ If yes, which zone? ____________________________________________________________________

E. Give a full description of this proposed project. (Not to exceed 500 words. Be specific.)

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

F. Explain how this proposed project will spur economic development, attract new businesses to Miami-Dade County and create jobs.

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

G. Provide a complete project line item budget, including estimated cost, sources and uses of funds, a detailed description of project elements, and the portion of the project proposing to utilize Economic Development Fund grants. (EDF grants can only be used for public infrastructure.)

H. What proportion of gross operating revenues from this project are anticipated to represent sales to customers located outside of Miami-Dade County? (If sales are not a reasonable measure, use another basis for measure and provide explanation below.)

___ % Explain, if necessary: __________________________________________

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\(^2\) An FTE or “full-time equivalent” job implies at least 35 hours of paid work per week per employment position.
3. JOB AND WAGE OVERVIEW

A. How many new FTE jobs are to be created as part of this project? What are the initial average wage and benefits?

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Avg Wage</th>
<th>Avg Benefits</th>
<th>Year 20___</th>
<th>Year 20___</th>
<th>Year 20___</th>
<th>Year 20___</th>
<th>Year 20___</th>
<th>Year 20___</th>
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<tbody>
<tr>
<td>Prof., Scientist</td>
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<td>Research Tech.</td>
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<td>Admin. Support</td>
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<tr>
<td>Production Wrkrs</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Jobs created, continued

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<thead>
<tr>
<th>Occupation</th>
<th>Year 20___</th>
<th>Year 20___</th>
<th>Year 20___</th>
<th>Year 20___</th>
<th>Year 20___</th>
<th>Year 20___</th>
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<td>Research Tech.</td>
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<td>Production Wrkrs</td>
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<td>Other</td>
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</tbody>
</table>

B. What employee benefits are included above? (e.g. health insurance, 401(k) contributions, vacation and sick leave, etc.)

C. If this is an existing business located in Miami-Dade, then how many jobs are expected to be retained as part of this project? (Jobs in jeopardy of leaving Miami-Dade should only be included here.) __________ (Note: EDF grants cannot be used solely for the purpose of retaining existing jobs.)

D. What is the business’ principal industry classification code? (Use North American Industry Classification System – NAICS): ________________________________________________________________

If more than one NAICS code applies, then provide a breakdown of the project’s primary business activities:

<table>
<thead>
<tr>
<th>Business Unit Activities</th>
<th>NAICS Code</th>
<th>% of Project Revenues (total = 100%)</th>
<th>Annualized Wages Total ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>$</td>
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<td></td>
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<td></td>
<td></td>
<td>%</td>
<td>$</td>
</tr>
</tbody>
</table>

4. CAPITAL INVESTMENT OVERVIEW

A. Describe the capital investment in real and personal property (Examples: construction of new facility; remodeling of facility; upgrading, replacing, or buying new equipment. Do not include the value of land purchased for construction of a new building but include architect, engineering and design costs).
B. List the anticipated amount (thousands of dollars) and type of major capital investment to be made by the applicant in connection with this project: (Attach separate schedule if investment will be made over more than five years)

<table>
<thead>
<tr>
<th></th>
<th>Year ____</th>
<th>Year ____</th>
<th>Year ____</th>
<th>Year ____</th>
<th>Year ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>New Construction (excl. public infrastructure)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Building Renovations</td>
<td>$</td>
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<td>$</td>
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<tr>
<td>Manufacturing Equipment</td>
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<tr>
<td>R &amp; D Equipment</td>
<td>$</td>
<td>$</td>
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<td>$</td>
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<tr>
<td>Other Equipment (computer equipment, office furniture, etc)</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<td>$</td>
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<tr>
<td><strong>Total Capital Investment</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
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</tr>
</tbody>
</table>

C. What is the estimated square footage of the new or expanded facility? ____________

D. What is the deadline to make the location decision (date)? ____________

E. What is the anticipated date that construction will begin? ____________

F. What is the anticipated construction completion date? ____________
   (If this project is being built in phases, then provide a commencement and completion date for each phase.)

G. What is the anticipated date that operations will commence? ____________

H. Submit documentation demonstrating financial capacity and financial commitments using other non-County sources to complete the project.

5. PUBLIC INFRASTRUCTURE NEEDS

A. Describe the type of public infrastructure investment needed.

B. What is the total anticipated cost of public infrastructure needed for this project? $__________

C. EDF grants will be disbursed only after the public infrastructure investments are complete and negotiated performance benchmarks are met. Describe the business's capacity to finance the public infrastructure costs.

6. ECONOMIC IMPACT AND CORPORATE RESPONSIBILITY

A. Provide a brief synopsis of any special economic impacts/benefits the project is expected to stimulate in the community, the County, and the rest of South Florida.

B. Will business operations being supported with an Economic Development Fund grant establish a plan for maximizing the employment of persons with family incomes less than 80% of the County's median household income, or persons living in Census Block Groups where 50% of residents live in households with income less than 80% of the median? If yes, explain how that plan will be developed and implemented.

C. Will the business operations be conducted in LEED certified (or equivalent energy efficiency rating system) buildings? If yes, at what level of certification

   Yes ☐    No ☐
D. List and explain any criminal or civil fines or penalties or ongoing investigations or debarments that have been performed/imposed upon the company, its executives, its principals or its affiliates and any bankruptcy proceedings (within the past 10 years) of the applicant or its parent company. Do not leave this question blank. If there are no issues to be identified, write “NONE.” Failure to disclose this information may result in this application being denied.

E. Is the company current with all its state, local and federal taxes? If no, please explain.

Yes ☐ No ☐

F. Provide any additional information you wish considered as part of this review of your request for incentives or items that may provide supplementary background information on your project or company.

7. SIGNATURES

Application Completed By:

____________________________________________________
Signature

____________________________________________________
Email Address

To the best of my knowledge, the information included in this application is accurate.

____________________________________________________
Signature (Authorized Company Officer) REQUIRED

____________________________________________________
Name

____________________________________________________
Title

____________________________________________________
Company

____________________________________________________
Address, if different than mailing address

____________________________________________________
Phone number

____________________________________________________
Fax Number

____________________________________________________
Email Address

____________________________________________________
Date

____________________________________________________
Name of contact person, if different than above

____________________________________________________
Phone Number

____________________________________________________
Address

____________________________________________________
Address

____________________________________________________
Date