

GENERAL PROJECT OVERVIEW

Osceola County Board of County Commissioners $\,\cdot\,$ 1 Courthouse Sq., Kissimmee, FL 34741 $\,\cdot\,$ (407) 742-4200 $\,\cdot\,$ <u>osceola.org</u>

Please PRINT or TYPE. **Fill out completely**. If the field does not apply, put N/A. If additional space is needed to answer any of the questions below, please answer in separate sheet.

Date												
Project Type	RECRUITMENT EXPANSION											
1. COMPANY INF	ORN	IATION										
Business Name												
DBA (Doing Business As)												
Legal Entity (Corporation, LLC, etc.)							For-pr	For-profit			Not-For-profit	
Industry						NAIC	S					
Business owner(s) (If multiple, list in separate sheet)						Ownership (%)						
Address						Federal Employer Identification Number						
Proposed Address of Project (if different from address above)												
Contact person	Phone Number											
Email Address												
Number of employees in the US						Number of employees outside the US						
2. PROJECT OVER	VIEV	V										
Provide a COMPLETE description of the Company and the proposed project. (Attach additional sheet if needed)												
In which of the following Targeted Industry(es) does the proposed project operate?	 Aviation / Aerospace / Defense Manufacturing Life Sciences / Biotechnology Information Technology / IoT Smart Sensors / Photonics Other: 											
When is the final location decision anticipated?			What is the anticipa project commencem date?		What is the anticipated to start operations?			date				
Is the company a Cor	porat	e Headquarters?	YES	NO	Is the co	ompa	any relo	ocating from	n outside of F	lorida	? YES	NO
3. JOB AND WAG	E OV	ERVIEW										
A. How many new Full-	Time l	Equivalent Jobs are projec	ted to be <u>created</u> as pa	rt of the P	Project?							
B. What is the projected annualized average wage (excluding benefits) of the <u>new</u> Full-Time Equivalent jobs created as part of the Project? C. If the Applicant operates in Osceola County, how many of the Applicant's Full-Time Equivalent Jobs that would have otherwise moved to												
another County or state are projected to be retained as part of the Project?												
 D. What is the projected annualized average wage (excluding benefits) of the <u>retained</u> Full-Time Equivalent Jobs listed in (C) above (if any)? E. What is the projected annualized average cost to the Applicant of benefits for each Full-Time Equivalent Job created and retained as part of the Project? 												
F. Job creation schedule – If jobs will be created in phases, indicate the anticipated schedule for the new jobs projected in (A) above.												
	Year 1: Year 2: Year 3:											
	Phase 1 Phase 2 Phase											
	Phase 3											
4. CAPITAL INVES	TME	NT OVERVIEW										
A. Describe the capital investment in connection with the Project in real and personal property (Examples: construction of new facility; remodeling of facility; upgrading, replacing, or buying new equipment.):												

B. Describe the source of funding for the project. (Is funding already in escrow, or would you need to raise capital or borrow funds? Is funding contingent on federal grants or local financial support?)										
C. Identify whether the Project will be located in	а:									
Leased space with renovations or build out										
Newly constructed building(s) on previously acquired land										
Newly acquired existing building(s) with renovations										
Addition to previously acquired existing building(s)										
Other (please describe in 4A above) D. What is the estimated square footage of the new or expanded facility?										
E. List below the projected capital investment to			ion with the Project ((by type and year)						
Calendar Year:	Year 1:	Year 2:	Year 3:	Year 4:	Year 5:	Year 6:				
Land or Building Purchase	10011.	1 cui 2.			1001 5.					
Construction / Renovations										
Manufacturing Equipment										
R&D Equipment										
Other Equipment (computer equipment, office furniture, etc.)										
Total Capital Investment										
5. COMPETITIVENESS					-					
A. What other states or cities is the Company co	nsidering for the P	roject?								
B. What advantages or disadvantages does the Company consider important in its decision?										
6. DISCLOSURE										
List and explain any criminal or civil fines or penalties, recent or ongoing investigations and lawsuits, federal, state and/or local tax liens, and environmental issues										
that have been imposed upon the company, its executives, or its affiliates and any recent bankruptcy proceedings of the applicant or its parent company. Failure										
to disclose relevant information may mean automatic disqualification. If there are no issues to be identified, answer "None". Do not leave this question blank.										
7. CONFIDENTIALITY										
In accordance with Section 288.075 of the Florida	a Statutes, the App	licant may request	that Osceola County	maintains the						
confidentiality of all information regarding the Project (including information contained in this application) for the lesser of a 12										
month period after the date of this application (which may be extended for an additional 12 months upon request), 6 months after the issuance of the final project order approving the project or until the information is otherwise disclosed. Please indicate whether										
the Applicant is requesting confidential treatment of the Project in accordance with Section 288.075 of the Florida Statutes.										
If YES, please submit to the Osceola County Economic Development Office, along with this application, a letter of request (on company letterhead and signed by an authorized										
company officer) that includes the following statement:										
"On behalf of (Legal name of Applicant) please accept this letter as a request for all documents, records, reports, correspondence, conversations, applications, data and other										
sources of information concerning our business plans, interests, or intention to evaluate or locate in Florida as well as other trade secrets, identification, account, and registration numbers, and proprietary confidential business information be held confidential pursuant to section 288.075, Florida Statutes."										
To protect the confidentiality of your project, a CODE NAME will be assigned to your project. If you prefer a specific code name be used for your project, please indicate below:										
Preferred Code Name:										
I do not have a preference.										

The undersigned person hereby affirms that he or she has been duly authorized and empowered to verify, execute and deliver this Application, that he or she will read this Application (including all attachments hereto) and he or she has knowledge of all of the facts stated herein, and that this Application, and all information submitted in connection herewith, shall be complete and accurate and shall contain no misstatements, misrepresentations, or omissions of material facts, to the best of his or her knowledge and belief.

Print Name

Signature of Applicant

Title

Date