

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.

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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 contracts.) 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 business¹:

- 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? (FTE²)

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: _____

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?

Occupation	Avg Wage	Avg Benefits	Year 20__					
Prof., Scientist	\$	\$						
Research Tech.								
Senior Mgmt								
Admin. Support								
Production Wrkrs								
Other								

Jobs created, continued

Occupation	Year 20__								
Prof., Scientist									
Research Tech.									
Senior Mgmt									
Admin. Support									
Production Wrkrs									
Other									

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:

Business Unit Activities	NAICS Code	% of Project Revenues (total = 100%)	Annualized Wages Total (\$)
		%	\$
		%	\$
		%	\$

4. CAPITAL INVESTMENT OVERVIEW

A. Describe the capital investment in real and personal property (Examples: construction of new facility; remodeling of facility; upg rading, 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)

	Year ____				
Land	\$	\$	\$	\$	\$
New Construction (excl. public infrastructure)	\$	\$	\$	\$	\$
Building Renovations	\$	\$	\$	\$	\$
Manufacturing Equipment	\$	\$	\$	\$	\$
R & D Equipment	\$	\$	\$	\$	\$
Other Equipment (computer equipment, office furniture, etc)	\$	\$	\$	\$	\$
Total Capital Investment	\$	\$	\$	\$	\$

- 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

Name

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

Title

Signature (Authorized Company Officer) REQUIRED

Company

Address, if different than mailing address

Name

Phone number

Title

Fax Number

Company

Email Address

Address, if different than mailing address

Date

Phone number

Name of contact person, if different than above

Fax Number

Phone Number

Email Address

Address

Date

Address