

ESCAMBIA COUNTY ECONOMIC DEVELOPMENT INCENTIVE APPLICATION

Name of Business

Project Title or Code Name (1-5 word description)

FOR OFFICE USE ONLY		
<hr/> Date Received	<hr/> Date Revised	<hr/> Date Completed
<hr/>		

Contact Scott Luth, sluth@pensacolachamber.com, Pensacola Bay Area Chamber of Commerce, 438-4081 to discuss your project and application before submitting a formal proposal. The Pensacola Bay Area Chamber of Commerce will file the completed and signed application with Escambia county.

ESCAMBIA COUNTY ECONOMIC DEVELOPMENT INCENTIVE APPLICATION

ELIGIBILITY CRITERIA

In order to be eligible for the Escambia County Economic Development Incentive, interested businesses must meet the following criteria:

- Business must be a business enterprise engaged in the following types of activities:
 - Information Technology
 - Building Systems
 - Healthcare/Medical Devices/Life Sciences
 - Aerospace
 - Business and Professional Services
 - Logistics/Distribution
 - Renewable Energy Technology
 - Other similar industry groups, uses or activities not listed in the above categories with the characteristics of preferred business enterprises for Escambia County with the following characteristics:
 - Provision of paid health insurance, retirement plans, and tuition reimbursement
 - Pollution prevention and waste reduction
 - Commitment to community evidenced by promoting volunteerism and financial support of local charities or events
 - Willingness to locate or expand in County Community Redevelopment Areas, Enterprise Zones or Brownfield Areas
 - Hiring from local population
- Minimum average wage. New full-time jobs must pay at least the average annual wage. Benefits shall not be counted as part of the wage.
- Business enterprises must create or maintain in Escambia County a minimum of ten full-time jobs during the year for which the rebate is sought.
- Eligible Business enterprises must have commenced operations with an established payroll for permanent, full-time jobs during the first year for which a rebate is sought. Business enterprises engaged in construction and other actions in anticipation of commencing operations, but which have not yet commenced operations and established a payroll for permanent, full-time jobs, shall not be eligible. Business enterprises shall not be eligible for a rebate during any year in which it ceases operations in Escambia County.
- Eligible business enterprises must provide health insurance and retirement benefits for employees holding full-time jobs.
- Eligible business enterprises must generate at least fifty-one percent (51%) of their gross revenues from outside Escambia County.

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1. BUSINESS INFORMATION

- A. Name of Business Unit: _____
- B. Mailing Address: _____
Street Address
- _____
City State Zip Code
- C. Name of Parent Company: _____
- D. Primary Business Unit Contact: _____
Title: _____
Mailing Address: _____
Street Address
- _____
City State Zip Code
- Telephone: _____ Fax: _____
Email: _____ Website: _____
- E. Business Unit's Federal Employer Identification Number: _____
- F. Business Unit's Unemployment Compensation Number: _____
- G. Business Unit's Florida Sales Tax Registration Number: _____
- H. Percent of employees that are minorities and/or women: _____
- H. What is the business unit's tax year (ex: Jan 1 to Dec 31): _____

2. PROJECT OVERVIEW

- A. Which of the following best describes this business unit¹:
- New business unit to Florida
- Existing Florida business creating and / or retaining jobs
If an expansion, how many jobs are currently in the expanding
_____ business unit?
- B. How many individuals are employed at all Florida locations?
- C. Are any jobs being transferred from other Florida locations?
Yes No If yes, how many jobs and from where? _____
- D. Give a full description of this project, including the primary business activities / functions:

- E. What is the project's Targeted Industry(ies): _____

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.

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F. Break down the project's primary function(s) and the corresponding wages:

Business Unit Activities	NAICS Code	Project Function (total = 100%)	Annualized Wage (\$)
		%	\$
		%	\$
		%	\$

G. What is the project's proposed location address:

Street Address _____

City _____ State _____ Zip Code _____

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

Street Address _____

City _____ State _____ Zip Code _____

H. Is the project location within a current or proposed Brownfield site / area?

Yes No

Is the project location in an Enterprise Zone?

Yes No If yes, which zone? _____

I. Which of the following describes the applicant's operations (select all that apply):

- Multi-state business enterprise
- Multinational business enterprise
- Florida business enterprise (eligible for Brownfield Redevelopment Bonus incentive only)

J. Which of the following describes this business unit (select all that apply):

- Regional headquarters office
- National headquarters office
- International headquarters office
- This is not a dedicated headquarters office

K. What is the estimated percentage of gross receipts or final sales resulting from this project that will be made outside of Florida (if sales is not a reasonable

measure, use another basis for measure and provide explanation below):

_____ % Explain, if necessary: _____

3. JOB AND WAGE OVERVIEW

A. How many jobs² are expected to be created as part of this project? _____

B. If an existing business unit, how many jobs are expected to be retained as part of this project? (jobs in jeopardy of leaving Florida should only be included here) _____

² A "full time equivalent job" means at least 35 hours of paid work per week.

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C. What is the anticipated annualized average wage (excluding benefits) of the new to Florida jobs created as part of this project? (Cash payments to the employees such as performance bonuses and overtime should be included. The wage reported here is only an estimate of the average wage to be paid.) \$ _____

D. What is the annualized average value of benefits associated with each new job created as part of this project? \$ _____

E. What benefits are included in this value?

Health Insurance?
 Yes No

Retirement?
 Yes No

Tuition Reimbursement?
 Yes No

Other:

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):

- B. Will this facility be:**
- Leased space with renovations or build out
 - Land purchase and construction of a new building
 - Purchase of existing building(s) with renovations
 - Addition to existing building(s) (already owned)
 - Other (please describe in 4A above)

C. List the anticipated amount 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 three years)

	Year 1	Year 2	Year 3
Land	\$	\$	\$
Construction / Renovations	\$	\$	\$
Manufacturing Equipment	\$	\$	\$
R&D Equipment	\$	\$	\$
Other Equipment (computer equipment, office furniture, etc.)	\$	\$	\$
Total Capital Investment	\$	\$	\$

D. What is the estimated square footage of the new or expanded facility? _____

E. When is the final location decision anticipated (date)? _____

F. What is the anticipated date construction will begin? _____

G. What is the anticipated date operations will commence? _____

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5. Community Involvement

A. Will this facility integrate pollution prevention and waste reduction with technology and production processes?

Yes No

If yes, explain:

B. Does the business support community volunteerism and financial participation in local charities or events?

Yes No

Please explain:

6. CONFIDENTIALITY

A. You may request that your project information (including information contained in this application) be confidential per F.S. 288.075, Confidentiality of Records for a 12 month period, with an additional 12 month extension available upon request for projects still under consideration.

Please indicate your confidentiality preference:

Yes
 No

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7. SIGNATURES

Application Completed By:

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

Signature

Signature (Authorized Company Officer)
REQUIRED

Name

Name

Title

Title

Company

Company

Address, if different than mailing address

Address, if different than mailing address

Phone Number

Phone Number

Fax Number

Fax Number

Email Address

Email Address

Date

Date

Name of contact person, if different than above

Phone Number

Address

Email Address