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Project Overview Form

1. Signature

The undersigned person hereby affirms that he or she has been duly authorized and empowered to verify, execute and deliver this document, that he or she will read this doument and he or she has knowledge of all of the facts stated herein, and that this document, 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.

Signature	Date					
Name						
2. Business Information						
Company Name (Legal)						
Please provide contact information for the Cor	mpany's primar	y contact:				
Name	Title					
Phone	Email Add	lress				
Street Address						
City	State	Zip	Country			

- A. Total number of employees (on a Full-Time Equivalent Job basis) who are currently employed by the Ultimate Parent Company and its Subsidiaries in Florida.
- B. What type of legal entity is the Company?

C-Corporation S-Corporation Limited Liability Company Partnership

3. Project Overview

A. Which of the following best describes the Company?

New business to Florida Existing Florida business creating/and or retaining jobs

- B. How many employees of the Company, the Ultimate Parent Company and its Subsidiaries, will be transferred from other Florida locations in connection with the Project (on a Full-Time Equivalent Job Basis)?
- C. Please describe the Project, including the specific business activity(ies) and functions of the Project.
- D. What is the anticipated commencement date of the Project?
- E. Which of the following best describes the location of the Project?

Regional headquarters

International headquarters

National headquarters

Not applicable

4. Jobs and Wage Overview

- A. How many new-to-Florida Full-Time equivalent jobs are projected to be created as part of the Project?
- B. How many of the Company's Full-Time Equivalent Jobs (in Florida) are projected to be retained as part of the Project?
- C. What is the projected annualized average wage (excluding benefits) of the retained Full-Time Equivalent Jobs in Florida (if any)?

- D. What is the projected annualized average wage (excluding benefits) of the Full-Time Equivalent Jobs Florida jobs created as part of the Project?
- E. What is the projected annualized average cost to the Company of benefits for each Full-Time Equivalent Job created and retained as part of the Project?
- F. Please list the benefits that are included in the above calculation (health insurance, matching 401(k) contributions, etc.).
- G. Does the Company contract with a third-party company to provide payroll services?

Yes No

5. Capital Investment 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, etc.)
- B. Identify whether the Project will be located in a/an:

Leased space with renovations or build out Newly constructed building(s) on newly acquired land 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 above)

C. List the projected capital investment to be made in Florida in connection with the Project (by type and year).

Calendar Year	2017			Total
Land or Building Purchase				
Construction/Renovation				
Manufacturing Equipment				
R&D Equipment				
Other Equipment				
Total Capital Investment				

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

- A. What role will the incentive(s) play in the Company's decision to locate the Project in Florida?
- B. What other states or countries (including the cities) is the Company considering for the Project?
- C. What advantages or incentives offered by these locations does the Company consider important in its decision?
- D. What advantages or disadvantages offered by the proposed Florida location does the Company consider important in its decision?
- E. Indicate any additional internal or external competitive issues impacting the Company's decision regarding the Project's location.

7. Confidentiality

In accordance with Section 288.075 of the Florida Statutes, the Company may request that Plant City Economic Development Corporation and the Department of Economic Opportunity maintain 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 Company is requesting confidential treatment of the Project in accordance with Section 288.075 of the Florida Statutes.

Yes No