HERNANDO COUNTY ECONOMIC DEVELOPMENT INVESTMENT INCENTIVE PROGRAM APPLICATION

Global Jetcare, INC
Name of Business

Hangar & Office Expansion
Project Title or Code Name (1-5 word description)

FOR HERNANDO COUNTY USE ONLY

Date Application Overview Received

Date Approved by Office of Economic Development

Date Approved by Hernando County Board of County Commissioners

15800 Flight Path Drive Brooksville, Florida 34604 352-540-6400 ● Fax: 352-754-5361

www.hernandobusiness.com

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1.	BUSINESS IN	NFORMA'	TION				
Α.	Name of Bus	iness:	Global	Jetcare, IN	0		
В.	Mailing Addre		21 Technol et Address	ogy Dr			
	Brooksville			FL		34604	
_	City Name of Pare	n#		State		Zip Code	
C.	Company		Globa	l Jetcare, I	NC		
D.	Primary Busi	ness Con	tact:	Christina	D. Gray		
	Title:			V. Presid	ent		
	Mailing Addre	ess: Chris	stina@glob	aljetcare.c	<u>om</u>		
		Stre	et Address				
	Brooksville			FL		34604	
	City Telephone:	352-779-7	771	State	Fax:	Zip Code 352-799-77	76
	Email:		nglobaljeto	are com	Website:		
				Decision of the			
E.	Business Fed	deral Emp	loyer Iden	tification N	lumber:	26-46	09889
F.	Business Une	employme	nt Compe	nsation N	umber:	29375	574
_					•		
- T000	Business Flo	A CONTRACT OF THE PARTY OF THE	Tax Regis	stration Nu	ımber:	N/A	
	PROJECT OV					计划是可以,数据是	
۹.	Which of the f				usiness:		
		 New business to Hernando County Existing Hernando County business creating new jobs 					
			or with warmen thinks and make a			ly in the busir	ness?
3.	Give a full des	scription o	f this proj	ect, includ	ling the pri	mary busine	ess activities /
	functions:						
	Air Ambulance						
	What is the pr						
).	Break down th	ne project	s primary	function(s	s) and the		
	Busine	ess Activi	ties	NAICS	Code	Project Function (total = 100%)	Annualized or Hourly Wage (\$)
	100%			4881	90	100%	\$75,000
						%	\$
						%	\$
Ξ.	What is the pr		oposed lo	cation add	ress:		
	Street Address						
	Brooksville			FL		34604	
	City			State		Zip Code	

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F.	Which of the following describes the applicant's operations (select all that apply): ☐ Multi-state business enterprise ☐ Multinational business enterprise ☐ Florida business enterprise				
G.	 Which of the following describes this <u>business</u> (select all that apply): Regional headquarters office National headquarters office International headquarters office This is not a dedicated headquarters office 				
	What is the estimated percentage of gross receipts or final sales re this project that will be made outside of Hernando County (if sales is reasonable measure, use another basis for measure and provide explanation be 0% Explain, if necessary:	not a			
3.	JOB AND WAGE OVERVIEW				
Α.	If a new business, how many jobs are expected to be <u>created</u> as part of this project?				
	If an existing business, how many new jobs are expected to be <u>created</u> as part of this project?	20			
C.	If an existing business, please indicate the current number of full- time equivalent jobs at this location. (verification from RT-6 form or payroll company documentation)	37			
D.	What is the anticipated annualized average wage (excluding benefits) of the new to Hernando County 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 and will not be used in the certification, agreement, and claim evaluation process.)	\$75,000			
E.	What is the annualized average value of benefits associated with each new job created as part of this project?	\$15,000			
F.	What benefits are included in this value? (health insurance, 401(k) contivacation and sick leave, etc.) Health insurance, Life Insurance, 401k, PTO				

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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): 5ml
В.	Will this facility be:
	Leased space with renovations or build out
	Land purchase/Land lease 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	\$5ml	\$	\$
Manufacturing Equipment	\$20	\$	\$
R&D Equipment	\$	\$	\$
Other Equipment (computer equipment, office furniture, etc.)	\$100,000	\$20,000	\$20,000
Total Capital Investment	\$5,120,000	\$20,000	\$20,000

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

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

7/1/2024

F. What is the anticipated date construction will begin?

G. What is the anticipated date operations will commence?

11/01/2025

5. COMPETITIVE LANDSCAPE

A. What role will the incentive(s) play in the business decision to locate, expand, or remain in Hernando County, Florida?

This will be very important while we are expanding to be able to hire and purchase new aircraft while under construction. We would like to hire staff and move them to the area before construction is complete. The incentive will make it possible to bring the business to the county as soon as possible. We want to be able to man the facility as soon as the door are open.

- B. What other cities, states, or countries are being considered for this project? We are only considering Hernando for our expansion. These incentives will help us determine if we will or will not invest in the new facility.
- C. What advantages or incentives offered by these locations do you consider important in your decision?
 N/A

Hernando County Economic Development Investment Incentive Program

Application - Overview

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D. Indicate any additional internal or external competitive issues impacting this project's location decision? None

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6. ECONOMIC IMPACT AND CORPORATE RESPONSIBILITY

- A. Provide a brief synopsis of the special impacts the project is expected to stimulate in the community, the state, and the regional economy. We are planning on moving out of our current office and hoping to bring a new business to our current office. The new business could bring as many as 10 to 20 jobs.
- B. Provide any additional information you wish to be considered as part of this incentive application or items that may provide supplementary background information on your project or company.

Our jobs will also bring new employees to the area. Our new hires come from outside of Brooksville. This will bring as many as 10 to 16 families that would purchase homes. Our business will purchase 2 to 6 planes in the next 3 years. We will purchase fuel, paint, interior, maintenance, and medical supplies locally. We try to keep all business local to Brooksville. We expect to spend 3 to 4 million in these services.

7. INCENTIVES OVERVIEW

A. Provide the job creation schedule to which you commit: (Please limit the phases to a maximum of three consecutive years and job creation to no less than five jobs in the first year).				
PI	hase	Number of net new full-time equivalent Hernando County jobs created in the business	Date by which jobs will be created (dd/mm/yy)	
	I	8	12/31/25	
	II	6	12/31/26	
	III	6	12/31/27	
Т	otal	20		
B. For the purposes of certification, agreement, and claim review, indicate the average wage and corresponding threshold (percentage) to which you commit: Check the relevant box (only one) and fill in the wage commitment field.				
	\$44,247	, which is at least 100% of the average wage in	Hernando County.	
	\$50,884	, which is at least 115% of the average wage in	Hernando County.	
	\$55,308	, which is at least 125% of the average wage in	Hernando County.	
\boxtimes	\$66,371	, which is at least 150% of the average wage in	Hernando County.	

Revised 06/22

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8. OTHER FINANCIAL INCENTIVES

Indicate any federal, state, local, or private incentives for which you applied and/or received: none

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10. CONFIDENTIALITY

A. You may request that your project information (including information contained in this application) be confidential per F.S. 288.075.

Please indicate your confidentiality preference:

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i	\neg	
J		

Yes

No

11. SIGNATURES

I, a duly authorized owner, officer or agent of Employer/Applicant, hereby swear under oath, and subject to penalty of perjury, that the information contained in this Application Agreement is true and correct to the best of my knowledge.

Sworn to and subscribed to me this

_day of

Notary Public, State of Florida

Signature - Authorized Company Office

DANIELLE L. NIGRO MY COMMISSION # HH 509893 EXPIRES: April 5, 2028