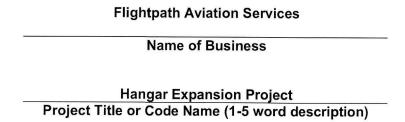
# HERNANDO COUNTY ECONOMIC DEVELOPMENT INVESTMENT INCENTIVE PROGRAM APPLICATION



# 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

# Hernando County Economic Development Investment Incentive Program

Application - Overview

To add text outside of the gray fields or click the statutory reference link, de-select the "Protect Form" (lock) button on the Forms toolbar.

1.	BUSINESS IN	<b>IFORMATION</b>				
A.	Name of Business: Flightpath Aviation Services Inc.					
В.	<u>= 100 + 1110   100   11</u>					
	Brooksville	Street Address	Е		24604	
	City		FL State		34604 Zip Code	
C.	Name of Pare Company					
D.	Primary Busin	Primary Business Contact: Jeffrey Smith				
	Title:		Presiden	t		
	Mailing Addre	ess: 3487 Triggerfish	h Dr			
		Street Address				
	Hernando Bea	ch	FL		34607	
	City	050 000 5040	State	_	Zip Code	
	-	352-293-5949		Fax:		
	Email:	jeff@flightpathaviationser	vices.com	Website:		
E.	Business Fed	eral Employer Ident	ification	Number:	74-3	236989
F.		employment Compe			3553	
•		mproyment compe	noution it	dilloci.	0000	773
G.	Business Flor	rida Sales Tax Regis	stration N	umber: 37.	_4777087_Q	
	PROJECT OV		otration is	dilibei. 57	4111001-5	
	#1500 A	ollowing best descri	ihae thie l	husinoss:	0.73	
<i>,</i>	☐ New bus	siness to Hernando C	ines illis i Countv	ousilless.		
		Hernando County bu		ating new jo	obs	
		f an expansion, how i				iness?
B.	Give a full des	cription of this proje	ect. inclu	ding the pri	mary busin	ess activities /
	functions:	. ,	,	<b>9 p</b>	,	
C.	What is the pro	oject's Targeted Ind	ustry(ies)	: <u>Aviation</u>		
D.	Break down th	e project's primary	function(	s) and the o	correspond	ing wages:
					Project	Annualized
	Busine	ess Activities	NAICS	Code	Function	or Hourly
	A : 64 B 4 - : - 4		400	100	(total = 100%)	Wage (\$)
	Aircraft Maint	enance and Repair	488	190	100%	\$
					%	\$
_					%	\$
E.	What is the pro Proposed Site	oject's proposed loc at BKV	ation add	ress:		
	Street Address	at DI(V				
	City		State	2	Zip Code	

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F.	Which of the following describes the applicant's operations (select a Multi-state business enterprise   ☐ Multinational business enterprise   ☐ Florida business enterprise	all that apply):		
G.	Which of the following describes this business (select all that apply):  Regional headquarters office National headquarters office International headquarters office This is not a dedicated headquarters office			
H.	What is the estimated percentage of gross receipts or final sales resulting from this project that will be made outside of Hernando County (if sales is not a reasonable measure, use another basis for measure and provide explanation below):  90% Explain, if necessary:			
3.	JOB AND WAGE OVERVIEW			
	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 <a href="mailto:created">created</a> as part of this project?  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)	12		
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.)	\$52,000		
E.	What is the annualized average value of benefits associated with each new job created as part of this project?	\$2500		
F.	What benefits are included in this value? (health insurance, 401(k) contivacation and sick leave, etc.) Vacation + Sick Leave	ributions,		

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4.	CAPITAL INVESTMENT OV	ERVIEW			
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): Expand and Refurbish old hangar + build 2 x12000 Sq Ft Hangars				
	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)  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)				
L		Year 1	Year 2	Year 3	
	Land	\$	\$	\$	
	Construction / Renovations	\$3.2M	-	***	
-	Manufacturing Equipment	-	-	-	
-	R&D Equipment	20,000	\$	\$	
-	Other Equipment (computer equipment, office furniture, etc.)	40,000	\$	\$	
L	Total Capital Investment	\$3,260,000	\$	\$	
	What is the estimated square footage of the new or expanded facility?  When is the final location decision anticipated (date)?  1Q25				
	F. What is the anticipated date construction will begin?				
G.	6. What is the anticipated date operations will commence? 2Q26				
	COMPETITIVE LANDSCAPE What role will the incentive(s) or remain in Hernando Count Allows us to expand to a new si	) play in the busii y, Florida?			
В.	What other cities, states, or c	ountries are bein or not grow here at BK	g considered for	this project?	
C.	What advantages or incentives offered by these locations do you consider important in your decision? Obtaining this facility and neighboring land will allow for our expansion and investment in Hernando Country on a more rapid timeline				
D.	D. Indicate any additional internal or external competitive issues impacting this project's location decision?				

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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.
  Flightpath Aviation Services' expansion will bring new jobs, stimulate more aviation traffic to the region, and promote further growth of the Brooksville airport.
- 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.

#### 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).				
Phase		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	4	12/31/26	
	II	4	12/31/27	
-	III	4	12/31/28	
	otal	12		
а	verage w	urposes of certification, agreement, and claim wage and corresponding threshold (percentage relevant box (only one) and fill in the wage commitme	ge) to which you commit:	
		, which is at least 100% of the average wage in	•	
		, which is at least 115% of the average wage in	•	
		, which is at least 125% of the average wage in	•	
	\$66,371	, which is at least 150% of the average wage in	Hernando County.	

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Regarding the newly created positions which pay at or above the wages indicated above, do you certify that these are bonafide new positions which have not existed within Hernando County within the past 12 months? $\square$ Yes. $\square$ No.
Do you further certify that all of these positions will remain continuously funded and filled for the length of this agreement from the commencement of operations within Hernando County. $\boxtimes$ Yes. $\square$ No.
agree to provide the Office of Economic Development with required documentation and an affidavit certifying continued compliance of employment requirements annually for the term of this agreement. ⊠Yes. ☐No.

#### 8. OTHER FINANCIAL INCENTIVES

Indicate any federal, state, local, or private incentives for which you applied and/ or received:

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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:

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.

and subscribed to me this Notary Public State of Florida

Madison Brannon My Commission HH 441259 Expires 9/6/2027

Authorized Company Officer