



# PROJECT PROFILE ASSESSMENT

## I. Overview

Please provide the following information to assist in the initial analysis. All requested data may be applicable or may not be applicable at this time. This information will be used to recommend a public/private deal structure and to project public benefit of the project.

## II. General Project Information

A. Name of Business \_\_\_\_\_

B. Business Physical Address \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

C. Business Mailing Address \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

D. Business Telephone \_\_\_\_\_

E. Business Facsimile \_\_\_\_\_

F. Business Email \_\_\_\_\_

G. NAICS/SIC Code Industry Group \_\_\_\_\_

H. Functional Classification (e.g. Finance) \_\_\_\_\_

I. Downtown Site Address \_\_\_\_\_

J. Downtown Site Real Estate Parcel Number(s) \_\_\_\_\_

K. Current Property Appraisal Tax Valuation Location in County \_\_\_\_\_

L. Site area (acres) \_\_\_\_\_

M. Please provide a list of other sites under consideration, both within and outside of Jacksonville

_____	_____
_____	_____
_____	_____
_____	_____

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N. Will the Project be developed in Phases? \_\_\_\_\_(Yes/No)

If "YES", describe each phase.

Phase	Year		Development
	Begin	End	

O. Provide information on corporate community activities/ involvement.

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P. Does the company have any representation on Enterprise Florida Boards? \_\_\_\_\_(Yes/No)

## III. Goals Met and Justification (Please indicate which of the following CRA/BID Goals Apply)

- \_\_\_\_\_ Reinforce Downtown as the City's unique epicenter showcasing its history, culture, and entertainment, with opportunities for retail, commercial, and educational industries to ensure a thriving business environment.
- \_\_\_\_\_ Attract and leverage capital to develop rental and owner-occupied housing Downtown, targeting key demographic groups seeking a more urban lifestyle.
- \_\_\_\_\_ Orchestrate necessary funding, community support and cross-administrative agency coordination to prioritize and implement initiatives.
- \_\_\_\_\_ Improve, maintain, and program connectivity with the St. Johns River through interconnected network of streets, walk/bike-ability, public open spaces, adjacent neighborhoods, and promoted events.

(Goals Continued on Following Page)

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## (Goals Continued from Following Page)

\_\_\_\_\_ Safeguard against development impacts to the St. Johns River and its tributaries through structural design, orientation, and use.

\_\_\_\_\_ Maintain a clean and safe 24-7 Downtown for residents, workers, and visitors.

\_\_\_\_\_ Facilitate and advocate for healthy design-oriented development through planning and economic development policies.

## IV. Type of Facility

- A. Will you acquire an existing facility? (Yes/No) \_\_\_\_ Square Feet \_\_\_\_\_
- B. Will you expand/renovate an existing facility? (Yes/No) \_\_\_\_ Square Feet \_\_\_\_\_
- C. Will you construct a new facility? (Yes/No) \_\_\_\_ Square Feet \_\_\_\_\_
- D. Will the facility be leased or owner-occupied? (Leased/Owner Occupied) \_\_\_\_\_
- E. What will be the size of new facility? \_\_\_\_\_ (Square Feet)

### **If facility will be leased**

- F. Term of Lease \_\_\_\_\_
- G. Average Annual Lease Payments \_\_\_\_\_
- H. Payment growth (%) \_\_\_\_\_

## **Project Costs Breakdown and Sources of Funds**

Acquire Land & Building	\$ _____
Construction of New Building	\$ _____
Renovations of Existing Building	\$ _____
Site Development Costs	\$ _____
Architects, permits, other soft costs	\$ _____
Machinery/ Equipment Costs	\$ _____
Furniture, Fixtures & Equipment	\$ _____
Other Costs (Describe)	\$ _____
<b>TOTAL EST. PROJECT COSTS</b>	<b>\$ _____</b>

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## SOURCES OF FUNDS

Owner's Equity Injection	\$ _____	Source: _____
Conventional Financing	\$ _____	Source: _____
Other	\$ _____	Source: _____
<b>TOTAL PRIVATE CAPITAL</b>	\$ _____	
Request for Add'l Public Capital	\$ _____	
Other	\$ _____	Source: _____
<b>TOTAL SOURCES</b>	\$ _____	

## RESIDENTIAL

Number of Units	Sale or Lease	Square Footage of Units	Cost per Unit
			\$
			\$
			\$
			\$
			\$
			\$

## Market Value of Real Estate

Market value at completion \$ \_\_\_\_\_

Valuation methodology \_\_\_\_\_



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Market value of future expansions/phases

Phase	Year		Market Value
	Begin	End	
			\$
			\$
			\$

Market Value of Tangible Personal Property (FF&E) \$\_\_\_\_\_

ON A SEPARATE SHEET, PLEASE PROVIDE THE FOLLOWING

## **A. Furniture and Fixtures**

- Please provide value of newly purchased furniture and fixtures each year including construction period and through a 10- and 20-year operating period.
- Percent purchased within the county Percent Purchased within the State.
- Replacement value of purchased equipment each year through a 10- and 20-year operating period, if applicable.
- Value of furniture and fixtures relocated to county each Year Describe type of furniture and fixtures to be Purchased.

## **B. Other Equipment**

- Value of newly purchased equipment each year including construction period and through a 10-and 20- year operating period.
- Percent purchased within county
- Replacement value of purchased equipment each year through a 10- and 20-year operating period, if applicable.
- Describe type of equipment to be purchased.

## **C. Public Infrastructure Requirements**

- Provide a list of public infrastructure requirements (road improvements, utility services) for the project by phase.
- Provide timing requirement by phase and estimated cost for public infrastructure requirements.

## **D. Other Site Improvements**

- Provide a list of other site improvement requirements.



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## V. Construction Information

A. Ground-breaking date \_\_\_\_\_

B. Date of construction completion \_\_\_\_\_

## VI. Employee Information

A. Number of Current Full-Time Employees in Jacksonville: \_\_\_\_\_

Average Wage: \_\_\_\_\_

Benefit Package (Check All That Apply): ☐ Medical ☐ Dental ☐ 401K

B. Number of Current Part-Time Employees in Jacksonville: \_\_\_\_\_

Average Wage: \_\_\_\_\_

Benefit Package (Check All That Apply): ☐ Medical ☐ Dental ☐ 401K

C. Number of Full-Time Employees to be Retained: \_\_\_\_\_ Part-time (in FTE's): \_\_\_\_\_

D. New Full-Time Employment to be Created: \_\_\_\_\_ Part-time (in FTE's): \_\_\_\_\_

E. Estimated time period to Create Jobs: \_\_\_\_\_

F. List the major job categories and wages of jobs to be created

Position	Number	Average Annual Wage	Benefit Package (circle)		
		\$	Medical	Dental	401K
		\$	Medical	Dental	401K
		\$	Medical	Dental	401K
		\$	Medical	Dental	401K
		\$	Medical	Dental	401K

List other employee benefits (i.e. tuition reimbursement) with value (if applicable)

<b>Benefit</b>	<b>Value</b>	<b>Benefit</b>	<b>Value</b>
_____	_____	_____	_____

<b>Benefit</b>	<b>Value</b>	<b>Benefit</b>	<b>Value</b>
_____	_____	_____	_____



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## VII. Materials for Operation

- A. Value of materials purchased for operation of facility for year 1: \$ \_\_\_\_\_
- B. Percent increase in materials purchased for years 2 – 10 operations: % \_\_\_\_\_
- C. Percent of materials bought within the county: % \_\_\_\_\_
- D. Purchase of utilities (average annual cost or annual consumption rate):
- |                             |       |             |       |
|-----------------------------|-------|-------------|-------|
| Electricity                 | _____ | Water       | _____ |
| Sewer                       | _____ | Natural Gas | _____ |
| County Solid Waste Disposal | _____ | Other       | _____ |

## VIII. Visitor Information

- Estimated annual number visitors to facility \_\_\_\_\_
- Average length of stay (nights) \_\_\_\_\_
- Estimated percent of overnight visitors \_\_\_\_\_
- Overnight visitors in the county \_\_\_\_\_