

# GENERAL PROJECT OVERVIEW

BioMonde

\_\_\_\_\_  
Name of Business

Project Columbus

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

FOR EFI USE ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Revised

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
EFI Project Number

Contact Enterprise Florida to discuss your project and application **before** submitting a formal proposal. The completed and signed application must be filed with:



The Atrium Building, Suite 201 • 325 John Knox Road  
Tallahassee, Florida 32303  
Phone: 850.298.6620 • Fax: 850.298.6659  
<http://www.eflorida.com/>

# GENERAL PROJECT OVERVIEW

## 1. BUSINESS INFORMATION

**A. Legal Name of Applicant:** BioMonde  
*This should be the entity that will be party to the QTI agreement with the State of Florida. If multiple affiliates are involved in job creation and/or paying taxes, include an attachment listing affiliate name(s), Federal Employer Identification Number(s), Unemployment Compensation Number(s) and relationship to applicant.*

**B. Mailing Address:** Unit 2-4 Dunraven Business Park, Coychurch Road,  
*Street Address*

Bridgend <i>City</i>	UK <i>Country</i>	CF31 3BG <i>Zip Code</i>
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**C. Name of Parent Company:** Zoobiotic Ltd T/A BioMonde

**D. Primary Business Unit Contact:** Gareth Kempson  
**Title:** CEO

**Mailing Address:** Unit 2-4 Dunraven Business Park, Coychurch Road  
*Street Address*

Bridgend <i>City</i>	UK <i>Country</i>	CF31 3BG <i>Zip Code</i>
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**Telephone:** +44(0)1656 657450      **Fax:**  
**Email:** [gkempson@biomonde.com](mailto:gkempson@biomonde.com)      **Website:** [www.biomonde.com](http://www.biomonde.com)

**E. Business Unit's Federal Employer Identification Number:**  
 (Please complete either the substitute W-9 Form at the end of this application or attach a completed IRS Form W-9.)

**F. Business Unit's Unemployment Compensation Number<sup>1</sup>:**

**G. Business Unit's Florida Sales Tax Registration Number:**

**H. Will the business unit or its parent company have Federal Corporate Income Tax liability attributable to this project?**

If yes, will there also be State  
Corporate Income Tax Liability  
attributable to this project?

Yes        No          Yes        No   

**I. Is the business unit minority owned?**  
 Yes        No        If yes, explain:

**J. What is the business unit's tax year** (ex: Jan 1 to Dec 31):      Apr 1 to Mar 31

**K. Has this business unit, or any related entities, applied for and/or been approved for State incentives in the past?**  
 Yes        No        If yes, explain: \_\_\_\_\_

## 2. PROJECT OVERVIEW

**A. Which of the following best describes this business unit<sup>2</sup>:**  
 New business unit to Florida  
 Existing Florida business creating and / or retaining jobs<sup>3</sup>.

<sup>1</sup> If multiple unemployment compensation reporting units or multiple worksites are involved, contact Enterprise Florida to discuss this structure or include an attachment listing the additional units and their relationship to the applicant. Business entities not disclosed here may not be party to or count toward the requirements of the contract with the State of Florida.

<sup>2</sup> 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.

<sup>3</sup> A QTI Tax Refund award cannot be granted for existing Florida jobs.

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If an expansion, how many jobs are currently in the expanding business unit?  
\_\_\_\_\_

**B. How many individuals are employed at all Florida locations?**      0

**C. Are any jobs being transferred from other Florida locations<sup>4</sup>?**

Yes     No     If yes, how many jobs and from where? \_\_\_\_\_

Why are these jobs moving and why is it justified in light of the statutory language governing the applicable incentive program(s)?

**D. Give a full description of this project, including a company overview, the primary activities / functions of this business unit and project, and the reasons for contemplating an expansion in / relocation to Florida:**

Biomonde is the leading European provider of larval therapy products delivering clinically proven and cost effective debridement treatments to more than 18,000 patients per year across Europe, including the UK, Ireland, Germany, France, Denmark, Finland, Netherlands and Malta.

Our manufacturing operations in the UK and Germany produce medicinal grade larvae products in accordance with European GMP (Good Manufacturing Practice) Guidelines. BioMonde's unique range of larval therapy products continue to be used across Europe in the effective management of a range of wound types including diabetic ulcers, venous leg ulcers and mixed venous / arterial leg ulcers, pressure ulcers, orthopaedic wounds and other chronic wounds such as surgical dehiscence.

BioMonde is seeking to establish a US based business unit from which it intends to manufacture, market and sell the BioBag range of products to the US wound care market.

Florida and Gainesville in particular has been identified specifically due to existing relationships with US based key opinion leaders and wound care clinicians.

**E. In what Targeted Industry(ies) does the proposed project operate<sup>5</sup>:**

Life Sciences / Health

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

Business Unit Activities	5 Digit NAICS Code(s)	Project Function <small>(total = 100%)</small>	Annualized Wage (\$)
Manufacturing – Medical Device	339113	50%	\$43,750
Sales & Marketing	551114	25%	\$75,000
Administration	551114	25%	\$47,500

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

Florida Innovation Hub at UF 747 SW 2nd Ave, Suite 103

*Street Address*

Gainesville

FL

32601

*City*

*State*

*Zip Code*

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

*Street Address*

*City*

*State*

*Zip Code*

<sup>4</sup> Incentives may not be used in connection with a project that involves the relocation of jobs from one Florida community to another except in certain circumstances as described in statute.

<sup>5</sup> Refer to the QTI Target Industry list.

## GENERAL PROJECT OVERVIEW

- H. Is the project location within a current or proposed Brownfield site / area?**  
 Yes  No  If yes, attach a copy of the official document designating the Brownfield area.
- Is the project location in an Enterprise Zone?**  
 Yes  No  If yes, which zone? \_\_\_\_\_
- Is the project location in a designated Rural area?**  
 Yes  No  If yes, which Rural area? \_\_\_\_\_
- Is the project location in an Urban area<sup>6</sup>?**  
 Yes  No  If yes, describe? \_\_\_\_\_
- 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):**  
 80% Explain, if necessary: \_\_\_\_\_

### 3. JOB AND WAGE OVERVIEW

- A. How many Florida jobs<sup>7</sup> are expected to be created as part of this project?** 18 \_\_\_\_\_
- B. If an existing business unit, how many Florida jobs are expected to be retained as part of this project?** (jobs in jeopardy of leaving Florida should only be included here; these jobs are not eligible for QTI) N/A \_\_\_\_\_
- 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 and will not be used in the certification, agreement, and claim evaluation process.) \$52,500 \_\_\_\_\_
- D. What is the annualized average value of benefits associated with each new job created as part of this project?** \$14,963 \_\_\_\_\_
- E. What benefits are included in this value?** (health insurance, 401(k) contributions, vacation and sick leave, etc.)  
 Health, federal obligations, 401(k) contributions and holidays \_\_\_\_\_

### 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.):

<sup>6</sup> An Urban area may include a Community Redevelopment Area (CRA), Urban Job Tax Credit eligible area, Urban Enterprise Zone, Federal Empowerment Zone, an Urban revitalization area, etc.

<sup>7</sup> A "full time equivalent job" means at least 35 hours of paid work per week.

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Production and administration operations set-up.

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**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:**

Calendar Year :	2013/14	2014/15	2015/16	2016/17	2017/18	Tot al
Land or Building Purchase	\$0	\$0	\$0	\$0	\$0	\$0
Construction / Renovations	\$0	\$0	\$0	\$0	\$0	\$0
Manufacturing Equipment	\$70,000	\$0	\$0	\$0	\$0	\$70,000
R&D Equipment	\$120,000	\$240,000	\$40,000	\$0	\$0	\$400,000
Other Equipment (computer equipment, office furniture, etc.)	\$95,750	\$58,025	\$66,025	\$74,263	\$60,275	\$354,538
<b>Total Capital Investment</b>	<b>\$285,750</b>	<b>\$298,125</b>	<b>\$106,125</b>	<b>\$74,263</b>	<b>\$60,275</b>	<b>\$824,538</b>

**D. What is the estimated cost of machinery and equipment or other resources for this project expected to be purchased outside of Florida?**

\$ NIL

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**E. Describe the type(s) of machinery and / or other resources to be purchased outside of Florida.**

N/A

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

3,000 – 4,000 sq. ft

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

30 June 2013

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**H. What is the anticipated date construction will begin?**

N/A

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**I. What is the anticipated date operations will commence?**

01 July 2013

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### 5. COMPETITIVE LANDSCAPE

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

The incentives reduce the overall cost of investment and with broadly similar non-financial benefits, the financial benefits become 'material'. Therefore, BioMonde's set-up decision is influenced heavily by the incentives available to offset investment cost.

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**B. How will the incentive dollars be used by the business?**

To minimize set-up cost and risk and also to support training and recruitment activity.

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**C. What other cities, states, or countries are being considered for this project?**

Boston, MA; Atlanta, GA;

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**D. What advantages or incentives offered by these locations do you consider important in your decision?**

Soft landing support including low cost facilities, relevantly qualified labour market and life science network.

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**E. What advantages or disadvantages offered by the proposed Florida location do you consider important in your decision?**

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UoF Institute of Wound Research, Florida Wound Care Network

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**F. Indicate any additional internal or external competitive issues impacting this project's location decision?**

R&D support and resource availability and logistics infrastructure

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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.** Include the impact on indicators such as unemployment rate, poverty rate, and per capita income.

Biomonde expects this project to have a significant impact on the City of Gainesville and Alachua County. In its drive to be a community at the cutting edge of the Life Sciences, Biomonde's role at the forefront of our industry is key. Biomonde will play a key role in attracting University of Florida graduates to remain in Gainesville and contribute to the economic progress, job creation and wealth within the city with our completion of a clinical trial and introduction of a new and innovative therapy that will improve overall patient treatment in wound care.

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**B. Provide a summary of past activities in Florida and in other states.** For example, what kind of corporate citizen has the applicant been? Also list awards or commendations.

British Venture Capital Association (BVCA) Award - Venture backed Management Team of the Year 2011.

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**C. List and explain any criminal or civil fines or penalties, recent or ongoing investigations and lawsuits, federal, state and/or local tax liens, and environmental issues that have been imposed upon the company, its executives, or its affiliates and any recent bankruptcy proceedings of the applicant or its parent company.**

Failure to disclose relevant information may mean automatic disqualification. If there are no issues to be identified, answer "None". Do not leave this question blank.

N/A

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**D. 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.**

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### 7. 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.**

**If you wish to request confidentiality for information contained within the General Project Overview to be held confidential pursuant to section 288.075, Florida Statutes, please submit to Enterprise Florida, Inc. a request on company letterhead and signed by an authorized company officer including the following statement:**

*On behalf of (Legal Name of Applicant), please accept this letter as a request for all documents, records, reports, correspondence, conversations, applications, data and other sources of information concerning our business plans, interests, or intention to evaluate or locate in Florida as well as other*

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*trade secrets, identification, account, and registration numbers, and proprietary confidential business information be held confidential pursuant to section 288.075, Florida Statutes for a period of 12 months after the date of receipt of this request for confidentiality or until the information is otherwise disclosed, whichever occurs first. This request covers all applicable economic development agencies, including but not limited to Enterprise Florida and the Department of Economic Opportunity.*

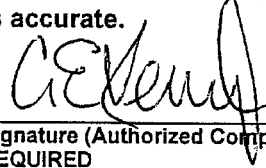
**\*\*\* Be sure to attach the proper incentive attachment sheet(s) \*\*\***

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### 8. SIGNATURES

Application Completed By:

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



Signature

Signature (Authorized Company Officer)  
REQUIRED

Date

Date

04/15/2013

Name

Name

Gareth Kempson

Title

Title

CEO

Company

Company

Zoobiotic Ltd T/A BioMonde

Address, if different than mailing address

Address, if different than mailing address

As per mailing address

Phone Number

Phone Number

As per mailing address

Fax Number

Fax Number

As per mailing address

Email Address

Email Address

Name of contact person, if different than above

Phone Number

Address

Email Address