

# HARDEE COUNTY EDA JOB CREATION GRANT APPLICATION

**IMPORTANT NOTE:**

This application must be filed prior to making the decision to locate a new business unit in Hardee County or to expand an existing Florida business unit.

**APPLICATION PROCESS:**

1. Please review the attached guidelines before preparing the application.
2. After thoroughly reviewing the guidelines and the application, you may wish to call the County Manager's Office listed below to discuss your project and application before submitting a formal proposal.
3. Any information and documentation that cannot be supplied in the space provided on the application form should be attached to the application and referenced to the relevant question.
4. Copies of maps or other descriptive materials that you believe will assist in evaluating your application may be submitted with your proposal. If you do include such material, please itemize all such documents in your cover letter.
5. Any application received after COB on June 30, 2016, will not be accepted and will be returned to the applicant.
6. Only hard copy applications will be accepted, no faxed or e-mailed applications will be accepted or considered.
7. The completed and signed original application and nine copies must be filed with:

County Manager's Office  
412 W. Orange St., Room 103  
Wauchula, FL 33873  
Voice 863-773-9430  
Fax 863-773-0958

**FOR ADMINISTRATIVE USE ONLY:**

Date and time application received: \_\_\_\_\_ Initials \_\_\_\_\_  
Date application deemed complete: \_\_\_\_\_ Initials \_\_\_\_\_

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**Name of Business**

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**Project Title (1-5 word description)**

The award claim form will be due by January 31<sup>st</sup> each year for the number of jobs on December 31<sup>st</sup> of the previous calendar year.

**The award may not exceed 50 percent of the total award associated with the phase(s) scheduled. The total award will be \$8,000 times the number of jobs reported, plus \$2,000 per job if the average annual wage exceeds the County's average by 150% or \$3,000 per job if the average annual wage is in excess of 200%.**

**If the business also receives a Qualified Target Industry award from the State, the local 20% match will be deducted from any award made under this program.**

It is suggested that you contact \_\_\_\_\_ at the below address to discuss your project and application **before** submitting a formal proposal

The completed and signed application must be filed with:

County Manager's Office  
412 West Orange Street, Room 103  
Wauchula, Florida 33873  
Voice: 863/773-9430  
Fax: 863/773-0958

**Employer Identification**

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**BUSINESS INFORMATION:**

1. a) Name of Business Unit: \_\_\_\_\_
- b) Mailing Address: \_\_\_\_\_
- c) Name of Parent Company (if applicable): \_\_\_\_\_
- d) Primary business unit contact:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_
- e) Describe the business unit's primary business activities/function within the county: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Project Identification/Information**

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2. a) Is the business unit a (please check all that apply):  
 Planning multiple locations in the State of Florida  
 An expansion of an existing Hardee County business unit  
 A new business unit to Hardee County
- b) If an expansion, how many Hardee County employees are currently in the expanding business unit? \_\_\_\_\_
- c) How many individuals are employed in ALL Florida/Hardee County locations? \_\_\_\_\_  
 \_\_\_\_\_
- d) Project's current location address: \_\_\_\_\_  
 \_\_\_\_\_
- e) Project's proposed location address: \_\_\_\_\_  
 \_\_\_\_\_
- f) Please check the box(es) that best defines your project.

<input type="checkbox"/> Multistate business enterprise	<input type="checkbox"/> Multicounty business enterprise
<input type="checkbox"/> Multinational business enterprise	<input type="checkbox"/> Regional Headquarters
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Support Centers
<input type="checkbox"/> Logistics/Distribution	<input type="checkbox"/> Research & Development
<input type="checkbox"/> QTI eligible businesses (List attached)	

- g) Please estimate percentage of gross receipts or final sales resulting from this project that will be made outside of Hardee County: \_\_\_\_\_%

- h) List the positions you will employ: (i.e. customer service, equipment operator, bookkeeper, production manager)

Position \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Number of employees \_\_\_\_\_ Total Annual Salaries \_\_\_\_\_

List benefits associated with each new job created:

- a. Sick Pay \_\_\_\_\_
- b. Vacation \_\_\_\_\_
- c. Medical: Health \_\_\_\_\_ Vision \_\_\_\_\_ Dental \_\_\_\_\_
- d. Retirement Plan \_\_\_\_\_
- e. Holidays \_\_\_\_\_

- i) 1) 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) List the anticipated amount (within three (3) years) and type (purchase of machinery/equipment, construction of buildings, etc.) of major capital investment to be made by the applicant in connection with this Hardee County project:

Amount \$ _____	Construction/Renovations
Amount \$ _____	Manufacturing Equipment
Amount \$ _____	Other Equipment
Total \$ _____	

3) Estimated square feet of new or newly expanded facility: \_\_\_\_\_

j) Anticipated date of beginning of construction for this project: (mm/dd/yyyy) \_\_\_\_\_

k) Anticipated date project will be in operation: \_\_\_\_\_

l) Please provide projected operating budget for a minimum of three years: \_\_\_\_\_

### **Project Impact Information**

a. What role will the incentive play in the decision of the applicant to locate or expand in Hardee County? (If there are other states/communities competing for this project, please list which states/communities and what incentives are being offered by these states/communities.) \_\_\_\_\_

b. A brief review of the applicant's past activities in Florida and in other states, particularly as they relate to environmental and growth management impacts and how these have been handled. (Basically, what kind of corporate citizen has the applicant been?) \_\_\_\_\_  
\_\_\_\_\_

c. Any criminal or civil fines or penalties and any awards. (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

- d. If jobs are to be phased in, provide the date when each phase of employment will be fully implemented: **(Please limit the phases to no more than three consecutive years.)**

Phase	Number of net new full-time equivalent Hardee County jobs created in <u>business unit</u>	Date by which those jobs will be created
I		
II		
III		
<b>TOTAL</b>		

- e. For purposes of certification, agreement, and claim review indicate the wage and corresponding threshold (percentage) to which you commit by **circling** below (circle just one that reflects your overall average for your whole Hardee County unit):

- a) **\$15.92** which is **115%** of the average wage of **\$13.85** in Hardee County.
- b) **\$20.77** which is **150%** of the average wage of **\$13.85** in Hardee County.
- c) **\$27.69** which is **200%** of the average wage of **\$13.85** in Hardee County.  
**Source of information: Enterprise Florida, 2016.**

**CONFLICT OF INTEREST**

All applicants must disclose with their application the name of any elected official, officer, director, or agent who is also an employee of Hardee County, or Hardee County Economic Development Authority. Further, all applicants must disclose the name of any Hardee County or Hardee County Economic Development Authority staff or board member who owns, directly or indirectly, an interest of five percent or more in the company creating the employment opportunities that benefits from the proposed project or the name of any Hardee County or Hardee County Development Authority.

\_\_\_\_\_ Related documentation attached

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Application completed by:

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

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(Signature)

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(Signature of Authorized Officer)

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(Print or Type Name & Title)

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(Print or Type Name of Authorized Officer)

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(Company)

---

(Print or Type Title of Authorized Officer)

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(Phone Number)

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(Company)

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(Fax Number)

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(Phone Number)

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(Date)

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(Fax Number)

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(E-mail Address)

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(Date)

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(Contact Person, if different)

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(E-mail Address)

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(E-mail Address if different)

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(Address if different)

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(Phone if different)