

HARDEE COUNTY EDA JOINT 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 _____

Please note: The following information may not provide enough space for required answers. Please attach a separate page with tabs that refer to the question number. Please include supporting documentation or explanation with responses where appropriate.

I. APPLICANT INFORMATION

- a) Name of Applicant: _____
Mailing Address: _____

Phone Number: _____
Fax Number: _____
FEID Number: _____

- b) Contact Person: _____
Title: _____
Mailing Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

- c) Name of the Proposed Project: _____

II. PROJECT INFORMATION

- a) Complete description of the project.
Related documentation attached. See Tab _____

- b) Total estimated cost of the project: _____

- c) Itemize and present in chronological order, if appropriate, the stages of the project from inception to completion (e.g. feasibility studies, design and engineering, land acquisition, construction, etc.). Please provide all relevant cost information for each stage of the project and indicate the source of financing for that stage.
Related documentation attached. See Tab _____

- d) Please describe the nature of the business activities which will be conducted at the site of, or which relate to the proposed project.
Related documentation attached. See Tab _____

- e) Please indicate who will own the infrastructure when completed, and who will provide maintenance for it and other infrastructure related to this project.
Related documentation attached. See Tab _____

III. ENTITY PROVIDING JOBS FOR SPECIFIC EMPLOYMENT OPPORTUNITY

a) Name of Entity: _____
Physical Address: _____

Phone Number: _____
Fax Number: _____

b) Contact Person: _____
Title: _____
Mailing Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

c) Principal Business Activity: _____
SIC and/or NAICS Code: _____

Type of Facility: New
 Existing
 Expansion

d) Full-time Permanent Employment Generated/Retained:
New _____ Retained _____

e) Average hourly wage of the jobs to be generated/retained: _____

f) Is the business unit planning multiple locations in the State of Florida?
 Yes No
If yes, please explain: _____

g) Please include a letter from an officer of the entity providing the jobs for the specific employment opportunities. This letter should include the number of targeted full-time permanent positions generate/retained, the average hourly wage of the positions generate/retained, and the expected amount of capital investment. The letter should also mention the importance of the infrastructure required to its ability to provide the specific employment opportunities.
 Related documentation attached. See Tab _____

**IV. OTHER FINANCIAL ASSISTANCE REQUIRED TO COMPLETE THE PROJECT:
LOCAL STATE OR FEDERAL INFRASTRUCTURE FUNDING PROGRAM(S) FOR
WHICH YOU HAVE APPLIED FOR FINANCIAL ASSISTANCE FOR THIS PROJECT**

a) Name of Program: _____
Name of Agency: _____
Mailing Address: _____

Phone Number: _____
Fax Number: _____

b) Contact Person: _____
Title: _____
Mailing Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

c) Please provide a copy of your budget for this application.
Related documentation attached. See Tab _____

d) Status of the application: _____

e) If your application has been approved, please provide a copy of the approval or
commitment letter.
Related documentation attached. See Tab _____

NOTE: Please provide the same information as in a), b), c), and d) above for each
additional program to which you have applied. You may make extra copies of these
pages for that purpose.
Related documentation attached. See Tab _____

V. PROJECT LOCATION AND APPLICANT INFORMATION

(Note: If the applicant is a unit of county government, the information requested should
be provided for the county area as a whole. If the applicant is a municipality, the
information should, to the greatest extent possible, be provided for applying municipality's
area. If the information is unavailable for a municipality, relevant county information
should be used and labeled as such. Please use the most recent data available and
provide both source and date of the information.)

a) Is the project located in a Community Redevelopment Area?
 Yes No

b) Is the project located in an Enterprise Zone?
 Yes No

- c) Is the County or any other entity providing matching funds for this project?
 Yes No

If yes, Related documentation attached. See Tab _____

VI. OTHER REQUIREMENTS

The following information, together with other information provided in this application and other sources, will be used to evaluate this project.

- a) Please include whatever information you think will be helpful to establish your organization's capacity to complete the project **AND** meet the administrative requirements of the grant.
Related documentation attached. See Tab _____
- b) Please include whatever information you think will be helpful in the evaluation of the anticipated impact of the proposed project including a copy of any overall strategic or specific project/development plans and/or executive summary for the project.
Related documentation attached. See Tab _____
- c) This is a **reimbursement** grant. Please provide the financing plan for this project indicating which funds will be reimbursed by these grant dollars should the application be funded.
Related documentation attached. See Tab _____
- d) Please provide evidence of the public use or other public good resulting from this project.
Related documentation attached. See Tab _____
- e) Please describe, in sufficient detail to evaluate the feasibility of the project, the anticipated schedule for the applicant's decision to proceed with the project; e.g., acquisition of property; obtaining permits and similar approvals, ground-breaking and other major phases of construction and initiation or operation; or other appropriate benchmarks for the project.
Related documentation attached. See Tab _____
- f) Include a list of all major permits, comprehensive plan amendments, zoning changes, and similar approvals required and the associated time frames for each.
Related documentation attached. See Tab _____
- g) Please provide projected operating budget for a minimum of three years. See Tab _____

JOBS INCENTIVE SECTION

VII. PROJECT IDENTIFICATION/INFORMATION

- a) If an expansion, how many Hardee County employees are currently in the expanding business unit? _____
- b) How many individuals are employed in ALL Florida/Hardee County locations? _____

- c) Project's current location address: _____

- d) Project's proposed location address: _____

- e) 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)	

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

- h) 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: _____

- i) Anticipated date of beginning of construction for this project: (mm/dd/yyyy) _____
 j) Anticipated date project will be in operation: _____

IX. 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		
TOTAL		

- 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.

X. 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. See Tab _____

THE HARDEE COUNTY ECONOMIC DEVELOPMENT AUTHORITY RESERVES
THE RIGHT TO REVIEW ALL DATA SUBMITTED AND TO REQUEST ADDITIONAL
INFORMATION AND TO MAKE INDEPENDENT INQUIRIES TO VERIFY THE
INFORMATION IF NECESSARY AND APPROPRIATE.

Application completed by:

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

(Signature)

(Signature of Authorized Officer)

(Print or Type Name & Title)

(Print or Type Name of Authorized Officer)

(Company)

(Print or Type Title of Authorized Officer)

(Phone Number)

(Company)

(Fax Number)

(Phone Number)

(Date)

(Fax Number)

(E-mail Address)

(Date)

(Contact Person, if different)

(E-mail Address)

(E-mail Address if different)

(Address if different)

(Phone if different)