



INDIAN RIVER COUNTY LOCAL JOBS GRANT PROGRAM APPLICATION

Overview

To attract new businesses to locate in Indian River County and to encourage existing businesses to expand locally, the Board of County Commissioners (the Commission) has established the Local Jobs Grant program. The program offers eligible businesses (those within the County's Target Industry list) financial incentives for creating new higher-wage jobs within the County and maintaining those jobs over multiple years.

Targeted businesses that create five (5) or more new jobs within the County paying at least 75% of the current county average annual wage are eligible to apply. Qualifying businesses will be paid per job in accordance with the table below. An additional 10% bonus is available for a business that locates within the Indian River County/City of Vero Beach Enterprise Zone.

Percent of Average Wage of New Qualified Jobs	Grant Amount per New Job Created
75% to 99.99% of county average annual wage	\$3,000 per job
100% to 149.99% of county average annual wage	\$5,000 per job
150% or more of county average annual wage	\$7,000 per job

Local Jobs Grant payments are provided on a per job basis, with 1/3rd of the designated payment being made 1 year after the job is in place, 1/3rd of the designated payment being made 2 years after the job is in place, and 1/3rd of the designated payment being made 3 years after the job is in place.

Application Review Process

Generally, the Local Jobs Grant application and award process takes 30-45 days. Because the Jobs Grant program is an economic development incentive, jobs provided by a company prior to local jobs grant application review and approval are not eligible and should not be included in a Local Jobs Grant application.

Applications are first reviewed simultaneously by the Indian River County Chamber of Commerce and the Indian River County Community Development Department to verify that the business meets eligibility criteria and that the application is complete. Once that determination is made, the Local Jobs Grant application is scheduled for review by the Indian River County Economic Development Council (EDC).

The EDC is an advisory board to the County Commission. As such, the EDC reviews Local Jobs Grant applications and provides comments and recommendations to the Commission. Generally, Local Jobs Grant applications are scheduled for consideration by the Commission approximately 1 to 2 weeks after EDC review. If the Commission approves the application, a Local Jobs Grant agreement is executed between the County and the business and is effective on the day of the Commission approval.

For any questions about the Local Jobs Grant program, please call the Indian River County Economic Development Planner at (772) 226 – 1243 or the Indian River County Chamber of Commerce Economic Development Director at (772) 567 – 3491, extension 121.

Please Note: Both the Indian River County Chamber of Commerce and Indian River County conduct due diligence on local jobs grant applicant businesses, owners, officers, and agents. As part of the due diligence process, additional information may be requested.

Confidential information and results of the County's and Chamber of Commerce's due diligence will be shared only between applicable county staff and the Chamber's Economic Development Director. If the Local Jobs Grant applicant is also applying for state economic development incentives, this confidential information and results of due diligence findings may be shared with Enterprise Florida staff, as covered by State Statute.



LOCAL JOBS GRANT PROGRAM APPLICATION

I. APPLICANT INFORMATION: (Please Fill In the Grey Shaded Cells)			
Business Name			
Business Owner(s) Full Legal Name(s) <i>(e.g. John Howard Smith, Jr.)</i>			
Agent(s) Full Legal Name(s)		Officers Full Legal Names <i>(Enter Officers in multiple lines above)</i>	
Address	City	State	Zip Code
Phone Number	E-mail	Website	
Contact Person (Full Legal Name)		Title	
Business Unit's Federal Employer Identification Number:			
Business Unit's Unemployment Compensation Number:			
Which of the following best describes this business:			
Yes/No	New business to Indian River County		
	Existing business in Indian River County		
If an expansion, how many jobs are currently in the business?			

II. PROPOSED SITE LOCATION (if known):		
Address	City	Zip Code
Property Parcel Number(s)		
Current Location (if different)		
Address	City	Zip Code
Property Parcel Number(s)		

III. BUSINESS DESCRIPTION:

Give a full description of the primary business activities/functions:

List the NAICS Code(s) for the business:

Note: NAICS Codes for business types can be found at the following website:

<https://www.census.gov/eos/www/naics/>

Will the site be a dedicated headquarters office (regional, national, or international)?

IV. JOB CREATION INFORMATION:

Anticipated number of new full-time jobs that will be created by the business in Indian River County:

Salary range of new full-time jobs identified in the previous question:

(PLEASE LIST ALL NEW POSITIONS AND SALARIES ON APPENDIX A OF APPLICATION)

Phase	Number of net new full-time equivalent jobs created by the business List at least 5 jobs in Phase I.	Date by which promised jobs will be provided (Please circle the appropriate quarter end date) List jobs in no less than 1 and no more than 3 phases.				Year	Average Annual Wages (\$)
		Dec. 31st	Mar. 31st	June 30th	Sept. 30th		
I							
II							
III							
Total							

V. CRIMINAL/CIVIL FINES OR PENALTIES:

List and explain any criminal or civil fines or penalties or ongoing investigations that have been imposed upon the company, its executives, or its affiliates and any recent bankruptcy proceedings of the applicant or its parent company:

VI. CONFIDENTIALITY:

In accordance with Section 288.075 of the Florida Statutes, the Applicant may request that Indian River County maintain the confidentiality of all information regarding the Project (including information contained in this application) for the lesser of a 12 month period after the date of this application (which may be extended for an additional 12 months upon request), 6 months after the issuance of the final project order approving the project or until the information is otherwise disclosed.

Please indicate whether the Applicant is requesting confidential treatment of the Project in accordance with Section 288.075 of the Florida Statutes.

Yes

No

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

Signature of Owner or Authorized Representative

Date

Printed Name

JOBS GRANT APPLICATION CHECKLIST

		<u>YES</u>	<u>NO</u>
I.	Cover letter requesting confidentiality		
II.	Brief narrative that describes nature of applicant's business		
III.	Letter of Authorization from owner if applied for by anyone other than owner		
IV.	Sworn Statement on Disclosure of Relationships and Disclosure of Financial Conflict of Interest		

APPENDIX A

Please list all new job positions that will qualify under Indian River County's Local Job Grant Program. The jobs listed in this appendix and the dates proposed must reflect those listed by phase on page 4 of this application. Please make additional copies of this form as needed.

Job Title	# of Positions	Anticipated Date of Hire	Annual Salary Per Job	Annualized Average Value of Benefits Per Job	Benefits Included
Example 1: Widget Operator	10	07/15/20	\$40,000	\$15,000	Health insurance, 401(k) contributions, vacation, and sick leave
Example 2: Engineer	5	07/15/20	\$53,000	\$20,000	Health insurance, 401(k) contributions, vacation, and sick leave

Job Title	# of Positions	Anticipated Date of Hire	Annual Salary Per Job	Annualized Average Value of Benefits Per Job	Benefits Included

**SWORN STATEMENT ON DISCLOSURE OF RELATIONSHIPS AND
DISCLOSURE OF FINANCIAL CONFLICT OF INTEREST**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement **MUST** be submitted with Local Jobs Grant Applications.
2. This sworn statement is submitted by: _____

(Name of entity submitting Statement)

whose business address is:

3. My name is _____
(Please print **full legal** name of individual signing)
- and my relationship to the entity named above is _____

4. I understand that an “affiliate” means:

The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the entity.

5. I understand that the relationship with a County Commissioner or County employee that must be disclosed as follows:

Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, or grandchild.

6. I understand that business relationships and other financial relationships between affiliate and a County Commissioner or County employee, as each of these terms are defined under items 4 and 5 above, must be disclosed as part of this sworn statement.

7. Based on information and belief, the Disclosure of Relationships statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, have any relationships as defined under item number 5 above, with any County Commissioner or County employee.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents, who are active in management of the entity, have the following relationships with a County Commissioner or County employee:

Name of Affiliate or entity	Name of County Commissioner or Employee	Relationship

8. Based on information and belief, the Disclosure of Financial Conflict of Interest statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, have any financial or business relationships as defined under item number 6 above, with any County Commissioner or County employee.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents, who are active in management of the entity, has the following financial or business relationships with a County Commissioner or County employee:

Name of Affiliate or Entity	Name of County Commissioner or Employee	Description of Business or Financial Relationship

(Signature)

(Date)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC

SIGN: _____

PRINT: _____

Notary Public, State at large
My Commission Expires:

(Seal)