



**LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
OFFICE OF ECONOMIC DEVELOPMENT & TOURISM**

Business Assistance Program Application

To encourage the location and/or expansion of targeted industry businesses, this program provides matching funds to new and expanding business to offset development costs (building permit fees, impact fees and/or infrastructure improvement costs).

As proposed, the applicant must share 50% of the costs, with the maximum grant amount limited to \$25,000, unless otherwise approved by the Lake County Board of County Commissioners. The business must create a minimum of five (5) new jobs that pay no less than 115% of the average annual wage for Lake County. The jobs must be retained a minimum of two (2) years.

Date: _____

Company Name: _____

Contact Name: _____ Title: _____

Company Address: _____

Telephone: _____ Fax: _____

Company Federal I.D.: _____

Product or Service: _____

(Must be a target industry as outlined in the economic development strategic plan adopted 2/2008.)

Attach evidence of ability to perform with the terms of the contract.

1. Is your company expanding _____ or relocating _____ in Lake County?

2. Potential location of expansion/relocation (address if known) _____

3. Total square feet _____

4. Anticipated expansion or relocation completion date _____



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5. Estimated capital investment in new construction (land and building) _____

6. Estimated capital investment in new equipment

7. How many new full-time jobs will be created during the next 12 months (if existing company)?

_____ 24 months if new company? _____

Hired locally _____ Transferred _____

How many full time jobs will be created during the next 12 months that qualify for BAP funding?

NOTE: Award shall be based on final approval by the Lake County Board of County Commissioners as funding is available. Maximum funding \$25,000. Applicant shares 50% of the costs and must create a minimum of five (5) new jobs.

Applicant or applicant's representative shall be present when the application is presented to the Lake County Board of County Commissioners to give a brief presentation and answer questions.

8. Current total number of employees: _____

9. Attach a spreadsheet of new positions indicating the position name, number of each position, hourly wage, and total number of positions.

(If an expanding company, please submit a list of current positions and the beginning hourly rate of pay for those positions.)

NOTE: Award of funds will only be made for those positions paying at least 115% or above the current average hourly wage in Lake County (or annual wage for salaried employees).

10. Description of benefit package (**Please submit a copy of policy or handbook**): _____

11. Estimated annual local purchases (excluding new equipment):

12. Attach proof of actual development costs to be reimbursed under program criteria (i.e. building permit fee, impact fee, etc.). Information should come from local jurisdiction or applicant's contractor.



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13. List of positions _____

Mail or fax completed application to:

Office of Economic Development & Tourism
315 West Main Street, Suite 520
Post Office Box 7800
Tavares, FL 32778-7800
Phone: 352-742-3918
Fax: 352-742-3906

Signature of Applicant

Title of Applicant

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this day of _____, 20____ by

(Name of Person Acknowledging) _____

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed or Stamped)

Personally Known _____
Type of Identification Produced _____

OR Produced Identification _____