



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

High Value Job Creation Program Application

Date: _____

Company Name: _____

Contact Name: _____ Title: _____

Company Address: _____

Telephone: _____ Fax: _____

Company Federal I.D.: _____

Product or Service: _____

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 _____

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

6. Estimated capital investment in new equipment _____



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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 HVJCP funding?

NOTE: Award shall be based on final approval by the Lake County Board of County Commissioners as funding is available.

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):



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12. 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 _____ OR Produced Identification _____
Type of Identification Produced _____