

# Local Government Distressed Area Matching Grant Program Application

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Name of Local Government (Municipality/County)

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Name of Targeted Business

Send to:

Florida Executive Office of the Governor  
Office of Tourism, Trade, and Economic Development  
400 South Monroe Street  
The Capitol, Suite 2001  
Tallahassee, FL 32399-0001  
Phone: (850) 487-2568

FOR OTTED USE ONLY	
Date Received	Date Considered Complete
Project Number	

*Targeted Business must be a **business unit** or reporting unit of a **business unit** that is or will be registered with the State of Florida for unemployment compensation purposes.*

**IMPORTANT NOTE:** local governments must prove payment of qualified business assistance before state funds can be distributed.

# Local Government Distressed Area Matching Grant Program Application

1. Local government Information			
A. Name of Local government (Municipality/County):			
B. Mailing Address:			
City:	State:	Zip Code:	
C. Contact:			
Title:			
Mailing Address:			
City:	State:	Zip Code:	
Phone number:	Fax number:		
Email:			
D. Local Poverty Rate:	County	Municipality	
E. Local Unemployment Rate:	County	Municipality	
F. General Distress Indicators as defined in section 290.0058, Florida Statutes:			
<ul style="list-style-type: none"> <li>• Crime Index Rate of Local government area as reported by the Florida Department of Law Enforcement</li> <li>• Foreclosure Rate of Local government area</li> <li>• Rate of Population Decline of Local government area</li> <li>• Percentage of Condemned Structures in Local government area</li> <li>• Other Indicators</li> </ul>			
G. Local Government Distressed Area Matching Grant amount requested:			
Please attach supporting documentation for the following local government data: Poverty Rate, Unemployment, Crime Index Rate, Foreclosure Rate, Rate of Population Decline, Percentage of Condemned Structures (any other indicators utilized), as defined in section 290.0058, Florida Statutes, in the area where the targeted business will be located.			

2. Targeted Business Information			
A. Name of Business Unit:			
Mailing Address:			
City:	State:	Zip Code:	
B. Primary Business Unit Contact:			
Mailing Address:			
City:	State:	Zip Code:	
Title:	Fax number:		
Email:	Fax number:		
C. Which of the following best describes the targeted business?			
<input type="checkbox"/> 1. New to the State of Florida <input type="checkbox"/> 2. Expanding its operations <input type="checkbox"/> 3. Would leave the state of Florida without local or state government assistance			
Please explain:			
D. Number of new jobs to be created in the business unit:			
E. Indicate the average wage for the new jobs:			
F. Indicate the total capital investment for this project:			
G. County in which targeted business will be locating or expanding:			
H. Targeted business facility type (i.e. Manufacturing, Headquarters, etc.):			

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## 3. Local Government Qualified Business Assistance Information

<b>A. How much qualified business assistance is the targeted business receiving?</b>
<b>B. What type of qualified business assistance is being issued? (i.e. suspensions, waivers, reductions of impact or permit fees, direct incentive payments, or expenditures for construction/ renovation improvements to specific business, etc.)</b> Please explain:  <p style="margin-left: 40px;">Please note qualified business assistance may not be based on funds made available through state or federal programs, to include direct appropriations.</p>
<b>C. Please attach Local Resolution and executed agreements, and/or contracts, between the targeted business and the local government indicating the qualified business assistance being provided. (Application will not be considered complete without this information.)</b>
<b>D. Please attach local project overview, economic impact analysis, and local review and recommendation for the project. (Application will not be considered complete without this information.)</b>

## 4. Key Local government Distressed Area Matching Grant Program Information

- Local government Distressed Area Matching Grant Program : [Section 288.0659, Florida Statutes](#)
- “Qualified Business Assistance” refers to economic incentives provided by a **local government** for the purpose of attracting or retaining a specific business, including, but not limited to, suspensions, waivers, reductions of impact or permit fees, direct incentive payments, or expenditures for construction/ renovation improvements to specific business. Qualified business assistance may not be based on funds made available through state or federal programs, to include direct appropriations.
- A local government may only apply once per targeted business and have only one application pending approval at a time.
- Applications with the greater degrees of poverty, unemployment and general distress (as defined in [Section 290.0058, Florida Statutes](#)) in the local area as well as number of full time jobs created with higher average wages, local government expenditure and capital investment will be given priority during the approval process.
- A business that is targeted by a local government must create at least 15 full-time jobs, be new to the state, expanding its operations or relocating out of the state without government assistance.

## 5. Signatures

<b>Signature (Authorized Representative of Local government)</b> <b>REQUIRED</b>	<b>Date</b>
<b>Printed Name of Local government Representative</b>	<b>Printed Title of Local government Representative</b>
<b>Signature of Business Representative</b>	<b>Date</b>
<b>Printed Name of Business Representative</b>	<b>Printed Title of Business Representative</b>