



Economic Development Incentive Application

Office Use Only

Project Code Name: _____

Date Submitted: _____

Commissioner District: _____

Request Confidentiality: Yes / No

Project Type: Economic Development

Funding Area: Parrish TIF | Port TIF | SWD TIF | Opportunity Zone | Other

Section 1: Eligibility Guidelines for Economic Development Incentives

Applying Company: _____

Eligibility Requirements:

- The company is a for-profit entity. Manatee County Economic Development Incentives are not available to nonprofit entities.
- The company is a qualified business locating or expanding in Manatee County.
- The applicant acknowledges that announcements, leasing of space, or hiring prior to completion of the EDI application may result in disapproval.
- The project does not rely on inducements that violate County or State policy.
- The incentive will materially influence the company's decision to locate or expand in Manatee County, and the resulting jobs will contribute meaningfully to the local economy.
- The company will give preference to local vendors and contractors when feasible.
- The applicant agrees to provide any additional information requested by Manatee County prior to final review.

- The project will create a minimum of ten (10) full-time jobs within five (5) years, paying at or above the County’s average wage, and demonstrates a projected return of at least 15% with a payback period of seven (7) years or less.
 - The project includes significant capital investment in Manatee County or an approved Community Benefit Project.
 - The applicant is requesting Rapid Response Permitting and acknowledges the requirement to schedule a pre-application scoping meeting.
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Section 2: Requested Incentives

- Rapid Response Team Incentive (RR)
 - Economic Development Incentive Grant (job creation)
 - Local Jobs Bonus
 - Inclusive Economic Development Bonus
 - Alternative Transportation System Impact Fee Incentive (ATSIFI)
 - Facility Investment Fee Reimbursement (FIF)
 - Permit Fee Reimbursement
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Section 3: Company And Contact Information

Company Name: _____

Legal Structure: Sole Proprietorship | LLC | S-Corporation | C-Corporation

Description of Product or Service: _____

Industry or NAICS Code: _____

Company Address: _____

Company Contact: _____

Title: _____

Email: _____

Phone: _____

Section 4: Project Details

Proposed Location and Address: _____

Parcel ID: _____

Current Zoning: _____

Future Land Use: _____

Proposed Zoning (if applicable): _____

Proposed Future Land Use: _____

Overlay or Special Districts (if applicable): _____

Description of Proposed Use (Operations and Construction):

Building Type: New Construction | Relocation to Existing Building | Expansion | Renovation or Remodel

Total Acres: _____

Total Building Square Footage: _____

Office Square Footage: _____

Warehouse Square Footage: _____

Manufacturing Square Footage: _____

Commercial Square Footage: _____

Other Square Footage and Description: _____

Utilities and Operations:

- Water Usage (low/high): _____
- Electrical Requirements: _____
- Hours of Operation: _____
- Number of Current/Existing Employees: _____
- Daily Vehicle or Truck Trips: _____

Potential Adverse Impacts (noise, odor, vibration, glare):

- If yes, describe: _____

Outside Storage:

- If yes, describe: _____

Critical Timelines:

- Decision Period: _____

- Construction Commencement: _____
- Operational Date: _____

Design and Construction Consultants:

- Name: _____
 - Company: _____
 - Role: _____
 - Email: _____
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Section 5: Scoping Meeting Request

A scoping meeting is required for participation in the Rapid Response Permitting Program.

A scoping meeting will determine eligibility for Rapid Response Permitting. Once qualified, a dedicated County team will assist in keeping the project on schedule.

Required Attachments for Scoping Meeting:

- Expected Permit Type: PSP | FSP | Rezone | Building | Other
 - Project schematics (if available)
 - Project narrative
 - Conceptual site plan
 - Boundary survey (if available)
 - Other supporting materials
 - List of meeting attendees, including:
 - Company Representative Name, Phone, Email
 - Design Professional or Contractor Name, Phone, Email
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Section 6: Capital Investment & Economic Impact

Total Estimated Capital Investment: \$ _____

Local Taxable Sales (annual): \$ _____

Local Taxable Purchases (annual): \$ _____

Capital Investment by Year and Category:

Year	Land Purchase	Building Purchase	Building Lease	New Construction	Renovation/Remodel	Machinery & Equipment	Other

Projected New Full-Time Jobs by Year:

Year	# of New Jobs	Average Annual W-2 Wage

Employment Requirement: All positions must be full-time, directly employed by the applicant/project company, and include benefits. Part-time or FTE positions are not eligible. Employers must provide W-2 documentation verifying full-time employment for each position.

Section 7: Written Request for Confidentiality

Qualifying economic development projects may request confidentiality under Section 288.075, Florida Statutes. All documents and information submitted may be kept confidential to the extent allowed by law.

Caveat: Confidentiality will be void if the applicant or representative publicly announces the project, or if/when the BOCC approves the project for incentives or other programs requiring disclosure by law or County policy.

Signature: _____ Company & Title: _____

Date: _____

Section 8: Certification

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false, misleading, or incomplete statements may result in disqualification of this application, denial of permits, or revocation of any incentives, approvals, or benefits granted by Manatee County or the Board of County Commissioners (BOCC).

I acknowledge that this application is submitted voluntarily and may be relied upon by Manatee County, the BOCC, and their authorized representatives in evaluating eligibility for economic development programs, permitting, and incentives in accordance with Florida law, including Chapters 163 and 288, Florida Statutes. I affirm that I am authorized to submit this application on behalf of the applicant and accept responsibility for the accuracy, completeness, and authenticity of all materials provided.

Signature: _____ Date: _____

Section 9: Contact Information

For further information or assistance regarding this application, please contact:

Aimee Johnson, Economic Development Manager

Government Relations | County Administrator's Office

(941) 745-4501 ext. 6896

aimee.johnson@mymanatee.org

Section 10: Required Attachments Checklist

- Project schematics
- Project narrative
- Conceptual site plan
- Boundary survey (if available)
- Other supporting materials
- List of meeting attendees and contact information