# **Program Overview**

Case Id: Name: Address:

**Program Overview** 



Pinellas County
Employment Sites Program
ESP for Public
Infrastructure

### **Program Overview**

This Employment Sites Program application is to assists Pinellas County public entities who have qualified publicly-led infrastructure projects that support the recruitment, retention, and expansion of target industry companies. Please complete and submit the first page of this application. Once Pinellas County staff has verified that your organization has participated in a pre-application meeting, you will receive notification to continue with the rest of the application. For more on the program including the Program Guidelines, a sample application, evaluation criteria and a process overview visit <a href="PCED.org/ESP">PCED.org/ESP</a>.

A pre-application meeting with Economic Development staff is required for all applicants seeking assistance from the Pinellas County Employment Sites Program. If you have not participated in a meeting, please reach out to Teresa Brydon at TBrydon@Pinellas.gov or call her at 727-464-8399 to schedule a meeting.

Note: **Target employment industries** are export-oriented industries with a majority of their products or services sold outside of Pinellas County (preferably outside of Florida) and whose average annual wages are above the Pinellas County average annual wage.

Project funding approval is at the sole discretion of the Pinellas County Board of County Commissioners. Applicants seeking funds for a Public Infrastructure Project must complete the following application. All attachments and the application are subject to Florida Sunshine regulations and therefore are available to the public.

# **A. Applicant Information**

Case Id: Name: Address:

### A. Applicant Information

Please provide the following information. When this section is completed, you will have to wait until you receive a notification approval to continue the application following verification that your organization has participated in a pre-application meeting.

- A.1. Public Entity Name
- A.2. Authorized Contact
- A.3. Email Address
- A.4. Office Phone
- A.5. Secondary Contact Name
- A.6. Email Address
- A.7. Office Phone
- A.8. Project Name
- A.9. Project Location (address and/or description)
- A.10. Brief Project Description
- A.11. Have you attended a pre-application meeting with Economic Development staff? This is required for all applicants seeking assistance from the Pinellas County Employment Sites Program.



B. Project Information Case Id:
Name:
Address:
B. Project Information
Please provide the following information
B.1. Please upload a map with Project Boundaries, Project Aerial, and Parcel Lines.
Map(s) & Aerials *Required
B.2. Parcel Identification Number(s) and/or Description of Right of way(s)
B.3. Project Details
Provide a detailed narrative of the public infrastructure project describing the existing infrastructure and site conditions and how the project addresses the needs of the area and businesses. Include a description of the impacte area (i.e., the number of acres impacted, the linear feet of roadway, etc.), and if there are any challenges that may impact the project.
B.4. Please upload reviewed preliminary or approved Project Plan.
Project Plan *Required
B.5. Please upload a development schedule for the Project, listing key milestone dates, any phasing of the
development, the location, and improvements to be accomplished in each phase.
Development Schedule *Required
B.6. Project Type. Check all that apply.
☐ Transportation infrastructure
Type:
☐ Wet infrastructure
Туре:
☐ Energy infrastructure
Type:
☐ Information infrastructure
Type:
Other public infrastructure:

Case Id:



B.7. Number of existing and new Target Industry Businesses Impacted by the project.  Estimated New:
Existing:
B.8. Number of existing and new full-time equivalent Target Industry Employees Impacted by the project.  Estimated New: Existing:
B.9. Will the public infrastructure improvement be for the exclusive benefit of any single company or business entity? Yes/No
B.10. Who is responsible for the maintenance and upkeep of the infrastructure upon completion?
B.11. Describe if the project will provide additional stormwater capacity and/or reduce existing flooding?
B.12. Describe if the project will create or improve community and/or freight connections?
<b>B.13.</b> Will there be any demolition to existing properties with this project? If so, please describe. Describe if any commercial properties or residential units will be impacted by the project including the amount of commercial square footage and/or the number of units/households. Describe how they will be impacted and the outcome for those impacted.
B.14. Is the Project a Capital Improvements Project (CIP), a Transportation Improvements Project (TIP), or part of another Plan with your organization or another Plan within Pinellas County?  ( ) CIP or TIP
( ) A CIP or TIP project that was unfunded that is now being constructed because of this program ( ) Other:
B.15. Describe the benefits of the Project, including employment and locational benefits, projected fiscal and economic impacts, furtherance of county or municipal goals and/or environmental impact.



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Case Id:

Name:

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## C. Budget

Budget, Funding Commitments, and Financial Feasibility

### C.1. Development Budget

Item Description	Total Cost
Acquisition Costs	
Site Development Costs	
Administrative Costs	
Design and Engineering	
Construction Costs	
Contingency	
Other (please specify)	
<b>Total Development Costs</b>	

**C.2.** Describe the data source(s) used to inform cost estimates above:

**C.3.** Attachment – Please attach detailed project cost, including any available back-up information used to inform estimates (e.g., contractor estimates, engineer opinions, brokerage contract proposals) \*Required

# **D. Gap Funding Request** Name: Address: D. Gap Funding Request Please provide the following information **GAP FUNDING AMOUNT D.1. Amount Requested** \$0.00 D.2. Description of Project need D.3. Public Financial Assistance (including applicant's contributions) Provide a breakdown of how the project is being funded. Is there federal, state, county, municipal and/or other government assistance for the Project? Outline the assistance below. Please select "Add a Row" to complete the table. If other grants are provided as part of non-ESP funds, please provide the status of receiving those funds. If you are conditionally funded, you will be required to pay all pending fees. **Source Assistance Type Amount Status** \$0.00 OTHER FORMS OF SUPPORT D.4. Has the project received other types of support? (Check all that apply) **In-Kind Services Regulatory Relief**

Case Id:

If In-Kind services, please describe.

If Regulatory Relief, please describe.

## **E. Additional Documents**

Case Id: Name: Address:

#### **E. Additional Documents**

Please provide the following information

### **Applicant Letter**

### E.1. Letter and/or Resolution from Applicant \*Required

Letter and/or resolution to be signed by a top elected official or City Manager that will contain the following information: confirmation that the infrastructure project has received authorization to start construction prior to December 31, 2029; and a statement that all non-ESP funds will be committed to the project, available as needed, and not conditioned or encumbered in a way that would preclude their use consistent with the purpose of the ESP funds.

### E.2. Letter(s) from Businesses / Property Owners

It is highly encouraged to have letters from the businesses and or property owners being impacted by the infrastructure project. These letters should be on the company's letterhead and have the following information: a statement of an existing or anticipated infrastructure problem that would be resolved by this project; the amount of capital investment being made by the business for the new or expanded facility; and the number of full-time permanent positions to be created, retained, or projected. For property owners with vacant or underutilized land should describe the barriers to development the investment would help correct.

Submit	Case Id:	
	Name:	
	Address:	
Submit		_
Please provide the following informat	tion	
application contains no informa	epresents and certifies that to the best of their knowledge and be tion or data that is false, incorrect or misleading, and that Employ nancial feasibility. By signing below, the undersigned also certifies munity.	yment Sites
Name		
Title		
Signature		

