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Small Business Job Creation Program (JCP)

Program Purpose: To provide funding to businesses with ten (10) or less employees (small business) to help facilitate job creation in Hillsborough County.

Process:

1. Submit application including all attachments. (See address below)
2. The Economic Development Department's Small Business Information Center (SBIC) will review the application and contact business owner upon approval.
3. Once an application is approved, the business owner will be required to attend an orientation session.
4. Within 30 days of orientation, business owner must submit Part II-"New Employee Verification Form" and all required attachments.
5. Small Business Information Center (SBIC) will contact applicant upon approval of Part II.
6. At the three (3) month anniversary of the new hire employee(s), the business owner can submit Part III-"Final Verification/Reimbursement Form" and all required attachments.
7. Small Business Information Center (SBIC) will review, approve reimbursement and submit for payment.
8. Business owner should receive reimbursement check within 30 days.
9. For Applications Part I (Pre-Qualification) and Part III (Final Verification/Reimbursement Program Form), the SBIC will provide a notary, at no cost, at the location provided below.

RETURN COMPLETED APPLICATION TO:

Hillsborough County Small Business Information Center
7402 N. 56th Street, Building 400, Suite 425
Tampa, FL 33617
813-914-4028, press 3

Office Hours: Monday – Thursday, 8:30am – 5pm; Friday, 8:30am - Noon



Job Creation Program (JCP) Application
Part I – Pre Qualification
 This form along with all attachments must be submitted in order to become pre-qualified.

Business Name (as it appears on Business Tax Receipt) *Owner(s) Name*

Business Address (as it appears on Business Tax Receipt) *City* *Zip Code*

Phone Number *Email*

Type/Description of Business

Date business was established: _____ *Years in business:* _____ *Current number of employees: Full-Time* _____ *Part-Time* _____

Please provide the following information regarding your current employee(s):

Name	Job Title/Position	Hourly Wage	White/Black Hispanic/Other	Male/Female

Please fill out the following information for number of employees you intend to hire utilizing the Job Creation Program. This must be between 1-3 new employees.

Employee Position/Job Title	Approximate Hire Date	Approximate Hourly Wage
1. _____		
2. _____		
3. _____		

The following items must be included with the application submission:

- *Basic Business Plan (see attached template)*
- *Hillsborough County Business Tax Receipt(s) showing that your business has been operating for a minimum of 2 years, including most current.*
- *If applicable, City of Tampa, Plant City or Temple Terrace Business Tax Receipt/Payment showing that your business has been operating for a minimum of 2 years, including most current.*

Office Use Only
Application No. _____

PROGRAM QUALIFICATIONS:

Program funding will be available to businesses that meet the following qualifications:

1. Business must be domiciled (located) in Hillsborough County
2. Business must have 10 or fewer employees at the time the application is submitted.
3. Business must have been operating for a minimum of 2 years.
4. Business must be a For Profit business.
5. Business must be independently owned and operated.
6. Business owners or shareholders cannot be employed by Hillsborough County.
7. Business name on application must be identical to the name listed on all documents required to engage in business, including business tax receipts.
8. At the time an application is submitted, the business cannot owe the County any funds, or otherwise have any form of court judgment or order against it in favor of the County.

PROGRAM CRITERIA:

Program new hires and reimbursement will be required to meet the following criteria:

1. Reimbursement amount will be no more than fifty percent (50%) of three (3) months total salary, beginning at the Florida minimum wage and up to \$15.00 per hour rate of pay, capped at the total amount of \$3900.00, per employee up to a maximum of 3 employees. This will not prohibit business owner from paying the new employee at a higher rate of pay.
2. Except as provided in criteria 4, new employee hire must work an average of 36 hours per week. Each new employee hire must be (1) one employee; several part-time employees can not be combined in order to meet a full-time equivalent. In the event employees do not meet the 36 hour requirement due to holidays or personal circumstances such as medical or bereavement, the employer shall provide documentation with an explanation as to why the 36 hour requirement was not satisfied. If the explanation is acceptable to the County, the employer will be provided additional time to fulfill the hours required to meet the program criteria.
3. Businesses that operate on a commission basis must submit a letter signed by the employer and employee affirming the position is "full-time". The wages paid must meet the requirements in criteria 1 above if calculated on a per hour basis.
4. New employee must be employed for a minimum of three (3) months prior to submitting Part III-Final Verification/Reimbursement Form; provided, that, if a new hire employee has been terminated due to unforeseen circumstances, a replacement employee may be hired to fill the position and still qualify for reimbursement as long as all other applicable criteria are met.
5. New employee hire must result in a net increase in full-time employees from the previous three (3) months prior to application.
6. New hire employee must provide documented evidence that they are a resident of Hillsborough County.
7. Small business must provide W-4, payroll records, and a signed employee verification form may be required.
8. Prior to disbursement of program reimbursement, business owner must provide an IRS Form 941, Payroll Records, and a Florida Department of Revenue Employer's Quarterly Report (UCT-6) Form for each new employee or, in lieu thereof, the business owner must provide the supporting documents that are deemed necessary by the administrating department in order to prove employee eligibility.
9. New employee hire cannot be related to Business Owner.
10. New employee hire cannot be a contracted employee.
11. The program is not retroactive for existing employees. The County must approve employees prior to their start date to verify Hillsborough County residency.
12. Business owner must attend a minimum of four (4) hours of business workshops and/or business counseling at the Small Business Information Center (SBIC) and/or partners within 3 months of application and provide a certificate of attendance.
13. Business owner agrees to participate in a follow-up survey six (6) months from the Program reimbursement disbursement.
14. Business owner must provide a typed or printed complete application including all supporting documents required within the application.
NOTE – Incomplete applications will not be considered.
15. Applications will be accepted on a first come/first serve basis until program funding is depleted.
16. Hillsborough County possesses sole and final decision-making authority for determining if the small business is appropriate for receiving reimbursement and reserves the right to deny approval. Moreover, Hillsborough County may re-appropriate funds previously appropriated for this Program that have not been encumbered.

I have answered all questions and provided all information as required by this application.

Business Owner Signature

STATE OF FLORIDA

COUNTY OF _____

The foregoing Affidavit was acknowledgement before me this _____, day of _____, 20____,

by _____, who is personally known to me or who has produced

_____ as identification and who did/did not take an oath.

In witness thereof, I hereunto set my hand and official seal.

(Seal)

NOTARY PUBLIC (Signature)

My Commission Expires: _____

NOTARY PUBLIC (Printed Name)

ATTACHMENT 1

BUSINESS PLAN TEMPLATE

(Electronic version can be located at
www.hillsboroughcounty.org/sbic)

Definition of the Market

This section should:

- ✓ Describe your business industry and outlook
- ✓ Define the critical needs of your perceived or existing market
- ✓ Identify your target market
- ✓ Provide a general profile of your targeted clients
- ✓ Describe what share of the market you currently have and/or anticipate

After reviewing this section the reader should:

- ✓ Basic information about the industry you operate in and the customer needs you are fulfilling
- ✓ The scope and share of your business market, as well as who your target customers are

Description of Products and Services

This section should:

- ✓ Specifically describe all of your products and services
- ✓ Explain how your products and services are competitive

After reviewing this section the reader should:

- ✓ Why you are in business
- ✓ What your products and services are and how much they sell for
- ✓ How and why your products & services are competitive

