



Hillsborough County Economic Development Innovation Initiative Application Partnership Support

FOR COUNTY USE ONLY:

DATE RECEIVED: _____ AMOUNT REQUESTED \$ _____

READ THIS FIRST

Deadline: The application submitted must be complete and received by **3:00 P.M.** local time on **January 14, 2016**. Applications received after the submission deadline will not be considered. Please attach narrative responses with corresponding question numbers.

Note: In accordance with the policy ED-14 governing the EDI2 Program, adopted by the BOCC on December 16, 2015, prior to receiving County funding, all approved applicants are required to provide metrics, samples of marketing materials, a performance evaluation, a final budget evaluation, invoice from vendor(s), cancelled check(s) indicating that the vendor(s) and the specific invoice(s) have been paid and other information after the completion of the project. The documentation should show that the funded event actually occurred and the vendor was paid to the satisfaction of the County. This information will be evaluated based on the information provided by the applicant in this application. All applicants should read the EDI2 program description, policy and guidelines, and are strongly encouraged to schedule a pre-application meeting prior to submitting this application to discuss eligibility requirements. To schedule a pre-application meeting, contact Jennifer Whelihan at whelihani@hillsboroughcounty.org or (813) 272-6217.

Note: When evaluating applications, the staff will make recommendations based on the following County policies in addition to the review criteria listed in the policy document: 1) County does not fund food or drink; 2) County does not fund lodging for event participants; 3) County does not count "in-kind" services toward budget total; 4) In order to demonstrate proper leverage of public sector funding, County money will not exceed 50% of the proposed budget. A full list of EDI2 funding guidelines is available on the website, along with the BOCC approved policy document.

PART A – INTRODUCTION

1. LEGAL NAME OF APPLICANT ORGANIZATION: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

DAYTIME PHONE: _____ FAX: _____ EMAIL: _____

2. EVENT NAME: _____

3. EVENT DATE(S): _____

4. LOCATION/ADDRESS (if applicable): _____

UNINCORPORATED COUNTY CITY OF PLANT CITY CITY OF TAMPA CITY OF TEMPLE TERRACE

5. NUMBER OF EXPECTED PARTICIPANTS: _____.

6. EXPECTED PARTICIPANT OR TARGET PROFILE (ENTREPRENEUR, EXECUTIVE, VENTURE CAPITAL, MINORITY, WOMEN, ETC.) _____

7. EXPECTED TOTAL COST OF EVENT OR INDUSTRY PROMOTION (Also, provide a breakdown of the event by major category expense and attach): _____

8. GRANT AMOUNT REQUESTED (\$20,000 maximum): _____



Hillsborough County Economic Development Innovation Initiative Application Partnership Support

9. GEOGRAPHIC REACH OF IMPACT (for example – national conference, regional meeting, etc.):

INTERNATIONAL NATIONAL STATEWIDE LOCAL (TAMPA BAY)

10. IS THIS A RECURRING EVENT? _____

IF YES:

10a. HOW OFTEN DOES THE EVENT OCCUR? _____

10b. WHEN WAS THE INITIAL EVENT? _____

10c. DO YOU PLAN TO CONTINUE THE EVENT IN THE FUTURE? _____

FOR THE FOLLOWING QUESTIONS, PLEASE ATTACH NARRIATIVE RESPONSES TO APPLICATION

11. BRIEFLY DESCRIBE THE EVENT OR INDUSTRY PROMOTION (PLEASE LIMIT RESPONSE TO TWO PARAGRAPHS).

PART B – REVIEW CRITERIA

DESCRIBE HOW THE EVENT MEETS AND/OR EXCEEDS EACH OF THE APPLICABLE REVIEW CRITERIA AS THEY APPLY. EACH REVIEW CRITERIA MUST BE ADDRESSED AND ARE DESCRIBED IN GREATER DETAIL IN THE EDI2 PROGRAM POLICY DOCUMENT.

- 1. DESCRIPTION:** DESCRIBE HOW THE EVENT (i) DRIVES THE GROWTH OF TECHNOLOGY AND INNOVATION START-UPS AND SMALL BUSINESSES IN HILLSBOROUGH COUNTY; (ii) SUPPORTS THE PURPOSE AND MEET THE OBJECTIVES OF EDI2; and (iii) SUPPORTS MINORITIES, WOMEN AND/OR VETERANS WITH THEIR ENTRERENEURIAL SUCCESS.
- 2. LEVERAGING:** DESCRIBE HOW THE PROJECT (i) LEVERAGES PRIVATE SECTOR DOLLARS IN TERMS OF FINANCING, EXPERTISE AND NETWORKING; and (ii) DEMONSTRATES A COLLABORATIVE AND SYNERGISTIC APPROACH
- 3. PERFORMANCE EVALUATION/METRICS.** PROVIDE APPROPRIATE CRITERIA AND MILESTONES FOR DETERMINING/ MEASURING THE SUCCESS OF THE EVENT. DEFINE RELEVANT OUTCOME INDICATORS AND TARGETS DURING AND AFTER THE EVENT (SUCH NUMBER OF EVENT ATTENDEES, ATTENDEE PROFILES, MEDIA COVERAGE, GROWTH IN PARTICIPATION OVER PREVIOUS YEARS, HOTEL NIGHTS, NEW START-UPS FORMED, NUMBER OF JOBS CREATED AS A RESULT OF THE EVENT, AMOUNT OF PROVATE CAPITAL INVESTMENT RECEIVED AS A RESULT OF THE EVENT.)
- 4. ECONOMIC DEVELOPMENT IMPACT:** DESCRIBE HOW THE EVENT DEMONSTRATES A WELL-THOUGHT OUT IDEA AND MODEL THAT HAS THE POTENTIAL TO BE SUSTAINABLE AND GENERATE ECONOMIC DEVELOPMENT; CREATES PERMANENT LOCAL JOBS AND POTENTIAL FOR SUSTAINED ECONOMIC IMPACT AND GROWTH; GENERATES LOCAL BUSINESS; ADDS VALUE TO THE LOCAL ECONOMY.
- 5. QUALITY OF TEAM:** DESCRIBE THE QUALIFICATIONS, TRACK RECORD, AND ABILITY OF THE APPLICANT AND PROFESSIONALS COMPOSING THE EVENT TEAM TO SUCCESSFULLY EXECUTE THE EVENT.



**Hillsborough County
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PART C – ATTACHMENTS

ATTACH ANY COLLATERAL/PROMOTIONAL MATERIAL, EVENT AGENDA, TESTIMONIALS, PAST EVENT AGENDAS IF APPLICABLE, AND OTHER INFORMATION THAT WILL ASSIST STAFF IN EVALUATING THE APPLICATION.

APPLICANT CERTIFICATION

I agree to comply with all requirements of the Hillsborough County Economic Development Innovation Initiative, that any funds received as a result of the application will be used only for purposes set forth herein, that I am authorized to submit this application on behalf of my organization, and that the statements herein are true, complete and accurate to the best of my knowledge. I also certify that I have read and understand the EDI2 program description, policy and guidelines. I acknowledge that staff strongly encourages applicants to have a pre-application meeting.

Signed Name

Date

Printed Name