

**Citrus County**  
**MEDICAL RECRUITMENT INCENTIVE**  
**PROGRAM**



**Citrus County Board of Commissioners**  
**110 N. Apopka Avenue**  
**Inverness, FL 34450**

**(352) 341-6560**

## Medical Recruitment Incentive Program

The Medical Recruitment Incentive Program is one of several economic development initiatives established in cooperation between the Citrus County Economic Development Council and the Board of County Commissioners to attract medical professionals to our community. This incentive program is designed to offset initial government assessed start-up expenses incurred when a physician or group of physicians desire to construct a new medical facility within Citrus County.

**Application Instructions:** The application must be filled out completely and signed in order to be processed. The applicant is welcome to attach additional information. A cover letter must accompany the application that details the scope of the expansion, relocation, or start-up and the intended use of funds. The applicant must submit a MRIP Application (see Appendix B) to the EDC, including projected cash flow for at least one year for A start-up practice. The EDC reviews and screens the application. The EDC will forward the application to the EDC Medical Sub-committee or other appropriate designees having expertise in the identified profession.

Medical Recruitment Incentive Program  
APPLICATION

Date: \_\_\_\_\_  
Application # \_\_\_\_\_

- A. Applicant (if corporation or partnership, provide all other medical professionals with a financial investment or interest on a separate page.)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

- B. Medical Profession/Specialty/Service provided:

- C. Attach Curriculum Vitae or Resume: \_\_\_\_\_  
\_\_\_\_\_

Have you practiced medicine in U.S. \_\_\_\_\_ Florida \_\_\_\_\_ Citrus  
County \_\_\_\_\_

- D. References and past practice history:

- E. Are you seeking to establish a practice in a new or existing structure? \_\_\_\_\_

If existing, are you intending to lease or own? \_\_\_\_\_

If you are seeking to expand on existing facility, please provide the current  
address, square footage and current number of full time employees \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- F. New facility or new practice in an existing structure: \_\_\_\_\_

Identify location & existing or proposed square footage: \_\_\_\_\_

Desired completion or opening date: \_\_\_\_\_

G. New full-time or full-time equivalent jobs:

Current employees (include with application affidavit by an officer of the company if developer of record is incorporated that verifies total number of current employees) \_\_\_\_\_

- a. Number of relocating employees \_\_\_\_\_
- b. New Employees \_\_\_\_\_
- c. Total relocating employees + new employees \_\_\_\_\_

H. Major Medical Assets to be located within this location:

	Owned	Leased
_____	_____	_____
_____	_____	_____
_____	_____	_____

Add additional sheets if necessary

I. Current practice information (complete if practice in Citrus County already Established):

Total number of patients: \_\_\_\_\_

Hospital where privileges are granted : Citrus Memorial Hospital \_\_\_\_\_

Seven Rivers Hospital \_\_\_\_\_

Other: \_\_\_\_\_

J. Eligible reimbursables: Fund money will be disbursed on a reimbursement basis for one or more of the following eligible types of costs. Check the appropriate boxes:

- ( ) Full or partial payment of the difference between medical office and general office for Transportation Impact Fees
- ( ) Water and/or sewer connection fees

Dollar Estimates for:

Impact Fees	\$ _____
Water Connection Fees	\$ _____
Sewer Connection Fees	\$ _____
Property Taxes	\$ _____
Other Fees	\$ _____
Total Relocation Costs	\$ _____
Total Expansion Costs	\$ _____

