

## 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 Subcommittee 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 \$ \_\_\_\_\_

Questions on Program & Application Submittal: The applicant is advised to:

- a. Contact the Citrus County Economic Development Council, Inc. to obtain assistance with the program requirements and to fill out the application.
- b. Not to apply or retain any company or person, other than a bona fide employee working solely for the applicant, to solicit or secure the grant.
- c. Not pay or agree to pay any person, company, corporation, individual or firm, other than a bona fide employee working solely for the applicant, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the grant award.
- d. If the grant is awarded, commit to remaining in operation and retaining the agreed upon number of employees in the approved facility for no less than five (5) years. Should the applicant choose to close, relocate, or sell the approved facility, full reimbursement of the grant must be remitted within 30 days of closure or sale of the facility.

Citrus County Economic Development Council, Inc.  
 28 N.W. Highway 19  
 Crystal River, Florida 34428  
 (352) 795-2000  
 (352) 795-0009 Fax  
 Web Site: [www.citrusedc.com](http://www.citrusedc.com)

Authorized signature: The signature appearing below must belong to an employee of the company who is authorized to sign this application on behalf of the company.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

Notice: All documents provided to the Citrus County Board of County Commissioners are subject to the Public Information Act, State of Florida.