

**READ THIS FIRST**







**PART A – INTRODUCTION**

**1. LEGAL NAME OF APPLICANT ORGANIZATION:**

CONTACT PERSON: \_\_Michael Turtora\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: Organizing Committee Chair

ADDRESS: 326 W. Crest Ave, Tampa, FL 33603

DAYTIME PHONE: 904 540 0231 FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: mjturtora@gmail.com

**2. EVENT NAME:\_\_\_\_\_\_\_\_\_\_\_Hack Zika 2017\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. EVENT DATE(S): \_\_\_\_\_\_\_\_June 9, 10, 11, 17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4**. **LOCATION/ADDRESS** (if applicable):

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

**5. NUMBER OF EXPECTED PARTICIPANTS: \_\_\_100\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**6. EXPECTED PARTICIPANT OR TARGET PROFILE (ENTREPRENEUR, EXECUTIVE, VENTURE CAPITAL, MINORITY, WOMEN, ETC.) \_\_\_Students, Entrepreneurs, open to all\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. EXPECTED TOTAL COST OF EVENT OR INDUSTRY PROMOTION (Also, provide a breakdown of the event by major category expense and attach): \_\_\_\_$15,000\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. GRANT AMOUNT REQUESTED ($20,000 maximum):** \_\_$25,000\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

INTERNATIONAL □ NATIONAL □ STATEWIDE X LOCAL (TAMPA BAY) □

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| **10. IS THIS A RECURRING EVENT?** \_\_\_Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **IF YES:**  **10a. HOW OFTEN DOES THE EVENT OCCUR?** \_\_\_\_Annually or Biannually\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **10b. WHEN WAS THE INITIAL EVENT? \_\_\_\_\_\_\_\_\_\_\_2013\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **10c. DO YOU PLAN TO CONTINUE THE EVENT IN THE FUTURE? \_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**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:** DESCRIBEHOW 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 ENTREPRENEURIAL 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.

**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