

Job Creation Incentive Program
Minimum Criteria Questionnaire

1. First and Last Name *

2. Phone Number *

3. Email Address *

4. Business Name (if applicable)

5. Is the business starting, relocating, or expanding in the City of Cape Coral? *

☐ Yes ☐ No

6. Will the project create at least five (5) new full-time jobs within three (3) years of the incentive award? *

☐ Yes ☐ No ☐ Unsure

7. How many new full-time jobs will be created? *

8. Which of the following targeted industry categories best describes your business? (Select one.)

☐ Business & Financial Services

☐ Community Services

☐ Consumer Products & Services

☐ Culinary Tourism

☐ Healthcare & Life Sciences

☐ Industrial Services

☐ Information Technology & Media

☐ Sustainable Real Estate

☐ Other: _____

9. What is the anticipated average annual wage of the new full-time jobs to be created?

10. Do you understand that incentive payments are payable only after the employee(s) have been on the job for twelve (12) months?

☐ Yes ☐ No

11. Do you agree to submit hiring records, payroll records, State of Florida UCT-6 forms, tax records, and any other documentation required by the City?

☐ Yes ☐ No