

FORNEY ECONOMIC DEVELOPMENT CORPORATION POLICIES FOR HEALTHCARE INCENTIVE PROGRAM

I. General Purpose and Objectives

The City of Forney Economic Development Corporation (“FEDC”) promotes the City of Forney and its unique character through several different facets including the redevelopment and revitalization of Downtown, historic preservation, community involvement, and by providing an educational and technical assistance to business and property owners. With healthcare services as a key target industry of economic development in Forney, the FEDC and the City of Forney (“City”) adopted the following Healthcare Incentive Program.

Each fiscal year (October 1 through September 30), the FEDC with approval of the City Council considers allocation of funds in the FEDC’s budget for the grant program. Applications are considered as they are received, and may be funded, if approved, until funds are depleted.

II. Grant Guidelines

1. The grant program is a job creation incentive, reimbursing medical practices choosing to locate or expand within the city limits of Forney, Texas that create and maintain at least five (5) new full-time positions, with an average combined medical support staff wages of at least \$40,000 per year, not inclusive of any additional benefits.
2. The grant must be used by healthcare offices providing medical services in Forney. This includes, but is not limited to, physicians, specialists, physical therapists, dentists, medical labs, etc.
3. The applicant must be a legal business entity, registered with the State Comptroller’s Office. If renting space, the business owner must have the property owner’s authorization.
4. Projects for grant consideration will be those that seek to increase healthcare services in Forney. Offices must operate at least three (3) days per week within the City limits of Forney, Texas. Preference will be given to healthcare offices that offer a new medical service currently not available in Forney, Texas.
5. Grant applications will not be accepted from locations currently operating in Forney or from those that have already received a Certificate of Occupancy (CO) from the City of Forney. However, any existing medical offices in Forney may apply for the grant if they are expanding their employment base by at least five (5) new employees in Forney.
6. Grant funds are paid out on a reimbursement basis once completed work has been verified by City staff as complying with the plans proposed in the approved application. Any deviation from the approved grant project may result in the total or partial withdrawal of the grant. Grants are awarded as a single payment to the applicant.

7. All submitted plans and completed work will be reviewed based on the City of Forney's Municipal Codes and Ordinances.
8. Grant consideration and awards can be made to a medical office with the following certain criteria stated below. The maximum award for an office of up to ten (10) employees cannot exceed \$12,500 and the maximum award for an office of eleven (11) or more employees cannot exceed \$25,000.
 - a. \$2,000 per full-time, licensed medical practitioner (i.e., Doctor, Dentist, Physical Therapist, etc.)
 - b. \$1,500 per full-time, practitioner assistant (i.e., Nurse Practitioner, Nurse, Dental Hygienist, Physical Therapy Assistant, Radiologist, Phlebotomist, etc.)
 - c. \$1,000 per full-time medical/administrative assistant (i.e., Medical Assistant, Records Manager, etc.)
9. If an applicant is awarded a grant and is unable to maintain five (5) employees for the full duration of the two-year compliance period, the applicant shall be required to reimburse the FEDC immediately for the full amount of the grant.
10. Projects will be reviewed and ranked with the following considerations in mind:
 - Project results in an increase in daytime population;
 - Project results in new healthcare services for Forney and area residents;
 - Project fills empty space for medical services;
 - Project provides access to a larger network of physician and hospital networks;
 - Other appropriate impacts may be considered on a case-by-case basis.

III. Grant Application Process

1. Contact FEDC Staff to discuss the project and determine eligibility.
 - a. Complete the application.
 - b. Comply with all City of Forney building standards, codes and ordinances.
2. The approval process by the FEDC Board will include without limitation the following:
 - a. All projects must meet current building standards and codes, as well as building permit requirements.
 - b. Applications must be complete and contain all required information. Additional information requested by the FEDC Board, or City staff must be provided prior to consideration of the grant.
 - c. Proof of facility lease agreement or property ownership will be required as part of the application process.
 - d. An applicant whose application has been denied by the FEDC shall not be eligible to re-submit a grant application for six (6) months from the date the prior application was denied.

- e. Upon approval by the FEDC Board, the applicant shall have 90 days to obtain a Certificate of Occupancy for their space and submit it to FEDC Staff. The FEDC shall not be obligated to allow extensions, but may do so for good cause determined solely by the entity that authorized the grant. The extensions, if granted, shall be for the term and for the conditions determined exclusively by the FEDC. A denial of an extension cannot be appealed and shall be final.
 - f. No applicant has a proprietary right to receive grant funds. Each request will be considered on a case-by-case basis.
 - g. If awarded the grant, the employer shall, at best attempt, hire qualified applicants who live in the 75126 zip code.
3. **Reimbursement:** When the grant project has been satisfactorily completed and reviewed, the applicant shall present the FEDC with copies of qualified employee information (name, title, occupational license, hiring date, compensation) and your facility's Certificate of Occupancy (C.O.). In addition, the applicant must complete a City of Forney Vendor Form and a 1099 Form to receive payment from the City. Vendor and 1099 forms will be provided by the FEDC.

HEALTHCARE INCENTIVE GRANT APPLICATION CITY OF FORNEY, TEXAS

Please return completed with necessary attachments and signatures to the Forney Economic Development Office, 101 E. Main St. during business hours of 8:00 am and 5:00 pm, Monday through Friday. If you have application questions, please contact Forney EDC Staff at (972) 564-5808.

Applicant Name: _____ Date: _____

Business Name: _____

Mailing Address: _____

Contact Phone: _____ Email: _____

Building Owner (If different from applicant): _____

Project Site/Address: _____

Type of Medical Service (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Dental/Oral Care |
| <input type="checkbox"/> Emergency/Urgent Care | <input type="checkbox"/> Physical/Outpatient Therapy |
| <input type="checkbox"/> Specialist (Specify: _____) | <input type="checkbox"/> Medical Lab/Imaging Center |
| <input type="checkbox"/> Surgery Center | <input type="checkbox"/> Other: _____ |

Details of Planned Improvements relating to Grant Request (attach additional information if necessary)

How will this project benefit Forney area residents? _____

Employees	Number of FTEs (full-time equivalent employees)¹	Annual Compensation (without benefits)*
Licensed Medical Practitioner(s)		
Practitioner Assistant(s)		
Medical/Administrative Assistant(s)		
Total average compensation of medical support staff**		

¹Full-time equivalent employee defined as at least thirty-five (35) hours per week.

*Financial information to be kept private between applicant and Forney EDC Staff/Board.

**Medical support staff denotes both full-time practitioner assistant(s) and medical/administrative assistant(s). This number should exclude additional benefits. Examples of these positions are provided in page two (2) of the grant application.

Total Number of Full-Time Employees _____

Total Grant Request \$ _____

(May not exceed \$12,500 if employing up to 10; May not exceed \$25,000 if employing over 10)

Attach with materials describing the medical practice and signed lease agreement (if applicable).

Applicant's Signature _____ *Date* _____

Property Owner's Signature (if applicable) _____ *Date* _____

**HEALTHCARE INCENTIVE PROGRAM AGREEMENT
FORNEY, TEXAS ECONOMIC DEVELOPMENT CORPORATION**

Please complete and return with the Downtown Redevelopment Grant Application to the Forney Economic Development Office, 101 E. Main St. during business hours of 8:00 am and 5:00 pm, Monday through Friday. If you have any questions, please contact Forney EDC Staff at (972) 564-5808.

I have met with Forney EDC Staff, and I have read and fully understand the Healthcare Incentive Program policies and procedures established by the Forney Economic Development Corporation. I intend to use this grant program for the aforementioned medical office to advance the efforts of increased medical services within the City of Forney, Texas.

I understand that if I am awarded a healthcare incentive by the FEDC, any deviation from the approved project may result in the partial or total withdrawal of the grant. If I am awarded a healthcare incentive pursuant to this program, and do not maintain a minimum of five (5) full-time employees working at least three (3) days per week in Forney for a period of two (2) years, I may be required to reimburse the FEDC immediately for the full amount of the grant.

Business/Organization Name

Applicant's Signature

Printed Name

Date

Property Owner's Signature (if different from applicant)

Printed Name

Date

This section is to be completed by Economic Development Staff

Date considered by Staff

Recommendation

Staff Signature

Date considered by FEDC

Action

Board President's Signature