



**SARASOTA COUNTY FILM, TELEVISION, MEDIA  
PRODUCTION/POST PRODUCTION REBATE  
INCENTIVE PROGRAM  
Application Form**

**FOR USE BY APPLICANTS DOING PRODUCTION AND POST-  
PRODUCTION WORK IN OR UTILIZING BUSINESSES OR  
RESIDENTS OF**

**CITY OF NORTH PORT,  
CITY OF SARASOTA,  
CITY OF VENICE  
TOWN OF LONGBOAT KEY  
AND  
UNINCORPORATED SARASOTA COUNTY**

**Submit one application per Project within thirty (30) days of completion of the Project in Sarasota  
County. Application, including Affidavit, must be completed in its entirety. Enter "N/A" if  
information requested is not applicable.**

**OFFICIAL USE ONLY**

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

Date Received: \_\_\_\_\_

\_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

**DATE PROJECT CONCLUDED IN SARASOTA COUNTY:** \_\_\_\_\_

**Genre:**  Feature Film  Television Program  Commercial/Infomercial  Music Video  Documentary  Other -specify: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**TAX I.D. #** \_\_\_\_\_ (Attach W-9 form)

**Street Address:** \_\_\_\_\_

**Mailing Address, if different:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**If Outside USA: International address including both street and mailing:**

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

**Office Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email address:** \_\_\_\_\_

**If Outside USA: International Phone/Fax/Alt #'s:** \_\_\_\_\_

**Company website: www.** \_\_\_\_\_

**Authorized Company Signatory/Primary Contact Person:**

\_\_\_\_\_

**IMPORTANT: THE SARASOTA COUNTY REBATE INCENTIVE IS CAPPED AT \$25,000 PER PROJECT AND IS AVAILABLE ON A "FIRST COME-FIRST SERVED" BASIS, SUBJECT TO FUND AVAILABILITY. REQUESTS TO INCREASE THE PROJECT CAP MAY BE SUBMITTED TO THE SARASOTA COUNTY CHIEF FINANCIAL PLANNING OFFICER FOR CONSIDERATION BY THE BOARD OF COUNTY COMMISSIONERS.**

**CATEGORY OF REBATE INCENTIVE APPLIED FOR:**

- I. Sarasota County Government fees and charges – up to 100% rebate**  
Includes fees and charges for permits, parking, law enforcement, fire, emergency services, road closures, use of County lands or buildings such as beaches, parks and other facilities, use of County staff. Documentation required:
  - A. Original invoices, statements, bills, or other documents clearly indicating the fee/charge for which a rebate is being requested.**
  - B. Proof of payment in full of the fee/charge, such as:**
    - (i) Copy of cancelled check or charge slip, if accepted as form of payment;**
    - (ii) Document marked PAID IN FULL and signed legibly by the appropriate Sarasota County representative with his/her name printed as well, reflecting date of payment, amount paid, check number or other method of payment applied.**
  - C. Completed “General Production/Post Production Expenditure Categories/Rebate Form”**
- II. Other Eligible Expenditures – up to 20% rebate for combined qualified expenditures for wages/labor and vendors/service providers**
  - A. Base wages / contract labor fees paid to Sarasota County residents hired for production or post production taking place within Sarasota County. Cash rebate percentage based on total base wages/contract labor paid to locals hired. Cash rebate percentage based on amount of qualified expenditure - see Scale below. Documentation required:**
    - (i) Two (2) forms of proof of residency (driver’s license and utility bill with matching name/address)**
    - (ii) Proof of payment in full by the Applicant to the individual.**
    - (iii) Completed “General Production/Post Production Expenditure Categories/Rebate Form”**

**SCALE OF REBATE BASED ON TOTAL QUALIFIED EXPENDITURES to Sarasota County residents for wages/labor:**

<b>i. \$1000-5999</b>	<b>=</b>	<b>10%</b>
<b>ii. \$6000-10,999</b>	<b>=</b>	<b>12.5%</b>
<b>iii. \$11000-20,999</b>	<b>=</b>	<b>15%</b>
<b>iv. \$21,000-30,999</b>	<b>=</b>	<b>17.5%</b>
<b>v. \$31,000+</b>	<b>=</b>	<b>20%</b>

- B. Eligible qualified expenditures paid to a Sarasota County vendor or service provider. Cash rebate percentage based on amount of qualified expenditure - see Scale below. Documentation required:**
  - (i) Proof of Sarasota County business location and operation;**
  - (ii) Itemized bill/invoice showing charges, and proof of payment in full.**
  - (iii) Completed “General Production/Post Production Expenditure Categories/Rebate Form”**

Please be sure to notate code numbers as well as category name of expenditure listed on the "General Production/Post Production Expenditure Categories/Rebate Form" on all invoices, statements, bills, or other materials you submit as support of your rebate requests.

**SCALE OF REBATE BASED ON TOTAL ELIGIBLE EXPENDITURES:**

i.	\$1000-5999	=	10%
ii.	\$6000-10,999	=	12.5%
iii.	\$11000-20,999	=	15%
iv.	\$21,000-30,999	=	17.5%
v.	\$31,000+	=	20%

**TOTAL AMOUNT REQUESTED, I.**  
**ABOVE.....\$** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED, II.A**  
**ABOVE.....\$** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED, II.B**  
**ABOVE.....\$** \_\_\_\_\_

**GRAND TOTAL** \$ \_\_\_\_\_

**REMINDER: THE SARASOTA COUNTY REBATE INCENTIVE IS CAPPED AT \$25,000 PER PROJECT UNLESS OTHERWISE APPROVED BY THE BOARD OF COUNTY COMMISSIONERS**

**BE SURE TO ATTACH THE COMPLETED "GENERAL PRODUCTION/POST PRODUCTION EXPENDITURE CATEGORIES/REBATE FORM" TO THIS APPLICATION**

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**SARASOTA COUNTY FILM TELEVISION, MEDIA  
PRODUCTION/POST PRODUCTION REBATE INCENTIVE PROGRAM**

**AFFIDAVIT OF APPLICANT**

STATE OF FLORIDA

COUNTY OF SARASOTA

**BEFORE ME**, the undersigned authority, on this day personally appeared \_\_\_\_\_, who, after being duly sworn, deposes and states:

1. That the Affiant is currently employed by \_\_\_\_\_,  
(Company)  
as \_\_\_\_\_.  
(Title)
2. That the Affiant is familiar with the \_\_\_\_\_ and has personal  
(Project)  
knowledge of the information contained in the Application to Sarasota County for a  
Production//Post Production Rebate.
3. That Affiant is authorized to complete the Application on behalf of  
\_\_\_\_\_ and attests to the accuracy of the information  
(Company)  
provided therein.

Further Affiant Saith Not.

By: \_\_\_\_\_  
(Signature)

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_, by \_\_\_\_\_, who is personally known to me or has produced his/her  
\_\_\_\_\_ drivers license.

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

\_\_\_\_\_  
Typed or Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_