



# INDIAN RIVER COUNTY LOCAL JOBS GRANT PROGRAM APPLICATION

## Overview

To attract new businesses to locate in Indian River County and to encourage existing businesses to expand locally, the Board of County Commissioners (the Commission) has established the Local Jobs Grant program. The program offers eligible businesses (those within the County's Target Industry list) financial incentives for creating new higher-wage jobs within the County and maintaining those jobs over multiple years.

Targeted businesses that create five (5) or more new jobs within the County paying at least 75% of the current county average annual wage are eligible to apply. Effective 1/1/2022, the county uses the State's 2020 Average Annual Wage for IRC of \$46,289. Qualifying businesses will be paid per job in accordance with the table below. An additional 10% bonus is available for a business that locates within the Indian River County/City of Vero Beach Enterprise Area of Gifford.

Percent of Average Wage* of New Qualified Jobs	Grant Amount per New Job Created
75% to 99.99% of county average annual wage	\$3,000 per job
100% to 149.99% of county average annual wage	\$5,000 per job
150% or more of county average annual wage	\$7,000 per job

*\*Average Annual Wage includes salary, bonuses, and commissions (excluding benefits).*

Local Jobs Grant payments are provided on a per job basis, with 1/3<sup>rd</sup> of the designated payment being made 1 year after the job is in place, 1/3<sup>rd</sup> of the designated payment being made 2 years after the job is in place, and 1/3<sup>rd</sup> of the designated payment being made 3 years after the job is in place.

## Application Review Process

Generally, the Local Jobs Grant application and award process takes 30-45 days. Because the Jobs Grant program is an economic development incentive, jobs provided by a company prior to local jobs grant application review and approval are not eligible and should not be included in a Local Jobs Grant application.

Applications are first reviewed simultaneously by the Indian River County Chamber of Commerce and the Indian River County Community Development Department to verify that the business meets eligibility criteria and that the application is complete. Once that determination is made, the Local Jobs Grant application is scheduled for review by the Indian River County Economic Development Council (EDC).

The EDC is an advisory board to the County Commission. As such, the EDC reviews Local Jobs Grant applications and provides comments and recommendations to the Commission. Generally, Local Jobs Grant applications are scheduled for consideration by the Commission approximately 1 to 2 weeks after EDC review. If the Commission approves the application, a Local Jobs Grant agreement is executed between the County and the business and is effective on the day of the Commission approval.

For any questions about the Local Jobs Grant program, please call the Indian River County Economic Development Planner at (772) 226 – 1243 or the Indian River County Chamber of Commerce Economic Development Director at (772) 567 – 3491, extension 121.

**Please Note:** Both the Indian River County Chamber of Commerce and Indian River County conduct due diligence on local jobs grant applicant businesses, owners, officers, and agents. As part of the due diligence process, additional information may be requested.

Confidential information and results of the County's and Chamber of Commerce's due diligence will be shared only between applicable county staff and the Chamber's Economic Development Director. If the Local Jobs Grant applicant is also applying for state economic development incentives, this confidential information and results of due diligence findings may be shared with Enterprise Florida staff, as covered by State Statute.



# LOCAL JOBS GRANT PROGRAM APPLICATION

<b>I. APPLICANT INFORMATION: (Please Fill In the Grey Shaded Cells)</b>			
	Racquel R Louissaint		
Business Name	And		
Treasure Coast Diagnostic Laboratory, Inc.	Rondy Louissaint		
Business Owner(s) Full Legal Name(s) <i>(e.g. John Howard Smith, Jr.)</i>	Officers Full Legal Names		
Racquel Louissaint & Rondy Louissaint	<i>(Enter Officers in multiple lines above)</i>		
Agent(s) Full Legal Name(s)			
483 S Key Lime Sq Sw	Vero Beach	FL	32968
Address	City	State	Zip Code
772-773-1750	<a href="mailto:admin@treasurecoastdiagnosticlab.com">admin@treasurecoastdiagnosticlab.com</a>	<a href="http://Treasurecoastdiagnosticlab.com">Treasurecoastdiagnosticlab.com</a>	
Phone Number	E-mail	Website	
Racquel Louissaint	Owner		
Contact Person (Full Legal Name)	Title		
Business Unit's Federal Employer Identification Number:	92-3856245		
Business Unit's Unemployment Compensation Number:	Will obtain with current insurance		
Which of the following best describes this business:			
Yes/No	Medical Laboratory Service – Blood Test, Urine Analysis		
- Yes	New business to Indian River County		
	Existing business in Indian River County		
If an expansion, how many jobs are currently in the business?			

<b>II. PROPOSED SITE LOCATION (if known):</b>		
Address 1450 Old Dixie Highway	City Vero Beach	Zip Code 32960
Property Parcel Number(s)		



Current Location (if different)		
Address	City	Zip Code
Property Parcel Number(s)		

**III. BUSINESS DESCRIPTION:**

**Give a full description of the primary business activities/functions:**

Treasure Coast Diagnostic Lab, a leading provider of comprehensive diagnostic services, distinguishes itself through its commitment to accuracy, speed, and convenience. We perform lab tests for patients, doctor offices, and individual clients, offering a range of services that can be accessed through direct client interactions, walk-in appointments, and accounts with doctor offices and nursing facilities. Registered as an S Corp in Florida, the company is owned by Racquel and Rondy Louissaint, who bring over 30 years of experience in the medical and finance sectors.

Our laboratory is committed to providing quick and accurate healthcare services, especially for patients unable to travel to an office, including those in nursing homes and home-bound patients. We ensure quick turnaround times and accurate diagnostic test results, delivering services directly to patient locations. By enhancing healthcare accessibility through on-site appointments, we offer essential services to nursing homes and home-bound patients, ensuring they receive the care they need.

**List the NAICS Code(s) for the business:**

62151

Note: NAICS Codes for business types can be found at the following website:  
<https://www.census.gov/eos/www/naics/>

**Will the site be a dedicated headquarters office (regional, national, or international)?**

Yes

**IV. JOB CREATION INFORMATION:**

Anticipated number of new full-time jobs that will be created by the business in Indian River County: 5-8 positions

Salary range of new full-time jobs identified in the previous question:  
**(PLEASE LIST ALL NEW POSITIONS AND SALARIES ON APPENDIX A OF APPLICATION)**

Phase	Number of net new full-time equivalent jobs created by the business List at least 5 jobs in Phase I.	Date by which promised jobs will be provided (Please circle the appropriate quarter end date) List jobs in no less than 1 and no more than 3 phases.			Year	Average Annual Wages (\$)
I	5		Dec. 31st		24-25	49,825
II	2			Mar 30 <sup>th</sup>	2025	47,357

III							
Total	7						

**V. CRIMINAL/CIVIL FINES OR PENALTIES:**

List and explain any criminal or civil fines or penalties or ongoing investigations that have been imposed upon the company, its executives, or its affiliates and any recent bankruptcy proceedings of the applicant or its parent company:

N/A

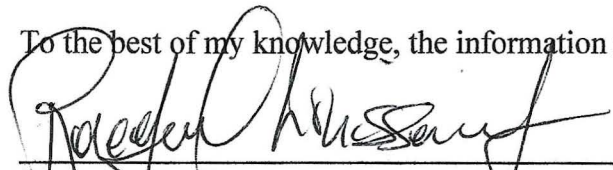
**VI. CONFIDENTIALITY:**

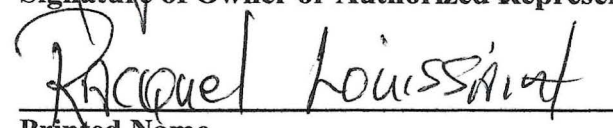
In accordance with Section 288.075 of the Florida Statutes, the Applicant may request that Indian River County maintain the confidentiality of all information regarding the Project (including information contained in this application) for the lesser of a 12 month period after the date of this application (which may be extended for an additional 12 months upon request), 6 months after the issuance of the final project order approving the project or until the information is otherwise disclosed.

Please indicate whether the Applicant is requesting confidential treatment of the Project in accordance with Section 288.075 of the Florida Statutes.

Yes       No

To the best of my knowledge, the information included in this application is accurate.

  
 \_\_\_\_\_  
 Signature of Owner or Authorized Representative

  
 \_\_\_\_\_  
 Printed Name

  
 \_\_\_\_\_  
 Date

## **JOBS GRANT APPLICATION CHECKLIST**

		<b><u>YES</u></b>	<b><u>NO</u></b>
I.	Cover letter requesting confidentiality	x	
II.	Brief narrative that describes nature of applicant's business	x	
III.	Letter of Authorization from owner if applied for by anyone other than owner		x
IV.	Sworn Statement on Disclosure of Relationships and Disclosure of Financial Conflict of Interest	x	



## APPENDIX A

Please list all new job positions that will qualify under Indian River County's Local Job Grant Program. The jobs listed in this appendix and the dates proposed must reflect those listed by phase on page 4 of this application. Please make additional copies of this form as needed.

<b>Job Title</b>	<b># of Positions</b>	<b>Anticipated Date of Hire</b>	<b>Annual Salary Per Job</b>	<b>Annualized Average Value of Benefits Per Job</b>	<b>Benefits Included</b>
Example 1: Widget Operator	10	07/15/21	\$40,000	\$15,000	Health insurance, 401(k) contributions, vacation, and sick leave
Example 2: Engineer	5	07/15/21	\$53,000	\$20,000	Health insurance, 401(k) contributions, vacation, and sick leave
Operation Development Director	1	12/15/2024	\$62,400.00	\$6,638.00	Health Insurance, vacation, and sick leave
Laboratory Manager	1	12-15-2024	55,805.00	\$5,689.00	Health Insurance, vacation, and sick leave
Administrative Assistant	1	12-15-2024	\$46,090	\$4,990.00	Health Insurance, vacation, and sick leave
Laboratory Assistant	1	12-15-2024	\$46,320	\$4,928.00	Health Insurance, vacation, and sick leave
Lead Phlebotomist	1	12-15-2024	\$45,000	\$4787.00	Health Insurance, vacation, and sick leave
Phlebotomist	1	01-15-2025	\$43,335	\$3,983.00	Health Insurance, vacation, and sick leave

<b>Job Title</b>	<b># of Positions</b>	<b>Anticipated Date of Hire</b>	<b>Annual Salary Per Job</b>	<b>Annualized Average Value of Benefits Per Job</b>	<b>Benefits Included</b>
Marketing Director/Sales	1	01/15/2025	\$51,379.00	\$4,882.00	Health Insurance, vacation, and sick leave



# BACKGROUND CHECK AUTHORIZATION FORM

Name Racquel R. Louissaint Date of Birth 7-14-72  
Other Names You Have Used in the Past 10 Years Racquel Sapleton  
Address 483 S Key Lime Sq. Vero Beach, FL 32968  
Other Addresses at Which You Have Resided in the Past 5 Years 142 NW Swann Mill Cir, Port St. Lucie, FL 34986

Business Entities (e.g., corporations, limited liability companies, etc.) in Which You Have Been a Principal (e.g., owner, shareholder, officer, director, manager, member, partner, etc.) in the Past 10 Years (Please list City & State of Business) Xpression Hair & Nails Boutique Port St. Lucie (online bus) - owner; Impact Worship Center, Vero Beach, - Officer

Social Security # 287-86-4947  
Driver License # L253-736-72-754-D State Issued FL

Have You Ever Been Convicted of a Crime NO If so, please explain \_\_\_\_\_

Have Any Civil Judgments or Orders Been Entered Against You or Any Business Entity Named Above in the Past 5 Years NO If so, please explain \_\_\_\_\_

I HEREBY AUTHORIZE INDIAN RIVER COUNTY, FLORIDA ("COUNTY") TO CONDUCT A BACKGROUND CHECK OF ME AND ANY BUSINESS ENTITY LISTED ABOVE RELATING TO MY OR ITS CRIMINAL, COMMERCIAL, FINANCIAL OR OTHER HISTORY DEEMED RELEVANT BY THE COUNTY. I UNDERSTAND THAT THE COUNTY MAY UTILIZE OUTSIDE GOVERNMENT AGENCIES, INCLUDING LAW ENFORCEMENT AGENCIES, OR PRIVATE AGENCIES TO ASSIST IN CONDUCTING THE BACKGROUND CHECK.

Signature Racquel Louissaint Date 8/23/24

# BACKGROUND CHECK AUTHORIZATION FORM

Name Rondy Louissaint Date of Birth 5-28-64

Other Names You Have Used in the Past 10 Years \_\_\_\_\_

Address 483 S Key Lime Sq. Vero Beach, FL 32968

Other Addresses at Which You Have Resided in the Past 5 Years 142 NW Swann Mill Cir, Port St. Lucie, FL 34984

Business Entities (e.g., corporations, limited liability companies, etc.) in Which You Have Been a Principal (e.g., owner, shareholder, officer, director, manager, member, partner, etc.) in the Past 10 Years (Please list City & State of Business) Xpression Hair & Nails Boutique  
Port St. Lucie (Online Bus) - Manager  
Impact Worship Center, Vero Beach, - President

Social Security # 264-77-8157

Driver License # L253-720-641880 State Issued FL

Have You Ever Been Convicted of a Crime NO If so, please explain \_\_\_\_\_

Have Any Civil Judgments or Orders Been Entered Against You or Any Business Entity Named Above in the Past 5 Years NO If so, please explain \_\_\_\_\_

I HEREBY AUTHORIZE INDIAN RIVER COUNTY, FLORIDA ("COUNTY") TO CONDUCT A BACKGROUND CHECK OF ME AND ANY BUSINESS ENTITY LISTED ABOVE RELATING TO MY OR ITS CRIMINAL, COMMERCIAL, FINANCIAL OR OTHER HISTORY DEEMED RELEVANT BY THE COUNTY. I UNDERSTAND THAT THE COUNTY MAY UTILIZE OUTSIDE GOVERNMENT AGENCIES, INCLUDING LAW ENFORCEMENT AGENCIES, OR PRIVATE AGENCIES TO ASSIST IN CONDUCTING THE BACKGROUND CHECK.

Signature [Handwritten Signature]

Date 8/23/24

**August 23, 2024**

Mr. Andrew Sobczak  
Community Development Director  
Indian River County Community Development Department  
1801 27th Street  
Vero Beach, FL 32960

Dear Mr. Sobczak:

In reference to our Jobs Grant incentive application submitted **August 23, 2024**, we respectfully request Confidentiality, as outlined in Florida Statutes Section 288.075. This includes confidentiality of wages by type of job and company identification information (name, address, contact information, etc.).

If you have any questions regarding this request, please contact me at **772-773-1750**

Sincerely,

A handwritten signature in blue ink, appearing to read "Racquel Louissaint", with a horizontal line underneath.

**Racquel & Rondy Louissaint, Owners  
Treasure Coast Diagnostic Laboratory, Inc.**

CC: Bill DeBraal, Indian River County Attorney  
Helene Caseltine, Economic Development Director, Indian River County  
Chamber of Commerce



## SWORN STATEMENT ON DISCLOSURE OF RELATIONSHIPS AND DISCLOSURE OF FINANCIAL CONFLICT OF INTEREST

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement MUST be submitted with Local Jobs Grant Applications.
2. This sworn statement is submitted by: **Treasure Coast Diagnostic Laboratory, Inc.**\_\_\_\_\_

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(Name of entity submitting Statement)

whose business address is:

**1450 Old Dixie Hwy, Vero Beach, FL 32960**

3. My name is **Racquel R. Louissaint & Rondy Louissaint**\_\_\_\_\_
- (Please print **full legal** name of individual signing)

and my relationship to the entity named above is **Owners/Founders**

4. I understand that an “affiliate” means:

The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the entity.

5. I understand that the relationship with a County Commissioner or County employee that must be disclosed as follows:

Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, or grandchild.

6. I understand that business relationships and other financial relationships between affiliate and a County Commissioner or County employee, as each of these terms are defined under items 4 and 5 above, must be disclosed as part of this sworn statement.

7. Based on information and belief, the Disclosure of Relationships statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, have any relationships as defined under item number 5 above, with any County Commissioner or County employee.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents, who are active in management of the entity, have the following relationships with a County Commissioner or County employee:

Name of Affiliate or entity	Name of County Commissioner or Employee	Relationship
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N/A

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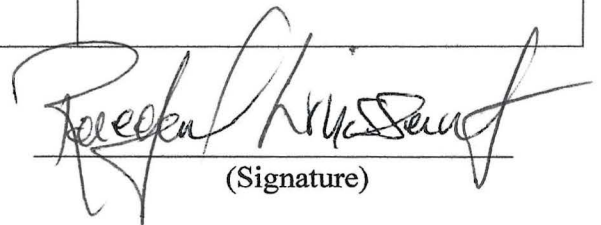
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8. Based on information and belief, the Disclosure of Financial Conflict of Interest statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, have any financial or business relationships as defined under item number 6 above, with any County Commissioner or County employee.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents, who are active in management of the entity, has the following financial or business relationships with a County Commissioner or County employee:

Name of Affiliate or Entity	Name of County Commissioner or Employee	Description of Business or Financial Relationship
N/A		

  
 \_\_\_\_\_  
 (Signature)

(Date)

STATE OF Florida

COUNTY OF Indian River

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of August, 2024, by Racquel Kussling, who is personally known to me or who has produced FL Drivers Licence as identification.

NOTARY PUBLIC

SIGN: Andrea M. Beam

PRINT: Andrea M. Beam

Notary Public, State at large

My Commission Expires: 5/5/26

(Seal)

