

ALL APPLICATIONS MUST BE SUBMITTED ONLINE
(this document will help the applicant prepare
for the application process)



Application for Family Friendly Business Award™ Pinellas

PLEASE NOTE: your application is not saved until you hit “Submit” at the end.

* indicates required field.

YOUR Information

Name*

First, Last

Primary Contact Email*

Secondary Contact Email*

If we are unable to contact your business/organization at the primary email address, we will use this email address. This must be different from the Primary Contact email.

Phone

Job Title

Have you applied before?*

- No, this is my first time applying for the award
- Yes, I am renewing my application (I received an award in a previous year)
- Yes, I am resubmitting my application (I updated information from the application I just recently submitted)

BUSINESS Information

From this point forward, when we say, "you," we are referring to your business/organization.

Name of business/organization*

Website*

Address*

Street Address

Address Line 2

City

County

Zip Code

What is your primary industry?*

- Agriculture, Forestry, and Fishing
- Mining
- Utilities
- Construction
- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation and Warehousing
- Information (telecommunications, broadcasting, communications)
- Finance and Insurance
- Real Estate, Rental, and Leasing
- Professional, Scientific, and Technical Services (legal services, accounting, architects, public relations)
- Management of Companies and Enterprises
- Administrative and Support and Waste Management and Remediation Services
- Educational Services
- Health Care and Social Assistance
- Arts, Entertainment, and Recreation
- Accommodation and Food Services
- Other Services (religious organizations, personal care, automotive services, social advocacy, civic and social organizations, unions, political organizations, except public administration)
- Public Administration

Is your business/organization majority woman-owned?*

- Yes
- No

- Does not apply (Corporation, Non-profit, Government)

What is the race/ethnicity of the owner(s) with majority ownership?*

- African American
- Asian
- Hispanic/Latino(a)
- Native American
- White
- Other _____
- Does not apply (Corporation, Non-profit, Government)

EMPLOYEE Information

How many full-time employees do you have?*

Please enter number, even if zero. No commas.

How many part-time employees do you have?*

Please enter number, even if zero. No commas.

Enter # of employees earning the following wages

A number is required in each field below. Please enter 0 (zero) if no employee earns the wage range.

Minimum Wage - \$10 per hour* _____

\$10.01 - \$14 per hour* _____

\$14.01 - \$20 per hour* _____

\$20.01 - \$30 per hour* _____

\$30.01 or more per hour* _____

PREVIOUS AWARDS

Have you ever been recognized or received an award for the benefits you offer?

- No
- Yes

When? _____

By whom? _____

CATEGORY ONE: Paid Leave

Paid leave includes paid personal leave, paid maternity/paternity leave, and paid family leave.

Do you offer paid leave?*

- Yes
- No (the following questions will not appear)

Congratulations on offering paid leave! Please answer the questions below:

How many days of paid leave do you offer per year?*

On average per employee, per year. _____

1. We offer paid personal leave (school involvement, sick employee, training/professional development, vacation).

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

2. We offer stand alone paid maternity/paternity leave.

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other

- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

3. We offer paid family leave (caring for aging parents, children, domestic partner).

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

4. We offer other paid leave (please specify)

- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

CATEGORY TWO: Health Support

Health support includes breastfeeding/lactation support, healthcare, wellness programs, and reasonable accommodations for workers who have medical needs arising out of pregnancy.

Do you offer health support?*

- Yes
- No (the following questions will not appear)

Congratulations on offering health support. Please answer the questions below:

1. We offer healthcare (employer subsidized health or dental insurance)

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

2. We offer wellness programs (such as wellness assessments, screenings, education, health coaching, organized wellness activities, onsite preventative care such as immunizations, interventions such as smoking cessation, incentive and/or paid time off for wellness activities)

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other

- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

3. We offer reasonable accommodations for workers who have medical needs arising out of pregnancy (allowing to avoid heavy lifting, stay off ladders)

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

4. We offer other health support (please specify)

- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous

year, indicate “No changes.” Field cannot be blank.

CATEGORY THREE: Work Schedule Support

Work schedule support includes flexible work scheduling, job sharing, telecommuting, and predictable scheduling.

Do you offer work schedule support?*

- Yes
- No (the following questions will not appear)

Congratulations on offering work schedule support. Please answer the questions below.

1. We offer flexible work scheduling (such as 4 10-hour days or other adjustable scheduling)

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

2. We offer job sharing (such as two or more part-time employees share one full-time position)

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

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3. We offer telecommuting (work from remote location at least some of the time)

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

4. We offer predictable scheduling (providing at least two weeks’ notice of work schedules and/or premium pay for changes in work schedules made with short notice)

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

5. We offer other work schedules (please specify)

- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

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CATEGORY FOUR: Economic Support to build long-term wealth & short-term financial stability

Economic support includes higher than average wages in your industry, employer subsidized training/educational assistance, retirement/asset building available, and employer subsidized or on-site childcare or dependent care, or on-site childcare.

Do you offer economic support?*

- Yes
- No (the following questions will not appear)

Congratulations on offering economic support. Please answer the questions below.

1. We offer higher than average wages in our industry

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

2. We offer employer subsidized training/educational assistance

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other

- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

3. We offer employer-supported retirement/asset building available to build long-term wealth

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

4. We offer employer subsidized or on-site childcare or dependent care (such as aging parents)

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other

- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

5. We offer employer supported short-term financial stability options (small-dollar lending with repayment available via payroll deductions, access to financial capability training/ coaching)

- For Full-time employees
- For Part-time employees
- Is this policy verbal or written?*
- Verbal
- Written
- Other
- **Please explain...***
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

6. We offer other economic support (please specify)

- Please explain...*
- If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

Laws

Do your policies ensure compliance with the federal Breastfeeding Law?*

This is a minimum requirement for qualifying in the Health Support category. View green box to learn more about this law. If YES, proceed to policy questions; if NO, proceed to next category.

- Yes
- No

Nursing Mothers' Rights at Work

Federal law requires employers to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk (Section 7 of the FLSA). Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

Learn More: [Section 7 of the FLSA](#)

Do your policies ensure compliance with the Florida law: Job-Protected Leave, Domestic Violence and the Workplace*

This is required by Florida state law and a minimum requirement for qualifying for any Family Friendly Business Award™. View green box to learn more about this Florida law.

- Yes
- No

Florida: Job-Protected Leave, Domestic Violence and the Workplace

Workers in businesses with 50 or more employees, who have worked for their employer for three or more months and who are victims of domestic violence, are entitled to three days of leave, with or without pay, in any 12-month period to address legal, medical, safety or relocation issues.

Learn More: [Florida Statute 741.313 Unlawful action against employees seeking protection](#)

Congratulations! It looks like your business/organization may qualify for our new Platinum level award. We applaud you on your commitment to family friendly policies.

Would you like to proceed with Platinum level certification?

- Yes
- Not at this time

In the next section, you will answer questions about Pay Equity, Diversity & Inclusion, and Community Investment.

CATEGORY FIVE: Pay Equity

Do you comply with the Florida Pay Equity statute?*

Do your business/organization policies ensure compliance with the Florida Pay Equity statute, the federal Equal Pay Act, Title VII of the federal Civil Rights Act, and the Florida Civil Rights Act. Compliance is a minimum requirement for qualifying in Pay Equity category. View green box to learn more about this Law. If YES, proceed to policy questions; if NO, proceed to next category.

If YES, proceed to policy questions; if NO, proceed to next category.

Yes

Florida: Pay Equity

State law in Florida prohibits employers from discriminating based on sex by paying wages

to employees at a rate less than the rate at which wages are paid to employees of the

opposite sex for equal work on jobs that require equal skill, effort, and responsibility and that

are performed under similar working conditions. Differences in pay are permissible if based

- A seniority system;
- A merit system;
- A system that measures earnings by quantity or quality of production; or
- A differential based on any reasonable factor

other than sex when exercised in good faith. The law covers employers with two or more employees. An employee may file a civil lawsuit against the employer to recover the difference between the amount the employee was paid and the amount that should have been paid. The amount is limited to the 1-year period

before filing the claim. Learn more: [448.07 Wage rate discrimination based on sex prohibited](#)

The Florida Civil Rights Act prohibits employment practices that discriminate based on race, color, religion, sex, national origin, age, handicap, or marital status. The Act covers public and private employers with 15 or more employees, including employment agencies and labor unions.

Learn More: [FLORIDA CIVIL RIGHTS ACT](#)

No

Do you offer pay equity?*

- Yes
- No

Congratulations on offering pay equity. Please answer the questions below:

1. Our business/organization formally evaluates pay by job classification and gender?*

- Yes
- No
- Please explain this policy (pay by job classification and gender)*

Is this information available to employees if they ask?*

- Yes
- No

Is this information public? If yes, how is it made available?*

- Yes
- No

How is this made available?*

2. Our business/organization allows or encourages employees to discuss pay with co-workers*

- Yes
- No

- **Please explain this policy (allow employees to discuss pay with co-workers)***

CATEGORY SIX: Diversity & Inclusion

Diversity & Inclusion includes having policies in place for diversity of staff and/or board, offering training to employees on diversity & inclusion, offering diversity programs and employee networks.

Do you have policies related to diversity & inclusion?*

- Yes
- No

Congratulations on offering diversity & inclusion policies. Please answer the questions below.

1. Do you have policies related to diversity & inclusion for staff and/or board?*

- Yes
- No
- Please explain this policy (diversity & inclusion for staff and/or board)*

Do you have goals related to diversity in your hiring process?

- Yes
- No

If you have a board, do you have goals for diversity of members?

- Yes

- No
- We don't have a board

2. Do you have diversity programs or employee networks for the following: race, gender, age, disability, LGBTQ, veterans, other*

- Yes
- No

- Please explain this policy (diversity programs or employee networks)*

3. Do you provide training to our employees on diversity & inclusion?*

- Yes
- No

- Please explain this policy (training to employees on diversity & inclusion)*

CATEGORY SEVEN: Community Investment

Community Investment includes having policies in place to support employees investing time and/or money in the community.

Do you have policies related to supporting employees investing time and/or money in our/their community?*

- Yes
- No

Congratulations on offering policies to support community investment. Please answer the questions below.

1. Do you offer paid time for volunteering or business/ organization sponsored volunteering (such as community service or community boards)*

- Yes
- No

- Please explain this policy (training to employees on diversity & inclusion)*

2. Do you offer employer-matched donations?*

- Yes
- No

- Please explain this policy (training to employees on diversity & inclusion)*

FINAL QUESTIONS:

I confirm the business/organization for which this application is submitted is not involved in a labor dispute*

- Yes
- No

I confirm the information in this application is accurate.*

- Yes
- No

I give consent to use our business/organization name and logo in recognition of the award, including including website, eblasts, social media and promotional materials.*

- Yes
- No

- **Upload your business/organization logo_____**
 - **Please share your Facebook, Twitter, LinkedIn & Instagram social media handles**
-

Where did you hear about the Pinellas Family Friendly Business Award™?*

Please choose one...

- Social Media
- Website
- Other News Media
- Personal Referral
- Event/In Person Presentation
- Other

Submit