



# FUNDING ASSISTANCE APPLICATION FORM

<b>Date of Application</b>	06/21/2021
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## COMPANY INFORMATION

<b>1. Business Name</b>	Corner Office Delray, LLC				
<b>2. Website</b>	https://www.cornerofficedelray.com				
<b>3. Year Established</b>	2020	<b>4. Legal Structure</b>	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sole Proprietorship		
<b>5. FEIN #</b>	85-0944242	<b>6. 6-Digit NAICS Code</b>	492110	<b>Does the company have a valid M/WBE certification?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>7. Is business currently operating?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Current location is:</b>	<input checked="" type="checkbox"/> Leased <input type="checkbox"/> Owned	
<i>If currently operating...</i>					
<b>Current address:</b> 401 West Atlantic Ave, Suite R10, Delray Beach, FL 33444					
<b>Length of time at current location</b>	2 months	<b>If leased, provide lease expiration date</b>	June 30, 2026		
<b>8. Current Number of Employees</b>	<b>FT:</b> 3	<b>PT:</b> 0	<b>1099:</b> 0		
<b>Total number of employees who are Delray Beach residents (residing in zip codes: 33444, 33445, 33483):</b>				0	
<b>9. Anticipated New Jobs to Be Created</b>	<b>FT:</b> 7	<b>PT:</b> 0	<b>TOTAL:</b> 7		

## CONTACT INFORMATION

<b>10. Name &amp; Title:</b>	Gina Pierre, Manager
<b>11. Email</b>	ginapierre@cornerofficedelray.com
<b>12. Mailing Address</b>	401 West Atlantic Ave, Suite R10, Delray Beach, FL 33444
<b>13. Business Phone</b>	561-450-8700
<b>14. Cell Phone</b>	561-374-1611

## PROJECT INFORMATION

<b>15. Funding Program Requested</b>	<input type="checkbox"/> Community Sponsorship Grant <input type="checkbox"/> Historic Façade Improvement <input type="checkbox"/> Paint-Up & Signage <input type="checkbox"/> Project Consultancy & Design (Project Feasibility Consult) <input type="checkbox"/> Project Consultancy & Design (Project Design Services) <input type="checkbox"/> Rent Subsidy <input checked="" type="checkbox"/> Site Development Assistance		
<b>16. Project Address</b>	401 W Atlantic Ave, Delray Beach, FL 33444	<b>17. Square Feet of Project Location</b>	1,200 sq ft
<b>18. Type of space</b>	<input checked="" type="checkbox"/> Office <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Personal Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Industrial/Flex <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Other: _____		
<b>19. Do you lease or own the project location?</b>	<input checked="" type="checkbox"/> Lease <input type="checkbox"/> Own	<b>Dates of Lease Term:</b> May 1, 2021 - June 30, 2026	<b>Annual Rental Rate:</b> \$ 36,000.00
<b>Property Owner (as recorded on warranty deed):</b> NUNZIA INC.			
<b>Date of Acquisition (if applicable):</b>			
<b>20. Total Estimated Project Cost</b>	<b>Entire Project:</b> \$ 65,000.00	<b>Interior:</b> \$ 55,000.00	<b>Exterior:</b> \$ 10,000.00
<b>21. Total Capital Investment</b>	\$ 20,000.00		
<b>22. Proposed Improvements: (select all that apply)</b>	<input type="checkbox"/> Building Expansion <input checked="" type="checkbox"/> Lighting/Electrical <input type="checkbox"/> Storefront/Façade <input type="checkbox"/> Windows/Doors <input checked="" type="checkbox"/> Signage <input type="checkbox"/> Awning/Canopy <input type="checkbox"/> Landscape/Irrigation <input type="checkbox"/> Exterior Painting <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Other (please specify): <u>AIR CONDITIONING / INTERIOR BUILDOUT / SIGNAGE</u>		
<b>23. Business Overview: describe the business use and activity:</b>			
<p>Corner Office Delray, LLC is a shipping and e-commerce business on West Atlantic Avenue with hopes to attract business savvy customers to the Avenue. We are currently seeking funding assistance from the Delray Beach CRA for site development assistance.</p>			
<b>24. Project Description: provide a brief overview of the proposed project concept and design needs:</b>			
<p>We would like to add new signage so customers can identify our location with ease. We would also like to add surveillance cameras and additional lighting to ensure customer safety. The air conditioning, electrical and plumbing need to be replaced to meet current building codes and standards. An energy efficient air conditioning unit will help lower our electric bill as well as lower the amount of carbon dioxide and other pollutants emitted in atmosphere.</p> <p>As part of our beautification efforts, we would like to paint and repair the existing walls, and add flooring since there is only the original concrete slab. We would also like to replace the current countertop, which was designed specifically for the previous business, a dry cleaner.</p>			

## CERTIFICATION

**Please read the section below carefully. After you have read the program guidelines for the requested funding assistance program, sign the form below and submit your completed application to the CRA office.**

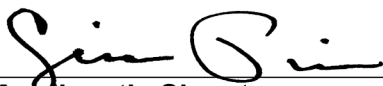
*I, the undersigned, being a principal of the business applying for funding assistance from the Delray Beach Community Redevelopment Agency, hereby certify that the business represented herein is a legally operating business and is or will be located in the City of Delray Beach Community Redevelopment Area.*

*I understand that this application is not a guarantee of assistance. Should my application be approved, I understand that I am committing to completing the project I have represented in this application, and to obtaining a Certificate of Occupancy or the necessary satisfactory inspection notices signifying that any improvements have been done in accordance with city ordinances and codes. I agree to maintain a valid Delray Beach business tax receipt at all times, and to obtain all necessary City approvals prior to beginning any work. I understand that a failure to do so may jeopardize my ability to receive CRA funding under any funding assistance program.*

*I understand that any proposed improvement project as represented in this application must receive CRA board approval before any construction begins in order to be eligible for reimbursement and or direct vendor payment.*

*I understand that because Florida has a very broad public records law, some or all of the information contained within this application may be subject to public disclosure in accordance with state statutes.*

*I have read the program guidelines in their entirety and by signing below accept the terms of the program. I understand that if this application is incomplete, contains false information or is not accompanied by the necessary documents, it will not be processed.*

	06/21/2021
<b>Applicant's Signature</b>	<b>Date</b>
Gina Pierre	Manager
<b>Printed Name</b>	<b>Title</b>

FOR OFFICE USE ONLY		
<b>RECEIVED BY:</b> Alexina Jeannite	<b>DATE</b> 6/21/21	
<input checked="" type="checkbox"/> <b>COMPLETE</b>	<input checked="" type="checkbox"/> <b>INCOMPLETE</b>	<input type="checkbox"/> <b>PACKET ATTACHED</b>

10/6/2021