



FUNDING ASSISTANCE APPLICATION FORM

Date of Application	
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COMPANY INFORMATION

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

CONTACT INFORMATION

10. Name & Title:	
11. Email	
12. Mailing Address	
13. Business Phone	
14. Cell Phone	

PROJECT INFORMATION

15. Funding Program Requested	<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		
16. Project Address		17. Square Feet of Project Location	
18. Type of space	<input type="checkbox"/> Office <input 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: _____		
19. Do you lease or own the project location?	<input type="checkbox"/> Lease <input type="checkbox"/> Own	Dates of Lease Term:	Annual Rental Rate: \$
Property Owner (as recorded on warranty deed):			
Date of Acquisition (if applicable):			
20. Total Estimated Project Cost	Entire Project: \$	Interior: \$	Exterior: \$
21. Total Capital Investment	\$		
22. Proposed Improvements: (select all that apply)	<input type="checkbox"/> Building Expansion <input checked="" type="checkbox"/> Lighting/Electrical <input checked="" 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 type="checkbox"/> Other (please specify): _____		
23. Business Overview: describe the business use and activity:			
24. Project Description: provide a brief overview of the proposed project concept and design needs:			

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.

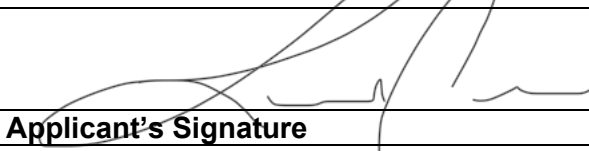
I understand that this application is not a guarantee of assistance. Should my application be approved, I understand that I am committing to completing the project I have represented in this application, and to obtaining a Certificate of Occupancy or the necessary satisfactory inspection notices signifying 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.

By signing and submitting this form, the applicant affirms that the information provided as part of the application package including all required documentation is true and accurate to the best of their knowledge.

	11/5/24
Applicant's Signature	Date
Lucinda Charles	
Printed Name	Title

FOR OFFICE USE ONLY		
RECEIVED BY:	DATE	
<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE	<input type="checkbox"/> PACKET ATTACHED