



**DELRAY BEACH CRA**  
COMMUNITY REDEVELOPMENT AGENCY

# FUNDING ASSISTANCE APPLICATION FORM

Date of Application

08.23.2022

## COMPANY INFORMATION

1. Business Name	Conde Center For chiropractic Neurology		
2. Website	thecondecenter.com		
3. Year Established	2006	4. Legal Structure	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sole Proprietorship
5. FEIN #	20-3816553	6. 6-Digit NAICS Code	n/a
7. Is business currently operating?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does the company have a valid M/WBE certification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Current location is:		<input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned	
If currently operating...			
Current address: 401 W. Atlantic Ave. Ste. #014-016 Delray Beach, FL 33444			
Length of time at current location	16 yrs	If leased, provide lease expiration date	n/a
8. Current Number of Employees	FT: 11	PT:	1099: 1
Total number of employees who are Delray Beach residents (residing in zip codes: 33444, 33445, 33483):			
9. Anticipated New Jobs to Be Created	FT: 1	PT: 1	TOTAL: 2

## CONTACT INFORMATION

10. Name & Title:	Juan Conde DC, DACNB - Owner / President
11. Email	drconde@thecondecenter.com
12. Mailing Address	401 W. Atlantic Ave. Ste. #014 Delray Beach, FL 33444
13. Business Phone	561-330-6096
14. Cell Phone	561-376-0888

## 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 checked="" type="checkbox"/> Project Consultancy & Design (Project Design Services) <input type="checkbox"/> Rent Subsidy <input checked="" type="checkbox"/> Site Development Assistance		
16. Project Address	401 W. Atlantic Ave. Ste. #014-016 Delcay Beach, FL 33444		17. Square Feet of Project Location 4,398
18. Type of space	<input checked="" type="checkbox"/> Office <input type="checkbox"/> Commercial <input 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: <u>medical / commercial</u>		
19. Do you lease or own the project location?	<input type="checkbox"/> Lease <input checked="" type="checkbox"/> Own	Dates of Lease Term: n/a	Annual Rental Rate: \$ n/a
Property Owner (as recorded on warranty deed): Juan Conde			
Date of Acquisition (if applicable): n/a			
20. Total Estimated Project Cost	Entire Project: \$ 150,000	Interior: \$ 150,000	Exterior: \$ _____
21. Total Capital Investment	\$ 10,000 plus SBA loan which has been approved		
22. Proposed Improvements: (select all that apply)	<input type="checkbox"/> Building Expansion <input checked="" type="checkbox"/> Lighting/Electrical <input type="checkbox"/> Storefront/Façade <input type="checkbox"/> Windows/Doors <input 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): <u>mostly demolition and adding pocket doors, paint, flooring, trim. Increase efficiency.</u>		
23. Business Overview: describe the business use and activity: Medical / chiropractic office delivering high quality healthcare. Services include chiropractic care, physical therapy, functional neurology, IV nutrition, massage, and regenerative medicine. Multi-disciplinary office.			
24. Project Description: provide a brief overview of the proposed project concept and design needs: The main goal of the project is to increase efficiency and maximize utilization of space. No additional square feet will be added just a re-imagination of current space. Most of the re-model will be demolition to open areas and adding pocket doors. The practice has been growing exponentially year after year.			



## 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.

	
<b>Applicant's Signature</b>	08.23.2022
	<b>Date</b>
Juan C. Conde	08.23.2022
<b>Printed Name</b>	<b>Title</b>

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