



FUNDING ASSISTANCE APPLICATION FORM

Date of Application 10/6/21

COMPANY INFORMATION

1. Business Name		<u>Let's Talk Innovation LLC</u>			
2. Website					
3. Year Established	<u>2020</u>	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 #	<u>84-4361883</u>	6. 6-Digit NAICS Code		Does the company have a valid M/WBE certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is business currently operating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Current location is:	<input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned		
<i>If currently operating...</i>					
Current address: <u>5041 Mussy Dr. Lake Worth FL 33463</u>					
Length of time at current location	<u>2 years</u>	If leased, provide lease expiration date			
8. Current Number of Employees	FT: <u>2</u>	PT:	1099:		
Total number of employees who are Delray Beach residents (residing in zip codes: 33444, 33445, 33483): <u>0</u>					
9. Anticipated New Jobs to Be Created	FT: <u>2</u>	PT: <u>2</u>	TOTAL: <u>4</u>		

CONTACT INFORMATION

10. Name & Title:	<u>Christopher Redding</u>
11. Email	<u>Chrisredding@gmail.com or LetstalkPB@gmail.com</u>
12. Mailing Address	<u>5041 Mussy Dr. Lake Worth FL 33463</u>
13. Business Phone	<u>2124702930</u>
14. Cell Phone	<u>5613779227</u>

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
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16. Project Address	17. Square Feet of Project Location	
186 NW 5th Ave Delray Bch	1100	

18. Type of space	<input 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: _____
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19. Do you lease or own the project location?	<input checked="" type="checkbox"/> Lease <input type="checkbox"/> Own	Dates of Lease Term:	Annual Rental Rate: \$
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Property Owner (as recorded on warranty deed):
Delray Community Development Agency

Date of Acquisition (if applicable):

20. Total Estimated Project Cost	Entire Project: \$	Interior: \$	Exterior: \$
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21. Total Capital Investment: \$

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 checked="" type="checkbox"/> Landscape/Irrigation <input checked="" type="checkbox"/> Exterior Painting <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Other (please specify): Interior renovations
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23. Business Overview: describe the business use and activity:
Smart/healthy cafe that serves healthy options for breakfast + lunch. Customers can also take advantage of business resources while dining in the cafe.

24. Project Description: provide a brief overview of the proposed project concept and design needs:

- Landscaping
- Exterior painting
- Interior-flooring, removal of one wall, installation of door separating main bathroom from kitchen, lighting, shelving installed, cosmetic changes, & kitchen updates.

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.

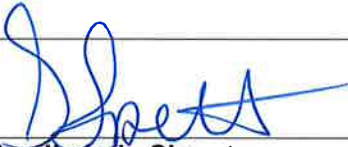
I, the undersigned, being a principal of the business applying for funding assistance from the Delray Beach Community Redevelopment Agency, hereby certify that the business represented herein is a legally operating business and is or will be located in the City of Delray Beach Community Redevelopment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

	10/6/21
Applicant's Signature	Date
Serena Spates, Christopher Prodding	COO + President
Printed Name	Title

FOR OFFICE USE ONLY		
RECEIVED BY: 	DATE 10/6/2021	
<input checked="" type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE	<input type="checkbox"/> PACKET ATTACHED