

## FUNDING ASSISTANCE APPLICATION FORM

						Da	ite (	of Application	April 5, 2024	
C	OMPANY INFO	RMA	TION							
1.	Business Name	The Ra	abbit Hole-	Down	The R	Rabbit	Ho	le		
2.	Website	www.th	nerabbithole	e.life						
3.	Year Established	2020		4. L S	tructur	re		Corporation   Nonprofit	LLC Partne Sole Proprietors	
5.	FEIN#	87-298	37228		N	-Digit IAICS Code	7	22513	Does the company have a valid M/WBE certification?	■ Yes □ No
7.	Is business curren	tly oper	ating?	☐ Ye				Current location is:	■ Leased □ Owned	
	If currently operating	ıg								
	Current address:									
	Length of time at collocation	ırrent				If lease expirat		provide lease date		
8.	Current Number of Employees	f	FT:			PT:			1099:	
	Total number of em (residing in zip cod				ch res	idents				
9.	Anticipated New J Be Created	obs to	FT:		1	PT:			TOTAL:	
C	ONTACT INFO	RMAT	ION							
10	. Name & Title:	Dee W	oods, Presi	ident						
11	. Email	dee@t	herabbithol	e.life	7.00	*				
12	. Mailing Address	6278 N	l Federal H	wy, Ste	e 398					
13	. Business Phone	954-39	9-7459							
14	. Cell Phone	561-42	8-5717							

PROJECT INFO	RMATION		
15. Funding Program Requested		iprovement e cy & Design (Project Feasi cy & Design (Project Desig	
16. Project Address	98 NW 5th Av	ve, Delray Beach,	17. Square Feet of Project Location
18. Type of space	☐ Office ☐ Personal Services ☐ Mixed-Use	<ul><li>☐ Commercial</li><li>☐ Restaurant</li><li>☐ Other:</li></ul>	☐ Retail ☐ Industrial/Flex
19. Do you lease or own the project location?	Own	of Lease Term:	Annual Rental Rate:
Property Owner (as Delray Beach CRA	recorded on warranty de A	ed):	
Date of Acquisition	(if applicable):		
20. Total Estimated Project Cost	\$40,000	Interior: \$40,000	Exterior:
21. Total Capital Investment	\$10,000		
22. Proposed Improvements: (select all that apply)	☐ Building Expansion ☐ Windows/Doors ☐ Landscape/Irrigation ☐ Other (please specified)	☐ Signage	☐ Storefront/Façade ☐ Awning/Canopy ☐ Parking tertop
Cafe and sandwich S		<b>,</b>	
Interior construction in buildout will include a	is required to transform	in seating, a small stage,	cept and design needs: sed cafe/sandwich shop. There hand sink, three compartment

## 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 <u>before</u> 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.

4/10/2024
Date/
President
Title

	FOR OFFICE USE C	ONLY
RECEIVED BY:		DATE