



FUNDING ASSISTANCE APPLICATION FORM

Date of Application **02.04.2024**

COMPANY INFORMATION

1. Business Name	Harvey Insurance Solutions				
2. Website	In development				
3. Year Established	2024	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 #	99-0668040	6. 6-Digit NAICS Code	524210	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	
If currently operating...					
Current address: 1876 Dr. Andres Way, Ste 88, Delray Beach, FL 33445					
Length of time at current location	3 years	If leased, provide lease expiration date		Month to Month	
8. Current Number of Employees	FT: 3	PT:	1099: 6		
Total number of employees who are Delray Beach residents (residing in zip codes: 33444, 33445, 33483):				2	
9. Anticipated New Jobs to Be Created	FT: 3	PT: 10	TOTAL: 13		

CONTACT INFORMATION

10. Name & Title:	Christopher Harvey CEO
11. Email	chrisharveyinsurance@gmail.com
12. Mailing Address	1730 S Federal Hwy, Ste 328 Delray Beach, FL 33483
13. Business Phone	561-265-5239
14. Cell Phone	561-215-9433

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 checked="" type="checkbox"/> Project Consultancy & Design (Project Feasibility Consult) <input checked="" type="checkbox"/> Project Consultancy & Design (Project Design Services) <input type="checkbox"/> Rent Subsidy <input type="checkbox"/> Site Development Assistance		
16. Project Address	20 NW 6th Avenue, Delray Beach, Florida 33444	17. Square Feet of Project Location	900
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: _____		
19. Do you lease or own the project location?	<input checked="" type="checkbox"/> Lease <input type="checkbox"/> Own	Dates of Lease Term: 03/01/2024-03/01/2029	Annual Rental Rate: \$ 30,000
Property Owner (as recorded on warranty deed): Hatcher Construction & Development, Inc.			
Date of Acquisition (if applicable):			
20. Total Estimated Project Cost	Entire Project: \$ 25,000	Interior: \$	Exterior: \$
21. Total Capital Investment	\$ 10,000		
22. Proposed Improvements: (select all that apply)	<input type="checkbox"/> Building Expansion <input 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>see below</u>		
23. Business Overview: describe the business use and activity: Insurance brokers are professionals who act as intermediaries between insurance companies and their clients, providing insurance advice, policies, and services that match the client's needs			
24. Project Description: provide a brief overview of the proposed project concept and design needs: The project aims to create a modern, functional, and inspiring office space that fosters collaboration, innovation, and employee well-being. We intend to maximize available space for various functions, ensuring efficiency and flexibility in layout.			

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.

<i>Christopher Harvey</i>	02.04.2024
Applicant's Signature	Date
Christopher Harvey	CEO
Printed Name	Title

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