



# FUNDING ASSISTANCE APPLICATION FORM

|                     |            |
|---------------------|------------|
| Date of Application | 07.01.2025 |
|---------------------|------------|

## COMPANY INFORMATION

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1. Business Name   | Harvey Insurance Solutions   |  |  |  |  |
| 2. Website   | www.harveyinsurancesolutions.com                                       |  |  |  |  |
| 3. Year Established  | 2024   | 4. Legal Structure                       | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership<br><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<br><input checked="" type="checkbox"/> No |
| 7. Is business currently operating?  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Current location is:   | <input checked="" type="checkbox"/> Leased<br><input type="checkbox"/> Owned |  |
| <i>If currently operating...</i>   |  |  |  |  |  |
| Current address:<br>1876 Dr. Andres Way, Ste 88, Delray Beach, FL 33445                                |  |  |  |  |  |
| Length of time at current location   | 2 years  | If leased, provide lease expiration date |  | Month to Month   |  |
| 8. Current Number of Employees   | FT: 3  | PT: 2                                    | 1099: 8  |  |  |
| 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: 10   | PT:                                      | TOTAL: 10  |  |  |

## CONTACT INFORMATION

|                     |   |
|---------------------|---|
| 10. Name & Title:   | Christopher Harvey CEO                              |
| 11. Email           | chris@harveyinsurancesolutions.com                  |
| 12. Mailing Address | 1686 S Federal Hwy, Ste 328, Delray Beach, FL 33445 |
| 13. Business Phone  | 561-265-5239  |
| 14. Cell Phone      | 561-215-9433  |

## PROJECT INFORMATION

|  |   |  |   |
|--|---|--|---|
| 15. Funding Program Requested  | <input type="checkbox"/> Paint-Up & Signage<br><input type="checkbox"/> Project Consultancy & Design (Project Feasibility Consult)<br><input type="checkbox"/> Project Consultancy & Design (Project Design Services)<br><input checked="" 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<br><input type="checkbox"/> Personal Services<br><input type="checkbox"/> Mixed-Use<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Restaurant<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Industrial/Flex  |  |   |
| 19. Do you lease or own the project location?  | <input checked="" type="checkbox"/> Lease<br><input type="checkbox"/> Own   | Dates of Lease Term:<br><b>5 years</b> | Annual Rental Rate:<br><b>\$ 30,000</b> |
| Property Owner (as recorded on warranty deed):<br><b>Hatcher Construction &amp; Development, Inc</b>   |   |  |   |
| Date of Acquisition (if applicable):   |   |  |   |
| 20. Total Estimated Project Cost   | Entire Project:<br>\$ 65000   | Interior:<br>\$ 65000                  | Exterior:<br>\$                         |
| 21. Total Capital Investment   | \$ 65000  |  |   |
| 22. Proposed Improvements: (select all that apply)   | <input type="checkbox"/> Building Expansion<br><input checked="" type="checkbox"/> Windows/Doors<br><input type="checkbox"/> Landscape/Irrigation<br><input checked="" type="checkbox"/> Other (please specify): <u>Build out of current space for office use.</u><br><input checked="" type="checkbox"/> Lighting/Electrical<br><input type="checkbox"/> Signage<br><input type="checkbox"/> Exterior Painting<br><input type="checkbox"/> Storefront/Façade<br><input type="checkbox"/> Awning/Canopy<br><input type="checkbox"/> Parking |  |   |
| <b>23. Business Overview: describe the business use and activity:</b><br>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.  |   |  |   |
| <b>24. Project Description: provide a brief overview of the proposed project concept and design needs:</b><br>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>    | 07.01.2025   |
| <b>Applicant's Signature</b> | <b>Date</b>  |
| Christopher Harvey           | CEO          |
| <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 |