



**DELRAY BEACH CRA**  
COMMUNITY REDEVELOPMENT AGENCY

# FUNDING ASSISTANCE APPLICATION FORM

Date of Application	2-23-2022
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## COMPANY INFORMATION

1. Business Name	Reed & Reed, Inc		
2. Website			
3. Year Established	1994	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 #	65-0562455	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 checked="" type="checkbox"/> Leased <input type="checkbox"/> Owned
<i>If currently operating...</i>			
Current address: 959 N. Swinton Avenue, Delray Beach Fl 33444			
Length of time at current location	28 yrs.	If leased, provide lease expiration date	
8. Current Number of Employees	FT: 4	PT:	1099:
Total number of employees who are Delray Beach residents (residing in zip codes: 33444, 33445, 33483):			
9. Anticipated New Jobs to Be Created	FT: ?	PT:	TOTAL:

## CONTACT INFORMATION

10. Name & Title:	Vickie Reed
11. Email	reedvickie4@gmail.com
12. Mailing Address	1000 SW 14th Drive Boca Raton , FL 33486
13. Business Phone	561-302-5892
14. Cell Phone	

## PROJECT INFORMATION

15. Funding Program Requested	<input type="checkbox"/> Community Sponsorship Grant <input checked="" type="checkbox"/> Historic Façade Improvement <input type="checkbox"/> Paint-Up & Signage <input type="checkbox"/> Project Consultancy & Design (Project Feasibility Consult) <input type="checkbox"/> Project Consultancy & Design (Project Design Services) <input type="checkbox"/> Rent Subsidy <input type="checkbox"/> Site Development Assistance		
16. Project Address	353 N. Swinton Ave, Delray Beach, FL 33444	17. Square Feet of Project Location	2800
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 type="checkbox"/> Lease <input checked="" type="checkbox"/> Own	Dates of Lease Term:	Annual Rental Rate: \$
<b>Property Owner (as recorded on warranty deed):</b> Bruce, Vickie, Richard, and Irene Reed			
<b>Date of Acquisition (if applicable):</b>			
20. Total Estimated Project Cost	Entire Project: <b>\$ 50,000</b>	Interior: <b>\$</b>	Exterior: <b>\$ 50,000</b>
21. Total Capital Investment	<b>\$ 20,000</b>		
22. Proposed Improvements: (select all that apply)	<input type="checkbox"/> Building Expansion <input type="checkbox"/> Lighting/Electrical <input type="checkbox"/> Storefront/Façade <input checked="" type="checkbox"/> Windows/Doors <input type="checkbox"/> Signage <input checked="" type="checkbox"/> Awning/Canopy <input type="checkbox"/> Landscape/Irrigation <input checked="" type="checkbox"/> Exterior Painting <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Other (please specify): <u>fencing</u>		
<b>23. Business Overview: describe the business use and activity:</b> Palms Birth House -a home birthing facility, maternity shop, and educational facility			
<b>24. Project Description: provide a brief overview of the proposed project concept and design needs:</b> Replace unsightly awning and other old windows with Impact windows in line with historic area, repaint building in historically approved color, replace fencing and awnings, add white picket fence to front of yard and sides.			

## 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.**

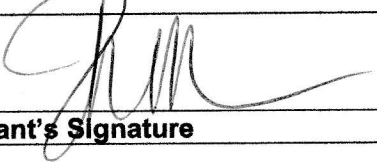
*I, the undersigned, being a principal of the business applying for funding assistance from the Delray Beach Community Redevelopment Agency, hereby certify that the business represented herein is a legally operating business and is or will be located in the City of Delray Beach Community Redevelopment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

	2-23-2022
<b>Applicant's Signature</b>	<b>Date</b>
Vickie Reed of Reed & Reed Inc.	Treasurer
<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