

## FUNDING ASSISTANCE APPLICATION FORM

Com	mpany Information Date of Application:				
1.	1. Business Name: Erin L. Deady, PA				
2.	2. Website: www.erindeadylaw.com				
	3. Year Established: 2011				
	4. Legal Structure: 🖾 Corporation 🛛 🗖 LLC 🗖 Partnership 🗖 Sole Prop				
5.	5. Does the company have a valid M/WBE certification?				
6.	5. FEIN #:				
7.	7. 6-Digit NAICS Code: <u>541110</u> (refer to attached NAIC	S Code List)			
8.	3. Is the business currently operating? 🛛 Yes 🛛 No				
	a. If yes, current address: 54 1/2 SE 6th Avenue, Delray Beach 33483				
	b. Length of time at the current location: Since 2/1/18				
	c. The current location is: 🛛 Leased 🗖 Owned				
	i. If leased, please provide lease expiration date:January 20, 2	2020			
9.	9. Current Number of Employees: 2				
	a. Number of employees that are Delray Beach residents (residing in 33444, 33445 or 33483 zip				
	codes):1				
10. Anticipated New Jobs to Be Created: 0-1					
	ntact Information 11. Name/Title:Erin Deady, President, Erin L. Deady, PA				

12. Email: \_\_\_\_\_erin@deadylaw.com

14. Business Phone: <u>(561) 340.362</u>	5				
15. Cell Phone: <u>(</u> 954) 593.5102					
Project Information					
14. Funding Requested: (please select all that apply)					
🖾 Rent Subsidy	Historic Façade Easement				
Paint-Up & Signage	age				
15. Project Address: _ 54 1/2 SE 6th Avenue, Delray Beach, FL 33483					
16 Source Fact of Project Location. est 50					
16. Square Feet of Project Location:est. 500 sf					
17. Type of space: 🗹 Office 🛛 🗖 Retail	Restaurant Industrial/Flex				
Other (please specifiy):					
18. Do you lease or own the project location? 🛛 Lease 🗖 Own					
Dates of Lease Term: 2/1/2018-1/20/20 Annual Rental Rate: \$\$26,400					
(if applicable)					
Property Owner (as recorded on warranty deed): MABA Holdings LLC					
Date of Acquisition ( <i>if applicable</i> ): February 2005					
19. Estimated Cost of Exterior Improvements: \$\$00.00					
20. Total Estimated Capital Investment: \$\$00.00					
21. Proposed Improvements: (select all that a	pply) 🗖 Interior Renovations/Buildout 🗖 Roofing				
Building Expansion  Lighting/Election	cal 🛛 Storefront/Façade 🗖 Windows/Doors 🗖 Signage				
□ Awning/Canopy □ Landscape/Irriga	tion 🗖 Exterior Painting 🗖 Parking				
Other (please specify): Not	applicable				

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.

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.

Erin L. De	ady	05/15/2018		
Applicant's Sign	ature	Date		
Erin L. Deady,	Esq.	President, Erin L. Deady, PA		
Printed Name		Title		
	FOR OF	FICE USE ONLY		
	Received By:	Date:		
	Complete 🛛 Inco	mplete 🗖 Packet Attached		