



DELRAY BEACH CRA
COMMUNITY REDEVELOPMENT AGENCY

FUNDING ASSISTANCE APPLICATION FORM

Company Information

Date of Application: April 25, 2020

1. Business Name: Marion Associates, LLC
2. Website: www.marionassociates.com
3. Year Established: 1992
4. Legal Structure: Corporation LLC Partnership Sole Proprietorship Nonprofit
5. Does the company have a valid M/WBE certification? Yes no
6. FEIN #: 34-2028265
7. 6-Digit NAICS Code: 54 161 1 (refer to attached NAICS Code List)
8. Is the business currently operating? Yes No
 - a. If yes, current address: 131 NW First Avenue
Delray Beach, FL 33444
 - b. Length of time at the current location: 17 years
 - c. The current location is: Leased Owned
 - i. If leased, please provide lease expiration date: _____
9. Current Number of Employees: 2 at this location and 2 part time remote
 - a. Number of employees that are Delray Beach residents (residing in 33444, 33445 or 33483 zip codes): Currently 0. When the job is completed 1-2.
10. Anticipated New Jobs to Be Created: 2 at this location full time

Contact Information

11. Name/Title: Joseph Marion, President

12. Email: jmarion@marionassociates.com

13. Mailing Address: 131 NW First Avenue Delray Beach, FL 33444

14. Business Phone: (_____) 561-266-8780

15. Cell Phone: (_____) 561-508-8898

Project Information

14. Funding Requested: (please select all that apply)

- Rent Subsidy
- Historic Façade Easement
- Paint-Up & Signage
- Site Development Assistance

15. Project Address: 131 NW First Avenue, Delray Beach, FL 33444

16. Square Feet of Project Location: The 2722 sf project is zoned mixed use. The Office portion is 1385 sf.

17. Type of space: Office Retail Restaurant Industrial/Flex
 Other (please specify): _____

18. Do you lease or own the project location? Lease Own

Dates of Lease Term: _____ Annual Rental Rate: \$ _____
(if applicable)

Property Owner (as recorded on warranty deed): Donna and Joseph Marion

Date of Acquisition (if applicable): 2/28/2003

19. Estimated Cost of Exterior Improvements: \$ 267,348

20. Total Estimated Capital Investment: \$ 719,003

21. Proposed Improvements: (select all that apply) Interior Renovations/Buildout Roofing
 Building Expansion Lighting/Electrical Storefront/Façade Windows/Doors

Signage

Awning/Canopy Landscape/Irrigation Exterior Painting Parking

Other (please specify): ADA compliant ramp ADA compliant bathroom

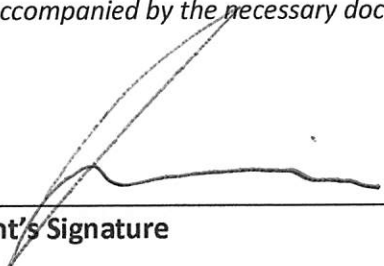
Please read the section below carefully. After you have read the program guidelines for the requested funding assistance program, sign the form below and submit your completed application to the CRA office.

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.

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.



5/6/2020

Applicant's Signature

Date

Joseph Marion

President

Printed Name

Title

FOR OFFICE USE ONLY

Received By: _____ Date: _____

Complete Incomplete Packet Attached