



DELRAY BEACH CRA
COMMUNITY REDEVELOPMENT AGENCY

FUNDING ASSISTANCE APPLICATION FORM

Date of Application	4/8/2021
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COMPANY INFORMATION

1. Business Name	Premier Virtual, LLC		
2. Website	www.premiervirtual.com		
3. Year Established	2018	4. Legal Structure	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sole Proprietorship
5. FEIN #	83-3703601	6. 6-Digit NAICS Code	511210
		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
<i>If currently operating...</i>			
Current address: 430 NE 5th Ave, Delray Beach, FL 33483			
Length of time at current location	1 month	If leased, provide lease expiration date	4/30/2026
8. Current Number of Employees	FT: 15	PT: 2	1099: 2
Total number of employees who are Delray Beach residents (residing in zip codes: 33444, 33445, 33483):			
9. Anticipated New Jobs to Be Created	FT: 15	PT:	TOTAL: 15

CONTACT INFORMATION

10. Name & Title:	Gary Chambers
11. Email	gary@premiervirtual.com
12. Mailing Address	430 NE 5th Ave, Delray Beach 33486
13. Business Phone	561-880-0054
14. Cell Phone	9545471760

PROJECT INFORMATION

15. Funding Program Requested	<input checked="" type="checkbox"/> Community Sponsorship Grant <input type="checkbox"/> Historic Façade Improvement <input checked="" 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 checked="" type="checkbox"/> Rent Subsidy <input checked="" type="checkbox"/> Site Development Assistance		
16. Project Address	430 NE 5th Ave, Delray Beach 33486	17. Square Feet of Project Location	3600
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: 5/1/2021-4/30/2026	Annual Rental Rate: \$ 98,400
Property Owner (as recorded on warranty deed): 430 Ross Girls LLC			
Date of Acquisition (if applicable):			
20. Total Estimated Project Cost	Entire Project: \$ 75,000	Interior: \$ 60,000	Exterior: \$ 15,000
21. Total Capital Investment	\$ 75,000		
22. Proposed Improvements: (select all that apply)	<input type="checkbox"/> Building Expansion <input checked="" type="checkbox"/> Lighting/Electrical <input checked="" type="checkbox"/> Storefront/Façade <input checked="" type="checkbox"/> Windows/Doors <input checked="" type="checkbox"/> Signage <input checked="" type="checkbox"/> Awning/Canopy <input checked="" type="checkbox"/> Landscape/Irrigation <input checked="" type="checkbox"/> Exterior Painting <input checked="" type="checkbox"/> Parking <input type="checkbox"/> Other (please specify): _____		
23. Business Overview: describe the business use and activity: Premier Virtual is a Software as a Service company that has built a software platform that allows organizations to host virtual events, primarily hiring events like job fairs. Organizations such as state and federal use our platform to host major statewide and local job fairs to help the unemployed citizens and local companies looking to hire.			
24. Project Description: provide a brief overview of the proposed project concept and design needs: We would like to make some major improvements that will allow our employees to fill comfortable and safe coming into the Delray office. We feel our company can be more productive with employees coming into the office but need to make some changes due to covid awareness. We also would like to make some aesthetic improvements inside and outside along with some functional modifications for workspaces and individual office improvements (for both aesthetic and covid safety related reasons). We will need some engineering and construction teams to help with planning and implementing.			

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.

	4/8/2021
Applicant's Signature	Date
Gary Chambers	COO
Printed Name	Title

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