

FUNDING ASSISTANCE APPLICATION FORM

Date of Application	05/28/2021

C	COMPANY INFORMATION									
1.	Business Name	Corner Office Delray, LLC								
2.	Website	www.cornerofficedelray.com								
3.	Year Established	2020 4. Legal Struc				□ Corporation □ LLC □ Partnership □ Nonprofit □ Sole Proprietorship			•	
5.	FEIN#	85-0944242				6-Digit NAICS Code	CS OTTO		C V	ooes the company have a alid M/WBE ertification?
7. Is business currently operating?			■ Yes	Yes Current location is:			■ Leased□ Owned			
	If currently operating	ıg								
	Current address: 401 West Atlantic		uite R-10							
	Length of time at culocation	Length of time at current location 1 month				If leased, provide lease expiration date		Jun 30, 2026		
8.	8. Current Number of FT: Employees 3				PT :			1099:		
	Total number of em (residing in zip code				ch re	sidents			0	
9. Anticipated New Jobs to Be Created 4			PT:		PT:	' Τ:		TOTAL:		
C	CONTACT INFORMATION									
10	. Name & Title:	Gina Pierre, General Manager								
	. Email	ginapierre@cornerofficedelray.com								
	. Mailing Address	401 West Atlantic Ave, Suite R10								
13	. Business Phone	561-450-8700, Ext. 701								
14	. Cell Phone	561-374-1611								

PROJECT INFORMATION								
15. Funding Program Requested	☐ Community Sponsorship Grant ☐ Historic Façade Improvement ☐ Paint-Up & Signage ☐ Project Consultancy & Design (Project Feasibility Consult) ☐ Project Consultancy & Design (Project Design Services) ☐ Rent Subsidy ☐ Site Development Assistance							
16. Project Address								
18. Type of space	☐ Office ☐ Personal Se ☐ Mixed-Use	ervices	☐ Commercial ☐ Restaurant ☐ Other:	■ Retail □ Industrial/Flex				
19. Do you lease or own the project location?	■ Lease □ Own		ease Term: 021 - 06/30/2026	Annual Rental Rate: \$36,000				
Property Owner (as MANDM, LLC	Property Owner (as recorded on warranty deed): MANDM, LLC							
Date of Acquisition 05/01/2021	(if applicable):							
20. Total Estimated Project Cost	Entire Project:		Interior:	Exterior:				
21. Total Capital Investment \$								
22. Proposed Improvements: (select all that apply) ☐ Building Expansion ☐ Lighting/Electrical ☐ Storefront/Façade ☐ Windows/Doors ☐ Signage ☐ Awning/Canopy ☐ Landscape/Irrigation ☐ Exterior Painting ☐ Parking ☐ Other (please specify): ☐								
23. Business Overview: describe the business use and activity: Corner Office Delray, LLC is an Amazon Hub where customers can pick up and return approved items purchased from Amazon.com. We are also a FedEx Authorized ShipCenter as well as a United States Postal Agent.								
24. Project Description: provide a brief overview of the proposed project concept and design needs: Rental Assistance for new location.								

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 <u>before</u> 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.

Jen Vii	05/28/2021
Applicant's Signature	Date
Gina Pierre	Manager
Printed Name	Title

FOR OFFICE USE ONLY					
RECEIVED BY:			DATE		
Alexina Jeannite			5/28/2021		
COMPLETE	☐ INCOMPLETE	☐ PACKET ATTACHED			