

CRA GRANT APPLICATION



Grant Requested: (select all that apply)

- Anchor Tenant Downtown Revitalization Event Marketing Façade Historic Circle Façade

Applicant Information

1. Applicant Name: _____
2. Address: _____
3. Phone: _____
4. Email: _____
5. Applicant is the: Property Owner Business Owner Tenant Other: _____

Primary Contact for Grant

- Same as above Different as detailed below

1. Name: _____
2. Address: _____
3. Phone: _____
4. Email: _____

Business Information

1. Business Name: _____
2. Business Owner Name: _____
3. Address: _____
4. Phone: _____

5. Website: _____

6. Is the business currently operating? Yes No

7. Year Established: _____

a. If yes, current address: _____

b. Length of time at the current location: _____

c. The current location is: Leased Owned

i. If leased, please provide lease dates: _____

ii. If leased, please provide monthly rental rate: _____

iii. If owned, please provide purchase date: _____

8. Legal Structure: Corporation LLC Partnership Sole Proprietorship Nonprofit

9. FEIN #: _____

10. Current Number of Employees: _____

11. Anticipated New Jobs to Be Created: _____

12. Have you, this business or the property received any grant assistance from the CRA in the past (10) years? If

yes, please explain. _____

Property Owner (if different from applicant, and as recorded on warranty deed)

1. Name: _____

2. Address: _____

3. Phone: _____

4. Email: _____

Project Information

1. Project Address: _____

2. Square Feet of Project Location: _____

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

4. Description of Project Expenses (*fill out table below*)

| | Description of Expense | Estimated Cost |
|----|------------------------|----------------|
| 1 | | \$ |
| 2 | | \$ |
| 3 | | \$ |
| 4 | | \$ |
| 5 | | \$ |
| 6 | | \$ |
| 7 | | \$ |
| 8 | | \$ |
| 9 | | \$ |
| 10 | | \$ |
| 11 | | \$ |
| 12 | | \$ |
| 13 | | \$ |
| 14 | | \$ |
| 15 | | \$ |
| 16 | | \$ |
| 17 | | \$ |
| 18 | | \$ |
| 19 | | \$ |
| 20 | | \$ |
| | Total Expenses | \$ |

5. Total Project Cost: \$ _____

6. Total Cost of Eligible Improvements: \$ _____ (*quotes required for all improvements*)

7. Applicant's Contribution to Eligible Improvements: \$ _____
(*25% minimum contribution required by applicant*)

8. Total CRA Grant Amount Requested: \$ _____

9. Estimated Project Timeline: Start Date: _____ Completion Date: _____

10. Proposed Improvements: (*select all that apply*)

- Roof Upgrades (is the roof flat? Yes No)
- Room & Space Reconfiguration (including wall relocations)
- Building Expansion
- Plumbing Upgrades / Installation
- ADA Upgrades/Requirements
- Lighting/Electrical
- Mechanical / HVAC / Energy Efficient Upgrades
- Fire Suppression System / Fire Protection Requirements
- Ventilation System
- Façade / Storefront
- Windows / Doors
- Landscape / Irrigation
- Exterior Painting
- Structure stabilization (repair and replacement of foundations, footers, load bearing walls, roofing systems)
- Other (*please specify below*):

11. Detailed Description of Proposed Improvements: (*see guidelines for eligible improvements & attach additional sheets if necessary to adequately describe the project*)

Event Information (*for Event Marketing & Advertising Grants only*)

1. Event Name: _____
2. Event Date: _____
3. Event Times: _____
4. Event Location: _____
5. Sponsorship Amount Requested: \$ _____

6. Additional Grants Requested from Other Agencies? (list all additional grants applied for, the amount requested, and indicate status – approved, in process, or denied)
- a. Agency: _____ Amount Requested: _____ Status: _____
 - b. Agency: _____ Amount Requested: _____ Status: _____
 - c. Agency: _____ Amount Requested: _____ Status: _____

7. Has this organization or this event received CRA funding in the past? Yes No
- d. If so, how many years has the organization or event received CRA funds? _____
 - e. CRA Funding Received:
 - o None - _____
 - o Year 1 - _____ (What year? _____)
 - o Year 2 - _____ (What year? _____)
 - o Year 3 - _____ (What year? _____)
 - o Year 4 - _____ (What year? _____)
 - o Year 5 - _____ (What year? _____)
 - o Year 6 - _____ (What year? _____)

8. Event / Organizer Corporate Status: Nonprofit Entity For Profit Entity

9. Expected Event Attendance:
- a. Less than 200
 - b. 201 – 500
 - c. More than 500

10. Vendor Participation:
- a. Number of Paying Vendors _____
 - b. Number of In-Kind Vendors _____

11. Event Features: (list all feature and indicated the status – attach additional sheets if necessary)
- a. Feature: _____ Status: Confirmed / Pending (circle one)
 - b. Feature: _____ Status: Confirmed / Pending (circle one)
 - c. Feature: _____ Status: Confirmed / Pending (circle one)
 - d. Feature: _____ Status: Confirmed / Pending (circle one)

12. Event Budget (attach separate event budget report to substantiate numbers below)
- a. Estimated Total Event Expenses: \$ _____
 - b. Estimated Total Event Revenue: \$ _____
 - c. If event will produce a profit, explain how the proceeds will be used: _____

13. Event Description *(please provide a detailed description of the event including the goal and objectives, and how the event will be promoted – include additional pages if necessary)*

14. Event Effects *(please explain how the event will promote the goals and objectives of the CRA and encourage pedestrian traffic in Downtown Sebring – include additional pages if necessary)*

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 Sebring 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 Sebring Community Redevelopment Area. I attest that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funds from the Sebring Community Redevelopment Agency, and is true and complete to the best of the applicant's knowledge and belief.

If the applicant is not the owner of the property to be rehabilitated, or if the applicant is an organization rather than an individual, the applicant must furnish the property owner's signature below confirming that the applicant has the authority to sign and enter into an agreement to perform the rehabilitation work on the property. Evidence of authority must be attached if the applicant and the property owner differ in official records. Event organizers must also provide documentation of their capacity to enter into an agreement for grant assistance.

I understand that this application is not a guarantee of assistance, and any award monies granted will be dispersed only as defined by the CRA board in the form of a reimbursement at the completion of the project or event for expenses approved by the CRA board only. 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 Sebring 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, or if deemed appropriate, the CRA board may determine in their sole capacity to terminate CRA assistance. Should any changes be made to the project without prior approval by the CRA board, I understand that the grant will be voided. I agree to maintain the completed project for a minimum of (5) years from the date of completion, and understand that future grant availability will be jeopardized if not.

I understand that any proposed project or improvements, as represented in this application, must receive CRA board approval before any construction begins in order to be eligible for reimbursement. Applicant must contact the City of Sebring Building Department regarding land and zoning regulations and permits required for the proposed project. All proposed projects and improvements must be approved by any and all City boards, commissions, and councils as needed for the project, and as directed by the building department. Failure to acquire the required approvals for the project will result in the CRA terminating their agreement for assistance.

I understand that any marketing or advertising for an event must showcase the CRA as a prominent event sponsor and not be published until the advertisement has been approved by CRA staff.

Applicant certifies that they have read the program guidelines in their entirety prior to submitting this application. Further the applicant understands that the proposed project or improvements must be evaluated and approved by an official CRA staff or board member. Certain changes or modifications may be required prior to final approval.

Applicant understands that failure to provide any of the required documentation for any of the CRA grants will result in the immediate termination of the awarded funds. Furthermore, failure to abide by any of the terms and conditions as detailed by the CRA will result in termination of the grant award, and jeopardize consideration for future grant programs for the applicant.

By signing below, I 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.

Applicant's Signature: _____ **Date:** _____

Printed Name _____ **Title:** _____

Property Owner's Signature: _____ **Date:** _____

Printed Name _____ **Title:** _____

For Office Use ONLY:

Received By: _____

Date Received: _____

CRA Board Review: _____

Complete

Incomplete

Estimated Project Costs

- Project Cost \$ _____
- Total Eligible Improvements \$ _____
- Applicant Contribution \$ _____
- Previous Grant Awards \$ _____
- Maximum Grant Award \$ _____
- Grant Awarded \$ _____
- Date of Grant Award _____

SUPPLEMENTAL INFORMATION

1. Is the Applicant wholly or partially owned by any other business entity, i.e., a parent company? (If yes, you must provide the name of the business entity, and the names and titles of all Principals (directors, partners, members).
2. Is the Applicant an endorser, guarantor or co maker for obligations not listed on the financial statements?
3. Is the Applicant or any of its subsidiaries currently in litigation with the CRA, City of Sebring, Highlands County, the State of Florida, or with any other entity or persons? If yes, provide complete details on a separate page.
4. Is the Applicant, or any of its subsidiaries, or related persons, in default of any agreement with the CRA, the City of Sebring, Highlands County, or the State of Florida?
5. Does the Applicant, or any of its subsidiaries or related persons have any outstanding ad valorem taxes or government liens on any properties located within the City of Sebring? If yes, on a separate page, identify the properties by folio addresses and explain if this request for grant funds will be used to improve said properties.
6. Has the Applicant, or any of its subsidiaries or related persons ever been disbarred from doing business with the City of Sebring, Highlands County, or the State of Florida?
7. Has the Applicant, tenant to the Applicant, or any of its subsidiaries or related persons ever been awarded a grant from the CRA? If yes, provide complete details and describe how the grant funds were utilized on a separate page.
8. In the past three (3) years, have the Applicant, its subsidiaries or related persons (for example, tenant(s) of the Applicant) received loans, grants, or subsidies from other public organizations or governmental entities?
9. Are there any actions, suits, or proceedings pending, or threatened against or affecting the Applicant or any of its subsidiaries or related persons, or the project for which CRA Grant funds are sought, at law or in equity, or before or by any governmental authority?

The CRA reserves the right to request additional information about the program or the applicant as needed to evaluate the grant application.

Applicant's Signature: _____ **Date:** _____

Printed Name _____ **Title:** _____

REPRESENTATIONS OF APPLICANT

Applicant must initial all of the below to indicate compliance and understanding of these items:

1. ___ I will comply with all federal, state, and local rules and regulations with respect to the use of the grant funds
2. ___ I will cooperate fully with the CRA in implementing the terms and conditions of any subsequent agreement, if awarded
3. ___ I will provide the CRA with periodic status reports, as may be required from time to time
4. ___ I will promptly accommodate any CRA request for information with respect to the grant
5. ___ I have reviewed the conflict of interest laws of the City of Sebring and:
 - a. ___ Agree to fully comply in all respects with the terms of said laws and any future amendments
 - b. ___ I declare that no person or entity under my employ, presently exercising functions or responsibilities in connection with this grant, including the grant application, has personal financial interests, direct or indirect, with the City of Sebring Community Redevelopment Agency
 - c. ___ I declare that, in the performance of this grant, including this application, no person or entity having such conflicting interest was or will be utilized in respect to this grant. Any conflict of interest(s) on my part, my employees or associated parties with respect to this grant application will be disclosed in writing to the CRA
6. ___ I am duly authorized to submit this application and any amendments thereto
7. ___ I understand that the representations herein are a material inducement for the CRA's issuance of this grant
8. ___ I am dually authorized to submit this application and any amendments thereto
9. ___ Under penalties of perjury, I declare that I have read the foregoing application, and its attachments, and that the facts stated in it are true

By signing, I certify that the information contained herein is true, complete and accurate to the best of my knowledge. Should any of the representations made herein change, I hereby acknowledge my obligation to immediately notify the CRA and update those representations.

Applicant's Signature: _____ **Date:** _____

Printed Name _____ **Title:** _____

AUTHORIZATION TO APPLY

I, _____, am the owner of the following described property:

_____ (property address).

(If applicable) I do hereby authorize the following named individual to apply for a CRA Grant funding, and enter into a rebate agreement with the City of Sebring Community Redevelopment Agency.

Name of Authorize Representative: _____

Property Owner's Signature: _____ **Date:** _____

Printed Name _____

STATE OF FLORIDA
COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by
_____ who is personally known to me, **OR** who has produced
_____ as identification.

Notary Public

Name: _____

Signature: _____

Commission Number: _____

Commission Expiration Date: _____

Notary Stamp:

AFFIDAVIT OF OWNERSHIP

Property Address: _____

Property Tax Account No.: _____

Signed and sealed in the presence of:

Owner Signature: _____

Owner Printed Name: _____

Witness Signature: _____

Witness Printed Name: _____

Witness Signature: _____

Witness Printed Name: _____

STATE OF FLORIDA
COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by
_____ who is personally known to me, **OR** who has produced
_____ as identification.

Notary Public

Name: _____

Signature: _____

Commission Number: _____

Commission Expiration Date: _____

