



FUNDING ASSISTANCE APPLICATION FORM

COVID-19 Let's Keep It Clean Other

Date of Application	
---------------------	--

COMPANY INFORMATION

1. Business Name					
2. Website					
3. Legal Structure	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sole Proprietorship				
4. FEIN #		5. 6-Digit NAICS Code		Does the company have a valid M/WBE certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Year Established		Business currently operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current location is	<input type="checkbox"/> Leased <input type="checkbox"/> Owned
Lease Expiration Date					
Property Owner (as recorded on warranty deed):					

CONTACT INFORMATION

7. Name & Title					
8. Email					
9. Mailing Address					
10. Business Phone		11. Cell Phone			

PROJECT INFORMATION

12. Project Address				13. Square Feet of Project Location	
14. Space/business purpose	<input type="checkbox"/> Retail <input type="checkbox"/> Personal Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Other: _____				
15. Estimated Project Cost	Materials: \$	Installation: \$	Total: \$		

16. Business Overview: describe the business use and activity:

17. Project Description: provide a brief overview of the proposed improvements/sanitation enhancements to be made (i.e. purchase and installation of: touchless toilets, sinks, and paper towel dispensers; door foot-grab attachments; acrylic shields/plexiglass as dividers; automatic soap and/or sanitizer dispensers; touchless checkout systems; germicidal UV light air purification HVAC device. If Other, explain)

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 approval before any construction begins in order to be eligible for reimbursement and or direct vendor/contractor 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.

Applicant's Signature	Date
Printed Name	Title

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