



Community Redevelopment Agency Investment Program Application



Date of Application: _____

CRA Area _____

Name of Program: _____

1. APPLICANT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

2. PROPERTY INFORMATION

Full address of the property: _____

Does the applicant own property? _____ Yes _____ No

If "No" when will the property be in control (own or lease term) of the applicant?

If "Yes", please list any liens, judgments, or encumbrances. Indicate the owning entity of the property (i.e., name on property title). If the owner is a Corporation or an LLC, please list all managers with signing authority. If there are multiple managers, each must sign this application.

Indicate the owning entity of the property (i.e., name on property title)

Is the property currently occupied or vacant?



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3. BUSINESS INFORMATION

Description of the business (use) that currently or will occupy this property:

How many full-time employees does the business currently employ? _____

Services offered: _____

Operating days/hours: _____

Years at current location: _____

Years in business: _____

How does the business benefit the community?

4. MULTI-TENANT BUSINESS

Property owner: Yes or No (*Multi-tenant grants are only available to property owners.*)

Name, Address, and Phone:

Business Name, Address and Phone



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Total units: _____ Occupied units: _____ Vacant units: _____

Year building acquired: _____ Average length of tenant lease: _____

List of existing services offered: _____

Average square foot per unit: _____ Total square feet: _____

If vacant property:

Do you agree to not rent out properties to non-eligible businesses?

I Agree

5. SCOPE OF WORK

Description of proposed improvements requested (attach any renderings, product photos, or samples, use additional page if necessary):

Has the Applicant completed or plan to complete any other improvements to the property outside of the scope of this application (i.e., interior)? If so, what and when? Include the estimated cost of the other improvements.



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Please review the Program Selection Criteria. What criteria does this application fulfill and how? (feel free to use additional pages if necessary)

Attach an image(s) that **clearly** shows the existing property conditions.

Estimated Commencement Date: _____

Estimated Completion Date: _____

Estimated Total Project Cost: _____

Estimated Total Funding Request: _____

Authorized Representative(s): _____

Business Owner Signature

Property Owner Signature (If different)

Date

ONLY COMPLETE APPLICATIONS WILL BE PRESENTED TO THE CRA BOARD

I attest that the information in this application is true and correct. I have read completely and understand the program, including the application guidelines and reimbursement process.

Applicant Signature



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