



N.W. 7th Avenue Corridor Community Redevelopment Agency COMMERCIAL IMPROVEMENT GRANT APPLICATION

APPLICATION INSTRUCTIONS

To be considered for N.W. 7th Avenue Corridor Community Redevelopment Agency grant funding, applicants must complete this application package, provide all requested documents and become a registered County vendor. Be sure to read all program requirements for the Commercial Improvement Program (CIP) in the accompanying *CIP Program Manual*.

COMPLETED CIP APPLICATIONS MUST BE SUBMITTED TO CRA GRANTS ADMINISTRATOR VIA E-MAIL/DELIVERY/US MAIL

Neighbors and Neighbors Association, Inc. (NANA)
Attention: Leroy Jones, Executive Director
5120 N.W. 24th Avenue
Miami, FL 33142
E-mail: uptown7@nanafi.org
(305) 756-0605 Fax: (305) 756-6008

A COMPLETE APPLICATION INCLUDES THE FOLLOWING SEVEN SECTIONS

Section 1: Certification and Signature Page:

This form must be signed by the CEO, Managing Principal, Majority Owner, or Corporate Officer with the power to bind the company to contracts.

Section 2: Company Background

This section must be completed in its entirety to provide the CRA with enough information about your business/company.

Section 3: Proposed Use of Funds

This section should clearly delineate your intended use for the funds.

Section 4: Statement of Need & Impact

This section should state the need and how this grant would impact your business.

Section 5: Source of Funds

This section should state the need and how this grant would impact your business.

Section 6: Grant Application

This form must be signed by the CEO, Managing Principal, Majority Owner, or Corporate Officer with the power to bind the company to contracts.

Section 7: Corporate Information Items

Must be provided by the Applicant and attached as an Appendix to this Application. See the complete list of information items in Section 5 of the application.

****APPLICATIONS ACCEPTED DECEMBER 6, 2021 – MARCH 31, 2022 BY 4PM EST. IF MAILED, MUST BE POSTMARKED NO LATER THAN 3/31/2022.**

Business Name: _____
Applicant/Contact Name: _____
Tele: () _____ E-mail: _____

***ADDITIONAL INFORMATION MAY BE REQUESTED BY THE AGENCY TO DETERMINE PROGRAM ELIGIBILITY.**

SECTION 1. CERTIFICATION STATEMENT AND SIGNATURE PAGE

The undersigned, by submitting this proposal, certifies the following:

1. That the Legal name of the Applicant company/business submitting this application is:

_____;

2. That I am the Sole Proprietor, President, CEO, or other Officer of the Company, and as such have full authority to make this affidavit and execute all agreements on behalf of the Company;
3. That the information given herein and in the documents attached hereto are true and correct;
4. the documents and this certification are material representations of fact upon which the NW 7th Avenue Community Redevelopment Agency ("Agency") may rely when determining whether to award grant funds to the above-referenced business;
5. the submission of all required documents and this application are a prerequisite for this transaction;
6. In submitting this application, the Company agrees with all the terms, conditions, and specifications required by the N.W. 7th Avenue Corridor Community Redevelopment Agency in this grant application, and that Applicant Company has this document and fully understand its contents;
7. the Agency reserves the right to deny the application if it is determined that the documents submitted and the contents therein are not true and correct, or if such documents contain inaccurate or fraudulent information; and
8. I/We have read and understand the foregoing.

The information submitted on this document is true to the best of my knowledge.

Name

Signature

Date

SECTION 2: COMPANY BACKGROUND

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____ City, State, Zip Code: _____

Phone Number: Mobile/Other: () _____ E-mail: _____

BUSINESS INFORMATION

Legal Name of Business: _____

Business Address: _____

Business Phone: () _____ Business E-mail: () _____

Business Website Address: _____ Business Fax: () _____

Federal Tax ID #: _____ Date Established: _____

Check (✓) One: _____ Sole Proprietorship _____ Corporation _____ Partnership _____ Other

Contract for Deed: _____ Mortgage Principal: \$ _____

Lessee: _____ Terms of Lease: _____

Business Ownership Interest of all parties named on title:

Name: _____ Interest: _____%

Name: _____ Interest: _____%

Current Gross Annual Revenue: \$ _____

PROPERTY INFORMATION

Business Ownership Interest of all parties named on title:

Name: _____ Interest: _____%

Name: _____ Interest: _____%

Estimated Date of Building Construction: _____

Estimated Current Tax Market Value: \$ _____

Has this Building been historically registered? Yes or No *If Yes, please attach information to this Application.*

of Stories: _____ # of Businesses: _____ # of Buildings: _____ # of Apartments: _____

Does this building have any County or State Code Violations? Yes or No *If yes, please attach detailed information to this Application.*

Does this building have any local, State or Federal Liens? Yes or No *If yes, please attach detailed information to this Application.*

Describe your Company’s Business — products produced, services provided, etc.:

SECTION 3: PROPOSED USE OF FUNDS

Eligible commercial improvements funded by the CRA’s CIP Program include, but are not limited to the following:

| COMMERCIAL IMPROVEMENT EXAMPLES OF ELIGIBLE USES | | |
|---|--|---|
| <ul style="list-style-type: none"> Exterior or Interior Lighting or Painting | <ul style="list-style-type: none"> Siding, Masonry or Stucco Facing | <ul style="list-style-type: none"> Surface Parking Lot Improvements |
| <ul style="list-style-type: none"> Sewer and water hook-up or expansion <i>(any funds realized may have to come back to the CRA)</i> | <ul style="list-style-type: none"> Roof Repairs | <ul style="list-style-type: none"> COVID-19 related improvements, i.e., HVAC upgrades, separators for barriers for social distancing Note: cannot be used to purchase PPE-related items for resale |
| <ul style="list-style-type: none"> Fences and Gates | <ul style="list-style-type: none"> Exterior Signs | <ul style="list-style-type: none"> Resolution of Code Violations |
| <ul style="list-style-type: none"> Window or Door Replacement | <ul style="list-style-type: none"> Awnings, Canopies and Shutters | <ul style="list-style-type: none"> Improvements required by the Americans with Disabilities Act (ADA) |
| <ul style="list-style-type: none"> Historic Storefront Restoration | <ul style="list-style-type: none"> Landscaping or Irrigation for Landscaping | <ul style="list-style-type: none"> Additions to existing buildings, or expansion of existing buildings |
| <ul style="list-style-type: none"> Demolition expenses | <ul style="list-style-type: none"> Design plans, specifications, labor, materials, equipment, fees and services associated with approved CIP program improvements | <ul style="list-style-type: none"> Art, decoration, landscaping and streetscape items attached to the building or on the property. <i>See the Uptown Avenue 7 Streetscape Design Handbook for guidance.</i> |

CRA CIP grant funds will not be approved, and cannot be used, for day-to-day operating expenses and the items detailed below:

| | | |
|---|--|--|
| 1. Debt | 2. Mortgage payments for real estate | 3. Real estate rental deposits or rent payments (funds may be applied to lease payments) |
| 4. Purchasing inventory for resale | 5. Consultant fees or expenses for services (cleaning, etc.) | 6. Late payment fees |
| 7. Purchase of alcohol, tobacco or medicine | 8. Salaries | 9. Utility Bills |
| 10. Any illegal activity | | |

Amount of CRA funding requested by Applicant: \$ _____

Describe how the CRA grant funds will be used and provide detail regarding planned business improvements.

Description of Project Need:

Estimated Construction or Related Project Costs for CIP Grant:

Please provide detail regarding planned improvements for which the CIP grant is requested for.

| | | | | |
|----|-----------------------------------|--------------|--------------------------------|----|
| 1. | Exterior Façade Improvements | Description: | Estimated Cost | \$ |
| 2. | Interior Improvements | Description: | Estimated Cost | \$ |
| 3. | Roof Improvements | Description: | Estimated Cost | \$ |
| 4. | Electrical Improvements | Description: | Estimated Cost | \$ |
| 5. | Plumbing Improvements | Description: | Estimated Cost | \$ |
| 6. | ADA/Code Corrections Improvements | Description: | Estimated Cost | \$ |
| 7. | Other Improvement: _____ | Description: | Estimated Cost | \$ |
| 8. | Other Improvement: _____ | Description: | Estimated Cost | \$ |
| | | | TOTAL ESTIMATED COST: \$ _____ | |

**If additional space is needed to provide more detailed information, please attach to application.*

SECTION 4: STATEMENT OF NEED AND IMPACT

Please explain why you should receive a CIP grant by answering the following questions. Preference will be given to applicants using grant funds that best meet the objectives of the CRA’s grant programs. You may attach additional information to this application, if needed.

- 1. Will the CRA grant funding **retain** (keep) an/any existing positions at your business? If so, how? How many positions? What type(s) of positions? Please explain in detail.

- 2. Will the CRA grant funding **enhance** the skill level of an/any existing (current) positions at your business? If so, how? Please explain in detail.

- 3. Will the CRA grant funding **create new** positions at your business? If so, how many? What specific positions? Please explain in detail.

4. Will the CRA grant funding **increase** your sales revenue, **improve** your competitiveness, **expand** your company's market position, and/or allow you to enter into a **new market**? Please explain in detail.

5. Will the CRA grant funds **improve** operations, **increase** efficiency, or **reduce** costs and/or energy consumption? Please explain in detail.

SECTION 5: SOURCE OF FUNDS

In order to qualify for CIP grant funds, the CRA requires a **minimum 25% match** of the total grant request amount from the Applicant. For example, if \$50,000 is requested, the business must show proof of at least \$12,500 in funding to be used toward this project.

Total CRA Grant Funding Requested: \$_____ Total Applicant Required Matching Funds: \$_____

Is Applicant using additional funds (other than NW 7th Avenue CRA grant funding) to complete the proposed construction/construction-related project? Yes No

If Yes, provide detail of the source of all additional funds:

| Funding Type (Grant, Loan, Investor Equity, etc.) | Amount | Source/Provider (Name) | Approved? (Yes/no) |
|--|--------|------------------------|-----------------------|
| | \$ | | |
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| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| TOTAL ADDITIONAL FUNDING: | \$ | | |

SECTION 6: GRANT APPLICATION

| | |
|---|-----------------------------------|
| BUSINESS NAME: | |
| <i>Note: The CRA may request additional proof of responses provided below</i> | |
| 1. How many years has your business been in operation? | |
| 2. How many years of experience does the majority owner have in this business? | |
| 3. Is the applicant Business a Minority/Women-Owned Business Enterprise (MWBE)? | YES NO |
| Jobs & Job Creation | |
| 4. How many employees do you have now? | |
| 5. How many of your current employees earn more than \$25,000 per year? | |
| 6. How many new jobs will be created if your business receives the requested CRA grant funding? | |
| 7. How many new jobs will be created earning more than \$25,000 per year, if your business receives the requested CRA grant funding? | |
| 8. How many of your businesses' current positions require more than a high school education? | |
| 9. How many new jobs created by this CRA grant will require more than a high school education? | |
| 10. If new jobs will be created as a result of receiving CRA grant funding, insert the number of each type of position: (Refer to the Occupational Category Definitions on next page) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p>_____ Professionals</p> <p>_____ Technicians</p> <p>_____ Sales</p> <p>_____ Office and/or Clerical</p> </div> <div style="width: 30%;"> <p>_____ Craft Worker</p> <p>_____ Operatives</p> <p>_____ Laborers</p> <p>_____ Service Workers</p> </div> <div style="width: 30%;"> <p>_____ Other</p> </div> </div> | Total number of all NEW positions |
| 11. What are the names of the exact new positions which will be created as a result of receiving the requested CRA funding? | |
| <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. | |
| Investment & Use of Funds | |
| 12. What is the total project investment/cost? | \$ |
| 13. What is the total amount of CRA funds requested in this application? | \$ |
| Operational Readiness | |
| 14. Is your business permitted by applicable County Zoning to operate on the property? | YES NO |

OCCUPATIONAL CATEGORY DEFINITIONS (SECTION 6, QUESTIONS #10, #11)

Professional – Occupants requiring either college graduation or experience to provide a comparable background includes: accountants and auditors, airplane pilots and navigators, architects, artists, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, teachers and kindred workers.

Technicians – Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post-high school education including many technical institutions and junior colleges or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aides, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic physical science) and kindred workers.

Sales – Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers, insurance agents and brokers, real estate agents and brokers, sales workers, demonstrators and retail sales workers and sales clerks, grocery clerks and cashiers and kindred workers.

Office and Clerical – Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. This includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators and kindred workers.

Craft Worker (skilled) – Manual workers of relatively high-level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors and kindred workers.

Operatives (semi-skilled) – Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking) plasters, chauffeurs, delivery workers, dress makers and sewers (except factory), dryer's furnaces workers, heaters (metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, pliers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drives, weavers (textile), welders and flame metals workers and kindred workers.

Laborers (unskilled) – Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes: garage laborers, car washers and greasers, gardeners (except farm) and groundskeepers, stevedores, wood choppers, laborers performing lifting, digging, mixing, loading and pulling operations and kindred workers.

Service workers – Workers in both protective and non-protective service occupations. This includes: attendants (hospital and other institutions, professional and personal service, including nurses' aides and orderlies), barbers, chair workers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses and kindred workers.

SECTION 7: CORPORATE INFORMATION ITEMS

Please attach copies of the following eleven (11) items to your completed application:

1. Proof that business address falls within the Redevelopment Area, by attaching photo(s) which clearly identify the front/back/sides of business and the street/corridor location. A physical address is required. No P.O. Box as mailing address is allowed. (see map on page 9 of the *Commercial Improvement Grant Program Manual*)
2. IRS 147C Letter.
3. A current Certificate of Status from the Applicant's filing state showing that the company is currently active and is in good standing in Florida or its original incorporating state.
4. Copy of the Miami-Dade County Local Business Tax Receipt (Miami-Dade Occupational License) or Paid Receipt. Business name on application must match the license (include copy only). **If a license is not required by Miami-Dade County, please provide written proof from Miami-Dade County Tax Collector's Department.**
5. Provide proof that the business has been operating for at least one (1) year. (Example: any old License, State Corporations, Sales Tax, or utility bill), proof must be in business name (include copy only).
6. Valid Picture ID (Driver's License or Florida ID), of the Managing Principal, CEO, or majority owner of the Applicant company who is signing the BIIG Grant Application package and is empowered to enter into contracts.
7. Business tax returns for the previous year (or year prior to in some instances). Please redact (remove) or black-out any and all social security numbers and other sensitive or private information **before** submitting applications.
8. Verifiable proof of funds — current corporate bank statement or proof of funds letter from Applicant's bank. For CIP grant funding, must show at least 25% matching funds for a minimum of the last three - four months.
9. If Applicant is using additional funds to purchase equipment/technology, please supply an approval letter for bank or other debt funding, or funding commitment letter or contract from the source of additional funds.
10. **If applicable**, Elected officials and Government Board Appointees must get written approval stating no conflict of interest from Miami-Dade County Commission on Ethics & Public Trust. See page 9 below for the ***Request for Opinion from the Miami-Dade County Commission on Ethics & Public Trust Form***.
11. **If applicable**, provide Applicant Company's Data Universal Numbering System number (DUNS number). If you do not have a DUNS number, it can be obtained for free at <http://fedgov.dnb.com/webform>.

****** NOTE: STAFF, CRA GRANT SELECTION COMMITTEE OR THE CRA MAY REQUIRE ADDITIONAL QUALIFYING PROOF OR INFORMATION AS A COMNDITION OF GRANT AWARD******

Request for Opinion from the Miami-Dade County Commission on Ethics & Public Trust

Acquiring Financial Interest

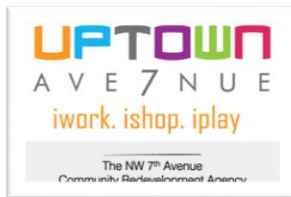
I, _____, (Owner or President Name) the owner or president of
_____ (Business Name), whose business address is,
_____ (Business Address, City,
State, Zip).

Are you currently an employee of Miami-Dade County? Yes: _____ No: _____

If yes, what Department? _____

I am being considered for funding through the NW 7th Avenue Corridor Community Redevelopment Agency and request the clearance from the Miami-Dade County, Commission on Ethics & Public Trust. Please review my request and forward Opinion to the CRA Grants Administrator: Neighbors and Neighbors Association; Leroy Jones, Director; 5120 NW 24th Avenue; Miami, FL 33142; E-mail - leroy@nanaf.org.

Thank you in advance for your attention to this very important matter.



NW 7th Avenue Corridor Community Redevelopment Agency
Stephen P. Clark Center • 111 N.W. 1st Street • Suite 2200 • Miami, FL 33128
Tel (305) 375-5143 • Fax (305) 375-5168
<https://www8.miamidade.gov/global/government/boards/northwest-7th-avenue-cra.page>
uptownavenue7.com