

Draft Application



Community Redevelopment Area Application for Tax Increment Appropriation 2011 Allocation

Applications for funding are accepted between Tuesday, July 6, 2010 and Friday, October 1, 2010. By law funding for the Community Redevelopment Agency occurs after January 1, 2011. The attached Community Redevelopment Agency Use of Tax Increment Funding Guidelines includes additional information to assist in the application process.

A. **CRA LOCATION:** Which Community Redevelopment Area (CRA) subarea is the project located within? *Check one:* ___ Bahama Village Subarea ___ Caroline Street Corridor Subarea

B. **PROJECT NAME:** _____

C. **PROJECT LOCATION/ADDRESS:** _____

D. **APPLICANT (PLEASE EXECUTE ATTACHED AUTHORIZATION FORMS)**

Entity _____

Authorized Representative _____

Address _____

Telephone Number _____

Cellular Number _____

E-Mail Address _____

E. **PROJECT INFORMATION**

What type of project is proposed: *Check one:* ___ Construction/Restoration ___ Program

Provide a brief description of the project:

If a Construction/Restoration Project, please provide information that fully describes the physical boundaries of the proposed project as follows:

- map(s)
- deeds(s)
- boundary survey
- Monroe County Property Appraiser data for the site (<http://www.mcpafl.org>)

If a Program, please fully describe the population served by the program and the address of the program facility location, if applicable. Please attach authorization from the property owner for the proposed program facility location.

Facility location authorization

F. OWNERSHIP AND LEGAL STRUCTURE

Provide the full name(s) of the person(s) or entity(s) expected to own (or operate if a program) the project and fully describe their legal structure (i.e. principals, ownership interests, relationship to parent organization, subsidiaries, etc.). Attach additional information if necessary.

Is the facility or program open to the public regardless of the individual's race, color, sex, gender identity or expression, religion, disability, national origin, ancestry, sexual orientation, marital status, parental status, or source of income and is there a charge associated with public use or entry to the facility or program? Please describe if necessary or explain if facility or programs have limitations to access. Attach additional information if necessary.

G. PREAPPLICATION MEETING

A pre-application with the City Planner and Historic Preservation Planner is required prior to application submittal. Please provide the following pre-application meeting dates:

_____ Planning Department
_____ Historic Preservation Planner

H. PROJECT BUDGET

Note: Applicants are encouraged to consider the total amount available for TIF funding in 2011 relative to their project request.

1. Is funding requested for multiple phases (over more than one funding cycle?)
___ yes ___ no

2. Project Cost for 2011 _____
Total Project Cost _____ (if multiphase, for all years)

3. Amount of TIF Funding Requested for 2011 _____
Total Amount of TIF Funding Requested _____ (if multiphase, for all years)

4. Total Amount of matching funds provided for 2011 _____
Total Amount of matching funds provided _____ (if multiphase, for all years)
Describe the source and amount of matching funds _____

5. Attach a detailed budget for the project describing each key element and estimated costs (if multiphase, for all years)
___ Detailed budget attached

I. PROJECT SCHEDULE

Please provide a schedule for approvals, construction and implementation of proposal, including multiyear phasing if relevant.

___ Schedule attached

J. GREEN FEATURES

Although not specifically required by Chapter 163, part 3, Florida Statutes of the Community Redevelopment Act, it is important to encourage the concept of going green within the context of implementation of a community redevelopment. Going green in this instance means conscious attempts to reduce overall negative environmental impacts by individuals, businesses and government. Community redevelopment activities including the appropriation and use of tax increment when reasonably feasible should consider a focus on conserving the earth's resources, energy efficient activities, production of consumption of energy, use of sustainable materials, elimination of waste, compliance with environmental regulations and the use of environmentally friendly products, equipment and services. In this context green services are earth friendly, ethically produced and made energy efficient and employ the use recyclable materials. Please indicate how this application will promote green services.

___ Green Features response attached

K. CERTIFICATION

By making this application, Applicant certifies that he or she has read Section 163.340(9), Florida Statutes (the definition of "community redevelopment") and the City's Community Redevelopment Plan (including any amendment or restatement thereof, and understands that any funding pursuant to application must be consistent with the City's community redevelopment policy objectives and City of Key West guidelines and procedures.

The undersigned has read this form, authorized its preparation and, under penalty of perjury, hereby certifies that, to the best of his or her knowledge and belief that the information provided is true, accurate and complete. Applicant understands that any appropriation is subject to available funds and if requested agrees to provide any and all additional information in a timely fashion as requested by the CRA or City.

Chapter 837.06 Florida Statutes – False Official Statements – Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided for in S. 775.082 or S. 775.083.

Applicant: _____ Date: _____

Subscribed and sworn to (or affirmed) before me on _____ (date) by

Please Print Name of Affiant

He/She is personally known to me or has presented _____ as identification.

Notary's Signature and Seal

_____ Name of Acknowledger printed or stamped

_____ Title or Rank

_____ Commission Number, if any

K:\Community Redevelopment Area Plans\Application Materials\CRA - TIF Application 052710.doc

Verification Form

This form should be completed by the applicant. Where appropriate, please indicate whether applicant is the owner or a legal representative. If a legal representative, please have the owner(s) complete the following page, "Authorization Form."

I, _____, being duly sworn, depose and say
Name(s) of Applicant(s)

that: I am (check one) the _____ Owner _____ Owner's Legal Representative
for the property identified as the subject matter of this application:

Street Address and Commonly Used Name (if any)

All of the answers to the above questions, drawings, plans and any other attached data which make up this application, are true and correct to the best of my knowledge and belief and that if not true or correct, are grounds for revocation of any action reliant on said information.

Signature of Owner/Legal Representative

Signature of Joint/Co-owner

Subscribed and sworn to (or affirmed) before me on _____ (date) by

(name). He/She is personally known to me or has
presented _____ as identification.

Notary's Signature and Seal

Name of Acknowledger typed, printed or stamped

Title or Rank _____ Commission Number (if any)

Authorization Form

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, _____ authorize
Please Print Name(s) of Owner(s)

Please Print Name of Representative

to be the representative for this application and act on my/our behalf before the City.

Signature of Owner

Signature of Joint/Co-owner if applicable

Subscribed and sworn to (or affirmed) before me on _____(date) by

Please Print Name of Affiant

He/She is personally known to me or has
presented _____ as identification.

Notary's Signature and Seal

Name of Acknowledger printed or stamped

Title or Rank

Commission Number (if any)