



DEVELOPMENT REGIONS GRANT PROGRAM

PALM BEACH COUNTY, FLORIDA

APPLICATION FORM

Important Instructions:

- Before filling out this application form, thoroughly read the ELIGIBILITY & APPLICATION REQUIREMENTS document for this program. In that handout refer to the Application Requirement Checklist (Section IV on Page 6) when completing this form.
- Only one application can be utilized for one business or public improvement project.
- Type or print the required information. Do not leave spaces blank. Put N/A if appropriate. Fill out sections I through III, sign the application in section IV, and attach the pertaining documentation listed in section V. Submit one original and six copies of the application.
- In the event that the Palm Beach County Economic Development Office (EDO) requests additional information, it must be submitted in a timely manner.
- The processing and approval of projects may take more than 12 weeks. Incomplete applications will not be accepted.

Application Date:	
PROJECT CATEGORY	
Business Project (name of business or property owner):	
Public Improvement Project (name of improvements project involving parking, infrastructure, lighting, beautification, façade, etc.):	
PARTICIPATING LOCAL GOVT. OR ORGANIZATION	
Municipality/CRA/Non-Profit Organization (name):	
Contact Person:	Title:
Mailing Address:	
Telephone:	Fax:
Email:	

I. PROJECT CATEGORY: Fill out either section A or B.

A. BUSINESS PROJECT

Business Name:	
Business Owner Name:	
Business Federal ID #:	
Type of Ownership:	
Contact Person:	Title:
Mailing Address:	
Telephone:	Fax:
Email:	
Business or Project Location Address:	
Property Control Number:	
Owner of Property:	
Property Owner's Address:	
Telephone:	Fax:
Copy of Lease Required: <input type="checkbox"/> Proposed or <input type="checkbox"/> Executed	
<input type="checkbox"/> Lease Enclosed	

BUSINESS LOCATED IN UNINCORPORATED PALM BEACH COUNTY.

<p>FOR EDO USE ONLY</p> <p>Project location is in or adjacent to an area classified as: <input type="checkbox"/> Acute</p> <p><input type="checkbox"/> Core <input type="checkbox"/> Transitional <input type="checkbox"/> Marginal <input type="checkbox"/> Adjacent to or near the Development Region</p>
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A. BUSINESS PROJECT (Continued)

PROPOSED STARTING DATE:

PROPOSED ENDING DATE:

DESCRIPTION OF PROJECT:

Include a projected time-frame of the entire project, including phases (if any).

B. PUBLIC IMPROVEMENT PROJECT

Project Location:	
Contact Person:	Title:
Mailing Address:	
Telephone:	Fax:
Email:	

PROPOSED STARTING DATE:
PROPOSED ENDING DATE:
DESCRIPTION OF PROJECT: Include a projected time-frame of the entire project, including phases (if any). Explain how the project relates to the master plan.

B. PUBLIC IMPROVEMENT PROJECT (Continued)

PUBLIC IMPROVEMENT PROJECT BENEFICIARIES

Identify businesses and/or adjacent property owners to benefit from improvements. Provide the following information on a spreadsheet and attach it to this application.

- Column A Number
- Column B Business Name
- Column C Business Location
- Column D Business Owner
- Column E Property Owner
- Column F County Funds to be used
- Column G Municipality/CRA/Non-profit funds to be used
- Column H Business funds to be used
- Column I # Existing full-time equivalent jobs (as calculated in Section III)
- Column J # New full-time equivalent jobs to be created (as calculated in Section III)
- Column K Individual improvements to be made

II. PROPOSED PROJECT BUDGET

Itemize anticipated expenses for this project. Complete the items that apply to your project. Attach details of each item and supportive information. Include labor and material costs in this estimate.

Funding Use	Cost	Funding Sources		
		#1 County	#2 City/CRA/ Non-profit	#3 Grantee
Land Acquisition				
Architectural Design				
Engineering Design, Survey, Testing				
Infrastructure (Water/Sewer)				
Construct New Building				
Expand Existing Building				
Façade Changes/Renovations				
Impact Fees				
Landscaping/Lighting Signage				
Public Improvements				
Other (Specify)				
Equipment				
TOTAL	\$			

PROJECT ANTICIPATED FUNDING

(Enter totals from above)

#1 County funds _____

#2 City/CRA/CDC funds _____

#3 Grantee liquid cash _____

bank loan _____

other grant _____

other source _____

(last column in table)

TOTAL \$ _____

<p>For EDO use only</p> <p>Is County grant request \leq 30% of total project cost?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the Municipality/CRA match \geq 50% of the County grant request?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

NOTE: QUALIFIED ESTIMATES MUST BE ATTACHED

III. WORKFORCE INFORMATION (full time & equivalent jobs)

This application will be based on: **job creation** **job retention**

Job retention must be for a project located in an “Acute” area of 35% or more poverty as identified on the enclosed map. The map is also shown on www.pbcgov.com. Search under headings: Economic Development or Economic Development Office.

Formula: A full-time equivalent job is one or more jobs totaling **2,080 hours per year**. Therefore, the calculation will be as follows:

$$\frac{\text{Total \# of hours of employees scheduled per week} \times 52 \text{ weeks}}{\text{divided by 2,080 hours}} = \text{\# of full-time/equivalent jobs}$$

Jobs to be Created

The Development Regions Grant Program requires a minimum of one (1) full-time equivalent job to be created per \$10,000 requested in county funds.

No. of Employees	Job Title	Hours per Week (maximum 40 hours per employee)	Hourly Wage and/or Salary

Using the formula above, the number of full-time equivalent jobs = _____.

Jobs on Current Payroll

Identify below the existing payroll employees with their respective job titles, # hours scheduled per week, and hourly wage. Include business owner(s) if identified on payroll. Do not include property owner in this list. An attachment may be used if necessary or attach a payroll document to the application.

No. of Employees	Job Title	Hours per Week (maximum 40 hours per employee)	Hourly Wage and/or Salary

Using the formula above, the number of full-time equivalent jobs = _____.

V. CHECKLIST OF REQUIRED DOCUMENTATION

Affix an **Attachment #** for the following information that will be submitted as an attachment. If not applicable to your application, enter N/A.

Attachment #	REQUIRED FROM BUSINESS APPLICANT
	Executive Summary
	Corporate Information – document number, by-laws and articles of incorporation under state or local law
	Description of Project Phases and Timetable – pages 3 or 4 on application form
	Itemized Overall Project Budget and Qualified Estimates – page 6 on application form
	Workforce Information (Jobs) – page 7 on application form
	Evidence of Available Funds – to cover project costs – provide a commitment letter from bank – identify available funds in account, etc.
	Resume(s) – key personnel to substantiate capability to operate the business
	Street Map – identify location of project
	Pictures – present building or new location
	Architectural Designs – if available
	Evidence of Site Control – for example: sales contract, deed or copy of executed lease
	Letter Documenting Compliance – with zoning and land use
	Tax Returns – most recent three (3) consecutive years
	Business Plan – with five year projections
Attachment #	REQUIRED FROM MUNICIPALITY / CRA / NON-PROFIT ORGANIZATION
	Executive Summary
	Evidence of Available Funds – to cover project costs such as commitment letter from bank, available funds in account, etc.
	Street Map – identify location of project
	Pictures – present building or new location
	Architectural Designs – if available
	Spreadsheet – identify public improvement project beneficiaries
	Public Improvement Plan and Project Feasibility
	Authorization – copy of resolution, minutes of meeting of governing body, or other documentation authorizing submission of business or public improvement project
	Letter Certifying Match – contributions from municipality/CRA or non-profit
	Evidence of Non-Profit Status

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