



## 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	
<b>PROJECT CATEGORY</b>	
<b>Business Project</b> (name of business or property owner):	
<b>Public Improvement Project</b> (name of improvements project involving parking, infrastructure, lighting, beautification, façade, etc.):	
<b>PARTICIPATING LOCAL GOVT. OR ORGANIZATION</b>	
<b>Municipality/CRA/Non-Profit Organization</b> (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><b>FOR EDO USE ONLY</b> Project location is in or adjacent to an area classified as: <input type="checkbox"/> Acute <input type="checkbox"/> Core <input type="checkbox"/> Transitional <input type="checkbox"/> Marginal <input type="checkbox"/> Adjacent to or near the Development Region</p>
--

**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:	

<b>PROPOSED STARTING DATE:</b>
<b>PROPOSED ENDING DATE:</b>
<b>DESCRIPTION OF PROJECT:</b>  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 in Attachment)				
Equipment				
<b>TOTAL</b>				

**ANTICIPATED FUNDING SOURCES**

**#1 County funds** \_\_\_\_\_

**#2 City/CRA/CDC funds** \_\_\_\_\_

**#3 Grantee liquid cash**  
 bank loan  
 other grant  
 other source  
 (last column in table)

**TOTAL** \_\_\_\_\_

<p><b>For EDO use only</b>                  Is County grant request ≤ 30% of total project cost?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Is the Municipality/CRA match ≥ 50% of the County grant request?  <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 shown on <http://www.pbcgov.com/PubInf/EDO>; search under Maps/Photos.

**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 = \_\_\_\_\_.

**IV. SIGNATURES**

---

Applicant (Municipality/CRA or Non-profit) Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Business Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

For additional information contact:

PALM BEACH COUNTY ECONOMIC DEVELOPMENT OFFICE  
301 N. Olive Avenue, 10<sup>th</sup> Floor, West Palm Beach, FL 33401  
P.O. Box 1989, West Palm Beach, FL 33402-1989  
(561) 355-3624  
Fax: (561) 355-6017

Attn: Pamela Nolan, Economic Development Specialist  
pnolan@co.palm-beach.fl.us  
(561) 355-6835  
Fax: (561) 355-6017

<http://www.pbcgov.com/PubInf/EDO>

**FOR EDO USE ONLY**

Application reviewed by:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Application accepted:  Yes  No

If not accepted, explain reasons:

## V. CHECKLIST OF REQUIRED DOCUMENTATION

Affix numbers to all appropriate attachments submitted with a completed application. If the attachment is not applicable, please enter N/A. Do not duplicate pages from the application in the attachments.

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