



**City of Clermont Community
Redevelopment Area**

Application for CRA Grant and Incentive

This application along with all copies and required materials should be submitted to:

Curt Henschel, Development Services Director
685 W. Montrose Street
Clermont, FL 34711

Application Number (Internal Use) _____

Application Type (Check one):

____ Commercial Enhancement Grant (Only properties along State Road 50 in the CRA area qualify)

____ Food Related Service Grant

This application along with all copies and attachments to it constitute public records.

I. Applicant Information

Name: _____

Address: _____

Telephone: _____

Email: _____

II. Property Owner Information

Name: _____

Address: _____

Telephone: _____

Email: _____

- **Proof of property taxes paid in current must be submitted with this application.**
- **Notarized consent of the property owner must be submitted with this application.**

III. Proposed Project

Project or Business Name_____

If an existing business, current address of operations_____

Please provide the following:

- Exact nature of the work to be completed in accordance with qualified work associated with the grant program being applied for. As appropriate specify interior vs. exterior work.
- Attach a completed site plan and specification detailing all facets of the scope of work to be completed with monies from the CRA grant program.
- Licensed Contractors: Three (3) written quotes on official letterhead must be obtained and all three must be submitted with the grant application.
- Itemize the cost of each work to be perform with the cost associated.
- Conceptual business plan
- Proposed site plan
- Project schedule
- Permit ready drawings

Grants will be awarded based on many different variables, such as:

- Visual impact on the commercial district
- Commitment of applicants to complete project
- Contribution of project to the economic vitality of the commercial district
- Enhancement of property appearance
- Retention of historic features
- Leverage of private investment
- Availability of program funding
- Consistency with the Clermont downtown waterfront masterplan
- Targeted uses that do not exist in the downtown, which the city would like to attain
- Grant cannot be combined with any other grant programs
- Once a grant is awarded, the property is not eligible for another grant within a 3year period.

For Food Related Service Grant Applicants

Please note all applicants applying for the Food Related Service Grant will be required to submit the following along with the completed grant application:

- A completed and signed application
- Notarized letter from property owner and proof of property taxes paid in current
- Anticipated Benefits of the Future Restaurant Use
 1. Describe the financial benefit of the future use to the City of Clermont, including projected tax revenue.
 2. Detail the number and types of existing and new jobs that the future site use will create with income ranges.
 3. Please describe the potential community and non-monetary benefits the future site use contributes to the city its residents and visitors.
 4. Please describe in detail how the future site use aligns with the downtown waterfront masterplan.

- Food-related service resume
 1. Table of Organization for the restaurant team to include names, bios and organizational role.
 2. Any certifications or registrations applicable should be included.
 3. Development timing should be clearly described detailing all major milestones and when the development is expected to be completed.

Dollar amount requested by applicant_____

Applicant cost_____

Total cost of project improvements or construction_____

Amount of any new jobs created_____

Existing number of employees_____

Satisfaction of Grant Criteria:

- Explain in written detail how your proposal meets each one of the criteria associated with the grant program applied for.
- By completing this application, the applicant agrees and understands that this grant is given at the sole discretion of the Clermont CRA and these criteria are solely to evaluate the applicants project and do not create any entitlement to funding.

Certification:

Applicant hereby certifies under penalty of perjury that all information provided is accurate, truthful and current.

Signature_____ Date_____

Print_____

State of Florida County of Lake

The forgoing instrument was acknowledged before me on this day____of____,20__

By_____who is personally known to me or has produced_____as identification and who did (did not) take an oath.

_____Notary Public

Notary Signature

My commission expires:

_____Print Notary Name