



SOUTHEAST OVERTOWN / PARK WEST | OMNI REDEVELOPMENT DISTRICT | MIDTOWN
Telephone: 305-679-6800 Facsimile: 305-679-6835

GRANT APPLICATION

CHECKLIST OF DOCUMENTATION TO BE PROVIDED

Please retain a copy of all items submitted to the CRA!

A. Required Information:
(Failure to provide the following documentation may render the applicant's grant application incomplete.)

Yes	No	Description
		Completed grant application.
		Cover letter summarizing the funding request, benefits to the community and other integral highlights of the grant proposal.
		Minimum of 2 photographs of the location of the project or the planned program or activity.
		A detailed grant proposal that conforms to the objectives of the Southeast Overtown/Park West and/or the Omni District Redevelopment Plans.
		Business Plan (if applicable)
		The detailed budget for the proposed project or program.
		If applicant is a corporation, partnership, limited liability corporation, or non-profit organization, please attach a list of current officers/directors/board members.
		If applicant is a non-profit entity, provide verification of tax-exempt status under Section 501(c)(3) of the IRS Code.
		If applicant is a lease holder, and grant funds are to be utilized for physical improvements to a leased property, please provide copy of the lease agreement.
		For rehabilitation projects, provide a copy of the property insurance policy.
		If applicant is an existing business, provide copy of the current Local Business Tax Receipt (Occupational License). The document must match the Applicant's name. Any discrepancies must be explained in a separate letter.
		Provide a list of key organizational staff, including titles and functions
		Provide corporate income tax returns for the last two (2) years or most recent three (3) years personal tax returns.
		Provide list of grant or loan funding sources and amounts received over the most recent three (3) years.
		Provide the most recent three (3) months business or personal bank statements if new business establishment, or three (3) months financial statements.
		Organization's current year operating budget.

(FOR OFFICIAL USE ONLY)

Date Application Received: _____

GRANT DECISIONING: Approved: _____ Denied: _____ Returned Incomplete: _____

Grant Amount Approved: _____ Authorizing Resolution: _____

B. Applicant Information:

Name of Entity (if applicable)

Contact Name

Fictitious Name (if applicable)

Title

() _____

() _____

() _____

Work Telephone

Alternate Telephone

Facsimile

Email Address

Physical Address

Mailing Address

City, State ZIP Code

City, State ZIP Code

Description of Applicant:

Individual

Corporation

For Profit

Not-For-Profit

Other _____

1. Has the applicant previously received a grant from the CRA?

Yes. No. If yes, please provide the date the grant was awarded, the amount, and describe how the grant funds were utilized.

2. Is the applicant in default of any agreement with the CRA, the City of Miami, Miami-Dade County, or the State of Florida?

Yes. No. If yes, please explain.

3. Has the applicant ever been disbarred from doing business with the City of Miami, Miami-Dade County, or the State of Florida? Yes. No. If yes, please explain.

4. In the past three (3) years, has the applicant received loans, grants, and/or other subsidies from other public organizations or governmental entities? Yes. No. If yes, please state the date and purpose for the loan, grant and/or subsidy received.

5. In the past three (3) years, has the applicant, or any related entity, been in default of any agreements with other organizations or governmental entities? Yes. No. If yes, please explain.

C. Grant Funding Request:

(The completion of the following information does not satisfy the applicant's obligation to submit a detailed budget.)

Requested Grant Amount: \$ _____ Total Project Cost: \$ _____

Identify the project/program location:

SEOPW CRA _____ Omni CRA _____

How will the grant funds be utilized? *(Check all that apply)*

Affordable Housing _____ Job Creation/Retention _____ Infrastructure Improvements _____

Commercial Improvements _____ Arts & Culture _____ Parks/Open Space _____

Other (Please Specify) _____

Provide DUNS Number: _____ (Required)

(To obtain DUNS #, please call 1 866-705-5711 or visit www.dnb.com)

D. Representations of Applicant:

The applicant agrees to:

1. Comply with all federal, state and local rules and regulations with respect to the use of the grant funds.
2. Cooperate fully with the CRA in implementing the terms and conditions of any subsequent agreement, if awarded.
3. Provide the CRA with periodic status reports.
4. Promptly accommodate any CRA request for information with respect to the grant.
5. Promptly review the conflict of interest laws of the City of Miami (Code of the City of Miami, Florida, Chapter 2, Article V), of Miami-Dade County, Florida (Code of Miami-Dade County, Florida, Section 2-11.1), and of the State of Florida (as set forth in Florida Statutes) and agrees that it will fully comply in all respects with the terms of said laws and any future amendments. (A copy can be obtained from the CRA's website at www.miami-cra.org/programs.htm)
6. Applicant declares that no person or entity under its employ, presently exercising functions or responsibilities in connection with this grant application, has personal financial interests, direct or indirect, with the City of Miami or the Community Redevelopment Agencies.
7. Applicant declares that, in the performance of this Grant, no person or entity having such conflicting interest was utilized in respect to the Grant. Any conflict of interest(s) on the part of applicant, its employees and associated parties with respect to this grant application must be disclosed in writing to the CRA.

By signing, I certify that the information contained herein is true, complete and accurate to the best of my knowledge. Should any of the representations made herein change, I hereby acknowledge my obligation to immediately notify the CRA and update those representations.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____

E. Additional Resources:

The entities below may provide business development training, grant writing, additional grants and loan opportunities, and related business resources.

<u>Program</u>	<u>Ex. Director</u>	<u>Phone</u>
City of Miami Economic Development Department	Lisa Mazique.....	305.416.1435
Downtown Development Authority	Alyce Robertson..	305.579.6675
Downtown Miami Partnership	Josie Correa.....	305.379.7070
Miami Dade County Community and Economic Development	Shalley Jones.....	786.469.2100
Neighbors and Neighbors Association (NANA) Business Training Program	Leroy Jones.....	305.756.0605
Partners for Self Employment, Inc.	Cornell Crews.....	305.438.1407 x215
The Beacon Council	Frank Nero.....	305.579.1300