

WINTER HAVEN

THE CHAIN OF LAKES CITY

CRA Small Businesses Support Program Grant
Community Redevelopment Agency
 451 Third Street, NW ♦ Winter Haven, FL 33881 ♦ 863-291-5600

APPLICANT INFORMATION	
Business Name:	
Property Address:	
Business Owner/Operator Name:	
Business Mailing Address:	
Phone:	Email:
<p>Business is eligible to apply one time for a maximum reimbursement of up to \$5,000.</p> <p>Eligible businesses must have a physical store front or office located in the Winter Haven CRA. Homebased businesses, online only businesses and Non-profits are not eligible for this grant.</p> <p>New businesses not yet open are eligible once a BTR has been issued.</p> <p>Application will not be considered complete and placed “in line” for funding until all documents listed below have been received. Applications are accepted only while funds are available.</p>	
<p><u>The following documents must be included with application:</u></p> <ul style="list-style-type: none"> * Description of item(s)/improvements proposed for purchase * Quotes for item(s)/improvement(s) – minimum of two (2) * Statement of how the learning paths taken relates to the item(s)/improvement(s) needed * Before picture of improvement or item * Copy of BTR * Copy of Completed Course Certificate(s) 	

For Office Use

<input type="checkbox"/> Pics <input type="checkbox"/> Proposed work <input type="checkbox"/> Copy of Quotes (min of 2)	Date App Complete/ Rec'd By:	Courses Completed/ Date Completed:
CRA Approval Date:		Notified applicant:
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Comments/ Conditions of Approval & Amount:	
Check Request Date:		
Check to be: <input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up		Check #:
Pick Up Signature:		Amount: \$
Pick Up Printed Name:		

Small Businesses Support Program Grant Overview

Designed to support small businesses in the CRA and to aide in improving the economic vitality and vibrancy of the community.

Please review and initial each item below for acknowledgement:

Initials

- | | |
|---------|--|
| _____ 1 | The applicant must have a physical storefront or office in the Downtown or Florence Villa CRA districts with proper zoning for business. Online only, homebased businesses and non-profits are not eligible. |
| _____ 2 | CRA will reimburse costs up to a maximum reimbursement of \$5,000. |
| _____ 3 | Applicant must complete at least two full learning paths on the Small Business Platform within one (1) year of registration on the Retail Strategies website. Completion of the Omni Channel learning path is required as one of the two. |
| _____ 4 | Once approved, funds will be available for 1 year from the date of approval. If reimbursement is not complete within this time unused funds may be reallocated. An extension may be requested in writing prior to expiration or at time of approval. |
| _____ 5 | Photographs of the improvement(s) or items located within the business may be used in future publications by the City. |
| _____ 6 | All items or purchases must be paid in full prior to submitting for reimbursement. No partial reimbursement payments will be made. |
| _____ 7 | Approved expenses will be reimbursed upon applicant's receipt of items and/or completion of installation. All invoices relating to the approved work must be documented with proof of payment (see reimbursement process below). |
| _____ 8 | Purchase orders and/or improvements made prior to official written or emailed approval notification will be ineligible for funding. |
| _____ 9 | Items and/or improvements must align with something that was learned in taking the course for the learning paths the participant selected. |

Approval Process

1. Application is determined to be complete and sufficient by CRA staff as determined within CRA staff's sole and absolute discretion
2. CRA Staff review application for approval or denial
3. CRA Staff send applicant an email advising of approval or denial
4. If approved, order may be submitted or items purchased
5. Items are received and installed; reimbursement request may be submitted (see below process)

Reimbursement Process

This is a reimbursement grant program and as such once the improvements are complete and paid in full the applicant may submit for reimbursement by emailing or submitting a written request for reimbursement. Please include the following items:

- Completed W-9 form
- Proof of payment
- If reimbursement check is to be mailed or picked up in person
- Copy of paid invoice(s) or receipt(s)
- Picture of items or improvements

Ineligible Items

- Merchandise
- Payroll
- Items ordered or purchased prior to written grant approval
- Work that is not consistent with the objectives learned in the course

Additional Information to Note

Applicant must have a current business tax receipt (BTR). New businesses must have one prior to reimbursement.

Property taxes must be current.

No existing and/or pending Building Code, and/or Code Enforcement/Compliance violations.

All accounts current and in good standing with City of Winter Haven Utilities.

If applicant is not the property owner written consent from the owner must be submitted based on items or improvements requested. Staff can assist in defining if consent is needed and provide the necessary form.

The owner will release, hold harmless, and indemnify the CRA and City for work being performed on their property that is associated with this program in a form, format, and/or manner that is approved by the City Attorney.

Other relevant information may be requested as deemed necessary by CRA staff, CRA Advisory Committee, and/or CRA Board.

Work requiring a permit must be done by contractors with a current license (DBPR), Registration with the City of Winter Haven and a current BTR.

CRA staff reserves the right to determine whether an application is sufficient for proper review.

Should an applicant wish to appeal a CRA staff level denial of an application, the applicant may request to be heard at the next regular meeting of the applicable CRA Advisory Committee.

The property and use must be conforming AND consistent with the Future Land Use and Zoning classifications.

If nonconforming elements are present the eligible redevelopment authorized under this reimbursement grant program should reduce or eliminate the nonconforming elements.

Under no circumstance may a nonconformity be created or expanded.

The undersigned hereby affirms that he or she has been duly authorized and empowered to verify, execute and deliver this application, that he or she has read this application (including all attachments hereto) and he or she has knowledge of all of the facts stated herein, and that this application, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of his or her knowledge and belief.

Signature: _____ Date: _____

Print Name: _____ Company: _____