



## CRA Advisory Board Grant Application

OFFICIAL USE ONLY	
Application:	_____
Date Received:	_____

Property owner:

Name	Individual Name if Applicant is a Business
Address	City
State	ZIP
FL	Phone

Location (if different than above):

Address	City
State	ZIP
FL	Phone

Residential:  Commercial:  Non-Profit:

Applicant to select from the following:

Paint:  Landscape:  Facade:  Structural Repairs:  Parking:  Signage:

Other:   
(explain)

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Please provide detailed description of work to be done:

(Use reverse side and/or attachments if needed)

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Please provide cost of estimate: \_\_\_\_\_

Please attach all supporting documents and/or photos that are relevant to your request.

Primary Funding Source(s): \_\_\_\_\_

Name	Amount
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Owner Contribution: Yes  No  If yes, amount: \_\_\_\_\_ Labor: \_\_\_\_\_

If no, please state why:

Financial Summary

Project Cost: \_\_\_\_\_ Owner Contribution: \_\_\_\_\_

CRA Funds Requested: \_\_\_\_\_ Other: (explain) \_\_\_\_\_

Signature

Date

Applicant must provide W-9

### OFFICIAL USE ONLY

CRA Advisory Board Meeting: \_\_\_\_\_

Date	Time
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Approved: \_\_\_\_\_

Approver's Title	Official's Signature
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Amount of Grant: \_\_\_\_\_ Payable to: \_\_\_\_\_