



MIAMI CROSSING JEDD BUSINESS ASSISTANCE PROGRAM

APPLICATION FORM - PAGE 1

A. NAME OF COMPANY AND PROJECT INFORMATION

Name of Company: _____

Mailing Address: _____ City: _____ Zip: _____

Telephone: _____ NAICS Code for Business (manta.com for info): _____

Please Note: Taxes (local, state and federal) for any company benefitting from MIAMI CROSSING JEDD BUSINESS ASSISTANCE PROGRAM funding MUST BE current. It is the Company's responsibility to verify this prior to submitting an application. The awarding of funds will be subject wholly to the discretion of the Miami Crossing JEDD Board.

B. NAME OF CONTACT PERSON

Name: _____ E-Mail: _____

Relationship to Applying Business/Entity: _____

Telephone: _____ Fax: _____

C. AMOUNT OF MIAMI CROSSING JEDD BUSINESS ASSISTANCE REQUESTED

\$ _____

D. TOTAL PROJECT COST

(Indicate the TOTAL cost of the project, including engineering/design costs, administrative costs, and any other peripheral expenditures associated with the project.)

\$ _____

Note: *To be eligible for funding assistance, an applicant and/or property owner must be in good financial standing with the JEDD and be current on all local, state and federal taxes as verified by the JEDD Income Tax Administrator and/or agent of the JEDD. Funds will be available to applicants on a reimbursable basis and for no more than 25% of the total project cost or up to \$25,000, depending on JEDD Business Assistance Program fund availability.*

CERTIFICATION

The applicant certifies that, to the best of their knowledge, the data in this application are true and correct, and that they will comply with all applicable federal, state and local regulations. (Chief Executive Officer or company authorized agent should sign below.)

Applicant: _____ Title: _____ Date: _____

Owner (If Different): _____ Title: _____ Date: _____



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PROJECT DESCRIPTION

A. PROJECT SITE/BUILDING LOCATION (Indicate the location of the proposed project):

Street Address: _____ City: _____ Zip: _____

Parcel(s) ID# _____ Map attached

B. TYPE OF PROJECT (Indicate the type of project from the choices listed below. Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Building Construction _____ Sq Ft | <input type="checkbox"/> Water Line Installation |
| <input type="checkbox"/> Building Expansion _____ Sq Ft | <input type="checkbox"/> Storm Sewer Installation |
| <input type="checkbox"/> Physical Site Improvements | <input type="checkbox"/> Sanitary Sewer Installation |
| <input type="checkbox"/> Interior Improvements | <input type="checkbox"/> Upgrade Technology/Infrastructure |
| <input type="checkbox"/> Building Demolition | |
| <input type="checkbox"/> Other-Explain: | |

Note: If building a new structure or rehabilitating or demolishing a structure, please confirm with Zoning, Building or other relevant Officials prior to work being undertaken to ensure that building improvements meet local code requirements and receive necessary permits.

C. PROJECT SUMMARY

Provide information concerning the proposed project by answering the four questions listed below on another sheet:

- 1) Give a specific description of the project.
- 2) Why is this project necessary for your company?
- 3) Describe the anticipated economic impact of the proposed project.
- 4) Why are Miami Crossing JEDD Business Assistance Funds essential for the project's success?

D. LEASE/OWNERSHIP INFORMATION

If the applicant is also the property owner, a copy of ownership records is included with this application:

If the applicant is NOT the property owner, a copy of the current lease agreement is included with this application:



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ECONOMIC IMPACT

A. TYPE OF DEVELOPMENT

Check here if there is a specific and committed "end user" for the proposed project.

(For purposes of this application, real estate developers or project administrators are not considered to be end users.) Indicate who the end user is and attach a letter from the end user indicating commitment to the project:

End user: _____ Letter attached

Check here if the project provides basic infrastructure (water/sewer) to make property developable (i.e. redevelopment or Greenfield, water/sewer upgrade.)

Indicate Infrastructure being provided: _____

Indicate development results (i.e. # of Acres that will be development ready): _____

B. JOB CREATION/RETENTION

(Indicate the number of jobs created and/or retained as a direct result of this project)

Number of Full-Time Equivalent (FTE) jobs created/estimated payroll: _____ / \$ _____

Number of Full-Time Equivalent (FTE) jobs retained/estimated payroll: _____ / \$ _____

Number of Part-Time jobs created/estimated payroll: _____ / \$ _____

Number of Part-Time jobs retained/estimated payroll: _____ / \$ _____

Average salary per FTE job created: \$ _____

Does your company provide benefits for employees? Yes No

C. IMPLEMENTATION SCHEDULE *(Please list project tasks, beginning and completion dates)*

TASK	BEGINNING DATE	COMPLETION DATE



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PROJECT FUNDING

A. COMPANY FUNDING

A cash commitment of at least 10% of the total project request is strongly encouraged by the Company, but is not a requirement. Indicate the total amount of funds forthcoming for this project from your Company.

Cash commitment: \$ _____

Other: \$ _____, please explain: _____

B. PROJECT BUDGET

Attach a budget which outlines all major sources and uses for the proposed project and indicate which of those uses Miami Crossing JEDD Business Assistance Program funds that will be utilized.

SAMPLE BUDGET

SOURCES	
Private Equity	100,000
Bank	500,000
Miami Crossing JEDD Business Assistance Program	5,000
Local Government	5,000
State/Other Public	10,000
TOTAL	\$620,000

USES	
Land acquisition	300,000
Site development	25,000
Construction	275,000
Equipment	0
Parking/Landscaping	10,000*
Site utilities	10,000*
TOTAL	\$620,000

* MIAMI CROSSING JEDD BUSINESS ASSISTANCE PROGRAM FUNDS

Submit completed form and documents to Max McConnell at mmcconnell@miamitownship.com
Applications accepted on an ongoing basis, subject to JEDD Business Assistance Program fund availability.



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FOR OFFICE USE ONLY:

Application # _____ - 20____

Date Application Received: _____

Date Application Reviewed: _____

Funding Request Amount: \$ _____

Proposed Project Commencement Date: _____

Proposed Project Completion Date: _____

Rubric Score _____ / _____

Date Decided by Miami Crossing JEDD Board: _____

Conditions of Funding:

Fully Fund Request: YES / NO

Partially Fund Request: YES / NO

Deny Request: YES / NO (If YES, state reason:)

