



# Community

# Redevelopment Agency

## Area Improvement & Redevelopment Grants Program

# UPTOWN AVENUE 7 AIRG APPLICATION

### APPLICANT INSTRUCTIONS -

To be considered for grant funding under the CRA’s AIRG program, applicants must submit a complete application package, provide all requested documents and become a registered Miami-Dade County vendor (if not already registered). Be sure to read all program requirements for the various grant programs in the Sections detailed above.

**GRANT APPLICATIONS WILL BE PROCESSED ON A FIRST-COME, FIRST-SERVED BASIS UNTIL ALL FUNDING HAS BEEN EXHAUSTED. COMPLETED APPLICATIONS CAN BE SUBMITTED TO AGENCY GRANTS ADMINISTRATOR VIA: IN-PERSON, E-MAIL, U.S. MAIL OR BY SCAN**

Neighbors and Neighbors Association, Inc. (NANA)  
 Grants Coordinator, N.W. 7th Ave Community Redevelopment Agency  
 5120 N.W. 24th Avenue Miami, FL 33142  
 E-mail: [uptown7@nanafll.org](mailto:uptown7@nanafll.org)  
 Phone: (305) 756-0605 Fax: (305) 756-6008

### APPLICATION SECTIONS -

#### Section 1: Certification Statement and Signature Form

This form must be signed by the CEO, Managing Principal, Majority Owner, or Corporate Officer with the power to bind the organization to contracts (signature authority).

#### Section 2: Business/Company Background

This section must be completed in its entirety to provide the Agency with enough information about your business/company.

#### Section 3: Proposed Use of Funds

This section outlines eligible and non-eligible grant expenditures and requires detailed proposed use information.

#### Section 4: Statement of Need and Impact

This section must clearly state the need for CRA funding and how CRA funding would impact your business.

#### Section 5: Job Creation, Economic Impact and Community Benefit

This section must clearly state the job creation or retention and the economic impact CRA funding would have on your business.

#### Section 6: Business/Corporate Information

Must be provided by the Applicant and attached as an Appendix to this Application. See the complete list of information items in Section 6 of the application.

Business/Company Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_ Cellphone Number: (        ) \_\_\_\_\_

**SECTION 1. CERTIFICATION STATEMENT AND SIGNATURE FORM**

The undersigned, by submitting this proposal, certifies that:

The legal name of the Business/Company submitting this application is:

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- 1. I am the Sole Proprietor, President, CEO, or other Officer of the Company, and as such I have full authority to make this affidavit and execute all agreements on behalf of the organization;
- 2. The information given herein and, in the documents, attached hereto are true and correct;
- 3. The documents and this certification are factual material representations which the NW 7th Ave Agency (“Agency”) may rely on when determining whether to award grant funds to the above-referenced organization;
- 4. The submission of all required documents and this application are a prerequisite for this transaction;
- 5. In submitting this application, the Organization agrees with all the terms, conditions, and specifications required by the Agency in this grant application, and that the Organization fully understand its contents; and
- 6. The Agency reserves the right to deny the application if it is determined that the documents submitted and the contents therein are not true and correct, or if such documents contain inaccurate or fraudulent information.

I/We have read and understand the foregoing. The information submitted on this document is true to the best of my knowledge.

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Name/Title

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Signature

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Date

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Name/Title

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Signature

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Date

**SECTION 2: BUSINESS/COMPANY BACKGROUND**

Funding Requested: \$ \_\_\_\_\_

**APPLICANT/OWNER INFORMATION**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**BUSINESS INFORMATION**

Legal Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: (     ) \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Business Website Address: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Date Established: \_\_\_\_\_

Check Business Type:     \_\_\_\_\_ Sole Proprietorship     \_\_\_\_\_ Corporation     \_\_\_\_\_ Partnership     \_\_\_\_\_ Other

\_\_\_\_\_ Own     \_\_\_\_\_ Rent     \_\_\_\_\_ Contract for Deed     \_\_\_\_\_ Mortgage     Principal: \$ \_\_\_\_\_

Lessor: \_\_\_\_\_ Terms of Lease: \_\_\_\_\_ Monthly Lease: \$ \_\_\_\_\_

Business/Company Ownership Interest of all parties named on title: (Add additional, if needed)

Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %

Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %

Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %

Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %

Current Gross Annual Revenue: \$ \_\_\_\_\_

**PROPERTY INFORMATION**

Estimated Date of Building Construction: \_\_\_\_\_ Estimated Current Tax Market Value: \$ \_\_\_\_\_

Has this Building been historically registered? Yes or No     If Yes, please attach information to this Application.

# of Stories:     \_\_\_\_\_     # of Businesses:     \_\_\_\_\_     # of Buildings:     \_\_\_\_\_     # of Apartments:     \_\_\_\_\_

Does this building have any County or State Code Violations? \_\_\_\_\_ Yes or \_\_\_\_\_ No If yes, please attach detailed information to this Application.

Does this building have any local, State or Federal Liens? \_\_\_\_\_ Yes or \_\_\_\_\_ No If yes, please attach detailed information to this Application.

Describe your Organization’s Business — products produced, services provided, etc.:

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Total Project Cost \$ \_\_\_\_\_ Amount of Agency funding requested by Applicant \$ \_\_\_\_\_

**SECTION 3: PROPOSED USE OF FUNDS**

Eligible commercial improvements funded by the Agency’s Grant Programs include, but are not limited to the following:

|  |                                  |                                 |  |   |   |
|--|----------------------------------|---------------------------------|--|---|---|
| Exterior / Interior Lighting or Painting   | Surface Parking Lot Improvements | Window or Door Replacement      | Landscaping or Irrigation for Landscaping                          | Landscaping and Streetscape Items Attached to the Building or on the Property                             | Commercial Liability Insurance                    |
| Water and Sewer Hook-up  | Resolution of Code Violations    | Historic Storefront Restoration | Improvements required by the Americans with Disabilities Act (ADA) | Manufacturing Equipment and Tools   | Professional Services (i.e., CPA, Attorney, Etc.) |
| Roof Replacement/ Repairs  | Siding, Masonry or Stucco Facing | Exterior Signs                  | Additions/ Expansion to Existing buildings                         | Fences and Gates  | HVAC upgrades                                     |
| Vehicles Used for Business Purposes (pick-up trucks, cargo vans, light and heavy trucks, and passenger vans) |                                  | Awnings, Canopies and Shutters  |  | Design Plans, Specifications, Labor, Materials, Equipment, Fees and Services Associated with Improvements |   |

Grant funds will not be approved, and cannot be used, for day-to-day operating expenses and the items detailed below:

- Debt
- Mortgage payments for real estate
- Real estate rental deposits or rent payments (except if approved under the Business Attraction & Expansion Grant)
- Purchasing inventory for resale
- Consultant fees or expenses for services (i.e., cleaning, etc.)
- Late payment fees
- Purchase of alcohol, tobacco or medicine
- Salaries
- Utility Bills
- Any illegal activity

Description of Project Need:

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How will the CRA funding received by your business impact the CRA’s Redevelopment Area and its residents?

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**\*Estimated Costs for CONSTRUCTION/Related Project for the RRG or BAEG Grant Programs**

Provide detail regarding planned improvements for which the grant is being requested.

|   | Improvement Type | Description | Estimated Cost |
|---|------------------|-------------|----------------|
| 1   |                  |             |                |
| 2   |                  |             |                |
| 3   |                  |             |                |
| 4   |                  |             |                |
| 5   |                  |             |                |
| 6   |                  |             |                |
| <b>Total Estimated Construction Cost:</b> |                  |             | <b>\$</b>      |

\*If additional space is needed to provide more detailed information, please attach to application.

**\*Estimated Costs for EQUIPMENT for the SBTIG Grant Program**

Provide detail regarding equipment to be purchased and/or leased using the approved grant. All equipment purchased with grant funds must include a warranty of no less than (3) years to ensure continuous support and to reduce future costs related to repair or replacement. The inclusion of a warranty will allow the project to maintain operations without interruption due to equipment failure. Only complete this page if the SBTIG grant that you are applying for will be used to procure CRA-eligible technology and equipment items. Prior to reimbursement under the SBTIG grant, serial numbers will be required for all items purchased/leased.

|   | <b>Improvement Type</b> | <b>Description</b> | <b>Estimated Cost</b> |
|---|-------------------------|--------------------|-----------------------|
| 1   |                         |                    |                       |
| 2   |                         |                    |                       |
| 3   |                         |                    |                       |
| 4   |                         |                    |                       |
| 5   |                         |                    |                       |
| 6   |                         |                    |                       |
| <b>Total Estimated Equipment Cost: \$</b> |                         |                    |                       |

\*If additional space is needed to provide more detailed information, please attach to application.

**SECTION 4: STATEMENT OF NEED AND IMPACT**

1. Will the grant funding retain/maintain any existing position within your business/company? If so, please explain in detail how this funding will retain/maintain positions, the number of positions and the type of positions.

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2. Will the grant funding enhance the skill sets of any current position within your business? If so, please explain in detail how this funding will enhance the skills of your employees.

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3. Will the grant funding create new positions at your business? If so, please explain in detail how this funding will create new positions, the number of new positions which will be created and the type of new positions.

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4. Will the grant funding increase your sales revenue, improve your competitiveness, expand your business' market position, and/or allow you to enter a new market? Please explain in detail.

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5. Will the grant funds improve operations, increase efficiency, or reduce costs and/or energy consumption? Please explain in detail.

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| <b>BUSINESS/COMPANY NAME:</b>  |                |
| 1. How many years has your business been in operation?   |                |
| 2. How many years of experience dos the majority owner have in this business?  |                |
| 3. Is your business a minority or women-owned business enterprise (MWBE)?  |                |
| <b>ECOMOMIC IMPACT</b>   |                |
| 4. How do you plan to meet the specific priorities of the Agency and provide an economic impact along the NW 7th Avenue corridor?  |                |
| <b>JOBS &amp; JOB CREATION</b>   |                |
| 5. How many of your current employees earn <b>less</b> than \$27,400 per year? _____ <b>More</b> than \$27,400? _____  |                |
| 6. How many <b>new</b> jobs will be created, if your business receives the requested grant funding?  |                |
| 7. How many <b>new</b> jobs will be created earning more than \$27,400 per year, if your business receives the requested grant funding?  |                |
| 8. How many of your businesses' <b>current</b> positions require more than a high school education/diploma?  |                |
| 9. How many <b>new jobs created by this grant</b> will require more than a high school education or diploma?   |                |
| 10. If any new jobs will be created because of this grant, insert the number of each type of position that will be newly created. (Refer to listing of occupations category definitions on page 21.)<br><br>_____ Professional    _____ Craft Worker    _____ Sales    _____ Technician<br><br>_____ Operative    _____ Laborer    _____ Office/Clerical    _____ Service Worker<br><br>_____ Other: _____ |                |
| 11. What are the new positions which will be created: _____  |                |
| <b>INVESTMENT AND USE OF FUNDS</b>   |                |
| 12. What is the total project cost/investment?   | \$             |
| 13. What is the total amount of grant funding being requested in this application?   | \$             |
| <b>OPERATIONAL READINESS</b>   |                |
| 14. Is your business permitted by applicable Miami-Dade County Zoning to operate on the property?  | ___ Yes ___ No |
| <b>COMMUNITY BENEFIT</b>   |                |
| 15. Overall, how will this grant funding benefit the community and residents of the CRA?   |                |



**OCCUPATIONAL CATEGORY DEFINITIONS  
(SECTION 5, QUESTION #10)**

**Professional** – Occupants requiring either college graduation or experience and includes: accountants and auditors, airplane pilots and navigators, architects, artists, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, and teachers.

**Technicians** – Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through two (2) years of post-high school education including many technical institutions and colleges or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering and mathematic aides, junior engineers, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, and technicians (medical, dental, electronic physical science).

**Sales** – Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers, insurance agents and brokers, real estate agents and brokers, sales workers, demonstrators and retail sales workers and sales clerks, grocery clerks and cashiers and kindred workers.

**Office and Clerical** – Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual. This includes: bookkeepers, cashiers, bills and accounts collectors, messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists and secretaries, telephone operators, and kindred workers.

**Craft Worker (skilled)** – Manual workers of relatively high-level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, and tailors.

**Operatives (semi-skilled)** – Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking) plasters, chauffeurs, delivery workers, dress makers and sewers (except factory), dryer's furnaces workers, heaters (metal), laundry and dry cleaning, operatives, milliners, laborers, motor operators, pliers and greasers, painters, photographic process workers, boiler tenders, truck and tractor drives, weavers (textile), welders and flame metals workers.

**Laborers (unskilled)** – Workers in manual occupations which generally require no special training to perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes: garage laborers, car washers and greasers, gardeners (except farm) and groundskeepers, stevedores, wood choppers, and laborers performing lifting, digging, mixing, loading and pulling operations.

**Service workers** – Workers in both protective and non-protective service occupations. This includes: attendants (hospital and other institutions, professional and personal service, including nurses' aides and orderlies), barbers, chair workers and cleaners, cooks, counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses and kindred workers.

**SECTION 6: BUSINESS/CORPORATE INFORMATION ITEMS**

Please attach copies of the following items to your completed application:

1. Proof that business address falls within the Redevelopment Area. A physical address is required. No P.O. Box as a mailing address is allowed. (See map above on page 3 of this document).
2. Photos which clearly identify the front, back and sides of the business/company.
3. IRS 147C Letter.
4. Current certificate of status from the business/company's filing with SunBiz, showing that the business/company is currently active and is in good standing in the State of Florida.
5. Copy of the Miami-Dade County, Local Business Tax Receipt (LBT). Business/Company name on application must match the LBT. If LBT is not required by the County, must provide a written statement from the County Tax Collector's Office (<https://county-taxes.net/fl-miamidade/business-tax>).
6. Proof that the business has been operating for at least two (2) years. (Example: any old License, State Corporations, Sales Tax, or utility bill). Proof must be in the business/company name.
7. Valid Government-Issued Photo ID of the Managing Principal, CEO, or majority owner of the business who is authorized to sign the Grant Application package and empowered to legally enter into contracts.
8. Filed business tax returns for the calendar years 2022 and 2023. Please strikethrough or black-out all social security numbers and other sensitive or private information before submitting the application.
9. Verifiable proof of funds — current business/company bank statement or proof of funds letter from Applicant's banking institution.
10. If the business/company is using additional funds, please supply: 1) an approval letter, 2) other debt funding approval document, 3) funding commitment letter or 4) contract from the source of additional funds.
11. Elected officials and government Board appointees applying for a grant from the CRA, must provide written approval from the County's Commission on Ethics & Public Trust, indicating that no conflict of interest will be created should a CRA grant be awarded to your business/company. See page below for the *Request for Opinion from the Miami-Dade County Commission on Ethics & Public Trust Form*.
12. If applicable, provide Applicant Company's Unique Entity Identifier (UEI). The UEI is a 12-character alphanumeric ID assigned to an entity by SAM.gov. If you do not have a UEI number, one can be obtained free-of-charge at <https://sam.gov/content/home>.

Please note that the Agency may require additional information/documents as a condition of application review and/or grant award.

## Request for Opinion from the Miami-Dade County Commission on Ethics & Public Trust

### Acquiring Financial Interest

I, \_\_\_\_\_, (Owner/President Name) the owner or president of  
\_\_\_\_\_(Business Name), whose  
business address is, \_\_\_\_\_ (Address, City, State, Zip  
Code)

Are you currently an employee of Miami-Dade County? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what Department? \_\_\_\_\_

Do you currently serve on any Miami-Dade County Board(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

Are you an elected official of Miami-Dade County? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list office held: \_\_\_\_\_

I am applying for grant funding through the N.W. 7th Avenue Community Redevelopment Agency (CRA) and have been asked to request an Opinion or clearance from the Miami-Dade County, Commission on Ethics & Public Trust, on whether this creates a conflict of interest. Please review my request and forward Opinion to:

Neighbors and Neighbors Association  
N.W. 7th Avenue CRA Grants Coordinator  
5120 N.W. 24th Avenue  
Miami, FL 33142  
E-mail: [uptown7@nanafl.org](mailto:uptown7@nanafl.org)

