



NEWTOWN CRA BUSINESS ASSISTANCE GRANT APPLICATION

Total Project Cost:	CRA Resident? (Yes or No)	CRA Reimbursement Request:
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APPLICANT INFORMATION:

Date of Application: _____

Name of Business (Current or Proposed): _____

Street Address of Business (Current or Proposed*): _____

Is your Business a NEW or EXISTING business? _____

Applicant Name/Title: _____

Applicant's Home Address: _____

Applicant Email: _____

Applicant Phone #: _____

City LBTR# (If existing business): _____

**Food Trucks/Trailers must identify a permissible operating location within the Newtown CRA.*

BUSINESS INFORMATION:

Existing Businesses:	
Number of years your business has been in operation:	
Number of years your business has operated in the City of Sarasota:	
Maximum number of part-time employees your business employs during a year:	
Maximum number of full-time employees your business employs during a year:	
After completion of improvements, estimated # of part-time employees per year:	
After completion of improvements, estimated # of full-time employees per year:	

New Businesses:	
What is the estimated number of part-time employees your business will employ?	
What is the estimated number of full-time employees your business will employ?	



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Existing Businesses:

Describe the business you now operate. Description must include the type of business (Retail, Office, etc.); the exact goods and services you offer; your hours of operation and days of business; your staffing levels (quantity and type of employees); the certifications and registrations your business holds with the City, County, and State; and the tax classification of your business (Sole Proprietor, Corporation, Partnership, LLC, or other).

New Businesses:

Describe the business you intend to establish. Description should include the type of business (Retail, Office, etc.); the exact type of goods and services you will offer; the estimated hours of operation; how the business will be staffed; the certifications and registrations your business will require from the City, County, and State; and the tax classification of your business (Sole Proprietor, Corporation, Partnership, LLC, or other).



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Proposed Improvements:

Describe the scope of your project. This should agree with the Project Cost Budget you provide. Example: Construction of two interior walls (12' tall by 23' long), installation of a tile floor (40' x 100'), replacement of two exterior doors (new doors will meet ADA and will be storm-rated), design and manufacturing of custom (3' x 12') sign, etc.

(Optional: You may also attach a floor plan (depicting existing and proposed conditions) and/or building elevations/sections)

Exterior Signage	# of Signs
Number of existing signs to be replaced/improved:	
Number of completely new signs to be added:	

Sidewalk Dining	Tables	Chairs	Umbrellas
Number of existing tables, chairs, and umbrellas at your location:			
Number of existing tables, chairs, and umbrellas to be improved and/or replaced:			
Number of additional tables, chairs, and umbrellas to be added to your location:			
Number of additional square feet of permitted sidewalk café space to be added:			

Storefront	(Provide answers in linear feet)
Existing linear feet (l.f.) of business frontage:	
Linear feet (l.f.) of frontage to be improved:	

Interior Construction	(Provide answers in square feet)
Number of additional s.f. to be added to existing location (business expansion):	
Number of existing square footage to be renovated (interior improvements):	



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APPLICANT'S EQUITY		
Successful applicants will be required to complete their Project within 365 days of execution of the Grant Agreement. Based on your applications' Total Project Cost, please indicate the sources of your non-CRA funding:		
Estimated Project Cost Total:	\$	
Resources for Applicants Contribution	\$	Savings
	\$	Cash
	\$	Private Loan**
	\$	Private / Donor Support***
	\$	Sweat equity**** (Max of 10% CRA Contribution)

**** Private loans may be confirmed by submitting a letter from your lender confirming your loan pre-approval.**

***** Private / Donor support must be confirmed by submitting a letter from your donor or donors.**

****** See 'SWEAT EQUITY' section of this document to calculate a monetary value for your anticipated labor.**

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED:

For Existing Businesses: **2 Year (minimum) Business tax returns.** The CRA requests existing businesses provide two years of tax returns to ensure that the potential grantee's business is a sustainable business operation.

For New Businesses: **1 Year (minimum) Pro-Forma.** A Pro-Forma is a financial document that shows the projected revenues and expenses of a business over a specified period of time. The CRA requests the submission of a Pro-Forma to ensure that potential Grantees are proposing a new business with realistic and achievable financial goals. A blank Business Pro-Forma is available from the Office of Economic Development which may assist new business owners in preparing the necessary financial overview.

I have provided all information requested to the best of my knowledge, and I have read and fully understand the program guidelines and requirements of the Newtown CRA Business Assistance Grant Program. I acknowledge that if the business changes to a non-permitted use under the Newtown CRA Business Assistance Grant program, does not meet other City zoning regulations, or ceases operations within a three (3) year period the City shall require repayment of 100% of the granted amount.

I, as Guarantor(s), for _____ (Business Name) (the "Obligor") hereby absolutely, irrevocably, and unconditionally guarantee to City, every obligation, representation, warranty, indemnity, and covenant under the Grant Agreement from Obligor, including the punctual repayment of any and all Grant Funds under the Grant Agreement. City may, at its option, proceed against Guarantor(s) in the first instance to enforce any remedies and to collect any monies the repayment of which is guaranteed hereby, without first proceeding against Obligor as it may deem advisable. The Guarantor(s) acknowledges receipt of good, valuable, and sufficient consideration for the making of this Guaranty.

Applicant Signature

Date

Submit your Application INCLUDING all required documentation to Newtown.CRA@sarasotafl.gov or mail to City of Sarasota - Planning Department, 1565 1st St., Annex – Room 301A, Sarasota, FL 34236