



*For Official Use Only:*

Application #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Found Complete: \_\_\_\_\_

**COMMERCIAL REVITALIZATION PROGRAM  
"CRP" APPLICATION**

*Upon completion, please submit application to [DIAPermissions@coj.net](mailto:DIAPermissions@coj.net)*

***PART 1: To be completed by the Tenant.***

**I. TENANT APPLICANT INFORMATION:**

1. Business Operating Name (d/b/a): \_\_\_\_\_
2. Principals: Name \_\_\_\_\_ Title (Role) \_\_\_\_\_  
Name \_\_\_\_\_ Title (Role) \_\_\_\_\_  
Name \_\_\_\_\_ Title (Role) \_\_\_\_\_  
Name \_\_\_\_\_ Title (Role) \_\_\_\_\_
3. Nature of Business: \_\_\_\_\_  
\_\_\_\_\_
4. Years in Business/Location: \_\_\_\_\_
5. Property Address (Leased Space): \_\_\_\_\_
6. Business Telephone: \_\_\_\_\_ Website URL: \_\_\_\_\_
7. Business Legal Name: \_\_\_\_\_
8. Business Mailing Address: \_\_\_\_\_
9. Form of Ownership (sole proprietorship, partnership, LLC, S-Corp.): \_\_\_\_\_
10. State of Business Formation: \_\_\_\_\_
11. Employer Tax ID: \_\_\_\_\_ Business Tax Receipt #: \_\_\_\_\_
12. Contact Person (Name/Title): \_\_\_\_\_
13. Contact Mailing Address: \_\_\_\_\_
14. Contact Telephone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

**II. PROPERTY OWNER INFORMATION: (if different than Tenant Applicant)**

1. Property Owner Operating Name (d/b/a): \_\_\_\_\_
2. Property Owner Mailing Address: \_\_\_\_\_
3. Contact Person (Name/Title): \_\_\_\_\_
4. Contact Mailing Address: \_\_\_\_\_
5. Contact Telephone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

**III. PROPERTY INFORMATION:**

1. Is this existing office space that has been a completed structure and on the tax rolls for at least 5 years?

Yes

No

Unsure

2. Is this ground floor or upper floor space?  Ground  Upper  
 3. Is the building occupancy between 40% and 85%?  Yes  No  Unsure  
 4. Total square feet being leased for office space: \_\_\_\_\_  
 5. Is the subject lease structured as a sublease or a license agreement?  Yes  No  
 6. Provide information on any DIA incentives or funding the subject property or tenant has received in the past or where an application is contemplated or currently under consideration.  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. ESTABLISHMENT LEASE INFORMATION:**

1. Lease term (number of years, 3-year minimum): \_\_\_\_\_  
 2. Lease term start date: \_\_\_\_\_  
 3. Lease build-out period, if any (number of months): \_\_\_\_\_  
 4. Rent payment start date: \_\_\_\_\_  
 5. Renewal Options: \_\_\_\_\_

**V. REQUESTED FUNDING:**

**CRP GRANT**

1. Total square feet leased: \_\_\_\_\_  
 2. Total number of employees in space (Minimum 32 hours per week): \_\_\_\_\_  
 3. Lease term (in months): \_\_\_\_\_  
 4. Total Sq Ft/1,000 X 2 X Lease Term Months X Parking offset per space \$ (Below): \_\_\_\_\_

Lease Term (Months)	Parking offset per space*	Grant Award (Per SF equivalent)
36-47	\$40.00/mo.	\$2.88
48-71	\$45.00/mo.	\$5.40
72-95	\$50.00/mo.	\$8.40
96-119	\$55.00/mo.	\$11.88
120+	\$60.00/mo.	\$14.40

**PART 2: Required Documentation to be Provided.**

1. A legally valid and binding lease for a period of at least three years with use allowable for office use. (Note: *A fully negotiated unsigned lease may be provided, if Applicant is finalizing negotiations subject to funding requirements.*)
2. Information on any previous grants, loans, or incentive awards received previously by either applicant, landlord or closely related entity.
3. Executed applicable authorization affidavit(s), for example: Agent Authorization for LLC, General Partnership, Corporation, and Property Ownership Affidavit.

**Notes:**

- Tenant must not have accessed CRP previously for any space, except that, if tenant expands into new

space and continues to occupy space for which CRP was accessed, tenant can receive benefits on the additional expansion space which will be considered as new lease space.

- Expansion space shall be eligible as a new first-time lease of that space.
- Not available to businesses that relocate from one location in Downtown Jacksonville to another.
- Any tenant seeking grant funds under this program must commit to maintaining an employment ratio of 2 employees (which may include owners/principals) per 1,000 square feet of leased space. Only employees that occupy the leased space for an average of 32 hours per week may be counted towards maintaining the required employment ratio.

*\*\*Please note, if Applicants submit unexecuted but pending agreements (such as a lease agreement that is conditional upon grant funding), they shall submit all fully executed agreements prior to execution of the Forgivable Loan Agreement. Further, Applicants shall notify the DIA staff of all substantial changes made to such agreements after submission. The DIA reserves the right to reverse a grant award if substantial changes are made to agreements after a grant is awarded. \*\**

**THIS APPLICATION MUST BE SUBMITTED TO THE DOWNTOWN INVESTMENT AUTHORITY AND APPROVED BY THE DOWNTOWN INVESTMENT AUTHORITY BOARD PRIOR TO ENTERING INTO THE SUBJECT LEASE AGREEMENT OR TAKING POSSESSION OF THE LEASE SPACE.**

----- The Remainder of this page intentionally left blank -----

## APPLICANT ATTESTATION

The Applicant, \_\_\_\_\_, as Tenant/Property Owner (circle one) attests that the information submitted as part of this application package, as well as any subsequent information submitted for review by the Downtown Investment Authority (“DIA”) Staff, Strategic Implementation Committee, or the DIA Board, is true and correct, and that all information and documentation submitted, including this application and attachments, is deemed public record under the Florida Public Records Law, Ch. 119 of the Florida Statutes. Falsification or omission of information will result in rejection of the application and potential criminal penalties. The DIA reserves the right to request any additional information needed to process this Application.

If the Applicant is awarded funding from the Commercial Revitalization Program, the Applicant agrees that he/she will execute a grant agreement with the DIA with terms relating to, but not limited to, the DIA’s payment of program funds only upon review and satisfaction with the executed lease, review and satisfaction with annual reporting requirements, and the DIA’s right to review and audit any and all records related to the Agreement. Grant awards shall be paid divided by the term of the lease and paid on an annual basis within three months following the lease anniversary date and following submission and approval of the annual compliance certificate. Should a tenant fail to maintain compliance with the employment ratio requirement identified above, the DIA may withhold the grant award for any such year and/or discontinue base grant award.

Further, the Applicant will be required to execute certain security documents based upon the Applicant’s ownership of the Property. For instance, if the Applicant is the property owner, he/she shall execute a forgivable promissory note and may further require a subordinate mortgage; if the Applicant is the tenant of the Property, he/she may be required to execute a forgivable promissory note and may further require the personal guarantee of its principal(s). All loan closing costs shall be included in the Grant amount awarded.

*By signing below, the Applicant acknowledges that he/she has read and agrees to the Commercial Revitalization Program Guidelines.*

*By signing below, Applicant authorizes the DIA to submit a credit verification request and criminal background checks from local, state, and federal agencies. Please note that the review of this application will incorporate that information as may be relevant.*

Legal Business Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_