



**Community Redevelopment Agency  
Food and Drink Grant Program  
for Property Owners  
Full Application**

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**I. Applicant and Property Information**

Date of Application: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Date of Pre-Qualification and  
Tentative Grant Amount : \_\_\_\_\_

Date Application Review Meeting  
with CRA Staff: \_\_\_\_\_

**II. Project Description**

1. Please describe proposed tenant's business concept, operating hours and the length of the lease.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the total cost of the proposed building improvements? \$ \_\_\_\_\_

3. What is the total amount of grant funds requested: \$ \_\_\_\_\_

4. Please attach a scope of work including eligible activities, an estimated timeline and description of how the grant funds will be invested. Please attach two bids for the proposed scope of work.

Bid One / Contractor Name: \_\_\_\_\_ Bid Amount: \$ \_\_\_\_\_

Bid Two / Contractor Name: \_\_\_\_\_ Bid Amount: \$ \_\_\_\_\_

**III. Supplemental Questions**

Please review the grant program description and provide responses to the following questions.

1. How will you ensure this project stays within the costs and timeline described in your scope of work?
  
  
  
  
  
  
  
  
  
  
2. How is the proposed business different than what exists in Downtown Clearwater today?

**IV. Additional Documentation Required**

- BEFORE photos of the site.
- Proof of property ownership.
- Copy of the lease. Leases contingent on grant approval are acceptable.
- Documentation indicating that all property tax payments are current.
- Proof of property insurance.

**V. Applicant Certification and Signature**

*I certify that the information provided in this application is true and accurate to the best of my ability and no false or misleading statements have been made in order to secure approval of this application. As the property owner, I am authorized to undertake the activities specified in this application.*

Property Owner Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

*For Staff Use Only*

Date Application Received:

Date of Staff Review:

Scheduled CRA Trustee Hearing Date:

Staff Recommendation:

Recommend Approval

Recommend Approval with modifications

Recommend Denial

Staff Signature: