

# Channel District CRA

## Neighborhood Amenity Incentive Program For Fiscal Year 2010

### Application Guidelines

The Channel District is one of the City of Tampa's most dynamic neighborhoods. The neighborhood has a rich history that includes industrial activities, art, and maritime commerce. It has become one of Tampa's most desirable places to live.

The district offers residents and visitors a wide variety of activities. The Channelside Mall offers restaurants and entertainment, the St. Petersburg Times Forum offers sports and entertainment activities, the Florida Aquarium and Tampa Bay History Museum are cultural venues that offer unique perspectives of the area that we live in. Ybor City and its special atmosphere and variety of activities is a streetcar ride away.

The population of the neighborhood continues to increase and the residents would like to have more service providers locate in the neighborhood. To assist in the attraction of amenities to the neighborhood, the Channel District CRA is offering reimbursement of fees (up to \$10,000) paid to the City of Tampa relating to the construction of facilities to provide the amenities listed below. The reimbursement would include monies spent on building permit fees, water meters, water connection fees and inspection fees.

Qualifying neighborhood amenities include:

- restaurants
- dry cleaners
- florists
- banks / credit unions
- grocery store
- drug store
- performing arts
- art gallery
- other uses may be considered

- I. **Award Information:** This is a reimbursement grant program. The reimbursement shall be paid within 14 days of the business opening.

## II. Eligibility:

- A. The business must be located in the Channel District Community Redevelopment Area. The Channel District CRA boundaries are Meridian to the west, the Crosstown Expressway to the north, the Ybor Channel to the east and the Garrison Channel to the south.
- B. The building permits must be issued between June 1, 2009 and December 31, 2009.
- C. The reimbursement must be approved by the City of Tampa prior to the application for building permits.
- D. The business must be a new business to the district or an expansion of an existing Channel District business.

### Instructions for Completing Application:

- 1. Application must be typed.
  - 2. One (1) original signed application is required. The original application must be stapled.
  - 3. Three (3) stapled copies of the original application are required. If more space is required for completing the application, a maximum of two (2) additional pages is allowed for application continuation. Any supporting documentation materials must be on 8½" X 11" paper with 1" margins.
  - 4. Supporting documentation, such as marketing materials, is limited to five (5) pieces.
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### CHECK LIST FOR A COMPLETE APPLICATION PACKAGE

- √ **One (1) signed original application stapled.**
- √ **Three (3) copies of the original application, each copy stapled.**
- √ **A maximum of two (2) additional pages for application continuation**
- √ **A maximum of five (5) pieces of supporting documentation**

#### √ DELIVER APPLICATION TO:

**Economic & Urban Development Department  
City of Tampa  
306 E. Jackson St.  
Tampa, FL 33602**

**Phone: 813/274-8245**

# Channel District CRA

## *Neighborhood Amenity Incentive Program Application*

### INSTRUCTIONS

This application must be typed. Please complete each section of the application. Read each question carefully and respond in the space provided. Instruction for the Channel District CRA Special Event Co-Sponsorship Application is available anytime by contacting the City of Tampa Economic & Urban Development Office at (813) 274-8245 or via email at bob.mcdonaugh@tampagov.net.

**Business Name:** \_\_\_\_\_

**Estimated Funds Requested:** \$ \_\_\_\_\_  
(Program is a reimbursement program of actual expenditures)

**Location Address:** \_\_\_\_\_

**Mailing address, phone number, email address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Business:** \_\_\_\_\_

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

**Mailing address, phone number, email address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the organization named above been legally incorporated in the state of Florida?**  
Yes \_\_\_ No

**If yes, what is the Federal Tax Identification Number?** \_\_\_\_\_

### **Business INFORMATION:**

a) **Expected Number of Employees** \_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time**

b) **Proposed hours of operations** \_\_\_\_\_

c) **Estimated opening date:** \_\_\_\_\_

**(Organization Financial Officer signature required)**

Officer's Name: \_\_\_\_\_  
(print)

\_\_\_\_\_  
(sign)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION SUBMISSION**

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**Submit application to:**

**Economic and Urban Development Department  
City of Tampa  
306 East Jackson St., 2N  
Tampa, Florida 33602  
Att: Bob McDonough**