

COMMUNITY CONTRIBUTION TAX CREDIT PROGRAM SPONSOR PROJECT APPLICATION

NAME OF ORGANIZATION	
MAILING ADDRESS	
FEDERAL EMPLOYER IDENTIFICATION NUMBER	
FLORIDA SOLICITATION OF CONTRIBUTIONS ACT REGISTRATION NUMBER (DEPARTMENT OF AGRICULTURE)	
CONTACT PERSON	
TITLE	
PHONE	
FAX	
E-MAIL ADDRESS	
ORGANIZATION'S WEB SITE ADDRESS	
NAME OF PROPOSED PROJECT	
PROJECT LOCATION ADDRESS (IF DIFFERENT)	

PLEASE INDICATE YOUR ELIGIBLE ORGANIZATIONAL TYPE	
	A community action program
	A nonprofit community-based development organization whose mission is the provision of housing for low-income or very-low-income households or increasing entrepreneurial and job-development opportunities for low-income persons
	A neighborhood housing services corporation
	A local housing authority, created pursuant to chapter 421
	A community redevelopment agency, created pursuant to s. 163.356
	A historic preservation district agency or organization
	A regional career source board
	A direct-support organization as provided in s. 1009.983
	An enterprise zone development agency created pursuant to s. 290.0056
	A community-based organization incorporated under chapter 617 which is recognized as educational, charitable, or scientific pursuant to s. 501(c)(3) of the Internal Revenue Code and whose bylaws and articles of incorporation include affordable housing, economic development, or community development as the primary mission of the corporation
	Unit of local government
	Unit of state government

PLEASE INDICATE TYPE YOUR ELIGIBLE PROJECT TYPE	
	Provide, construct, improve or substantially rehabilitate housing for low-income persons
	Provide, construct, improve or substantially rehabilitate homeownership opportunities for low-income persons
	Provide, construct, improve or substantially rehabilitate housing for persons with special needs
	Provide commercial resources and facilities in an enterprise zone or a Front Porch Florida Community
	Provide industrial resources and facilities in an enterprise zone or a Front Porch Florida Community
	Provide Public resources and facilities in an enterprise zone or a Front Porch Florida Community
	Improve entrepreneurial opportunities for low-income persons in an enterprise zone or a Front Porch Florida Community
	Improve job development opportunities for low-income persons in an enterprise zone or a Front Porch Florida Community
	Increase access to high-speed broadband capability in rural communities with an enterprise zone

SPONSOR ELIGIBILITY DOCUMENTATION PLEASE INDICATE DOCUMENTS THAT ARE ATTACHED	
	Copy of the organization’s Articles of Incorporation
	Copy of the organization’s By-Laws
	Copy of the Florida Division of Corporation’s Registration Certificate
	Copy of the Internal Revenue Service eligibility letter
	Other documentation of sponsor eligibility

PROJECT NARRATIVE	
The sponsor must submit a project narrative that briefly and clearly describes the following aspects (please label each aspect accordingly):	
A	Describes the eligible project
B	Lists the types of donations sought
C	Identifies the uses for donations
D	Estimates the total project cost
E	Estimates the number of jobs (if applicable)
F	Estimates the completion date of the project (if applicable)

DOCUMENTATION OF AREA ELIGIBILITY			
The sponsor of a “community development” project must submit documentation that the proposed project is located within a state designated Enterprise Zone or Front Porch Florida Community. Please indicate name of EZ or Brownfield and attachment			
Enterprise Zone Name:		Letter	Map
Front Porch Community		Letter	Map
Please note: Projects designed to provide housing for low-income persons are not required to be located within an Enterprise Zone.			

LOCAL GOVERNMENT RESOLUTION

The sponsor must submit a certified copy of a resolution from a local government (where the project is located) stating that the proposed project is “consistent with local plans and regulations (including comprehensive plans)”.

Name of City or County Council or Commission:			
Resolution Number:		Resolution Date:	

The undersigned person hereby affirms that he or she has been duly authorized and empowered to verify, execute and deliver this Application, that he or she has read this Application (including all attachments hereto) and he or she has knowledge of all of the facts stated herein, and that this Application, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of his or her knowledge and belief.

<u>Signature</u>	
<u>Name</u>	
<u>Title</u>	
<u>Organization</u>	
<u>Date</u>	

Please mail this application and attachments to:

Burt Von Hoff
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Division of Strategic Business Development
107 East Madison Street; MSC 80
Tallahassee, Florida 32399

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