City of Ocala
Growth Management Department
201 S.E. 3rd Street, 2nd Floor
352-629-8421 | www.ocalafl.gov

Community Redevelopment Agency (CRA)
Grant Application Instructions

This checklist is designed to assist you in completing your application thoroughly. For questions, contact the Growth Management Department at **352-629-8524 or cra@ocalafl.gov**	
GETTING STARTED	1. Confirm Property Eligibility - Determine whether the property is located within one of the four designated Community Redevelopment Areas (CRAs). To view the CRA subarea boundaries, use the Ocala Map Experience - Growth Management to search by property address. You can also contact the Economic Development Division within Growth Management to verify eligibility. 2. Carefully read the Program Guide and the applicable Grant Framework to understand requirements, eligible work items, and evaluation criteria. 3. Fill out the grant application in full and include all required supporting documentation.
BUSINESS INFORMATION	This section must only be completed by applicants proposing improvements to non-residential property. All business must have an active City of Ocala Business license.
CRA SUBAREA & PROGRAM TYPE	Available programs vary depending on the CRA subarea and whether the property is residential or non-residential. **PLEASE REFER TO THE PROGRAM GUIDES FOR DETAILED INFORMATION ABOUT THE GRANTS AVAILABLE IN EACH CATEGORY.**
PROJECT DESCRIPTION	Failure to provide a comprehensive scope of work may result in the application being considered incomplete. If additional space is needed, you may submit an extra sheet or include further details in **Section 9: Supplemental Information.**
PROJECT COSTS	All submitted quotes must reflect the full scope of work, including both materials and labor. The final quoted amount should represent the total cost to be paid by the property owner. • If a quote includes multiple product or pricing options, applicants must clearly indicate their selected option. Grants are calculated based on the lowest quotes provided. • For each distinct eligible improvement (e.g., roof replacement, exterior painting), applicants are required to submit **two separate quotes** from **two different vendors**. **Example**: *Roof Replacement*: Submit two quotes from two roofing contractors. *Repainting*: Submit two quotes from two painting service providers.
INCOMPLETE APPLICATIONS	Failure to provide the required information may result in the application being deemed incomplete and may potentially delay the grant review process**.**
APPLICATION DEADLINES	Application Deadlines and meeting dates are published on the City of Ocala website. Deadlines vary by the community redevelopment subarea. **Applications submitted after the deadline will be processed in the next review cycle. CRA Advisory Committee meeting dates are subject to change.**
SUBMITING YOUR APPLICATION	1. In-Person Submittal Drop off the application at: 201 SE 3rd Street, 2nd Floor, Ocala, FL 34471 2. By Mail or Email *Email:* Scan and email the application to cra@ocalafl.gov *Mail:* Send to: Economic Development Manager 201 SE 3rd Street, 2nd Floor Ocala, FL 34471 3. Online Portal Submission An online application form is provided within the portal and must be submitted directly through the system. Apply through Ocala's Economic Development Portal (CivicServe): https://ocalafl.civicserve.com/

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DATE SUBMITTED: _____

GRANT ID:
(STAFF ONLY)

CRA GRANT APPLICATION

☐ RESIDENTIAL
☐ COMMERCIAL

1. PROPERTY OWNER INFORMATION

Property Owner Name _____
Property Owner Mailing Address _____
E-mail _____ Phone No. _____
Authorized Representative *(If different from property owner)* _____
E-mail _____ Phone No. _____

2. BUSINESS INFORMATION

REQUIRED FOR COMMERCIAL GRANTS PROGRAMS ONLY

Business Name _____
Type of Business _____
Business Address _____
Business E-mail _____ Business Phone No. _____
Primary Contact *(If different from applicant)* _____
How long has the business been at its current location? _____
If the business is a tenant, what are the start and end date of the lease? _____

3. CRA SUBAREA

☐ West Ocala ☐ East Ocala ☐ North Magnolia ☐ Downtown

4. PROGRAM TYPE

☐ Residential ☐ Commercial ☐ Historic Building
☐ New Construction Incentive

APPLICANT MUST REVIEW PROGRAM GUIDE AND GRANT FRAMWORK BEFORE SELECTING THE APPLICABLE PROGRAM TYPE

5. PROJECT DESCRIPTION

Project Site Address Parcel ID _____
Current Use of Property _____ Proposed Use _____
Proposed Scope of Work *(Attach additional sheets if needed)*

Explain your need for grant assistance and the expected benefits of your project *(Attach additional sheets if needed)*

RESIDENTIAL PROPERTIES ONLY

Rental Property ☐ Yes ☐ No Is this your primary residence? ☐ Yes ☐ No
How long have your resided at the home? _____ What is the size of your household? _____

GRANT ID: _____

6.PROJECT COSTS

APPLICANT MUST SUBMIT TWO QUOTES FOR EACH WORK ITEM

Work Item 1 _____	High Quote 1: _____	Low Quote 1: _____
Work Item 2_____	High Quote 2: _____	Low Quote 2: _____
Work Item 3_____	High Quote 3: _____	Low Quote 3: _____
	Total: _____	Total: _____

*IF MORE THAN 3 WORK ITEMS, ATTACH ADDITIONAL SHEET

7. SCHEDULE

Start Date: _____

Estimated Time For Completion *(Weeks/Months):* _____

8. APPLICATION CHECKLIST

- ☐ REVIEW OF APPROPRIATE GRANT PROGRAM FRAMEWORK (SEE PROGRAM GUIDE)
- ☐ COMPLETED APPLICATION
- ☐ APPLICANT/PROPERTY OWNER SIGNATURE AFFIXED
- ☐ PROOF OF PROPERTY OWNERSHIP
- ☐ PROOF OF CURRENT PROPERTY TAXES
- ☐ IMAGES OR SKETCHES OF PROPOSED DESIGNS, COLORS OR GRAPHICAL REPRESENTATIONS
- ☐ AT LEAST TWO QUOTES PROVIDED WITH AN ITEMIZED LIST OF COST ESTIMATES FROM VENDORS
- ☐ COLOR IMAGES OF EXISTING CONDITIONS OF THE BUILDING/PROJECT AREA

9. SUPPLEMENTAL INFORMATION

USE THIS SECTION TO PROVIDE ANY ADDITIONAL INFORMATION THAT MAY ASSIST IN THE REVIEW OF YOUR APPLICATION

GENERAL TERMS AND CONDITIONS

It is expressly understood and agreed that the applicant shall be solely responsible for all safety conditions and compliance with all safety regulations, building codes, ordinances, and other applicable regulations.

It is expressly understood and agreed that the applicant will not seek to hold the City of Ocala, the Grant Review Committee (Committee) and/or its agents, employees, board members, officers and/or directors liable for any property damage, personal injury, or other loss relating in any way to the Program.

It is expressly understood and agreed that the applicant will hold harmless the City, its agents, officers, employees and attorneys for all costs incurred in additional investigation or study of, or for supplementing, redrafting, revising, or amending any document (such as an Environmental Impact Report, specific plan, or general plan amendment) if made necessary by said proceeding and if the applicant desires to pursue such approvals and/or clearances, after initiation of the proceeding, which are conditioned on the approval of these documents.

The applicant authorizes the City of Ocala to promote any approved project including but not limited to displaying a sign at the site, during and after construction, and using photographs and descriptions of the project in City of Ocala materials and press releases.

If the applicant fails to perform the work approved by the Community Redevelopment Agency Board, the City reserves the right to cancel the grant. The applicant also understands that any work started/completed before the application is approved by the Committee is done at their own risk, and that such work will jeopardize their grant award.

Completion of this application by the applicant DOES NOT guarantee that grant monies will be awarded to the applicant.

I certify that all of the foregoing information is accurate and that the work will be performed in accordance with the Program Guide and all applicable construction and zoning laws.

APPLICANT (PROPERTY OWNER/AUTHORIZED REPRESENTATIVE)	**OWNER APPROVAL FOR TENANT APPLICANT**
I, _____, property owner/authorized representative of the property at_____, have read and understand the terms and conditions of the Program and agree to the general conditions and terms outlined in the application process and guidelines of the Program. **SIGNATURE: _____** **DATE:_____**	I, _____, owner of the property at_____ have read and understand the terms and conditions of the Program and agree to the general conditions and terms outlined in the application process and guidelines of the Program. I give my consent to the applicant to move forward with improvements on the property as outlined in the Project Description section of this application. **SIGNATURE**_____ **DATE _____**

GRANT ID: _____

FOR STAFF USE ONLY

Is the property fully exempt from Marion County property taxes?	☐ Yes ☐ No
Are property taxes paid and up to date?	☐ Yes ☐ No
Is the property currently in condemnation or receivership?	☐ Yes ☐ No
Is there an active City code enforcement case on the property?	☐ Yes ☐ No
Is the building listed on the National Register of Historic Places?	☐ Yes ☐ No ☐ N/A
Is this the first application submitted for the Fiscal Year?	☐ Yes ☐ No
Is the property within the CRA subarea boundary?	☐ Yes ☐ No
Was the proof of ownership verified?	☐ Yes ☐ No
Is the applicant applying for the first time?	☐ Yes ☐ No
Is the property zoned correctly?	☐ Yes ☐ No
Does the business have an active business license?	☐ Yes ☐ No ☐ N/A
Is the business/property owner registered in the State of Florida?	☐ Yes ☐ No ☐ N/A

Date Received: _____

Signature (Staff Member): _____