



**Omni Community Redevelopment Agency (CRA)
Grant Funding Application**

<p><i>This form is for government entities, organizations, developers, or individuals seeking grant funding. It gathers key details about the request, including funding amount, purpose, location, and compliance with CRA authority. This represents the first step in the application process. Any additional documentation or proposal must be submitted with this form.</i></p>	
<p>Name of Entity/Organization/Property Owner <i>[Enter the legal name of your organization]</i></p>	
<p>Authorized Representative <i>[Name and title of the person authorized to sign]</i></p>	
<p>Address <i>[Enter project location]</i></p>	
<p>City, State, Zip Code</p>	
<p>Phone Number <i>[Authorized Representative]</i></p>	
<p>Email Address <i>[Authorized Representative]</i></p>	
<p><i>Is your organization a Public Entity?</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>Is your organization a Non-Profit?</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>Is your request within the 2019 Omni CRA Plan</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes explain:</p>	
<p>Applicable Authority under Chapter 163:</p>	
<p>Any municipal or county liens? <i>[if yes, please provide details on a separate page]</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p align="center">Purpose or use of Funds</p>	
<p>Estimated Total Cost \$</p>	
<p>CRA Grant Funding Request \$</p>	
<p><i>Source of Other Funding and Amount (if applicable)</i></p>	



If applicable, name and address of other entities involved	
Name:	
Address:	
Phone Number:	

Required Attachments

- Engagement Letter.
- Proof of property ownership or tenancy.
- Photos of the property (Area for proposed enhancements before improvements).
- Proposal/including scope of work.
- Other documents you believe pertinent to this application.

How did you hear about us?	
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Certification

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that submission of this application does not guarantee funding and that any grant received must be used solely for the purposes stated in this application. I agree to comply with all program requirements and guidelines.

Authorized Signature	
Date	

For Office Use Only

Application Received	
Reviewed By	
Approved <input type="checkbox"/> Amount Approved	
Denied <input type="checkbox"/> Reason for Denial	
<i>Notes:</i>	

Please submit this completed application and all required attachments to:

omnicra@miamigov.com

or

Drop off: 1401 North Miami Ave, Miami, FL 33136

For any questions or assistance, please contact us at 305-679-6868 or omnicra@miamigov.com.