



# Space Coast

## FLORIDA

**Capital Facilities Grant Program Application 2022/2023**

(untitled)

---

**1. Please provide your contact information below. \***

Name

Company Name

Street Address

Apt/Suite/Office

City

State

Zip

Email Address

Phone Number

Website address if applicable:

**(untitled)**

---

**2. To determine if your project qualifies for the Tourist Tax Collection funding, please clarify the category for your project into one of the following categories. \***

*Please note FL Statute 125.0104 (5)(a)(1a)(1b)(1c)(2) states "AUTHORIZED USES OF REVENUE - All tax revenue received pursuant to this section by a county imposing the tourist development tax shall be used by that county for the following purposes only: To acquire, construct, extend, enlarge, remodel, repair, improve, maintain, operate, or promote one or more: Publicly owned and operated convention centers, sports stadiums, sports arenas, coliseums, or auditoriums within the boundaries of the county or sub-county special taxing district in which the tax is levied; Auditoriums that are publicly owned but are operated by organizations that are exempt from federal taxation pursuant to 26 U.S.C.s. 501 (c)(3) and open to the public, within the boundaries of the county or sub-county special taxing district in which the tax is levied; or Aquariums or museums that are publicly owned and operated or owned and operated by not-for-profit organizations and open to the public, within the boundaries of the special taxing district in which the tax is levied; To promote zoological parks that are publicly owned and operated or owned and operated by not-for-profit organizations and open to the public."*

- ☐ Auditorium
- ☐ Coliseum
- ☐ Convention Center
- ☐ Museum
- ☐ Nature Center
- ☐ Sports Arena
- ☐ Sports Stadium
- ☐ Zoological Park
- ☐ None of the above - Please specify your projects category.

(untitled)

**3. How much funding is being requested from the Tourism Development Council? \***

*Please note: The minimum funding request is \$250,000.*

\$

(untitled)

**4. What is the name and address (current or proposed) of the project? \***

(untitled)

**5. Briefly, describe the proposed project. \***

*Please include the size of facility or project (acres or square feet, interior and exterior).*

(untitled)

**6. Is this project a new facility or an addition to an existing facility? \***

- ☐ A new facility
- ☐ An addition to an existing facility
- ☐ Other - Please describe

**7. Please attach a 3<sup>rd</sup> party economic and fiscal analysis from a reputable firm that includes:**

- A. Impact on local activities
- B. Project Demographics
- C. Room Nights – include your room night estimation methodology. *Will you be using any tracking device or system to collect the data?*  
*Please note that the Tourist Development Office may provide room night volume based on attendance or other data.*
- D. Tax Revenue to include Tourist Development Tax, Property Tax and Sales Tax
- E. Attendance/Visitation – for the next 5 years after completion including % of in and out of County visitors/attendees.
- F. Wages
- G. New or additional paid full-time employees. Note: Two part time jobs equal one full time employee.

\*

Browse...

(untitled)

**8. Please complete & upload: Attachment #1 - Projected Annual Operating Income & Expense Worksheet here.**

\*

*Attachment #1 is available on the first page of the Application.*

Browse...

(untitled)

**9. Please complete and upload: Attachment #2 - E-Verify MOU here. \***

*For information on how to register, E-Verify.gov*

Browse...

(untitled)

**10. Is or will this facility be publicly owned or operated? \***

- ☐ Yes
- ☐ No

(untitled)

**11. What is the name of the project entity or organization? \***

## Capital Facilities Grant Application Red Lines - Pages 5 and 6.

(untitled)

12. Is the project entity or organization a non-profit? \*

- ☐ Yes  
☐ No

(untitled)

13. What are the estimated costs of the **TOTAL** project? These category amounts should reflect the total costs of the project including the costs appropriated with the requested Tourist Development Tax (TDT) funding. \*

Construction

Other cost (explain)

Architectural

Other cost (explain)

Building Costs

Site Work

Furniture, Fixtures, etc

Total : 0

Add 2 "other" categories, combined with question 15.

14. Click here if you had other expenses?

- ☐ Option 1

Delete question 14 redundant.

(untitled)

15. Please list 'Other' costs in appropriated categories. \*

In the spaces provided, please list the appropriated categories and amounts representing 'Other' costs.

Other 1

Other 2

Other 3

Other 4

Other 5

TOTAL Other costs

Project Cost Total

Delete question 15 and combine into question 13.

(untitled)

16. List the sources of project funding: \*

Donations/Pledges	\$
Cash on Hand	\$
Loans	\$
Tourism Development Council Funding	\$
Other Grants	\$
Other Sources please describe	\$
TOTAL Sources	\$

(untitled)

17. Which month(s) of the year are anticipated to be the MOST popular? \*

*Please check all that apply.*

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December
- ☐ All Months

Delete question 17, not pertinent.

(untitled)

18. When do you anticipate the project will be complete and the facility operational? \*

(untitled)

**19. When will you provide schematic designs or renderings to Brevard County? \***

- ☐ Within the next 3 months
- ☐ Within the next 6 months
- ☐ Within the next 9 months
- ☐ Within the next 12 months
- ☐ Other - Please specify

(untitled)

---

**20. Will the project be viable without funding from the Tourism Development Council? \***

- ☐ Yes
- ☐ No

(untitled)

---

**21. What is the cost or schedule impact on the project if Tourist Development Tax funding is not currently available or awarded at this time? \***

*Please describe thoroughly.*

(untitled)

---

**22. Please upload supporting documents; for example, letters from community leaders, financials, specifications, photos, location maps, site plans, schematic designs and renderings, documents supporting the community benefits, documents describing the benefits to Brevard County and increase in quality of life, etc. \***

*You are able to upload 10 files, if you need more space please email Jeffrey Baron at [Jeffrey.Baron@VisitSpaceCoast.com](mailto:Jeffrey.Baron@VisitSpaceCoast.com).*

Browse...

(untitled)

---

23.

## ATTESTATION

### Statement of Responsibility:

***By submitting this application, I attest that I have full authority to submit this grant request and I certify the information contained in this application, including all budget and financial and tax information, attachments and support materials, is true and correct to the best of my knowledge and that we will abide by all legal, financial, and reporting requirements. I further attest that I have read the guidelines, including reimbursement and reporting requirements and deadlines, and will comply with all of the before mentioned if funding is awarded to our organization.***

\*

Clear

-----

Sign name using mouse or touch pad

Signature of