



Assessment Application

CITY OF GULFPORT

BROWNFIELDS AREA WIDE ASSESSMENT GRANT

This information is necessary to process a request for funding through the City's Brownfields Assessment Grant. Please fill in all the blanks, using "None" or "Not Applicable" where necessary. If more space is needed to answer any specific questions, please attach a separate sheet. A Site Access Permission Form signed by the property owner must accompany the Completed Application.

I. SUMMARY

Date of Application: _____

Applicant Name: _____

Property Address: _____

Describe Proposed Revitalization Project (Check all appropriate items):

- | | |
|---|--|
| <input type="checkbox"/> exterior building rehab | <input type="checkbox"/> building construction |
| <input type="checkbox"/> purchase of machinery/equipment | <input type="checkbox"/> expansion of existing business |
| <input type="checkbox"/> bringing new business to target area | <input type="checkbox"/> creation of additional jobs (#) _____ |
| <input type="checkbox"/> interior renovation | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Other _____ |

Is Applicant the present owner of the property? Yes No

Is Applicant under contract with the property? Yes No (if yes, please attach copy of Contract)

Planned Reuse (if any): _____

Type of Assessment Funding Requested:

- | | |
|--|--|
| <input type="checkbox"/> Phase I Environmental Assessment – Funding | <input type="checkbox"/> Phase II Environmental Assessment – Funding |
| <input type="checkbox"/> Quality Assurance Project Plan (QAPP) - Funding | <input type="checkbox"/> Remedial Planning |
| <input type="checkbox"/> Reuse Planning | <input type="checkbox"/> All of the above, if necessary |
| <input type="checkbox"/> Other (such as Community Outreach) | |

II APPLICANT INFORMATION

Applicant's Contact Info:

Address: _____

Phone Number: _____

e-mail: _____

General Council to Applicant (if any): _____

General Council Contact Info (phone/e-mail): _____

CFO or Accountant for Applicant (if any): _____

CFO/Accountant Contact Info (phone/e-mail): _____

Federal Employer Tax ID Number (if applicable): _____

Sales Tax ID Number (if applicable): _____

Primary Business Activities: _____

Current Number of Jobs on Payroll: _____

III. PROPOSED PROJECT SITE CHARACTERISTICS

Site Parcel Number(s): _____

Property Ownership Sole Proprietorship Partnership Corporation
 Sub-Chapters Other (explain): _____

Parcel Size (in acres): _____

Existing Structures (include approx.. square footage): _____

Proposed Building Size after Expansion or Construction (sq.ft.): _____

Estimated Appraised Property Value: _____

Do you plan to acquire this site as a result of the project? yes no

Do you currently operate a business on this site? yes no

Potential Contamination Sources: _____

Confirmed Contamination Sources: _____

Eligible for State Petroleum Programs? yes no

Eligible for State Dry Cleaning Programs? yes no

Is this site currently involved in a consent order or other enforcement action with the Florida Department of Environmental Protection or U.S. Environmental Protection Agency?

yes no

Please provide previous assessment and/or remediation documentation available.

IV. ESTIMATED PROJECT COSTS

DESCRIPTION	AMOUNT
Land Acquisition	\$ _____
Construction Cost	\$ _____
Purchase Machinery, Equipment	\$ _____
Site development costs	\$ _____
TOTAL	\$ _____

V. PROJECT BENEFITS/IMPACTS

Identify any additional industry/business development that is anticipated as a result of this relocation/expansion.

Would local contractors be used for proposed industry/business development location/expansion?

yes no

Number of anticipated new jobs (within two years of completion): _____

Number of anticipated new jobs (within five years of completion): _____

Average base annual wage for new jobs created (wages less benefits): _____

CERTIFICATION AND SIGNATURES

The undersigned further understands that this information will be used only in consideration of this application and further agrees to notify Coalition staff of any material change in any such information.

By (Authorized Signature)

Date

Coalition Staff Use Only: APPROVED DECLINED CONDITIONAL

Date Action Taken By Staff or Steering Committee: _____

Reason for denial or subject to following conditions (describe in detail):

Staff Signature: _____

DATE: _____

