



# Application for Impact Fee Grants for Qualified Non-profit Organizations

Orange County Concurrency Management Office, 407-836-5617

Instructions: Qualified non-profit organizations must use this application to apply for impact fee grants under Administrative Regulation (AR) 6.15.01. The grants help defray costs to non-profit organizations to provide lasting benefits and community services to Orange County residents. Please complete the application and return the **signed original** (faxed applications will not be processed) to the Concurrency Management Office, Orange County Administration Building, 201 S. Rosalind Avenue, 2nd Floor, Orlando, Florida, or mail the completed application to the Orange County Growth Management Department, P.O. Box 1393, Orlando, FL 32802-1393. Please refer to Orange County AR 6.15.01 for more information about the grant program. The maximum individual grant amount authorized by AR 6.15.01 is \$15,000. If the applicant is not the authorized representative of the non-profit organization, the representative must complete and sign the attached Agent Authorization Form included with this application. **A valid building permit application is required to file a grant application. Filing of a completed application does not guarantee that the application will be approved in whole or in part. The required review and Board of County Commissioners (BCC) approval of this application may require 45 -60 days to complete, so please plan accordingly. Grant approval by the BCC in no way supersedes existing zoning or building specifications and/or requirements.**

<p><b>1. Background Information</b></p> <p>Non-profit Organization Name _____          Applicant Name _____          Address _____          City / State / Zip _____          Phone _____ Fax _____          E-mail _____</p>	<p><b>Please do not write in this column.</b></p> <p>District # _____</p>
<p><b>2. Description of Services</b> (please be detailed, use attachments as needed)</p> <p>Please briefly describe your non-profit organization's mission, history, &amp; service.</p> <p>_____</p> <p>_____</p> <p>What will be the primary purpose or use of the new structure or addition?          (Additional/supporting documentation may be required.)</p> <p>_____</p> <p>_____</p> <p>Will there be secondary purposes or uses for the new structure or addition? If "yes"          please explain. (Additional/supporting documentation may be required.)</p> <p>_____</p> <p>_____</p> <p>Please provide a description of the clientele that will be served by the new structure or          addition and the structure's anticipated service area.</p> <p>_____</p> <p>_____</p> <p>Will any fees be charged to those who use the service provided at the new structure or addition?</p> <p>_____</p> <p>Will any County residents be ineligible for the service provided at the new structure or addition?</p> <p>_____</p> <p>Is your organization presently receiving any other funding from Orange County? If "yes"          please explain.</p> <p>_____</p>	

**Application for Impact Fee Grants for Qualified Non-profit Organizations (continued)**

**3. Financial**

Is your non-profit organization exempt from taxation under Section 501(c)(3) of Title 26 of the U.S. Code?

\_\_\_\_\_ Yes \_\_\_\_\_ No (check one)

To be eligible, attach adequate proof of your organizations Section 501(c)(3) certification, a copy of your organizations budget for the current fiscal year, and a copy of your organizations budget for the project .

- Copy of IRS 501(c)(3) certification
- Current fiscal year budget
- Budget for project

**4. Project Details (please be detailed, use attachments as needed)**

What is the building permit number for the proposed new structure or addition?

\_\_\_\_\_

What is the physical address of the proposed new structure or addition?

\_\_\_\_\_

\_\_\_\_\_

What is the square footage of the proposed new structure or addition?

\_\_\_\_\_

What portion of the proposed new structure or addition will be for the primary purpose or use identified in Section 2? **(Please provide a floor plan of the project)**

\_\_\_\_\_

What is the estimated amount of the road, fire, and sheriff impact fees that will be charged to the new structure or addition? (Final impact fees may not actually be determined until final plans review, and may differ from estimates.)

\_\_\_\_\_

**IMPORTANT: Impact fees are calculated by the Division of Building Safety based on square footage and usage information provided by the applicant and are due at the time of building permit issuance. The impact fee grants cannot be utilized until officially approved by the BCC. If the applicant chooses to pull their building permit prior to BCC approval, the grant application is voided and is not retroactive.**

- Floor plan of project
- Estimated impact fees

**5. Request and Signature**

I, \_\_\_\_\_ (name of authorized representative), am the duly authorized representative of \_\_\_\_\_

\_\_\_\_\_ (name of non-profit organization). This organization requests that the above referenced project be considered for a grant in the amount of \$ \_\_\_\_\_ to be applied towards the road, fire, and sheriff impact fees due on the project's building permit.

I hereby certify that the information submitted with and pursuant to this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Staff Recommendation**

Approval / Denial \_\_\_\_\_

Score \_\_\_\_\_

Initials \_\_\_\_\_

Date \_\_\_\_\_



AGENT AUTHORIZATION FORM
FISCAL & ADMINISTRATIVE SERVICES DIVISION
GROWTH MANAGEMENT DEPARTMENT
ORANGE COUNTY, FLORIDA

I, \_\_\_\_\_,
(PRINT NON-PROFIT ORGANIZATION'S REPRESENTATIVE)

as THE NON-PROFIT ORGANIZATION'S REPRESENTATIVE of the non-profit
organization listed below, hereby give permission for

\_\_\_\_\_
(PRINT AGENT'S NAME)

to act as my agent for the purpose of applying for an impact fee grant for

\_\_\_\_\_
(PRINT PROJECT NAME)

NAME OF NON-PROFIT ORGANIZATION:

\_\_\_\_\_

Signature of Non-Profit Organization Representative Date

STATE OF \_\_\_\_\_
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by
\_\_\_\_\_, as an individual / officer / agent, on behalf of himself /
herself \_\_\_\_\_, a corporation / partnership.

He / She is personally known to me or has produced \_\_\_\_\_ as identification and
did / did not take an oath.

WITNESS my hand and official seal in the County and State aforesaid this \_\_\_\_ day of
\_\_\_\_\_, 20\_\_.

**RELATIONSHIP DISCLOSURE FORM**  
**For use with development related items except  
 applications in which the County is the principal or primary applicant**

This form shall be submitted to the department processing your application prior to the development-related item being considered for review and/or approval by Orange County.

In the event any information provided on this form should change, the applicant(s) should file an amended form on or before the date of project consideration before the appropriate board or body.

**IS THE APPLICANT OR ANY PERSON INVOLVED WITH YOUR PROJECT:**

- **A RELATIVE OR BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?**
- **AN EMPLOYER OF THE MAYOR OR MEMBER OF THE BCC?**

**IS ANY PERSON WITH A BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?**

**Please complete table below:**

	Applicant/Principal	Developer	Property Owner	Consultants/Attorney
Business Associate	YES/NO	YES/NO	YES/NO	YES/NO
Relative	YES/NO	YES/NO	YES/NO	YES/NO
Employer	YES/NO	YES/NO	YES/NO	YES/NO
Beneficial interest in the outcome	YES/NO	YES/NO	YES/NO	YES/NO

If you responded **yes** to any of the above questions, please state with whom and explain the relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Case #** \_\_\_\_\_  
 (where applicable)

**ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED**

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

Print Name and Title of Person completing this form: \_\_\_\_\_

\_\_\_\_\_  
Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_  
\_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Facsimile ( ) \_\_\_\_\_

STATE OF FLORIDA :  
COUNTY OF \_\_\_\_\_ :

I certify that on \_\_\_\_\_, before me, \_\_\_\_\_, an officer duly authorized by the State of Florida, and in the county mentioned above, to take acknowledgements, personally appeared \_\_\_\_\_, to me known to be the person described in this instrument or to have produced \_\_\_\_\_, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State of Florida  
My Commission Expires: \_\_\_\_\_

Case # \_\_\_\_\_  
(where applicable)

**ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT**

**This form should be completed in full and filed with all application submittals.  
This form shall remain cumulative \*\* File any amendment with the department processing your application.**

**Part I**

**Please complete the following:**

Name and Address of Principal or Principal's Authorized Agent: \_\_\_\_\_

\_\_\_\_\_

Name and Address of Lobbyist, consultants, contractors, if any: \_\_\_\_\_

\_\_\_\_\_

**Part II**

**Expenditures:**

An "expenditure" is defined to mean a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying, as this term is defined in section 2-351, Orange County Code. The term "expenditure" does not include contributions or expenditures reported pursuant to chapter 106, FS, or federal election law, campaign-related personal services provided without compensation by individuals volunteering their time, any other contribution or expenditure made by or to a political party, or any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4). (s.112.3215, FS) Do not disclose professional fees paid by the principal to his/her lobbyist for the purpose of lobbying. (s.2-354, Orange County Code)

The following is a complete list of all lobbying expenditures incurred by the principal or his/her authorized agent, his/her lobbyist, and/or his/her contractors, if applicable, expended in connection with the above-referenced project or issue:

Date of Expenditure	Name of Payee	Description of Expenditure	Amount Expended
			\$
			\$
			\$
			\$
			\$
			\$
			\$

If continued on a separate sheet, please check here \_\_\_\_\_

**Total Expenditures this Report: \$ \_\_\_\_\_**

**Date of this Report: \_\_\_\_\_**

**Case # \_\_\_\_\_**

(where applicable)

**Part III**

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I further acknowledge and agree to comply with the requirement of section 2-354 of the Orange County code to amend this specific project expenditure report for any additional expenditure incurred related to this project prior to the scheduled Board of County Commissioner meeting. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of  Principal or  Principal's Authorized Agent\*  
*(check appropriate box)*

STATE OF FLORIDA :  
COUNTY OF \_\_\_\_\_ :

I certify that on \_\_\_\_\_, before me, \_\_\_\_\_, an officer duly authorized by the State of Florida and in the county mentioned above, to take acknowledgements, personally appeared \_\_\_\_\_, to me known to be the person described in this instrument or to have produced \_\_\_\_\_, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State of Florida  
My Commission Expires: \_\_\_\_\_

*\*If form is signed by the Principal's Authorized Agent, please attach the completed Agent Authorization form.*

Case # \_\_\_\_\_  
(where applicable)