



CITY OF ORLANDO

Economic Development Department

CITY OF ORLANDO

NOT-FOR-PROFIT ASSISTANCE PROGRAM APPLICATION

(Please note assistance is available to human and social services organizations only)

1. AGENCY INFORMATION

Agency Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Contact Person: _____

Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Federal Tax I.D. Number: _____

2. GENERAL INFORMATION

Briefly describe the services your agency provides:

Economic Development Department

City Hall ▪ 400 S. Orange Ave, 6th Floor ▪ P.O. Box 4990 ▪ Orlando, FL ▪ 32802-4990

Phone: (407) 246-2821 ▪ Fax (407) 246-3359

www.cityoforlando.net/economic



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Agency has been in operation for:

1-3 years _____ 3-5 years _____ over 5 years _____

Total Clientele served during prior fiscal year _____.

Clientele served who reside in the City of Orlando _____.

Percent of clientele who are City Residents _____.

Payment of sewer and/or transportation impact fees will create a financial hardship on the agency.

Yes _____ No _____

Agency receives funding for FY___/___ from the following: (check all that apply)

City of Orlando _____ Orange County _____ United Way _____ Other _____

If other, please list: _____

Agency has applied for impact fee assistance from other sources. Yes ___ No ___

If yes, please list: _____

Estimated Construction Cost: _____

Estimated Impact Fees Due to City: _____

Briefly describe your construction project: _____

Have you received any funding assistance from the City of Orlando to date?

If yes, please provide descriptions and amounts received: _____

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3. Attachments

- _____ Proof of 501(c)(3) status from United States Internal Revenue Service
- _____ Building Permit printout and/or receipt

The applicant, _____, assures that the above information is true and correct and agrees to comply with all City of Orlando guidelines applicable to this program. The applicant also agrees that in the event of a breach of any condition or provision, or whenever deemed to be in the best interest of the City of Orlando, the Economic Development Department has the right to terminate this agreement.

Applicant Signature: _____ Date: _____

The City maintains the right to review and audit any and all financial records or any other records having to do with incentives awarded by the City of Orlando at any time.

Applicant Signature: _____ Date: _____

The City of Orlando reserves the right to request additional information to process this application.

Date Received: _____
Property Tax Verification: _____
Amount Requested: _____