

SECTION 11 – APPLICATION

COMMERCIAL GRANT PROGRAM

1) Applicant (Property Owner)	
Entity Name (if any): Killarney 6 Investments Group Inc	
Full Legal Name and Title (if any):	
Mailing Address: PO Box 1057	
City/State/Zip: Oldsmar FL 34677	
Phone Number: 727-215-1573	E-mail Address: getray@legman.com
Web Site (if available):	

2) Authorized Agent (If applicable)	
Entity Name (if any):	
Full Legal Name and Title (if any): Getray M. Gainey, Pres	
Mailing Address: PO Box 1057 Oldsmar FL	
City/State/Zip: Oldsmar FL 34677	
Phone Number: 727-215-1573	E-mail Address: getray01@gmail.com

3) Subject Property/Location of Proposed Project	
Address commonly known as: 1115 N. Martin Luther King, Clearwater FL 33755	
Parcel Identification Number(s) or Folio Number(s): 10-29-15-33552-006-0320	
Property is designated as a Local Landmark: Yes ___ No <input checked="" type="checkbox"/>	

4) Project description, scope of work to be performed, sketch plans and specifications detailing the scope of work (provide attachment if needed). Applicant understands that depending on the project, certain City Departments may require additional documentation, plans, etc. to properly review and approve the proposed project described in this application.
Retail Plaza: (1) Event Hall (5) office suites

5) Describe existing uses and conditions on the property (include photographs as attachments):

Vacant Now
Was a restaurant, church in past years.

6) Financial Disclosure

Amount of Grant Requested: \$ 75,000

Project Budget – Sources/Uses of Funds (complete Attachment A: Project Budget)

Owner Equity: \$ 30,000

Other Funds: \$

Grant Request: \$ 45,000

Total Project Funding: \$ 75,000

My Property is up to date with taxes, fees, and complies with City codes and regulations:

Yes No

If the Applicant has received loan or grant assistance from a city-managed financial assistance program for a project at this address, please specify the program(s) and the loan/grant amount(s).

1. NA \$

2. \$

PLEASE NOTE: Grants are awarded on a first come, first qualified basis until funds have been depleted.

I UNDERSTAND THAT IN ORDER FOR MY REQUEST FOR GRANT FUNDING TO BE APPROVED, I MUST AGREE TO THE FOLLOWING CONDITIONS:

- 1) To adhere to the application procedures and guidelines as specified.
- 2) That additional improvements or changes not approved in the original grant application will not be funded by the CRA.
- 3) That disbursement of grant funds will only occur after:

- a) All improvements have been completed or as otherwise approved by the CRA Director;
- b) Inspections of the improvements are approved by the appropriate City Officials or other required authorities, if any; and
- c) Proof of payment, as described in this document, for project costs approved in the grant application.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND UNDERSTAND THE GRANT GUIDELINES HEREIN ABOVE STATED. IN ADDITION, BY EXECUTING THIS APPLICATION, I ACKNOWLEDGE THAT I AM LAWFULLY AUTHORIZED TO EXECUTE THIS APPLICATION.

Killarney 6 Investments Group Inc
Entity Name (if any)

[Signature]
Applicant Signature

Gelray M. Gainey, Pres
Printed Name and Title (if any)

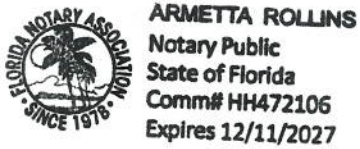
10/2/2024
Date

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 2ND day of OCTOBER, 2024,
by GELRAY M. GAINAY, as (title if applicable) PRESIDENT
of (Entity name if any) KILLARNEY 6 INVESTMENT GROUP INC., who [] is
personally known to me or [] has produced identification.

Type of identification produced: FL DL G500-293-73-097-0

My commission expires: (Notary Seal) [Signature] ARMETTA ROLLINS
Notary Public Signature Notary Public Print Name



Mail or hand deliver completed application form to:
Community Redevelopment Agency
City of Clearwater / 600 Cleveland Street, Suite 600 / Clearwater, FL 33755
For question call the Community Redevelopment Department at 727-562-4039

SECTION 13 – ATTACHMENT A – PROJECT BUDGET

Attachment A - Project Budget Form

(Attach contractor/vendor estimates/quotes for consistency verification of items listed below. Contactor/vendor estimates/quotes improvement item descriptions and cost will supersede if improvement item descriptions and cost are listed different below. If more project budget form lines are need, Applicant may duplicate budget template below on separate sheet. If new Project Budget Form is created, write "See Attached" in Line No..1 below.)

For Applicant Use			For staff use only	
Line Item No.	Improvement(s) Item Description (Including construction materials, labor, permitting, other fees, etc.)	Improvement(s) Cost Amount	Line Item Eligible for Grant Consideration Yes/No	Cost Amount Eligible for Grant (%)
1	Roofing	\$ 10,000		\$
2	Elec/Plumbing	\$ 5,000		\$
3	HVAC	\$ 8,000		\$
4	Sprinkles	\$ 5,000		\$
5	ADA	\$ 10,000		\$
6	Int. Walls	\$ 5,000		\$
7	Paint	\$ 2,000		\$
8	Bath	\$ 12,000		\$
9	Ext Walls	\$ 5,000		\$
10	Paint	\$ 2,000		\$
11	Signage	\$ 3,000		\$
12	Misc	\$ 2,000		\$
13	Flooring	\$ 2,000		\$
14		\$		\$
15		\$		\$
16	Architecture and Engineering fees	\$		\$
17		\$		\$
Total Improvement(s) Cost Amount		\$ 75,115	Total Cost Amount Eligible for Grant Consideration	\$

Authorized Signature: 

Date: 10/2/2004