

**SECTION 11 – APPLICATION****COMMERCIAL GRANT PROGRAM**Please circle if you are the: Property Owner Business Owner

1) Applicant:	
Entity Name (if any): Vital Life Fitness LLC	
Full Legal Name and Title (if any): Benjamin Gilbert (Owner+Property Owner)	
Mailing Address: 1280 Court Street	
City/State/Zip: Clearwater, Florida, 33756	
Phone Number: 727-431-2470	E-mail Address: bengilbert@riffitness.com
Web Site (if available): www.riffitness.com	
Lease Term (if applicable): Own the building	

**If applicant is not the property owner, please fill out section 2**

2) Authorized Agent (If applicable)	
Entity Name (if any):	
Full Legal Name and Title (if any):	
Mailing Address:	
City/State/Zip:	
Phone Number:	E-mail Address:

3) Subject Property/Location of Proposed Project
Address commonly known as: 1280 Court Street
Parcel Identification Number(s): Provided in prior application
Property is designated as a Local Landmark: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

4) Project description (including business name, tenant description, type of business, proposed hours of operation, proposed opening date or proposed project completion date), scope of work to be performed, project schedule, 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.
I plan on renovating the exterior of my building 1280 Court Street. Stucco, street and building signage.

I also plan on renovating the bathrooms and adding a shower to fix a problem I have with the flow of my business. The full scope of this job was provided on the prior application, if you need me to re-provide this let me know and I'm happy to give everything.

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

The existing use of 1280 Court Street is a personal training gym. Once renovated it will still be the same business.

6) Financial Disclosure

<b>Amount of Grant Requested:</b>	\$
<b>Project Budget – Sources/Uses of Funds</b> (complete Attachment A: Project Budget)	
Owner Equity: 45%	\$ 89899.91
Other Funds:	\$
Grant Request: 55%	\$ 109887.67
<b>Total Project Funding: 100%</b>	<b>\$ 199787.58</b>
My Property is up to date with taxes, fees, and complies with City codes and regulations:	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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.	\$
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.**

Vital Life Fitness LLC  
Entity Name (if any)

[Signature]  
Applicant Signature

Benjamin Gilbert Title MGRM  
Printed Name and Title (if any)

1/2/25  
Date

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 02 day of JANUARY, 2025, by BENJAMIN ISAAC GILBERT, as (title if applicable) MGRM of (Entity name if any) VITAL LIFE FITNESS LLC, who [ ] is personally known to me or [ ☒ ] has produced identification.

Type of identification produced: FL DL

My commission expires:  
(Notary Seal)

[Signature]  
Notary Public Signature

JULIA C. BALTAS  
Notary Public Print Name



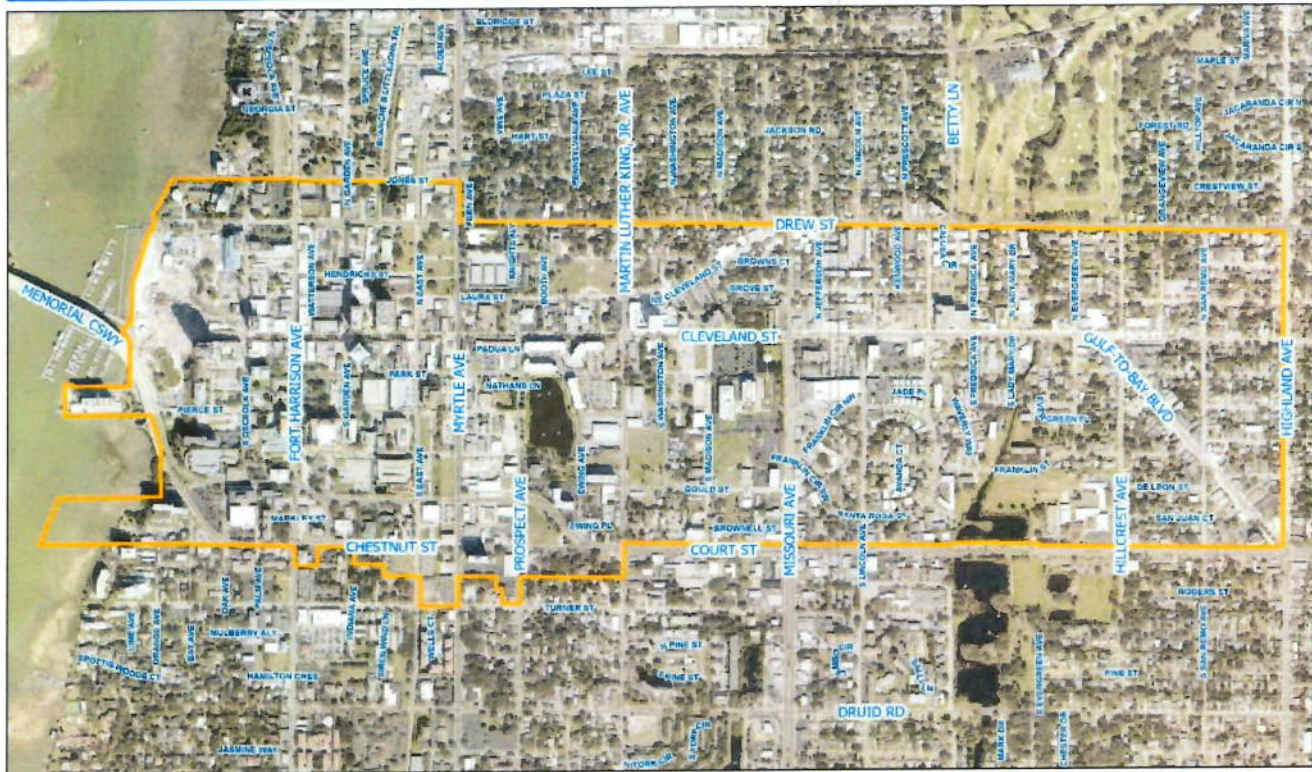
Julia C. Baltas  
Comm.: HH 601100  
Expires: Oct. 7, 2028  
Notary Public - State of Florida

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 12 – ELIGIBLE CRA AREA MAP

### DOWNTOWN CLEARWATER COMMUNITY REDEVELOPMENT AREA



Prepared by:  
Department of Public Works - Engineering  
Geographic Technology Division  
100 E. Myrtle Ave., Clearwater, FL 33756  
Ph: (727) 962-4758, Fax: (727) 926-4755  
www.MyClearwater.com

 Downtown Clearwater CRA Boundary



Scale: N.T.S.

Map Gen By: KF

Reviewed By: ES

Aerial Flown 2023

Date: 10/20/2023

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Document Path: C:\Users\kstein\SymlCity of Clearwater\Engineering Geographic Technology - Documents\GIS\CRA\Greenwood and Downtown CRA\Greenwood and Downtown CRA.aprx

## SECTION 13 – ATTACHMENT A – PROJECT BUDGET

### Attachment A - Project Budget Form

(Attach contractor/vendor estimates/quotes for consistency verification of items listed below. Contractor/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	1280 Court Street Full Itemized Bid Attached	\$ 199777.57	YES	\$ 184,177.57
2		\$	HOWEVER - PROJECT SUPERINTENDENT FEES NOT INCLUDED (15,600.00)	\$
3		\$		\$ (-15,600.00)
4		\$		\$
5		\$		\$
6		\$		\$
7		\$		\$
8		\$		\$
9		\$		\$
10		\$		\$
11		\$		\$
12		\$		\$
13		\$		\$
14		\$		\$
15		\$		\$
16	Architecture and Engineering fees	\$		\$
17		\$		\$
Total Improvement(s) Cost Amount		\$ 199777.57	Total Cost Amount Eligible for Grant Consideration	\$ 184,177.57

Authorized Signature: \_\_\_\_\_

Date: 12/30/24