

Funding Request Form

Type of Grant Request: ☐Marketing ☐Special Event (Please include additional form) ☐Business Assistance
Applicant/Primary Contact Person: Derek Williams
Name of Organization: 1nf1n1ty Fit LLC.
Address: 331 Cleveland Street Suite A
City: Clearwater State: FL Zip: 33755
Cell phone:() <u>727-873-8779</u> Office Number: <u>N/A</u>
E-mail address: onelifeww@gmail.com Website/Social Media Links: @mr1nf1n1ty
Description of Project:
Total Project Cost: \$60,000 Amount of Grant Funds Requested: \$32,729.00 When will the project take place? N/A
Who will implement the project? ProForma
Where will the project occur? Disrupting Fitness Studios
How does this request help attract businesses, residents, and/or visitors to Live, Work, and Play in downtown? In this day and age, fitness is becoming more relevant to all age groups, adults, seniors, and millennials, making Mr.1nf1n1ty Fitness Studios the optimum space for resident and visitors alike. Mr.1nf1n1ty Fitness Studio will serve as
the go to place for fitness and health-minded individuals who Live, Work, and Play in Downtown Clearwater.
All information contained herein is true and correct to the best of my knowledge. I understand that the Downtown Development Board can decide to fund or not fund any grant request and their decision is final.
Applicant Signature: Date: 2-17-21