

TDC Capital Project Summary Sheet

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|-----------------------------|--|
| Project ID#: | |
| Project Line Item #: | |

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|---------------------------------|--|----------------------------------|-----------------------------|
| Name of Project: | | District Funding Project: | |
| Funding Category: | | Fiscal Year Funded: | |
| Name of Project Manager: | | Amount Funded by TDC: | |
| Telephone Number: | | Date of DAC Approval: | Click here to enter a date. |
| Email Address: | | Date of TDC Approval: | Click here to enter a date. |
| | | Completion Date: | Click here to enter a date. |

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|---|
| Scope of Services to Be Completed and Submitted for Reimbursement No Later than: |
| |
| Total Cost: \$ _____ TDC Cost: \$ _____ |

Sign, scan in color and email this document to the TDC Administrative Office to Laura at Laura@fla-keys.com (Telephone: 296-1552 with questions)

Signature of TDC Office Manager: _____

Signature of TDC Director: _____

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This page to be completed and signed by the President of the Entity Receiving Funding

- The project work described in Scope of Services on page 1 must commence within the fiscal year funded which is October 1, 2018 to September 30, 2019. Proof that the project commenced within the fiscal year funded may be requested by the Tourist Development Council (TDC) administrative office.
- I will complete the project and submit for reimbursement prior to completion date listed on page 1.
- I understand that I must pay 100% of the project cost up front to the entity completing work and show proof of same before receiving a ____% reimbursement from the (TDC). Reimbursement request must show that (insert name of entity) has paid in full for materials and services relating to the segment prior to seeking the ____% (percent) reimbursement from TDC/Board of County Commissioners (BOCC). The BOCC and the TDC assume no liability to fund this grant for an amount in excess of this award. Monroe County's performance and obligation to pay under this grant is contingent upon an annual appropriation by the BOCC.
- My total project TDC reimbursement cost is between \$3,500 and \$19,999.99 I will submit three (3) quotes for the work completed or a notarized statement as to why two quotes were not available and the entity completing the work was the only one able to do so.
- I will submit before and after pictures of the completed project with my reimbursement submission.
- I will permanently display and maintain at Grantee's expense, public acknowledgement of the support of the Monroe County Tourist Development Council in a publicly prominent area of the facility in the following form: "This project was made possible with the financial support of the Monroe County Tourist Development Council." A photograph of said acknowledgment shall be provided with the final request for reimbursement.
- (insert name of entity) agrees to operate this facility for tourist-related purposes and understands that if at any time (insert name of entity): (a) elects to stop the project or otherwise decide not to place into service for tourist-related purposes the facility acquired, constructed, or renovated with tourist development tax funding, (b) demolishes the project facility or divests itself of ownership or possession of the real property, or (c) ceases the use of the property with a primary purpose of promoting tourism, (insert name of entity) shall, pursuant to the formula set forth hereafter, refund to the County the Tourist Development funding. This provision shall survive the completion date of all other provisions of this project for a period of ten years. Should the demolition, transfer of ownership, or change to a non-tourist related purpose occur after the facility has been used for tourist-related purposes for at least three (3) years, the amount of refund shall be pro-rated based on a useful life of ten (10) years.

President's Name Typed

President's Signature

Sworn to and subscribed before me this _____ day of _____
20__ personally appeared _____,
_____, and _____ to be the
persons named in and who executed the foregoing document.

Notary Public

State of _____

My commission expires: