

COMMUNITY CONTRIBUTION TAX CREDIT PROGRAM

APPLICATION FOR SPONSOR RECERTIFICATION

INSTRUCTIONS

As required by Rule 8E-17.009, Florida Administrative Code, sponsors must apply for recertification at the end of each state fiscal year in order to participate in the next state fiscal year. The Office of Tourism, Trade and Economic Development (OTTED) must review each of the sponsors to determine their continued eligibility to receive contributions under the Community Improvement Act of 1980 as amended.

- Form A:** Agency Profile/Project Update (Form 8E-17APPU #01) is to be completed by **all** approved sponsors.
- Form B:** Application for Sponsor Recertification (Form 8E-17ASR#03) is to be used by sponsors who are not making any changes to their approved project.
- Form C:** Application for Sponsor Recertification (Form 8E-17ASR#04) is to be used by sponsors who want to request approval of **changes** in project activities. A revised project narrative and resolution certifying compliance with local plans and regulations must be sent with Form C.

THESE FORMS ARE TO BE SIGNED BY AN ELECTED OFFICER OF THE ORGANIZATION.

Upon completion, please forward these forms, no later than **June 10, 1999**, to:

MR. BURT C. VON HOFF
EXECUTIVE OFFICE OF THE GOVERNOR
OFFICE OF TOURISM, TRADE AND ECONOMIC DEVELOPMENT
THE CAPITOL; SUITE 2001
TALLAHASSEE, FLORIDA 32399-0001.

If you do not wish to recertify for next fiscal year, please indicate this after agency name and return the application. Agencies will be recertified for the period of July 1, 1999 through June 30, 2000. Failure to submit this application form will result in a June 30, 1999 expiration of the agency's status as an eligible sponsor. Any agency which allows its certification to expire will be required to submit an entire project proposal in order to regain eligibility status. Donations received after the expiration date will not be eligible for the tax credits.

Questions should be directed to Burt Von Hoff at 850/487-0467; faxed at 850/487-3014; or "e-mailed" at *vonhofb@eog.state.fl.us*

FORM B: NO CHANGES TO PROJECT

APPLICATION FOR SPONSOR RECERTIFICATION

(FORM 8E-17ASR#03)

The following correspondence is a formal request to have:

(Name of Agency)

and its project # _____ recertified for the state fiscal year starting on July 1, 1999, as eligible under the provisions of the Community Improvement Act of 1980 as amended.

I, _____, serving as duly elected
(Name of Officer)

_____. herewith make this request for
(Title)

recertification and state that there are **no changes** in the project activities or its location as originally submitted in our project proposal submitted to the Department of Commerce or the Office of Tourism, Trade and Economic Development (OTTED).

I acknowledge that OTTED reserves the right to request additional information (including a resolution from the appropriate local government) necessary for the processing of an application for recertification or that OTTED may deny a request if it determines that the proposed project does not meet the requirements of the law or rule.

(Signature)

(Title)

(Date)

FORM C: PROPOSED CHANGES TO PROJECT

APPLICATION FOR SPONSOR RECERTIFICATION

(FORM 8E-17ASR#04)

The following correspondence is a formal request to have:

(Name of Agency)

and its project # _____ recertified for the state fiscal year starting on July 1, 1999, as eligible under the provisions of the Community Improvement Act of 1980. The project which we are requesting to have recertified contains **changes in its activities**. All **changes** which are to take place are referenced in the **attached revised project narrative**.

I, _____, serving as duly elected officer
(Name of Officer)

_____, make this request for recertification.
(Title)

I acknowledge that OTTED reserves the right to request additional information (including a resolution from the appropriate local government) necessary for the processing of an application for recertification or that OTTED may deny a request if it determines that the proposed project does not meet the requirements of the law or rule.

(Signature)

(Title)

(Date)

FORM A: AGENCY PROFILE/PROJECT UPDATE

(FORM 8E-17APPU # 01)

NAME OF AGENCY: _____

APPROVED PROJECT NUMBER: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

BRIEF OUTLINE OF APPROVED PROJECT AND ACTIVITIES TO DATE:

NUMBER OF JOBS CREATED: _____

NUMBER OF STRUCTURES CONSTRUCTED/REHABILITATED: _____

AMOUNT OF APPROVED DONATIONS RECEIVED (SINCE 711198): _____

ESTIMATED COMPLETION DATE OF PROJECT: _____