

City of Fort Lauderdale

Northwest-Progresso-Flagler Heights
Community Redevelopment Agency
(NWPF CRA)



APPLICATION FOR CRA FUNDING ASSISTANCE

Name of Principal Owner in Charge Abraham Hollist		Tel. No. 517-410-0490		E-Mail Address abrahamhollist@gmail.com	
Primary Contact for this CRA Request Kristen Harris Hollist		Tel. No. 786-395-0242		E-Mail Address optimalhealthconsultant@gmail.com	
Name of Business Optimal Health Pharmacy LLC		Tax I.D. No. 83-2846223		Company Website optimalhealthmc.com	
Business Address 17235 NW 27th Ave		Tel. No. 305-705-4024		Fax No. 786-661-2190	
City Miami Gardens		State FL		Zip Code 33056	
Commencement Date to Begin Project: 08/01/2022				JOB INFORMATION	
Completion Date for Project: 12/31/2022					
Check Appropriate Description		Project Type		Facility Description	
†Existing Business <input type="checkbox"/>		†Expansion <input type="checkbox"/>		Existing Space _____ sq. ft.	
†New Business <input type="checkbox"/>		†Relocation <input type="checkbox"/>		New Space 2,124 sq. ft.	
NAICS Code / Industry Type 446110		Date of Incorporation 12/11/2018		State where the business was incorporated Florida	
Proposed Project Location/City Fort Lauderdale		Proposed Address 1409 Sistrunk Blvd Ft. Lauderdale, FL 33311			
Property Control Number(s)		Property Owner YMCA of South Florida			
Owner Tel. No. (include Area Code)		Is there a lien on the property? † Yes † No		TYPE OF BUSINESS Sole Proprietor _____ Partnership _____ Joint Venture _____ Corporation _____ Cooperative _____ Limited Liability Company _____ Non-Profit Org. _____ Other: S-CORP _____	
Bank(s) Where Business Accounts for Projects Are					
Held 1. Chase		2.			
Name of Participating Bank/Lender					
Amount \$	Contact Person	Tel. No. (include Area Code)		Fax No. (include Area Code)	
Name of Other Financial Source					
Amount \$	Contact Person	Tel. No. (include Area Code)		Fax No. (include Area Code)	
Name of Other Financial Source					
Amount \$	Contact Person	Tel. No. (include Area Code)		Fax No. (include Area Code)	
Name of Other Financial Source					
Amount \$	Contact Person	Tel. No. (include Area Code)		Fax No. (include Area Code)	
Project Purpose and Economic Impact Optimal Health Pharmacy exists to provide the local community access to prescription medications while offering the education, resources and counseling they need to help achieve their healthcare goals. With this location, we are expanding access to affordable treatment options and vital support services to an under-served community while creating job opportunities.					

NOTE 1: If the project receives funds via another City, County, Federal or State program which also requires job creation/retention, the jobs created/retained for those programs must be in addition to the jobs required under this program.

NOTE 2: If project includes the purchase of equipment using CRA funds, then there must not be another UCC filing for the equipment.

Management: Owners, partners, officers, all holders of outstanding stock — 100% of ownership must be shown (*use separate sheet if necessary*).

Name	Complete Address	% Owned	From	To
Abraham Hollist	3261 Crystal Way Miramar FL, 33025	50	12/11/2018	present
Name	Complete Address	% Owned	From	To
Kristen Harris Hollist	3261 Crystal Way Miramar, FL 33025		12/11/2018	present
Name	Complete Address	% Owned	From	To
Name	Complete Address	% Owned	From	To
Name	Complete Address	% Owned	From	To

PROJECT/ACTIVITY COST SUMMARY

1. Please state the overall project cost: \$ approx 300,000
2. Please state the overall project costs related to the CRA's assisted activity? \$ approx 250,000
3. Please indicate the sources and uses of funds for the project on the following table.

Project Source(s) of Funding	Amount	Rate	Term
Bank Loan (specify)			
City funds			
CRA funds	293,000		
Company's current cash assets	32,000		
Owner equity (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Total Sources	325,000		
Select the Use(s) of Funds and the Amount Need for Each	Sources of Funds (Yes or No)	Amount	
Land Acquisition	No		
Real Property Acquisition	No		
Utility and road infrastructure improvements	No		
New construction of commercial and industrial buildings	No		
Rehabilitation of commercial and industrial buildings	Yes	\$325,000	
Purchase and installation of equipment and fixtures	Yes		
Other (specify)	Architectural, Application, Permit Fees		
Other (specify)			
Other (specify)			
Total Uses		\$325,000	

NOTE 3: Other "uses" include Architectural/Engineering Fees, Application Fees, Permit Fees Impact Fees

BUSINESS INDEBTEDNESS: Furnish the following information on all outstanding installment debts, code and other liens, notes and mortgages payable that relate to this project. The present balances should agree with the latest balance sheet submitted (*use a separate sheet if necessary*).

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment
Name: _____	\$		\$	% <input type="text"/>		\$
Name: _____	\$		\$	% <input type="text"/>		\$
Name: _____	\$		\$	% <input type="text"/>		\$
Name: _____	\$		\$	% <input type="text"/>		\$
Name: _____	\$		\$	% <input type="text"/>		\$

THE FOLLOWING ITEMS MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION

1. A business plan which describes the company mission, market analysis, applicant capacity, economic analysis and project feasibility, a brief history and description of the company (*including the founding of the company*), overview of operations, product information, customer base, method and areas of distribution, primary competitors and suppliers within the County.
2. A list of general and limited partners, officers, directors and shareholders of the company. Please provide a resume for all the principals and key management.
3. Corporate income tax returns for the last three years (*personal returns may also be requested*).
4. Two separate lists that detail the existing jobs on your payroll and the new jobs to be created (*within the list please provide the job title of each position, a brief description of each position, annual salary for existing and new positions and the industry average salary for those positions*).
5. If machinery and equipment are being purchased with CRA funds, provide a list of all the items to be purchased, with quotes on vendor's letterhead. Include a statement from the manufacturer, attesting to the economic life of the equipment.
6. If business is a franchise, include a copy of the franchise agreement;
7. Bank Commitment Letter detailing the conditions of the loan approval.
8. Copy of IRS determination letter as a non-profit organization (*required for all non-profit organizations only*).
9. Signed copy of resolution or minutes from the meeting of the governing body authorizing submission of the application (*required for all non-profit organizations only*).
10. Articles of Incorporation or Division of Corporations information identifying authorized signatories
11. Copy of the Property Deed (*if the applicant is the owner*)
12. Copy of By-Laws (*required for all non-profit organizations only*).
13. Please sign and submit *Statement of Personal History and Credit Check Release* (as attached).
14. If project involves construction, please provide a minimum of two (2) detailed cost estimates prepared by Architect/Engineer and/or General Contractor, preliminary plans and specifications, Architectural Illustration and photos of existing conditions.
15. Attach a street map showing the location of the proposed project, Property Folio number and Legal Description.
16. Preliminary Project Schedule.

The following items are also needed, if your funding request is \$500,000 or more
(*not applicable for Commercial Façade, Streetscape Enhancement and Property and Business Improvement Incentive requests*)

17. CPA audited corporate financial statements for the last three years (*Profit and Loss Statement and a Balance Sheet*).
18. If the most recent business return and/or financial statement is more sixty (60) days old, please submit a current Interim Financial Statement.
19. Three year financial pro formas which include operating statements, balance sheets, funding sources, and use details.
20. Ten year revenue and expense projection for the project
21. Copy of sales/purchase agreement when purchasing land or a building (*or an executed lease if applicable*).
22. Provide details regarding any credit issues, bankruptcies and lawsuits by any principal, owning 20% or more of the business.
23. The names of all affiliates and/or subsidiary companies, and their previous three (3) years financial statements and Interim Financial Statements if the financial statements are more than sixty (60) days old.
24. Letter from the Department of Sustainable Development (DSD) approving the proposed project with zoning and land use designations, and Plan Development Review number and comments.
25. Identification and qualifications of project development team (*i.e., attorney, engineer, architect, general contractor, etc.*).

26. Current Broward County Assessed Value, new capital investment dollars and total estimated new assessment when completed and placed into service.
27. Existing Leases, Lease commitments and tenant makeup (if applicable).
28. Copy of Environmental Report showing there are no Environmental issues (if applicable).
29. Copy of Appraisal Report (if applicable).

THE FOLLOWING ITEMS ARE REQUIRED AFTER CRA BOARD APPROVAL AND PRIOR TO EXECUTION OF AN AGREEMENT AND RELEASE OF FUNDS

30. Evidence that all funds are in-place to fully fund the project.
31. A copy of the City approved project plans, contract with General Contractor and permits (Prior to Release of Funds)
32. Scope of work and all project costs
33. Copies of Insurance Certificates (Builders Risk/All Risk Policy, Commercial General Liability, Workers Compensation with the City of Fort Lauderdale and the Fort Lauderdale CRA listed as Additional Insured.

APPLICANTS CERTIFICATION

By my signature, I certify that I have read and understand the application, criteria, loan fees and program requirements. I further certify that all the information I (we) supplied is correct and accurate. All of the owners of the company/organization (regardless of ownership percentage) are aware of this loan and are in full agreement with the business securing financing for this project. My (our) signature(s) represent my (our) agreement to comply with City of Fort Lauderdale Community Redevelopment Agency, as it relates to this CRA funding request.

Each Proprietor, General Partner, Limited Partner and Business Owner, owning 20% or more must sign below. For all Non-Profit Organizations, all guarantors must be approved by City of Fort Lauderdale Community Redevelopment Agency.

Business Name: Optimal Health Pharmacy

By: [Signature] Owner 6-23-2022
Signature and Title Date

Guarantors:
[Signature] Owner 6-23-2022
Signature and Title Date

Signature and Title Date

Signature and Title Date

Signature and Title Date

Signature and Title Date



Northwest-Progresso-Flagler Heights Community Redevelopment Agency

PERSONAL HISTORY STATEMENT

PLEASE READ CAREFULLY - PRINT OR TYPE

Each Proprietor (if a Sole Proprietorship), General Partner (if Partnership), Limited Partner (if Partnership), Officer, Director and Business Owner (owning 20% or more of the business), must complete a Personal History Statement. For all Non-Profit Organizations, all guarantors must complete this form and be approved as guarantors by the City of Fort Lauderdale Community Redevelopment Agency.

Applicant/Business Name: Optimal Health Pharmacy	Participating Bank/Lender:
City: Ft. Lauderdale State: FL Zip: 33311	City: State: Zip:

Personal Statement of (if you do not have a middle name, put NMN):

First Name: Kristen Middle: Denise Last: Harris
Social Security No.: Date of Birth: Place of Birth: Miami

Present Address: 3261 Crystal Way City: Miramar State: FL Zip: 33025 From: 08/2014 To: present	Previous Address: (needed if in present address less than 5 years) City: State: Zip: From: To:
Loan Requested from CRA: \$ 293,000 Loan Request from Bank(s): \$ Percentage of Company Ownership: 50 %	Are you a U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, are you a Lawful Permanent Resident Alien: <input type="checkbox"/> YES <input type="checkbox"/> NO Alien Registration Number:

IT IS IMPORTANT THAT THE NEXT THREE (3) QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU. HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.

- Are you presently under indictment, on parole or probation? ☐ YES ☒ NO
(If YES, indicate the date parole or probation is to expire)
- Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. ☐ YES ☒ NO
- Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? ☐ YES ☒ NO

I hereby authorize the City of Fort Lauderdale to request criminal record information about me from the criminal justice agencies for the purpose of determining my eligibility.

Signature:	Title: Owner	Date: 6/23/2022
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*ORIGINAL SIGNATURES REQUIRED



Northwest-Progresso-Flagler Heights Community Redevelopment Agency

PERSONAL HISTORY STATEMENT

PLEASE READ CAREFULLY - PRINT OR TYPE

Each Proprietor (if a Sole Proprietorship), General Partner (if Partnership), Limited Partner (if Partnership), Officer, Director and Business Owner (owning 20% or more of the business), must complete a Personal History Statement. For all Non-Profit Organizations, all guarantors must complete this form and be approved as guarantors by the City of Fort Lauderdale Community Redevelopment Agency.

Applicant/Business Name: _____	Participating Bank/Lender: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

Personal Statement of (if you do not have a middle name, put NMN):

First Name: Abraham Hollist Middle: Olanrewaju Last: Hollist
 Social Security No.: _____ Date of Birth: _____ Place of Birth: Lagos, Nigeria

Present Address: <u>3261 Crystal Way</u> City: <u>Miramar</u> State: <u>FL</u> Zip: <u>33025</u> From: <u>08/2014</u> To: <u>current</u>	Previous Address: (needed if in present address less than 5 years) City: <u>F</u> State: _____ Zip: _____ From: _____ To: _____
Loan Requested from CRA: \$ _____ Loan Request from Bank(s): \$ _____ Percentage of Company Ownership: _____ %	Are you a U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, are you a Lawful Permanent Resident Alien: <input type="checkbox"/> YES <input type="checkbox"/> NO Alien Registration Number: _____

IT IS IMPORTANT THAT THE NEXT THREE (3) QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU. HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.

- Are you presently under indictment, on parole or probation? ☐ YES ☒ NO
 (If YES, indicate the date parole or probation is to expire)
- Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. ☐ YES ☒ NO
- Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? ☐ YES ☒ NO

I hereby authorize the City of Fort Lauderdale to request criminal record information about me from the criminal justice agencies for the purpose of determining my eligibility.

Signature 	Title <u>Owner</u>	Date <u>6-23-2022</u>
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*ORIGINAL SIGNATURES REQUIRED



Northwest-Progresso-Flagler Heights Community Redevelopment Agency

CREDIT CHECK RELEASE FORM

I authorize the City of Fort Lauderdale Community Redevelopment Agency to obtain such information (*from any source necessary*), as the City/CRA may require concerning statements made in the application for the CRA funding (*including but not limited to, obtaining a copy of my credit report, current loan status reports and financial information from the Participating Bank/Lender*).

PLEASE NOTE: Each Proprietor (*if a Sole Proprietorship*), General Partner (*if Partnership*), Limited Partner (*if Partnership*), Officer, Director and Business Owner (*owning 20% or more of the business*), must complete this Credit Check Release Form. For all Non-Profit Organizations, all guarantors must complete this form and be approved as guarantors by the City of Fort Lauderdale Community Redevelopment Agency.

First Name: Kristen Middle: Denise Last: Harris

Social Security No.: _____ Date of Birth: _____

Driver's License (State and Number): _____

Home/Cellular Phone No.: _____ Office No.: 305-705-4024

Current Home Address (*PO Boxes not accepted*): 3261 Crystal Way

City: Miramar State: FL Zip Code: 33025

Employer: OHM Consultants Inc

Employer Address: 17235 NW 27th Ave

City: Miami Gardens State: FL Zip Code: 33056

Company Phone No.: 305-705-4024 Other No.: _____

Signature: 

Date: 06-23-2022

*ORIGINAL SIGNATURES REQUIRED



Northwest-Progresso-Flagler Heights Community Redevelopment Agency

CREDIT CHECK RELEASE FORM

I authorize the City of Fort Lauderdale Community Redevelopment Agency to obtain such information (*from any source necessary*), as the City/CRA may require concerning statements made in the application for the CRA funding (*including but not limited to, obtaining a copy of my credit report, current loan status reports and financial information from the Participating Bank/Lender*).

PLEASE NOTE: Each Proprietor (*if a Sole Proprietorship*), General Partner (*if Partnership*), Limited Partner (*if Partnership*), Officer, Director and Business Owner (*owning 20% or more of the business*), must complete this Credit Check Release Form. For all Non-Profit Organizations, all guarantors must complete this form and be approved as guarantors by the City of Fort Lauderdale Community Redevelopment Agency.

First Name: Abraham Middle: Olanrewaju Last: Hollist

Social Security No.: _____ Date of Birth: _____

Driver's License (State and Number): _____

Home/Cellular Phone No. _____ Office No. 305-705-4024

Current Home Address (*PO Boxes not accepted*): 3261 Crystal Way

City: Miramar State: FL Zip Code: 33025

Employer: Self

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone No.: _____ Other No.: _____

Signature: [Signature]

Date: 6-23-2022

***ORIGINAL SIGNATURES REQUIRED**



Northwest-Progresso-Flagler Heights Community Redevelopment Agency

APPLICATION REQUEST SUPPLEMENTAL INFORMATION

CRA Incentive Programs

Please select the incentive(s) you are applying for and insert the amount of funding assistance you are seeking:

<input type="checkbox"/>	COMMERCIAL FAÇADE IMPROVEMENT PROGRAM	\$ _____
<input checked="" type="checkbox"/>	PROPERTY AND BUSINESS IMPROVEMENT PROGRAM	\$ <u>293,000</u>
<input type="checkbox"/>	STREETSCAPE ENHANCEMENT PROGRAM	\$ _____
<input type="checkbox"/>	DEVELOPMENT INCENTIVE PROGRAM	\$ _____
<input type="checkbox"/>	PROPERTY TAX REIMBURSEMENT PROGRAM	\$ _____

Please provide a supplement sheet responding to the following numbered questions:

1. Please describe your project.
2. What is the address, folio number and legal description of the property.
3. What is the existing and proposed use of the property? Please note that certain uses are not eligible for CRA assistance. This includes convenience stores, pawn shops, check cashing stores, tattoo parlors, massage parlors, liquor stores and other uses as may be determined by the CRA that are inconsistent with the CRA Community Redevelopment Plan. Please note that there will be restrictive covenants placed on the property for minimum of 5 years restricting use of the property to only those uses for which CRA funding was provided.
4. Are the proposed improvements to the property being made on behalf of a proposed tenant for the property. If so, please provide a copy of the lease agreement.
5. What is the zoning of the property?
6. Are you the property owner? Please provide a copy of the deed of the property. You must be the owner of the property to apply.
7. Is your project new construction or is it renovation?
8. What is the total capital investment of your project and what is your hard construction and soft cost? (While property acquisition cost is not an eligible CRA expense, it may be included in your total capital investment)
9. What is the current Broward County Assessed Value of the property?
10. Is there a mortgage on the property? Please provide OR Book and Page. Please note that CRA funding is in the form of a 0% interest forgivable loan, forgiven after 5 year of project completion secured by a first

mortgage or subordinate mortgage on the property. Projects receiving over \$225,000 in CRA assistance will be secured by a forgivable loan forgiven after 7 years to 10 years depending on the level of CRA funding. Other forms of security in lieu of a forgivable mortgage will be considered on a case by case basis.

11. Are there any other liens or pending liens on the property? Please provide OR Book and Page.
12. Are there any code violations on the property? Identify.
13. Is the property listed "For Sale." Please note that properties listed for sale may not apply for CRA program funding.
14. How many new permanent jobs will be created by the project? Please describe the jobs to be created and projected salaries.
15. What is the estimated construction commencement date of the project? Please note that no work is to commence on the project unless a Program Agreement is approved and fully executed between the CRA and the property owner and that work must commence within 90 days of CRA funding approval.
16. What is the estimated completion date of the project? Please note that all approved projects must be completed within a maximum of three (3) years.
17. Please provide proof of your matching funds (i.e. bank statement, line of credit, etc.) and identify other proposed forms of financing for your project.
18. Do you have general liability and fire and casualty insurance on the property? You will be required to demonstrate proof of insurance and may include bonding requirements as required by the City/CRA prior to commencement of work. The cost of insurance may be included as part of your total project cost funded by the program.
19. Have you previously received funding from the CRA? Explain.

If you are applying for funding from the Commercial Façade Improvement Program, Property & Business Improvement Program and/or Streetscape Enhancement Program, please also complete the following:

20. Do you have a detailed scope of work? If so, please include for CRA review and approval.
21. Do you have completed architectural drawings for the scope of work to be performed? Please include along with architectural illustration(s) of the proposed work, material specifications, color selections, etc. Please note that architectural cost may be included as part of your total project cost.
22. Have your project plans been submitted for City Development Review and/or permitting and if so what are the status of the plans and the plan review number? All work must be permitted and approved by the Building Official.
23. Do you have detailed, written contractor cost estimates? If so, please provide.
24. Have you selected a contractor from the attached City/CRA Approved Contractor List? Please note if your contractor is not on the City/CRA approved list, it may be possible to have your contractor become an approved CRA Contractor. He/She will need to complete the attached Contractor Application for consideration.
25. If you are applying for the Façade Program or Property and Business investment Program, and if you are not using a City /CRA Approved Contractor, you must secure two detailed licensed and insured contractor cost estimates and CRA funding is limited to 60% of the lowest cost estimate not to exceed \$50,000 which can only be funded on a reimbursement basis, rather than a direct payment to the contractor. In addition, all

projects over \$50,000 may be assigned a CRA Construction Review Specialist who will determine the scope of work to be funded and will secure contractor pricing for the project, manage funding request and provide general project oversight.

26. For Streetscape Enhancement Program projects, see additional requirements for projects in excess of \$300,000 as required by Florida Statute 255.20.

I Kristen Harris attest that the information is correct to the best of my knowledge. I further understand that the CRA program benefits are contingent upon funding availability and CRA approval and are not to be construed as an entitlement or right of a property owner/applicant. I further understand that I am responsible for providing all documentation required by The CRA.



Signature of

Property Owner or ~~Business~~ Owner

Kristen Harris

Print Name

List of all Jobs to be Created

Job Title	#	Brief Job Description	Annual Average Salary	Industry Average Salary	Experience/Education/Skills Required
Pharmacist	1.5	Dispense prescription medications to patients and offer expertise in the safe use of prescriptions.	115,000	105,839	FL Pharmacist license
Technician	3	Work under the supervision of a pharmacist to dispense prescriptions.	30,720	28,049	High school diploma/ Pharmacy Tech license
Delivery Driver	1	Deliver prescriptions to patients.	30,720	30,000	Valid driver's license/high school diploma
Care Coordinator	2	Provides social services and linkage to care	42,900	40,000	high school diploma/bachelors/social work background

***USE ADDITIONAL SHEETS IF NECESSARY**

Attachment A
Application Request Supplemental Information

1. Please describe your project.

Optimal Health Pharmacy is requesting a grant in the amount of \$293,000.00 from the City of Fort Lauderdale Community Redevelopment Agency to fund construction costs associated with the buildout of a community pharmacy on the ground floor of the L.A. Lee YMCA/Mizell Community Center. Optimal Health Pharmacy exists to provide its customers convenient access to prescription medications while offering the education, resources and counseling they need to help achieve their healthcare goals. We give customers individualized advice, offer discounted prescriptions and customized medications (when applicable), and work closely with primary care physicians and other members of the customer's healthcare team.

The current space is a vanilla shell that will need the construction of plumbing lines, electrical, fabrication of furniture and design elements.

With this location, we are expanding access to affordable treatments options and vital support services to an underserved community –the Sistrunk area has the highest poverty rate in Broward County at 31.1% and high rates of chronic diseases such as Diabetes and HIV; while creating job opportunities for 7 professionals and paraprofessionals.

2. What is the address, folio number and legal description of the property.

1409 Sistrunk Blvd Ft. Lauderdale, FL 33311

3. What is the existing and proposed use of the property? Please note that certain uses are not eligible for CRA assistance. This includes convenience stores, pawn shops, check cashing stores, tattoo parlors, massage parlors, liquor stores and other uses as may be determined by the CRA that are inconsistent with the CRA Community Redevelopment Plan. Please note that there will be restrictive covenants placed on the property for minimum of 5 years restricting use of the property to only those uses for which CRA funding was provided.

The current property is new construction, and the current space is vacant (empty shell). We are requesting funds for the build out of a retail community pharmacy. This is a new commercial space within the newly opened L.A. Lee YMCA/Mizell Community Center. It will be converted to a community pharmacy.

4. Are the proposed improvements to the property being made on behalf of a proposed tenant for the property. If so, please provide a copy of the lease agreement.

Yes, Optimal Health Pharmacy will be leasing the space from the YMCA. A copy of the lease agreement is attached.

5. What is the zoning of the property?

6. Are you the property owner? Please provide a copy of the deed of the property. You must be the owner of the property to apply.

Not applicable.

7. Is your project new construction or is it renovation?

The project is a build out.

8. What is the total capital investment of your project and what is your hard construction and soft cost? (While property acquisition cost is not an eligible CRA expense, it may be included in your total capital investment)

Hard Construction- \$293,000

Soft Construction- \$250,000

9. What is the current Broward County Assessed Value of the property?

10. Is there a mortgage on the property? Please provide OR Book and Page. Please note that CRA funding is in the form of a 0% interest forgivable loan, forgiven after 5 year of project completion secured by a first mortgage or subordinate mortgage on the property.

Projects receiving over \$225,000 in CRA assistance will be secured by a forgivable loan forgiven after 7 years to 10 years depending on the level of CRA funding. Other forms of security in lieu of a forgivable mortgage will be considered on a case by case basis.

N/A

11. Are there any other liens or pending liens on the property? Please provide OR Book and Page.

N/A

12. Are there any code violations on the property? Identify.

N/A

13. Is the property listed "For Sale." Please note that properties listed for sale may not apply for CRA program funding.

N/A

14. How many new permanent jobs will be created by the project? Please describe the jobs to be created and projected salaries.

Seven new positions will be created. A brief description and their projected salaries are listed in the table below.

15. What is the estimated construction commencement date of the project? Please note that no work is to commence on the project unless a Program Agreement is approved and fully

executed between the CRA and the property owner and that work must commence within 90 days of CRA funding approval.

September 1, 2022

16. What is the estimated completion date of the project? Please note that all approved projects must be completed within a maximum of three (3) years.

January 1, 2023

17. Please provide proof of your matching funds (i.e. bank statement, line of credit, etc.) and identify other proposed forms of financing for your project.

See attachments.

18. Do you have general liability and fire and casualty insurance on the property? You will be required to demonstrate proof of insurance and may include bonding requirements as required by the City/CRA prior to commencement of work. The cost of insurance may be included as part of your total project cost funded by the program.

All required insurance will be obtained once construction starts.

19. Have you previously received funding from the CRA? Explain.

No

20. Do you have a detailed scope of work? If so, please include for CRA review and approval.

21. Do you have completed architectural drawings for the scope of work to be performed? Please include along with architectural illustration(s) of the proposed work, material specifications, color selections, etc. Please note that architectural cost may be included as part of your total project cost.

Yes, please see attachment.

22. Have your project plans been submitted for City Development Review and/or permitting and if so what are the status of the plans and the plan review number? All work must be permitted and approved by the Building Official.

Pending.

23. Do you have detailed, written contractor cost estimates? If so, please provide.

Yes, please the attached contractor estimates.

24. Have you selected a contractor from the attached City/CRA Approved Contractor List? Please note if your contractor is not on the City/CRA approved list, it may be possible to have your contractor become an approved CRA Contractor. He/She will need to complete the attached Contractor Application for consideration.

Pending

- 25. If you are applying for the Facade Program or Property and Business investment Program, and if you are not using a City /CRA Approved Contractor, you must secure two detailed licensed and insured contractor cost estimates and CRA funding is limited to 60% of the lowest cost estimate not to exceed \$50,000 which can projects over \$50,000 may be assigned a CRA Construction Review Specialist who will determine the scope of work to be funded and will secure contractor pricing for the project, manage funding request and provide general project oversight.**
- 26. For Streetscape Enhancement Program projects, see additional requirements for projects in excess of \$300,000 as required by Florida Statute 255.20.**