



# APPLICATION FOR IMPACT FEE GRANT FOR QUALIFIED NON-PROFIT ORGANIZATIONS

Orange County Concurrency Management Office  
Planning, Environmental and Development Services Department  
201 South Rosalind Avenue, 2nd Floor

Mailing address: PO Box 1393  
Orlando, Florida 32802-1393  
Phone: (407) 836-5691

The Orange County Board of County Commissioners created this *Non-Profit Impact Fee Grant Program* to assist qualified non-profit organizations that provide community services (including but not necessarily limited to day care, education, and recreation uses) to County residents. The maximum grant amount is \$10,000, which can be used to defray the impact fee costs of new construction. To apply for an impact fee grant, please complete this application and return the signed originals (faxed applications will not be processed) and all required attachments (see checklist below) in person or by mail to the Concurrency Management Office. For Non-Profit Impact Fee Grant Program guidelines, please see Orange County Administrative Regulation 6.15.01 (attached hereto).

**NOTE:** A valid building permit application is required prior to filing this application. Filing of a building permit application does not, however, guarantee this grant will be approved. The required review and Board of County Commissioners approval of this application may require 45 to 60 days to complete, so please plan accordingly. Grant approval in no way supersedes existing zoning or building specifications and requirements.

### 1. Application Checklist (please indicate the forms and documentation you are submitting with your application)

Form	When Required
<input type="checkbox"/> <a href="#">Agent Authorization</a>	If applicant is not the organization’s authorized representative
<input type="checkbox"/> <a href="#">Relationship Disclosure Form</a>	For all applicants
<input type="checkbox"/> <a href="#">Specific Project Expenditure Report</a>	For all applicants
<input type="checkbox"/> Proof of your organization’s Section 501(c)(3) certification	For all applicants
<input type="checkbox"/> A copy of your organization’s current fiscal year budget	For all applicants
<input type="checkbox"/> A copy of your organization’s budget for the project	For all applicants
<input type="checkbox"/> Floor plan of the proposed structure/addition	For all applicants

### 2. Background Information

Non-profit organization name \_\_\_\_\_

Applicant name \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

Tax parcel ID No(s). \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### 3. Description of Services (please be detailed—use attachments as needed)

A. Please briefly describe your non-profit organization's mission, history, and services.

\_\_\_\_\_  
\_\_\_\_\_

B. What will be the primary purpose or use of the new structure/addition? (Supporting documentation may be required.)

\_\_\_\_\_  
\_\_\_\_\_

C. Will there be secondary purposes or uses for the new structure/addition? If so, please explain. (Supporting documentation may be required.)

\_\_\_\_\_  
\_\_\_\_\_

D. Please describe the clientele to be served by the new structure/addition, as well as the structure's anticipated service area.

\_\_\_\_\_  
\_\_\_\_\_

**3. Description of Services (continued)**

E. Will any fees be charged to those who use the services provided at the new structure/addition?

\_\_\_\_\_  
\_\_\_\_\_

F. Will any County residents be ineligible for the services provided at the new structure/addition?

\_\_\_\_\_  
\_\_\_\_\_

G. Is your organization presently receiving any other funding from Orange County? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**4. Tax-Exempt Status and Financial Information**

Is your non-profit organization exempt from taxation under [Title 26, Section 501\(c\)\(3\)](#) of the U.S. Code?  Yes  No

(NOTE: To be eligible, you must attach proof of your organization's Section 501(c)(3) certification, a copy of your organization's budget for the current fiscal year, and a copy of your organization's budget for the project.)

**5. Project Details for the Proposed New Structure/Addition**

Building permit application number \_\_\_\_\_

Physical address \_\_\_\_\_

Square footage of the proposed structure/addition \_\_\_\_\_

Portion to be used for primary purpose or use identified in Section 3B (please indicate on project floor plan) \_\_\_\_\_

**IMPORTANT: Impact fees are due at the time a building permit is issued. This impact fee grant cannot be used until officially approved by the Board of County Commissioners. If an applicant chooses to pull building permits prior to grant approval, this grant application is voided because the grant cannot be applied retroactively.**

**6. Request and Signature**

I, \_\_\_\_\_, am the duly authorized representative of \_\_\_\_\_.  
(name of authorized representative) (name of non-profit organization)

This organization requests that the above-referenced project be considered for a grant in the amount of \$ \_\_\_\_\_ to be applied toward road, fire, and sheriff impact fees due on the project's building permit and hereby consents to the terms and conditions of the Non-Profit Impact Fee Grant Program as described in Orange County Administrative Regulation 6.15.01.

I hereby certify that the information submitted with and pursuant to this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature) (Date)

STATE OF FLORIDA  
COUNTY OF ORANGE

SWORN and subscribed to freely and voluntarily for the purposes therein expressed before me by \_\_\_\_\_, of \_\_\_\_\_, who is known by me to be the person described herein and who executed the foregoing this \_\_\_\_ day of \_\_\_\_\_, 20\_\_. S/he is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

7. Owner certification. I, \_\_\_\_\_, hereby certify that I am the owner of the Property identified as Tax Parcel ID No(s). \_\_\_\_\_, and that I consent to the terms and conditions of the Non-Profit Impact Fee Grant Program as described in Orange County Administrative Regulation 6.15.01 and that the subject property is free and clear of any outstanding tax obligation, code enforcement action, permit violation, regulatory citation, lien, or delinquency on the property.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

STATE OF FLORIDA  
COUNTY OF ORANGE

SWORN and subscribed to freely and voluntarily for the purposes therein expressed before me by \_\_\_\_\_, of \_\_\_\_\_, who is known by me to be the person described herein and who executed the foregoing this \_\_\_\_ day of \_\_\_\_\_, 20\_\_. S/he is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Estimated road, fire, and sheriff impact fees to be charged\* \$ \_\_\_\_\_

\* Final impact fees may not actually be determined until final plan review, and may differ from estimates.

District number \_\_\_\_ Staff recommendation  Approval  Denial

Score \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*This grant program is administered as per the requirements of Orange County Administrative Regulation 6.15.01.*