

Exhibit A – Project Description

In preparation for a new tenant, Corpus Christi Cosmopolitan, LLC plans to install a new HVAC system, new electrical wiring, and an interior wall to split the space into two separate leasable suites, located on the ground level of the Cosmopolitan Apartments.

Project Concept:

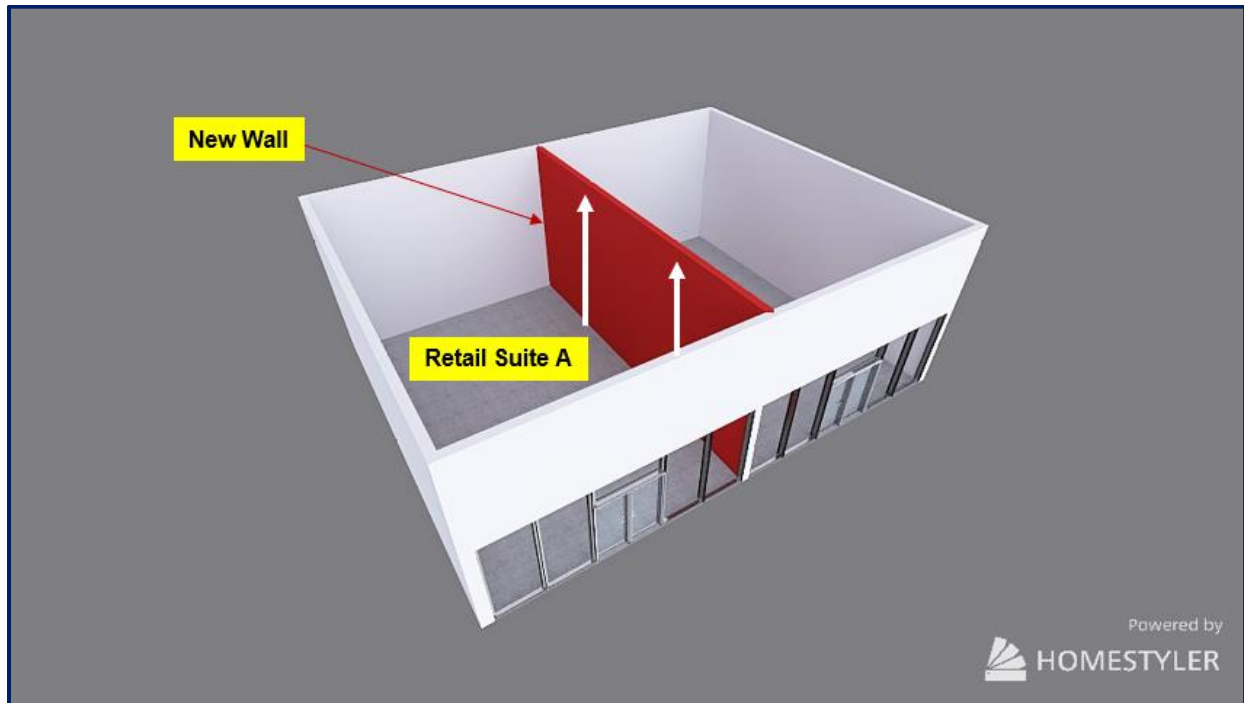


Exhibit B – Property Description

Owner Name: Corpus Christi Cosmopolitan, LLC

Property ID: 522812

Geographic ID: 0540-0012-0130

Legal Description: BEACH BLK 12 LOT 13

Property Address: 401 N Chaparral St

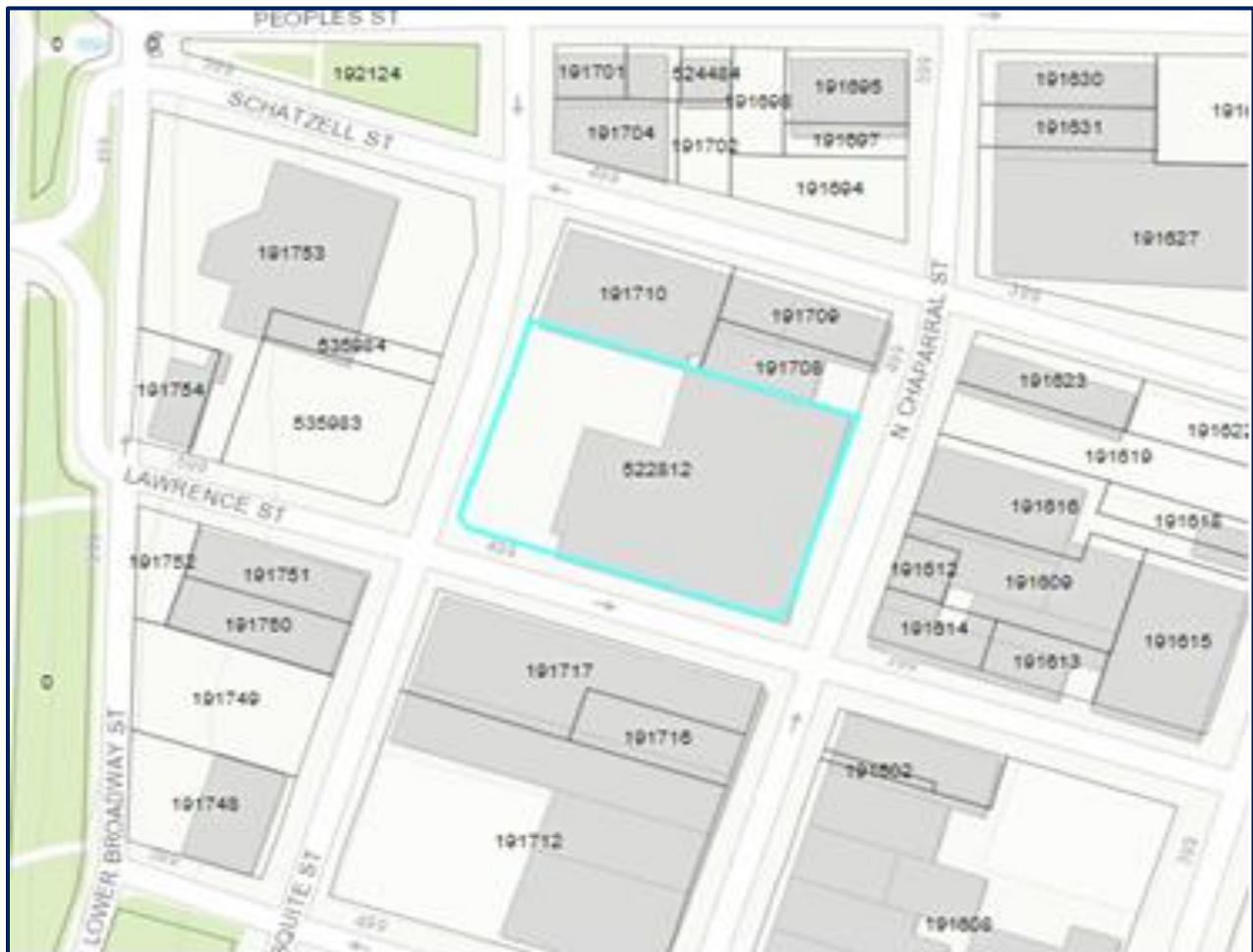


Exhibit C – Project Costs

Commercial Finish Out (Landlord) Program	
Improvement	Estimated Cost
Wall	\$12,120
Electrical	\$13,865
HVAC	\$15,550
Total Reimbursement Basis	\$41,535

*Total Possible Reimbursement Basis identifies the Project Costs that make the Development eligible under the Incentive Guidelines. The Actual Reimbursement is identified in Section 1 of the Agreement.

Exhibit D – Request for Reimbursement Form

City of Corpus Christi – City Manager's Office
Corpus Christi Downtown Management District

Tax Increment Reinvestment Zone #3 - Request for Reimbursement

Project Name (Per Agreement): _____

Type of Reimbursement: ☐ One Time ☐ Re-Occurring (First Payment)

Requestor: _____ Date Requested: _____

Improvement	Estimated Cost (Per Agreement Exhibit C)	Actual Cost (Per Attached Documentation)	Invoice Reference
1.			
2.			
3.			
4.			
5.			
TOTAL			

Attached is the Following:

- 1) Executed TIRZ #3 Reimbursement Agreement ☐
- 2) Certificate of Occupancy Date: _____ ☐
- 3) Documentation of Expenses ☐

Signatures for Submittal:

Authorized Developer: _____ Date: _____

Authorized General Contractor: _____ Date: _____

An incomplete Request for Reimbursement will not be processed. Submit a hard copy and combined PDF version to christa@cctexasdmd.com. Upon receipt of Request, final inspection will be scheduled.

Internal Office Use Only

Signatures for Approval Process

Request Rec'd By DMD: _____ Date: _____

(Initial & Date) Documentation Complete: _____ Inspection of Project: _____

Reimbursement Amount Requested: _____

Notes: _____

Reimbursement Approved by TIRZ #3 Board or DMD Staff:

Date: _____