

Tax Increment Reinvestment Zone #3 Request for Reimbursement

Project Name: Cre8ive Culture

Grant Program: TIRZ #3

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

Requestor: Jeromy Flores

Date Requested: 6/28/18

Improvement	Estimated Cost (Per Agreement Exhibit C)	Actual Cost (Per Attached Documentation)	Invoice Reference
1) Site Work	\$1,500.00	\$1,453.91	Appendix A
2) Rehabilitation	\$11,750.00	\$13,573.11	Appendix B
3) Furniture, Fixtures & Equip.	\$14,300.00	\$6,835.00	Appendix C
4) Start-Up Costs	\$7,000.00	\$12,686.00	Appendix D
5)			
TOTAL	\$34,550.00	\$34,548.02	

Attached is the Following:

- 1) Executed TIRZ #3 Reimbursement Agreement
- 2) Certificate of Occupancy Date: 6/28/18
- 3) Documentation of Expenses

X
X
X

Signatures for Submittal:

Authorized Developer: [Signature] Date: 6/28/18

Authorized General Contractor: [Signature] Date: 6/28/18

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

Signatures for Approval Process

Request Rec'd By DMD [Signature] Date: 06/29/18

Documentation Complete: yes Inspection of Project: 07/06/18

Notes: _____

Reimbursement Approved by TIRZ #3 Board: _____ Date: _____