

Exhibit A – Request for Reimbursement Form

City of Corpus Christi – City Managers Office
Corpus Christi Downtown Management District

Tax Increment Reinvestment Zone #3 Request for Reimbursement

Project Name: Marriott Residence Inn Hotel
Grant Program: TIRZ #3 Downtown Redevelopment
Type of Reimbursement: ☐ One Time ☐ Re-Occurring (First Payment)
Requestor: Shoreline Hospitality, LP Date Requested: 2/27/2020

Improvement	Estimated Cost (Per Agreement Exhibit C)	Actual Cost (Per Attached Documentation)	Invoice Reference
1) Steel & Concrete	\$4,000,000.00	\$4,032,739.00	Ex. B, Pg 1
2) Trees	\$90,000.00	\$120,928.33	Ex. C
3) Trellis	\$75,000.00	\$92,534.00	Ex. B, Pg 1
4) Pavers	\$175,000.00	\$198,574.00	Ex. B, Pg 1
5) Entrance Canopy	\$157,000.00	\$163,665.00	Ex. B, Pg 1
6) Roof-Top Amenity	\$90,000.00	\$92,825.00	Ex. B, Pg 2
TOTAL	\$4,587,000.00	\$4,701,265.33	

Attached is the Following:

- 1) Executed TIRZ #3 Reimbursement Agreement ☒
- 2) Certificate of Occupancy Date: 12/31/2019 ☒
- 3) Documentation of Expenses ☒

Signatures for Submittal:

Authorized Developer: [Signature] Date: 2/28/20
Authorized General Contractor: [Signature] Date: 2/28/20

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

Signatures for Approval Process

Request Rec'd By [Signature] Date: 2/28/2020
Documentation Complete ☒ Inspection of Project 3/6/2020

Notes: _____

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