

## **Waiver to the construction timing requirements** **In the City of DeLand grant programs.**

The City of DeLand has created a visioning process for the growth and development of the City. As part of that visioning process, the City has established a Strategic Plan.

Strategic Plan Item 3: ECONOMY states in part that the City will foster an entrepreneurial environment that supports local and start up businesses.

The City of DeLand has created grant programs to assist businesses and has determined that under extraordinary circumstances, a grant applicant may request a waiver to allow construction to commence prior to the approval of a grant. Examples could include IRS requirements, business leasing requirements or other circumstances beyond the control of the applicant.

In order to qualify for the waiver the applicant must acknowledge the grant requirements and explain the reasons for the waiver.

1. Confirm that the grant applicant will comply with all other grant procedures.
2. Agree that the project will meet all the grant requirements.
3. Agree that the grant applicant will comply with all regulatory requirements, including but not limited to zoning, permitting, building, historic, design and landscaping regulations.
4. Agree that granting of this waiver is not an approval of the grant and that the grant applicant is proceeding with this project at the applicants own risk, with no guarantee of funding from the City of DeLand.
5. Applicant agrees that their application will be considered with all others during the next grant cycle.

Explain the extenuating circumstances requiring construction to commence prior to grant award:

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(Attach additional sheets as necessary)

I acknowledge that I fully understand the five grant program requirements enumerated above and certify that the reasons for requesting the waiver as outlined above are factual.

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(Signature)

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(Printed name)

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this day\_\_\_\_ of\_\_\_\_\_, 20\_\_ by\_\_\_\_\_, who is personally known to me or who has produced\_\_\_\_\_ as identification.

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Signature of Notary Public State of Florida

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Printed name of Notary Public

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