

# FORM A: AGENCY PROFILE/PROJECT UPDATE

(FORM 8E-17APPU # 01)

NAME OF AGENCY: City of Gainesville

APPROVED PROJECT NUMBER: CC-0103-B

CONTACT PERSON: Conchi M. Ossa

MAILING ADDRESS: P.O.Box 490

Gainesville, FL 32602

PHONE: 352/334-5012 FAX: 352/334-3119

E-MAIL: ossacm@ci.gainesville.fl.us

## BRIEF OUTLINE OF APPROVED PROJECT AND ACTIVITIES TO DATE:

Our approved CCTCP project is the Gainesville Technology Business Incubator. The facility is under construction and is expected to open by the end of this year. City staff are continuing to seek contributions for the project which is under-funded for the scope of work that is being carried out. For that reason, it is important that the project be recertified as a CCTCP for FY 2000/2001.

NUMBER OF JOBS CREATED (if applicable): None Yet

NUMBER OF STRUCTURES CONSTRUCTED/REHABILITATED: None Yet

AMOUNT OF APPROVED DONATIONS RECEIVED (SINCE 7/1/99): \$8,126.30

ESTIMATED COMPLETION DATE OF PROJECT: January 2001



**FORM B: NO CHANGES TO PROJECT**  
**APPLICATION FOR SPONSOR RECERTIFICATION**  
**(FORM 8E-17ASR#03)**

The following correspondence is a formal request to have:

\_\_\_\_\_  
City of Gainesville, Technology Incubator Project

(Name of Agency)

and its project # CC-0103-B recertified as eligible under the provisions of the Community Improvement Act of 1980 as amended and Rule 8E-17, Florida Administrative Code.

I, \_\_\_\_\_ Paula M. DeLaney \_\_\_\_\_, serving as duly elected

(Name of Officer)

\_\_\_\_\_  
Mayor

(Title)

herewith make this request for

recertification and state that there are no changes in the project activities or its location as originally submitted in our project proposal submitted to the Department of Commerce or the Office of Tourism, Trade and Economic Development (OTTED).

I acknowledge that OTTED reserves the right to request additional information (including a resolution from the appropriate local government) necessary for the processing of an application for recertification or that OTTED may deny a request if it determines that the proposed project does not meet the requirements of the law or rule.

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

\_\_\_\_\_  
(Title)

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



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I, Paula M. DeLaney, serving as duly elected

(Name of Officer)

Mayor

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Paula M. DeLaney

(Signature)

(Title)

(Date)

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