MSFH CONDOMINIUM PILOT PROGRAM

Grant Application

INSPECTION | GRANT APPLICATION | FINAL INSPECTION | REIMBURSEMENT

Condo Name:			
Case#:		Date:	
Contact Name:			
Contact Email:		Contact Phone:	

GENERAL REQUIREMENTS

To proceed with notification that you intend to move forward with the program by completing the recommended project in your free inspection report, please complete this stage in its entirety. Only the information and documents for Stage 3 are mandatory at this time.

Have you received the Mitigation Inspection Report? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Do you wish to proceed with the program by completing the recommended improvements? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Does your Association have the reserved funds to complete the mitigation project(s) recommended in your Inspection Report prior to grant reimbursement? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Have you hired a state-licensed contractor to complete the recommended improvements? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Contractor's Name:

Contractor License Number:

Provide estimated time frame:

Are the windows established as a common element in the declaration? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

If yes, please submit a copy of the condominium declaration(s) showing the window openings established as a common element to **condopilot@myfloridacfo.com**

Are the entry/residential doors established as a common element in the declaration? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

If yes, please provide a copy of the declaration page showing the entry doors or residential doors established as a common element in the declaration to **condopilot@myfloridacfo.com**

Will mitigation improvements result in insurance credit or discount? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

For more information, email: condopilot@myfloridacfo.com or call: 850-413-2971

Will the association be changing insurance providers? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Current Insurance Provider:

New Insurance Provider:

UNIT OWNER VOTING RESULTS: Please submit a spreadsheet showing each unit owner's vote and confirming at least 75% approval.

Does the record of votes include the date of the vote? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Does the record of votes include the unit owners in attendance within the structure or building? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Does the record of votes clearly indicate the vote is for a mitigation grant? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Does the record of votes include agreed action? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Do votes represent at least 75% of unit owners in favor? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Are any units owned by an entity unable to vote? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

REQUIRED ELIGIBILITY DOCUMENTS: (Please Email the following in addition to the other requested documents to: **condopilot@myfloridacfo.com**)

1. Letter From Insurer Confirming Discount
2. Notorized Statement of Intended Contractor
3. Contractor Cost Estimate
4. Disclosure Notice (DFS-01-012)

ATTESTATION

☐ I certify that the information in this application is true and correct to the best of my knowledge.

☐ I certify, under the penalty of perjury, that I have only one active application submitted for this condominium.

☐ I certify that no portion of this reimbursement will be used to pay an insurance deductible.

☐ I certify that the association will comply with inspection requirements in ss.553.899 and 718.112(2)(g) and (h).

☐ I certify that construction will not begin prior to grant approval.

By signing and submitting this application, you consent to transact and communicate electronically with My Safe Condominium Pilot Program and all of its contractors and services. You also authorize the My Safe Condominium Pilot Program to communicate directly with your insurance provider for the purposes of discussing insurance policy details and coverages. You may withdraw your consent to doing business electronically at any time by contacting us and withdrawing your consent. However, any communications or transactions between us before your withdrawal of such consent will be valid and binding.

Signature of Condominium Representative

For more information, email: condopilot@myfloridacfo.com or call: 850-413-2971