Site Rehabilitation
Voluntary Cleanup Tax Credit
Completeness Checklist

Application #: _____ Brownfields or Facility ID#: _____

Applicant's Name: _____

Site Type (Circle one): **DSCP** **DCRPO** **Brownfield**

Type(s) of tax credits requested (Circle all that apply):
Annual Site Rehabilitation **SRCO** **Affordable Housing** **Health Care**

	(Circle One)
1. Was the application deadline met (by January 31 of the year following the year in which the costs being claimed were incurred?)	YES NO N/A
2. If DSCP site, is the amount received the same amount as on the cover letter?	YES NO N/A
3. If DSCP site, is the amount received the same amount as on the cover letter?	YES NO N/A
4. If DC-RPO site type, is the RPO affidavit signed and notarized (page 3)?	YES NO N/A
5. Is all information certified by the technical professional (page 9)?	YES NO N/A
6. Is all information certified by the CPA (page 10)?	YES NO N/A
7. Is the applicant's appropriate financial affidavit signed and notarized (page 11)?	YES NO
8. If there are multiple applicants…	
Has each applicant submitted a copy of Section I of the application?	YES NO N/A
Has each applicant signed and notarized the appropriate financial affidavit?	YES NO N/A
Does each financial affidavit indicate the applicant's cost share percentage?	YES NO N/A
9. Is the CPA's Report included?	YES NO N/A
10. Is proof of applicant's VCA or BSRA enclosed (cover page and signature page)?	YES NO N/A
11. Is the required supporting documentation included (i.e., contracts, invoices, etc.)?	YES NO N/A
12. Is a cost-summary table included (required for all site rehabilitation applications)?	YES NO N/A

The following items must be included in the table for each applicant (mark missing items with an "X" in the boxes below, and complete items with a "✓"):

- ☐ All vendor (payee) names
- ☐ Invoice/statement identification (number and/or date)
- ☐ Payment amounts made by the applicant for each invoice/statement
- ☐ Amount of costs for each invoice/statement claimed for site rehabilitation
- ☐ The dollar amount of the total costs claimed for site rehabilitation (must be provided at the bottom of the cost-summary table)

13. If application is for Site Rehabilitation**,** were costs paid prior to the submittal of the application? YES NO N/A

14. Were all costs claimed incurred and paid by the applicant entity? YES NO N/A

15. For any invoices where not all the costs are claimed, are the claimed or unclaimed line items clearly identified on each invoice? YES NO N/A

16. Is the $250 application review fee enclosed? YES NO

17. If the applicant is claiming the SRCO bonus tax credit, has a copy of the SRCO been provided? YES NO N/A

18. If the applicant is claiming the Affordable Housing bonus tax credit, was the certification letter from the Florida Housing Finance Corporation, local housing authority or other government entity submitted? YES NO N/A

19. If the applicant is claiming the Health Care bonus tax credit, was a copy of the license or certificate issued pursuant to Sections 408.032 or 408.07, F.S., or a certificate of occupancy for a health care facility or health care provider submitted? YES NO N/A

20. Is the application complete? YES NO
(Any "NO" answers = incomplete; Complete apps to be reviewed for eligibility)

21. If the application is incomplete, has the applicant been notified? YES NO
(If **Yes**, when _____/_____/_____)

Comments (include number for completeness item, and page numbers in application for incomplete issues on contracts, invoices, and/or payment records):