

## BUSINESS ATTRACTION

If you are applying for this project, please answer the following questions in the spaces provided.

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Please provide the boundaries of the targeted area for the business attraction project:

Have you completed research to determine current market conditions and retail needs in your corridor?

Yes  No

If **yes**, what are the current market conditions and retail needs? If **no**, how will you determine what the market conditions and retail needs are?

What is your organization's long-term vision for the retail mix of your commercial corridor? If you have completed research to determine the current market conditions and retail needs, please describe how your findings inform your long-term vision:

Please outline your work plan for carrying out a business attraction project:

Please identify outputs and milestones (other than filling vacancies) that your organization will meet in FY2012 while implementing your business attraction strategy:

| Output or Milestone | Target Date |
|---------------------|-------------|
|                     |             |
|                     |             |
|                     |             |
|                     |             |

Please identify the types of businesses that you aim to attract in the coming fiscal year and which needs the new businesses will fill:

| Need that the new businesses will fill                               | Types of businesses you will attract to fill each need | Number of New Businesses |
|--|--|--------------------------|
| More Diverse Retail Mix  |  |                          |
| Attraction of a Large Store or Anchor Store                          |  |                          |
| Increase in Cluster of Similar or Complementary Businesses           |  |                          |
| Other/No Specific Need   |  |                          |
| Total number of new businesses you plan to attract this fiscal year: |  |                          |

Have you already identified vacant storefronts that you will be targeting to fill? Yes  No

If **yes**, please list them:

| Address | Size (sq. ft.) | Are you actively working with the Property Owner and/or Broker? |
|---------|----------------|---|
|         |                | Yes <input type="checkbox"/> No <input type="checkbox"/>        |
|         |                | Yes <input type="checkbox"/> No <input type="checkbox"/>        |
|         |                | Yes <input type="checkbox"/> No <input type="checkbox"/>        |
|         |                | Yes <input type="checkbox"/> No <input type="checkbox"/>        |
|         |                | Yes <input type="checkbox"/> No <input type="checkbox"/>        |
|         |                | Yes <input type="checkbox"/> No <input type="checkbox"/>        |
|         |                | Yes <input type="checkbox"/> No <input type="checkbox"/>        |

Who from your organization will take the lead in managing this Avenue NYC project?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How many hours per week will this person dedicate to this Avenue NYC project? \_\_\_\_\_

Please describe the relevant experience and expertise that qualifies this person to carry out these activities:

Who else from your organization will work on this Avenue NYC project?

| Name | Title | Number of hours per week dedicated to Avenue NYC |
|------|-------|--|
|      |       |  |
|      |       |  |
|      |       |  |

**AVENUE NYC APPLICATION BUDGET PAGE (10 points) - attached to submission email**

**REMINDER:**

In your submission email, include as attachments:

- Completed Avenue NYC Organizational Capacity Application
- Completed Avenue NYC Proposed Project Application
- Completed Avenue NYC Application Budget Page
- Completed Staff/Volunteer/Board List
- FY2010 Actual Operating Budget
- FY2011 Current Operating Budget