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| **Section 1** | **Applicant Information** | | **Office Use Only** |
|  | Town  City  County | Applicant Name | Date Stamp  Received by |
|  | Comptroller (in-state) Taxpayer ID No. | |  |

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| **Section 2** | **Chief Elected Official** | | | | | |
| Title | First Name | M.I. | | Last Name | |
| Primary Phone  (000) 000-0000 | | Fax Number  (000) 000-0000 | | | |
| E-mail | | Web Address | | | |
| **Mailing Address** | | | | | |
| Address | | | | | |
| City | | | State  NC | | Zip Code |

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| **Section 3** | **Local Contact Person** | | | | |
| First Name | M.I. | Last Name | | |
| Position Title | Primary Phone  (000) 000-0000 Ext. | | | |
| E-mail | Fax Number  (000) 000-0000 | | | |
| **Mailing Address** | | | | |
| Address | | | | |
| City | | | State  NC | Zip Code |
| **Facility Address – Physical Address** | | | | |
| Physical Address (not P.O. Box) | | | | |
| City | | | State  NC | Zip Code |

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| **Section 4** | **Population Information** (Census Population based on latest official census) |
| Exact population: |

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| --- | --- | --- | --- |
| **Section 5** | **Payment** | | |
| Payment = Exact population       x .50 cents or $3,000.00  (whichever is the lesser amount) = **$** | | |
| Method of Payment:  (payable to Economic Development Partnership of North Carolina)  Check No.  Cashier’s Check No.  Money Order No. | | Amount Remitted  **$** |
| **OFFICE USE ONLY**  Sent to Fiscal \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mail payment with application to:  **Economic Development Partnership of North Carolina**  **Visit North Carolina**  **Certified Retirement Community**  **15000 Weston Parkway**  **Cary, NC 27513** | | |
| **FISCAL USE ONLY**  **4301-1650-2200** | Fiscal Receipt No.  Date Receipt Issued / / | |

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| **Section 6** | **Chief Elected Official Signature** | |
| The applicant, by and through his/her personal or agent’s signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant’s knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any certification issued pursuant to this application. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certification on behalf of the applicant. | |
| Chief Elected Official Signature | Date (mm/dd/yyyy) |

Introduction

The objective of the North Carolina Certified Retirement Community Program (CRCP) is to encourage retirees and those planning to retire the opportunity to make North Carolina their home and promote the state as a retirement destination; assist North Carolina communities in their efforts to market themselves as retirement locations; assist in the development of retirement communities and continuing care facilities; and to encourage mature market travel and tourism to North Carolina to evaluate future retirement desirability (GS 443b-431.100).

The Economic Development Partnership of North Carolina (EDPNC) and Visit NC have joined resources to provide the tools necessary for Certified Retirement Communities to attract and encourage retirees to choose North Carolina as their retirement home.

Eligible Guidelines

1. Must be an incorporated town, municipality, city or county;
2. Must be able to describe organizing process and why the community has chosen to apply for the certification. Provide any relevant planning including committee structure (committee must meet six (6) months minimum threshold prior to applying).
3. Submit a marketing and public relations plan designed to accomplish the purpose of the program for retiree attraction
4. Submit a long-term plan outlining the steps the community will undertake to maintain or improve its desirability as a destination for retirees, including corrections to any services or facilities identified in the retiree desirability assessment
5. Describe how local unit of government is engaged with committee
6. Describe how committee is engaged with community awareness relative to this effort.
7. List other partners engaged with the committee
8. Submit application of a (5-year commitment) to the program along with a fee of $3,000 (annually). Fee must be submitted each year upon sunset of the application. (the fee will be returned if application is denied).
9. Must be located within 50 miles of a hospital and / or emergency medical services
10. Must take steps to gain support of churches, clubs, businesses, media, and other entities whose participation will increase the program’s success in attracting retirees or potential retirees (list steps taken including organizations contacted)
11. Submit supporting rational with application (not to exceed 15 double-spaced typewritten pages at size 12 font) submit in word or PDF format only
12. Must establish a retiree attraction committee that shall fulfill or create subcommittees to fulfill the following:

A. Conduct a retiree desirability assessment analyzing the community with respect to each of the factors identified in Senate Bill 1627 and submit a report of the analysis

B. Send a representative of the retirement attraction committee to attend any Consumer Shows or Expo’s offered by Visit NC.

C. Raise additional funds necessary to run the program, organize special events, and promote and coordinate the program with local entities

D. Establish a community image, evaluate target market and develop a marketing and public relations plan designed to accomplish the purpose of the program

E. Develop a system that identifies and makes contact with existing and prospective retirees, that provides tour guides when prospects visit the community and that responds to inquiries, logs contacts made, invites prospects to special community events, and maintains continual contact with prospects until the prospect makes a retirement location decision

**ASSESSMENT**

|  |  |  |  |
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| **DEMOGRAPHICS** | **Population** | County:       City / Town: | |
| **Persons under 18 years old, percent from 2007**-  County:       City/Town: | | |
| **Persons 65 years old and over, percent from 2007**-  County:       City/Town: | | |
| **Households, from 2010 census** -  County:       City/Town: | | |
| **Persons per household, from 2010 census** -  County:       City/Town: | | |
| **Median household income** -  County:       City/Town: | | |
| **Diversity, percent from 2010 census** | | |
| **White** | | County:       City/Town: |
| **Black** | | County:       City/Town: |
| **American Indian** | | County:       City/Town: |
| **Asian** | | County:       City/Town: |
| **Hispanic/ Latino** | | County:       City/Town: |
| **Crime rate per thousand** County:       City/Town: | | |
| Exact population: | | |
| Describe community climate: | | |
| Distance to largest City and population of that City: | | |

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| **LOCAL ECONOMY** | What are current property tax rates? City       County | | | | | | |
|  | What is the property tax on a $100,000 home? City       County | | | | | | |
|  | What is the current sales tax rate? | | | | | | |
|  | What is the current cost of living for the community? | | | | | | |
|  | Are there special property tax exemptions for seniors?  Yes  No | | | | | | |
|  | Personal tax exemptions | | Housing or homestead exemptions | | | | |
|  | Discount for retirees (entertainment, medicines, and food) available?  Yes  No | | | | | | |
|  | Number of banks | Number of accountants | | | | | Number of financial planners |
|  | Cable and satellite services offered?  Yes  No | | | | | | |
|  | Retail Offerings (please check): | | | | | | |
|  | Downtown Shopping District | | | Department (Clothing, Shoe) Stores | | | |
|  | UPS/Fed Ex Package Store | | | | Big Box Retailer (Wal-Mart, Big K, Target, Lowes) | | |
|  | Pharmacy (Chain or Independent) | | | | Farmers Market (local) | | |
|  | Package Store | | | | Bookstore: Local or Chain? | | |
|  | Children’s Clothing | | | |  | | |
|  | Are there local employment opportunities for retirees? (full / part- time and business opportunities available in a variety of trades, professions and services)  Yes  No | | | | | | |
|  | Restaurants (please check): | | | |  | | |
|  | Fast Food | | | | Fine Dining | | |
|  | Family Dining | | | | How many serve alcoholic beverages? | | |
|  | Personal Services (please check): | | | |  | | |
|  | Lawn care | | | | ­­­­­ Personal shopper | | |
|  | Laundry service | | | | Dry cleaning service | | |
|  | Distance to nearest major shopping mall | | | | | | |
|  | Distance to International airport(s)       Distance to Regional airport(s) | | | | | | |
|  | List airport(s) | | | | | | |
|  | Distance to nearest Military base       List base(s) | | | | | | |
|  | Distance to nearest Fire Station | | | | | Distance to nearest Police Station | |

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| **HOUSING / TECHNOLOGY** | What is the median sale price of a two-bedroom home? | | |
| What is the median sale price of a three-bedroom home? | | |
| List the number of homes for sale in the following ranges on [mm/dd/yyyy]? | | |
| How Many? $60,000 - $149,000:  $150,000 - $300,000:  Over $300,000: | | |
| Are quality apartments available?  Yes  No | | Median monthly rent $ |
| Are condos/town homes/garden homes available?  Yes  No | | Median price $ |
| Are there for sale and rental properties designed and equipped to meet the needs of individuals who are disable or mobility impaired?  Yes  No | | |
| Are there retirement communities in your area?  Yes  No | | |
| How Many? Active Living:  Continuing Care:  Assisted Living | | |
| Is there housing convenient to public transportation?  Yes  No | | |
| If yes, list the type: | | |
| Does your community have Broadband Internet access? | | |
| DSL  Cable Modem  Wireless Broadband | Satellite   Dial-up Service   Mobile/Cellular Service   Other: | |

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| **HEALTHCARE** | Number of hospitals in your community:       # of beds: | | |
| Number of regional hospital systems in a 30-mile radius: | | |
| Specialists in your community: | | |
| # of Cardiologists | # of Orthopedics | |
| # of Oncologists | # of Physical Therapists | |
| Does your hospital provide emergency transportation to a trauma center?  Yes  No | | |
| Number of home healthcare providers in your community: | | |
| Immediate care facility other than an Emergency Room available: | | |
| Number of dentists in your community: | | Hearing aid center available:  Yes No |
| Number of exercise facilities or wellness centers in your community: | | |
| Number of pharmacies: | Number of Physicians: | |
| Number of long term care options | | |
| List the community’s ratio of total persons to each:  Physician       Dentist       Pharmacy | | |

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| LEISURE/CULTURAL OPPORTUNITIES | **Please list by name in the appropriate category** | | | | | | | |
| Number of parks: | | | | | | | |
| City/County parks: | | National parks/forests: | | | | | |
| State parks: | | Wildlife refuges: | | | | | |
| Number of trails: | | | | | | | |
| Greenways & Birding: | | | Other: | | | | |
|  | | | | | | | |
| Number of golf courses | | | | | | | |
| Public: | | | | Private: | | | |
|  | | | | | | | |
| Number of historic sites (including historic homes): | | | | | | | |
| State: | | | | | National: | | |
| Private/non-profit: | | | | | | | |
| How many bodies of water? | | | | | | | |
| Rivers: | | | | | | Sounds: | |
| Lakes: | | | | | | Beaches: | |
| Boat Launches: | | | | | | | |
|  | **LEISURE/CULTURAL Continued** | | | | | | | |
|  | | | | | | | |
| Are there sporting opportunities to include watching or participating?  Yes  No  If yes, explain: | | | | | | | |
| Wineries/vineyards available in your community? | | | | | | | |
| Number of museums: | Number of art galleries: | | | | | | Number of libraries: |
| Is there community theatre?  Yes  No | | | | | | | |
| What other types of performing arts? | | | | | | | |
| Number of Fitness Center(s): | | | | | | | |
| Is there a Senior and /or Community Center?  Yes  No | | | | | | | |
| List local festivals & celebrations (community or ethnic): | | | | | | | |
| Is there an active arts society?  Yes  No | | | | | | | |
| What other venues are listed in the Official NC Travel guide that is not listed above? | | | | | | | |

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| SERVICES FOR RETIREES | Is there public transportation?  Yes  No | | |
| What type? | Buses  Train | Taxies  Shuttles |
| What major highway(s) is located near your community? | | |
| Are there special transportation services (dial-a-ride or other services for banking, shopping, etc.)?  Yes  No | | |
| Number of travel agencies: | | |
| RSVP (Retired Senior Volunteer Program) available: | | |
| SCORE (Senior Corp of Retired Executives) Chapter available: | | |

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| COMMUNITY / EDUCATION /MILITARY | Is there an active Chamber of Commerce?  Yes  No | | |
| Is there a Convention & Visitors Center or Tourism Info Center?  Yes  No | | |
| Is there an Economic Development Organization?  Yes  No | | |
| Is there a Retiree Recruitment Program?  Yes  No | | |
| If so, is there a current plan in place?  Yes  No Is there staff?  Yes  No | | |
| Is there specific literature for the recruitment efforts?  Yes  No | | |
| Is there continuing education for retirees?  Yes  No | | |
| What type of education does your community have: | | |
| University  Name:        # of miles | | Community College   Name:        # of miles |
| Continuing Education  Name:        # of miles | Other Institution   Name:        # of miles | |
| Is there a military base(s)?  Yes  No  If yes, how many miles:  0-99  100-250 | | |

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| **What is unique about this community that makes it especially appealing to retirees?** |
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| **List the major strengths for retirees in this community:** |
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| **List things the community would consider enhancing to make them more attractive to retirees (add additional pages, if necessary):** |
|  |

Technical Assistance

Technical assistance is available prior to the application being submitted. Technical Assistance will be provided by NC Department of Commerce Community Development Division staff. There may a cost associated with the technical assistance if staff has to travel to potential communities. Cost will consist of travel and per diem.

Application Submission Process

The EDPNC/Visit NC will accept applications in January and July of each calendar year. The applications will be due by January 31 and July 31.

Applications received will be reviewed within 90-120 days of receipt by the CRCP Committee. Communities will be selected based on the information in the application consistent with the requirements of the factors listed in Senate Bill 143B-437.100. The CRCP Committee has established rating criteria for your review. This rating criterion is included in the application.

Applicant must submit five (5) complete copies of the application to the EDPNC/Visit NC. All copies must be complete and have original signature of the chief elected official on the application summary form.

Applications should be mailed to:

Andre` R. Nabors,

Partner/Trade Relations Manager

Economic Development Partnership of North Carolina (EDPNC)

Visit NC

15000 Weston Parkway

Cary, North Carolina 27513

Or

Delivered to:

EDPNC

15000 Weston Parkway

Cary, N.C. 27513

CERTIFIED RETIREMENT COMMUNITY RATING CRITERIA

**Section**

Demographics

Housing /Technology

Healthcare

Local Economy

Leisure/Cultural Opportunities

Services for Retirees

Community/Education /Military