Miami-Dade County Commissioner Sally A. Heyman, District 4

Announces

Mom and Pop Small Business Grant Program

(Application for financial assistance through Miami-Dade County)

Original applications accepted:

February 5, 2018 through 12 noon, February 23, 2018, to:

Commissioner Sally A. Heyman, District 4 1100 NE 163rd Street, #303 North Miami Beach, FL 33162

Phone: 305-787-5999

Scanned and Faxed copies of completed application will not be accepted

MOM AND POP SMALL BUSINESS GRANT PROGRAM

BRIEF DESCRIPTION

The Mom and Pop Small Business Grant Program was created to provide financial and technical assistance to qualified small businesses that are approved for funding. This program has allowed small owned and operated businesses the opportunity to interact with local government under favorable conditions ultimately bridging the gap between the two entities.

 The program provides financial assistance to further the economic viability of recipients.

Eligible uses of funding:

Inventory/Supplies Minor Interior/Exterior Renovations

Business Equipment Security System

Marketing/Advertising Commercial Liability Insurance

Professional Services

Work Vehicle (must be purchased and registered under business name)

Ineligible uses of funding:

Rent/Lease or Mortgage Local or State Licenses

Rental Deposits Taxes

Late Payment Fees Purchase of Alcohol, Tobacco or Medicine

Salaries Utility Bills

 Technical assistance is made available to small businesses in order to create a better working and business environment, promote economic development opportunities, educate owners about various county-funded programs and projects.

The program is offered countywide. **This grant package is only for District 4.** Deadlines and application forms for each district may differ. Please be sure to pick up the appropriate application.

Miami-Dade County Commissioner Sally A. Heyman Mom & Pop Small Business Grant Program Guidelines

Miami-Dade County Commissioner Sally A. Heyman is offering Mom & Pop Small Business Grant applications to qualified businesses located in District 4. All businesses *must* meet the following criteria in order to qualify:

- 1. In business for at least two year(s) (include proof i.e. Sunbiz.org printout).
- A <u>photocopy</u> of State of Florida Business License (Issued by Florida Department of Business and Professional Regulation)
- 3. Cannot have more than seven (7) full-time employees.
- 4. Cannot be a part of a national chain.
- 5. Have no more than two (2) businesses.
- 6. Submit <u>photocopies</u> for the current year **and** past **TWO** fiscal years of <u>Miami-Dade County</u> <u>Business Tax License (SEE SAMPLE)</u> and Municipality license if located in a Municipality at the time of application. Business name on application must match one on license.
- 7. A physical address is required. P.O. Box as a mailing address is NOT allowed.
- 8. Applicant must apply in district where business is located.
- 9. Home-based businesses can apply.
- 10. Only one application per business.
- 11. Non-profit agencies cannot apply.
- 12. Businesses that relocate out of the district during the application, award and payment processing of the grant will be disqualified.
- 13. Business or owner must not have a delinquent loan with Miami-Dade County or a County funded department or agency.
- 14. Application must be <u>typed</u> or <u>printed</u> only. If application is illegible, it will automatically be disqualified.
- 15. Applicants must sign and submit all requested documents. Incomplete applications will not be considered and will automatically be disqualified.
- 16. Must provide picture of business location (building, office, or work vehicle).
- 17. Applications will not be accepted after deadline.

Deadline: 12 noon, Friday, February 23, 2018 NO EXCEPTIONS.

MIAMI-DADE COUNTY TAX COLLECTOR 140 W. FLAGLER ST. 1st FLOOR MIAMI, FL 33130 LOCAL BUSINESS TAX RECEIPT 2011
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2011
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10 FIRST-CLASS U.S. POSTAGE PAID MIAMI, FL PERMIT NO. 231. THIS IS NOT A BILL - DO NOT PAY RENEWAL BUSINESS NAME / LOCATION RECEIPT NO. 33155 UNIN DADE COUNTY Sec. Type of Business

196 SPEC ELECTRICAL CONTRACTOR
BUSINESS TAX RECEPT. IT
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Local Business Tax Receipt

Miami-Dade County, State of Florida
-THIS IS NOT A 3ILL -DO NOT PAY

7162457

BUSINESS NAME/LOCATION MOM AND POP SAMPLE LBT ONLY 140 W. FLAGLER ST 1407 MIAMI, FL 33130

RECEIPT NO. **NEW BUSINESS**

EXPIRES SEPTEMBER 30, 2014

Must be displayed at place of business Pursuant to County Code Chapter 8A - Art. 9 & 10

MOM AND POP SAMPLE LBT ONLY 214

SEC. TYPE OF BUSINESS

7440473

RETAIL SALES

PAYMENT RECEIVED BY TAX COLLECTOR 12/10/2013 0.00

Employee(s)

0

FPPU15-14-001663

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

MIAMI-DADE

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code See 8a-276. For more information, visit www.miamidade.gov/taxcollector

Here are samples of what your Miami-Dade County Local Business Tax Receipt may look like. The first sample is for fiscal year 2010 - 2011 and the second for 2013-14.

**They are issued based on the fiscal year, each year is a different color.

**You must provide copies of your Local Business Tax Receipt for 2015 - 2016, 2016 - 2017 and 2017 - 2018.

** WITHOUT THESE COPIES YOUR APPLICATION IS INCOMPLETE **

Mandatory Workshops for Approved Recipients

Guidelines for the Mom and Pop Small Business Grant Program require that each <u>approved recipient</u> attend a mandatory business training workshop.

It is very important that you attend the entire two-hour workshop and complete the required package at that time. Otherwise, you may be disqualified from the program.

Approved businesses selected by the grant committee for a Mom and Pop Small Business grant will receive the date, time and location of the workshop.

The date, time and location of the workshop will be finalized at a later date. Approved grant recipients will be contacted with the workshop information via USPS mail.

DISTRICT 4

Mom and Pop Small Business Grant Program Miami-Dade County

APPLICATION

(Please print or type – illegible and incomplete applications will not be considered)

I. Business Information	The same	
Business Name (as it appears on Licen	se)	
Owner(s) Name	9 9	16.7/
Business Address (as it appears on Lic	ense)	
Owner's Home Address	City	Zip Code
Business Phone	Business Fax	Cell Phone
Email address	<u></u>	
Type of Business You Operate	\$ Amount of funding	ng requested
II. Program Usage		
I would like to be considered need(s): <u>USAGE</u>	for financial assistance DESCRIPTION	e to address the following <u>ESTIMATES</u>
	<u>DESCRIPTION</u>	<u>ESTIMATES</u>
☐ Inventory / Supplies _	10 m	\$
☐ Business Equipment	SAL LAKE	\$_ <u></u>
■ Marketing / Advertising ■		\$_ <u></u>
☐ Commercial Liability Insurance _		. \$
☐ Minor Renovations _	P H - JR V	\$
☐ Security System _		\$

***applicants **MUST** fill in the blanks – if area is incomplete, applications will not be considered**

Business owners are required to provide the following information:

1. How long have you been in business? Number of ye	ars	
2. Have you ever applied for the Mom and Pop Grant be	fore: Yes	No
3. Have you received a Mom and Pop Grant in the past?	? Yes	No
4. If yes, how much funding did you receive? \$	-	
5. <u>Copies</u> of my Miami-Dade County Business Tax Licer and 2017-2018) are attached to the application. (SEE	SAMPLE)	
6. <u>Copies</u> of my Municipality Business Tax License (FY 2017-2018) are attached to the application.	2015-2016	, 2016-2017 and
/A·/	Yes	No
7. Photographs of the inside and outside of busin		
	Yes	No
8. Are you or any of the shareholders employed by Miar		ounty? No
9. If yes, what department?	3 10 3	1
10. Have you ever applied for a loan?	Yes	No
11.If yes, with whom?	465-4	
12.Was the loan approved?	Yes	No
13. Do you have a past due loan with the County or any (department or agency?	•	
14.If yes, with whom?	16	
15. Will you be contributing any funding to the project?	Yes	No
16.If yes, how much?	\$	M/
17. Do you own the building that you occupy?	Yes	No
18. Are you willing to participate in Business Developme	ent worksh	ops?
	Yes	No
18. Do you currently market your business?	Yes	No

yes, which groups?		
lumber of employees? Full-time:	Part-time:	
proved, please explain how you intend to use to is the perfect opportunity for you to share	the funding? Plea	se print
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23. Please provide the following information regarding your current employee(s). Owner must be included

Name	Home Address	City - Zip Code	Whit Hispar			Male/Female
			W B	Н	0	M/F
			W B	Н	0	M/F
			W B	Н	0	M/F
			W B	Н	0	M/F
			W B	Н	0	M/F
			W B	Н	0	M/F
			W B	Н	0	M/F

My signature below indicates that I have read this document and fully understand its contents.

The information submitted on this document is true to the best of my knowledge.			
Signature	 Date		

^{**}Application will be considered incomplete unless a copy of County and City Occupational license are attached for all years required.**