

**MICRO-ENTERPRISE BUSINESS ASSISTANCE PROGRAM
IN RESPONSE TO THE CORONAVIRUS EMERGENCY
APPLICATION PACKAGE**

**U.S. Department of Housing and Urban Development
Community Development Block Grant Program**



City of Miramar
Economic & Business Development Department
2200 Civic Center Place
Miramar, FL 33025



NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City to give you this written statement explaining the purpose and authority for collecting your social security number.

Your Social Security Number is being collected for the purposes of income certifying you for the City’s Micro-Enterprise Business Assistance program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars.

Authorization to Collect Social Security Number Includes But is not limited to:

- 24 CFR 5.609, referred to as "Part 5 Annual Income" - Code of Federal Regulations.
- 24 CFR 5.212 Compliance with Privacy Act and other requirements
- 24 CFR 5.216 Disclosure and Verification of Social Security and Employer Identification Numbers

Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City’s program.

I/WE have read and understand this information.

Applicant Signature

Date

Co-Applicant Signature

Date

Household Member (18 and over)

Date



CONFLICT OF INTEREST DISCLOSURE

In accordance with 24 CFR 570.611 applicants can be denied participation in the City’s Grant Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or subrecipients **and** the applicant currently or within the past 12 months:

1. Exercises or has exercised any functions or responsibilities with respect to funds for this program.
2. Participates or has participated in the decision making process related to funds for this program.
3. Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the City’s Grant Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statement #1 and #2 and check the statement that applies to you.

1. A conflict of interest **DOES NOT EXIST** as it relates to the City’s Grant Program Application.
2. A conflict of interest **DOES EXIST** as it relates to the City’s Grant Program Application.

If you placed a checkmark by statement, #2 please explain the Conflict of Interest:

I/We have read and understand what a Conflict of Interest is as it pertains to the City’s Grant Program Application.

Applicant Signature	Date	Co-Applicant Signature	Date
Household Member (18 and over)	Date	Household Member (18 and over)	Date
Household Member (18 and over)	Date	Household Member (18 and over)	Date

MICRO-ENTERPRISE BUSINESS ASSISTANCE PROGRAM

ELIGIBILITY, RULES AND REQUIREMENTS

Purpose

The goal of the Micro-Enterprise Business Assistance Program is to avoid job losses caused by business closures related to social distancing by providing short-term financial assistance to micro-enterprise businesses in order to enable retention of jobs held by low- and moderate-income persons. 24 CFR 570.203(b), 24 CFR 570.201(o), 24 CFR 570.201(o)(3)

Eligibility Criteria

1. The business must have five (5) or fewer employees, including the owner(s), corporate officer(s), part-time and full-time employees on the business payroll at the time of program application submittal. Leased employees shall count against the total number of employees.
2. The business must be a private for-profit enterprise. Non-profit enterprises, Home-based businesses, franchises, and businesses that are restricted to patrons above the age of 18 or older (bars, and smoke shops for example) are ineligible for assistance.
3. The business must be located in a commercial space within the City of Miramar.
4. The business must have a City of Miramar Local Business Tax Receipt.
5. The business must have been operating for at least one (1) year prior to the disruption caused by the COVID-19 social distancing requirements and stay at home restrictions.
6. The business Owner(s) household must qualify as a low- to moderate household pursuant to the Household Income Guidelines published by the Dept. of Housing and Urban Development in April of the year the application is being submitted.
7. This business must **NOT** have received any other federal funding designated for the same purposes as defined herein. An example would be the federal Payroll Protection Program. If your business is found to have received such other federal assistance then any funds provided by the City under its program must be repaid. Duplication of benefits is prohibited.



Permitted Use of Funds and Activities

Funds can be used for the following items, subject to the terms noted:

Funds may be used for payroll expenses required in the creation and/or retention of jobs that would otherwise be lost due to the COVID-19 Public Health Emergency. The funding will be in the form of a loan/grant that will be forgiven after one (1) year if all the terms and conditions of program are met.

Prohibited Use of Funds and Activities

Expenditures not allowed under this program include, but are not limited to:

- Working Capital
- Construction / Rehabilitation
- Payment of rent or utilities
- Finance the acquisition of real property or land
- Fixtures / Equipment that are attached to or become part of a building
- Vehicle Purchases / Leases
- Security Deposits
- Payments of debts or creditors of the business owner / business
- Providing funds for non-salary distribution or payment to the owner, partners, or shareholders of the applicant
- Paying of any tax lien or liability.

Program Rules and Requirements

1. Maximum grant amount: up to \$10,000
2. The program is subject to the City's funding cycle, which begins October 1st of each year.
3. A potential business owner/applicant must first complete a formal application form, available from the City of Miramar website, or Community Redevelopment Associates (CRA) the program administrator.
4. Completed applications are accepted and reviewed on a first come, first complete application basis, subject to the availability of funds.
5. The Owner(s) must agree to maintain an employee census at a minimum, the same as at the time of application for the term of the grant agreement. If an employee leaves or is terminated during the term of the agreement that position must be filled within two weeks. Employees salaries (excluding Owner(s)) funded by the grant may not be reduced nor the Owner(s) salaries (if funded by the grant) increased during the term of the grant.



6. The application must be submitted in the legal name of the applicant (i.e., Name of business owner(s), corporation name as registered with the Florida Department of State, Division of Corporations, etc.)
7. For Corporations, information demonstrating that the corporation has an “Active” status in the Florida Department of State, Division of Corporations. The business owner or an authorized representative of the corporation who has legal authority to bind the organization in a contract with the City of Miramar must sign applications.
8. Submission of an application shall constitute acknowledgment and acceptance of all terms and conditions contained in these guidelines and the application. Acceptance of an application does not constitute a contract and does not obligate the City to award funds.
9. Applicant must be willing to comply with all regulations, guidelines and policies as they relate to the program. Applications that are incomplete, illegible, out of order, lack required attachments, or have other content errors or deficiencies may be rejected.
10. If recommended for funding, Business Owners will be required to sign a written grant agreement with the City (*Letter of Agreement, provided by the city*). The contract term will be for one (1) year.
11. New hires / jobs must start within 2 weeks upon signing the Letter of Agreement.
12. The business is required to pay all employees at least the federal or state minimum wage, whichever is higher.
13. The business must provide proof of Business Liability Insurance, Workers Compensation Insurance, Auto Insurance (if providing transportation services) and appropriate Business Property Insurance. (Other insurance requirements may apply. See application forms.)
14. Payments will be made directly to the business. The business must have a business checking account.
15. The business owner(s) agree to submit copies of the payroll ledger to the City showing the names of the employees and the amounts paid, attesting to its accuracy, no later than 7 days from the end of the pay period.
16. The business will be reimbursed for the payroll expenditure upon review and acceptance of the payroll ledger provided as accurate. The City will make its best effort to issue reimbursement within two weeks of receipt of all documents and approvals.



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ORIGINAL

Grant Application for Micro-Enterprise Assistance Program

Information About You and Your Business

Legal Name of Business: _____

Is there a Fictitious Business Name? (Ex: D.B.A) _____

Business Address: _____

City: _____ Zip Code: _____ E-Mail: _____

Business Phone: _____

Federal Employer Identification Number (FEIN): _____

Florida Sales Tax Registration Number _____

Please describe your business - select one:

Existing business in the City of Miramar and occupying a commercial space _____

Existing business relocating into Miramar and have secured a lease in a commercial space _____

Home based business moving into a commercial space _____

For statistical purposes only

Is this a minority or woman owned business (WMBE) _____ Yes _____ No

Please explain _____

Year Business Established: _____ Business tax year (MM/DD-MM/DD): ____/____/____

Has the business ever been subjected to criminal or civil fines and penalties including city code violations and regulatory violations and penalties? Yes No

If yes, explain: _____

Please provide a description of the business and services/products offered:



Number of current employees, including the owner, officers, full/part time and leased employees:

Name: _____ Title: _____

Owner/Authorized Signers Name: _____

Home Address: City: Zip Code: _____

Telephone: _____ E-Mail: _____

Principals/Owner Owning 20% or More of the Business – Provide Title(s) and Percentage of Ownership:

Name: _____ Title: _____ % Ownership: _____

Name: _____ Title: _____ % Ownership: _____

ORIGINAL



Use this space to add any other relevant information about you and/or your business:

USE OF FUNDS: Please describe in detail how this funding will be utilized. All expenditures must be reasonable, allowable and necessary for the type businesses requesting the funding. (Please attach additional sheet if more space is needed)

Creating / Retaining Jobs:

Total number of jobs that will be created? _____ Retained? _____

Job Title: _____ Full/Part Time: _____ New / Retained: _____

Salary / benefits: _____

Job Title: _____ Full/Part Time: _____ New / Retained: _____

Salary / benefits: _____

Job Title: _____ Full/Part Time: _____ New / Retained: _____

Salary / benefits: _____

Job Title: _____ Full/Part Time: _____ New / Retained: _____

Salary / benefits: _____

Job Title: _____ Full/Part Time: _____ New / Retained: _____

Salary / benefits: _____



AUTHORIZATION:

The information contained herein is true, complete and correct to the best of my knowledge. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the terms of the Florida Public Records Act. In the event of grant approval, the undersigned grants permission to the City to release publicity articles regarding the financing of the project. The City may also check the personal credit history of the principal owner(s) and/or key individuals. By signing below, the undersigned agrees that the grant will be used for business purposes only and not for household, personal, or consumer usage. I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

Owner:

Print Name

Date

Signature

Date

ORIGINAL



Please use this checklist to complete the application package:

All documents provided are to be copies unless otherwise noted

If a document is not applicable, please provide an explanation in a letter

1. Completed Micro-Enterprise Application _____
2. Most recent Corporate Annual Report _____
3. Fictitious Name Registration _____
4. Business Income Tax Return (Form 1120) for prior tax year. _____
5. Schedule C of IRS Form 1040 _____
6. FL Sales Tax Report Sales & Use Tax Return /DR-15CS if applicable for prior year _____
7. FL Reemployment Tax Return - most recent four quarters _____
8. IRS Form 941 - Employer's Quarterly Federal Tax Return - most recent four quarters _____
9. IRS Form 940 - Employer's Annual Federal Unemployment Tax Return (FUTA) _____
10. If you are the sole employee/owner and don't file form 940 provide Form 1009 or W-2 _____
11. Current Commercial lease agreement or deed to the commercial property (if owned) _____
12. Miramar Business Tax Receipt _____
13. *Intentionally left blank* NA
14. Any Regulatory Permits or Professional Licenses (if applicable) _____
15. IRS Form W-9 _____
16. Proof of Business Insurance _____
 - General Business Liability
 - General Business Liability (if applicant owns building)
 - Workers Compensation Insurance
 - Auto Insurance (if business provides transportation services)





**CITY OF MIRAMAR
MICRO-ENTERPRISE BUSINESS OWNER(S) INCOME CERTIFICATION SUPPORTING
DOCUMENTS**

1) The following is a list of the documents that you will need to provide with your completed application.

Please provide photocopies of the below documents. WE DO NOT MAKE COPIES !

2) **Proof of property ownership/lease:**

- a) Deed, (which may be a warranty deed, special warranty deed, personal representative deed or quit claim deed. **Please note, that due to Federal Regulations, a Title Search will be performed to verify information as to ownership provide by each applicant.**
- b) Title Insurance Policy **or**
- c) Valid Commercial Lease
- d) Certificate of Title

3) **Six (6) most recent pay stubs or earnings statements showing the employee's name, gross pay per pay period, deductions, and frequency of pay for every household member 18 years and over.**

4) **Broward County Notice of Ad Valorem Taxes (must show Assessed Value of Property)** This may be obtained by logging on to the Property Appraisers web site at www.bcpa.net

5) **Proof that you are current in the payment of your property taxes:**

- a) Paid Property Tax Receipt from the Broward County Property Appraiser **or**
- b) Copy of your canceled check, front and back, showing payment **or**
- c) Sworn Affidavit certifying that you have paid your property taxes **or**
- d) Statement from you mortgage lender attesting that your property taxes have been paid **or**
- e) A printout from the Broward County Property Appraisers web site

6) **Last six (6) months bank statements for every household member.** We need every page of the bank statements.



**CITY OF MIRAMAR
MICRO-ENTERPRISE BUSINESS OWNER (S) INCOME CERTIFICATION SUPPORTING DOCUMENTS**

- 7) **Proof of Insurance - See Business Insurance Requirements on page 13:**
- 8) **Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years. We will accept:**
- 9) A copy of the original signed federal tax return with W-2's **and**
- 10) A transcript of your federal return from the IRS with W-2's. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website www.irs.gov, by calling the IRS at 1-800-829-3676, or by going to the IRS office.
- 9) **Proof of number of dependents claimed** (Dependents must be listed on your federal tax return).
 - a) Birth Certificate on which the parent/applicant's name is listed **or**
 - b) School records which give the parents names and address **or**
 - c) Court-ordered letters of guardianship **or**
 - d) Divorce decree **or**
 - e) Letters of adoption
 - f) If a dependent 18 and over is a full time student, please submit a copy of their class schedule in addition to the above documents.
- 10) **Social Security Cards for all household members.**
- 11) **Proof of citizenship or legal alien status documents.**
 - a) United States of America birth certificate **or**
 - b) U.S. Passport **or**
 - c) Alien registration card **or**
 - d) Other acceptable evidence of legal residency
- 12) **If you are divorced, we need a copy of your divorce decree or certified court documents.**
- 13) **Proof of Employment Income:**
 - a) Six most recent pay stubs or earning statements for every household member 18 years of age and over.
 - b) The pay stubs must show the employee's name, gross pay per period, deductions, and frequency of pay.



**CITY OF MIRAMAR
MICRO-ENTERPRISE BUSINESS OWNER(S) SUPPORTING DOCUMENTS**

14) **Self-Employment Income.** Schedule C, E, or F must be included with your federal income tax return

AND

- a) Accountant or bookkeepers statement of net income expected for the next 12 months printed on the accountant/bookkeepers company letterhead **or**
- b) A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months

15) **Social Security, Supplemental Security Income (SSI), and Disability benefits** - An award or benefit notification letter prepared and signed by the authorizing agency.

16) **Unearned Income.** Please provide documents for all that apply.

- a) Unemployment Compensation - Unemployment benefit award notice with six (6) copies of unemployment check stubs.
- b) Disability Compensation - Notice of eligibility from employer or authorizing agency and six (6) copies of check stubs.
- c) Workers Compensation - Notice of eligibility with amount awarded and six (6) copies of check stubs.
- d) Severance Pay - Notice of employer stating the amount received in severance pay.
- e) Welfare of other needs based payments given to any household members

17) **Unemployed household member not receiving unemployment benefits or income.** Please provide a notarized, sworn statement from the household member stating that unemployment benefits are not received and he/or she is not receiving any income.

18) **For Alimony or Child Support Payments.**

- a) A printout from the court or governmental agency through which payments are being made **or**
- b) An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly **or**
- c) An original notarized statement from custodial parent stating that child support is not received for each child.

19) **For Veterans Administration Benefits** - Benefactors written confirmation of amount of assistance for the next 12 months.



**CITY OF MIRAMAR
MICRO-ENTERPRISE BUSINESS OWNER(S) INCOME CERTIFICATION SUPPORTING DOCUMENTS**

- 20) **Assets** - Please bring current statements for the below assets for each household member if applicable. We need all pages of each statements submitted and listed on your application form.
- a) 401(K) account statement
 - b) Retirement statement
 - c) Pension statement
 - d) IRA statement
 - e) Certificate of deposit (CD) statement
 - f) Annuities
- 21) **Life Insurance policy with current cash value and the type (term or whole).** We need all pages of the most current policy statement.
- 22) **Recurring Contributions and Gifts.** Example: non-household member paying all of part of bills, mortgages or contributing money on a regular basis.
- a) Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts or
 - b) A letter from a bank, attorney, or a trustee providing required verification.
- 23) **Mortgage Statements.** If you currently have a mortgage on your property, or an equity line, please provide a copy of your most recent mortgage statement(s). Your mortgage(s) must be current to receive assistance from the City.

Please provide photocopies of items 2 - 23. WE DO NOT MAKE COPIES.