

**MICRO-ENTERPRISE BUSINESS ASSISTANCE PROGRAM  
APPLICATION PACKAGE**

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



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

## **MICRO-ENTERPRISE BUSINESS ASSISTANCE PROGRAM**

### **Policies and Guidelines**

#### **Purpose**

The goal of the Micro-Enterprise Business Assistance Program is to provide low to moderate income business owners with financial assistance that will result in business expansion, increased revenues and economic development of the city and target areas. Funds are provided to create economic benefit through increased revenues, creation and/or retention of jobs and capacity building.

#### **Eligibility Criteria**

A business owner/business may qualify for consideration provided it meets all of the following criteria:

1. Business must be located in a commercial space within the City of Miramar or planning to locate in the City of Miramar (a copy of executed lease is required).
2. Business has been operating for at least one (1) year.
3. 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 through another organization will be considered as the business' employee.
4. Any business receiving assistance under a Community Development Block Grant (CDBG) funded microenterprise activity must either:
  - benefit an area (as shown on the Priority Target Areas) or clientele whose population is at least 51% low- and moderate-income, or
  - create /retain jobs to persons with low to moderate income level. Please refer to the income level for this area as stated in the Program Rules and Requirements, item #5.
  - Be a business that is owned by persons with low to moderate income level.
5. To apply for Job Creation or Retention assistance, the employee intended for hiring/retaining must have combined family incomes at or below the income limit as stated in the Program Rules and Requirements, item #5.

To apply for equipment/machinery purchase or professional service assistance, the business's income level must meet the following:



### **Permitted Use of Funds and Activities**

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

1. Creating /Retaining jobs for persons at a low to moderate income level. **Funds cover 100% of the employee wages and are available only on a reimbursement basis (Quarterly).**
2. Purchase of machinery/equipment. **Funds cover 90% of the cost of the item(s) and are available on a reimbursement basis (Quarterly). At its discretion, the City may provide funds in advance.**
3. Professional services (such as legal; accounting; marketing); **Funds cover 100% of the costs and are available only on a reimbursement basis (Quarterly).**
4. Technology infrastructure and upgrades. **Funds cover 90% of the cost of the item(s) and are available only on a reimbursement basis (Quarterly).**

### **Prohibited Use of Funds and Activities**

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

- Working Capital
- Construction / Rehabilitation
- Payment of rent or utilities
- Finance the acquisition of real property or land
- Fixtures / Equipment that are attached to or becomes part of a building
- Vehicle Purchases / Leases
- Leasing Employees
- Security Deposits
- Outstanding debts or paying off a creditor of the business owner / business
- Providing funds for distribution or payment to the owner, partners, or shareholder of the applicant
- Paying of any tax lien or liability

### **Program Rules and Requirements**

1. Maximum grant amount: \$10,000.
2. The program is subject to the City's funding cycle, which begins October 1<sup>st</sup> of each year and applications are accepted and reviewed on a first come, first eligible, first complete basis, subject to the availability of funds.
3. **The applicant is required to submit an existing BUSINESS PLAN or the CONCEPT PLAN portion of the application. If you need assistance in completing the CONCEPT PLAN, please schedule an appointment with the Small Business Development Center (SBDC) at no cost to the applicant. Any questions concerning the CONCEPT PLAN or about your BUSINESS PLAN should be directed to the SBDC. The applicant is strongly encouraged to use the resources available at SBDC.**

4. If applying to fund a job, it must create at least one (1) new full time position **offered to** or **made available to** persons from low or moderate income (LMI) families **OR** the business must be owned by a person defined as LMI. (See LMI Limits/ Income Limits below for definitions).

Notes:

- a. **“Offered to”** or **“made available to”** LMI persons means the position must be advertised fairly and require no special skills or educational levels beyond a high school education.
  - b. Family income limits are for year prior to employment.
5. LMI Limits / Income Limits  
In order to qualify as LMI, persons must have combined family incomes at or below the following limits based on household size (i.e. # of persons):

**2019 Income Limits** (note: This chart changes annually)

Effective April 24, 2019, the Median Family Income for Ft. Lauderdale HMFA (Broward) is **\$68,600**. Accordingly, the maximum allowable income based on household size may not exceed:

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) AND HOME**

<b>Household Size</b>	<b>Very Low Income 30% AMI and Lower</b>	<b>Low Income 31% to 50% AMI</b>	<b>Moderate Income 51% to 80% AMI</b>
1	\$17,700	\$29,500	\$47,200
2	\$20,220	\$33,700	\$53,920
3	\$22,740	\$37,900	\$60,640
4	\$25,260	\$42,100	\$67,360
5	\$27,300	\$45,500	\$72,800
6	\$29,310	\$48,850	\$78,160
7	\$31,350	\$52,250	\$83,600
8	\$33,360	\$55,600	\$88,960
9	\$35,364	\$58,940	\$94,304
10	\$37,385	\$62,308	\$99,693

6. The business must have City of Miramar and Broward County Business Tax Receipts.
7. 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.)
8. For Corporations, information demonstrating that the corporation has an “Active” status in the Florida Department of State, Division of Corporations.

9. 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.
10. Submission of an application shall constitute acknowledgement 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.
11. 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.
12. If recommended for funding, Business Owners will be required to sign a written agreement with the City (*Letter of Agreement, provided by the city*). The contract term will be for one (1) year.
13. New hires / jobs must start within 3 months upon signing the Letter of Agreement.
14. New jobs must be maintained continuously for at least one year. New hires that leave for any reason must be replaced in order to remain eligible for job funding.
15. The business is required to pay the employees at least the federal or state minimum wage, whichever is higher.
16. Payments will be made directly to the business.
17. All business owners selected to receive this grant must have a Dun & Bradstreet number. This number must be provided to the City before grant funds can be released.

### **FAQs**

**Does the employee need to be a Miramar resident?** No, the employee retained or hired does not need to be a Miramar resident but preferably resides within Broward County.

**Does the employee hired have to be full time?** Yes.

**Does the business need to be in the Priority Target Areas?** No, the business doesn't need to be in the Priority Target Areas; however, additional documents are needed at the time of submitting application. Please refer to the checklist below. The additional documents are the documents on the employee hired and demonstrate meeting the program goal of hiring/retaining low/mod income or unemployed individuals.

**Is there a charge to get assistance with completing the Concept Plan?** No, the Small Business Development Center (SBDC) has partnered with the City to provide this service at no cost to the applicant.

**Does the business have to be a corporation?** No, there is **no** limitation of what type of entity the business is (i.e., sole proprietor, Corp, etc) as long as it provides documents of its establishment (ie. tax return, licenses, state docs. etc). However, the business must be a private for-profit business legally operating within the City. Non-profit entities and Home-Based businesses are not eligible for microenterprise funds.

**What do I need to do if I don't have a particular document required?** Please provide a letter of explanation.

**How long does it take to receive a reimbursement?** If all documents are satisfactory then it may take four to six weeks.

**When & what do I need to provide in order to get reimbursement?** You will receive an e-mail notification each quarter with a list of required documents needed for reimbursement.

**After I complete the program, can I reapply?** Please refer to Eligibility Criteria.

### APPLICATION SUBMISSION

The application must have the original signature of the company owner(s). **Neither faxed nor electronic applications will be accepted.**

Mail or Deliver to:

City of Miramar  
Economic & Business Development Department  
2200 Civic Center Place, 2<sup>nd</sup> Floor  
Miramar, FL 33025

**Once received, the applicant's BUSINESS PLAN OR CONCEPT PLAN will be forwarded to the Small Business Development Center (SBDC) for review. The applicant may be required to schedule an appointment with the SBDC to discuss the PLAN before being accepted into the program.**

FLORIDA SMALL BUSINESS DEVELOPMENT CENTER  
At Florida Atlantic University  
Division of Research  
111 Las Olas Blvd., Suite 1009  
Fort Lauderdale, FL 33301  
Phone: (954) 562-6462

# 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: \_\_\_\_\_

Dun & Bradstreet Number: \_\_\_\_\_

Please select one that best describes your business:

\_\_\_ 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 relocating into a commercial space

Is the Business minority owned?  Yes  No (For statistical purpose only)

If Yes, explain (ethnic minority? Female?): \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Principal Product/Service: \_\_\_\_\_

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: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____ Name: _____
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: _____

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Has this business been funded by the City of Miramar Micro-Enterprise Assistance program?

Yes  No

If Yes, what year? \_\_\_\_\_

Has the business owner been funded by the City of Miramar Micro-Enterprise Assistance program?

Yes  No

If Yes, what year? \_\_\_\_\_

Please describe how this grant will help your business:

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Please describe how the funds will be used:

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Please describe assets (equipment, tools, technology infrastructure and upgrade, professional services) to be acquired (if applicable) and why they are needed for the business:

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How will the funds help or serve as an inducement for the business to locate or expand in the City of Miramar? This statement should clearly describe the effect the funds will have on the success of the business and its overall impact on the community at large.

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

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**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: \_\_\_\_\_

**Professional Services:** *(Please List & Describe Each Service and Cost)*

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Machinery, Equipment, Technology Infrastructure/Upgrades:** *(Please List & Describe Each Item and Cost)*

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**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

**CITY OF MIRAMAR**  
Micro-Enterprise Program  
Self Income Certification

**Anyone benefiting/receiving from the program’s funding needs to complete and submit the Self Income Certification.**

**A. Recipient information**

**Name of Micro Enterprise Applying for Assistance:** \_\_\_\_\_

**B. Household Information**

Member	Names - All Household Members	Relationship	Date of Birth	Age
1				
2				
3				
4				
5				

**C. Anticipated Annual Income: Includes unearned income & support paid on behalf of minors.**

Member	Wages, Salary including tips,	Benefits / Pension /	Public Assistance	Other Income including Child	Asset Income
1					
2					
3					
4					
5					
	(a)	(b)	(c)	(	(e)
Totals	\$ -	\$ -	\$ -	\$ -	
Enter the totals of boxes (a) through (e) This Amount is the <u>Annual Anticipated Household Income</u>					

This document complies with sections 24 CFR 570.208(a)(4)(iv)(A) and  
24 CFR 570.208(a)(4)(v) of HUD requirements.

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relative to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 755.83 U.S.C

**WARNING:** HUD will prosecute false claims and statements. It is a federal crime punishable by fines or imprisonment, or both, to knowingly make false statements concerning any of the above facts (18 U.S.C. sections 1001).

\_\_\_\_\_  
Signature of head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or co-head of household

\_\_\_\_\_  
Date



## CONCEPT PLAN

(Complete this plan if business plan is not available)

A. Business Description – write a few sentences outlining your business.

B. Market Segment – describe your target market and target customers.

C. Profit

1. What income do you expect to earn from profits or salary this year?

2. What is the business's revenue for the last three years?

3. What is the business's profit for the last three years?

D. What other capital do you need and where will it come from?

E. How is this grant going to help the business?

This Business/Concept Plan is to be reviewed with a consultant from the Florida Small Business Development Center (“SBDC”). A certified business analyst will review the concept plan and provide professional counseling at no cost to the applicant. Please provide authorization below and schedule a meeting with a SBDC Consultant.

FLORIDA SMALL BUSINESS DEVELOPMENT CENTER  
At Florida Atlantic University  
Division of Research  
111 Las Olas Blvd., Suite 1009  
Fort Lauderdale, FL 33301  
Phone: (954) 562-6462

AUTHORIZATION:

I, \_\_\_\_\_, Owner/President of \_\_\_\_\_ is meeting with a Consultant from the Florida Small Business Development Center (“SBDC”). I am authorizing the Consultant to make comments on my business, \_\_\_\_\_, and to release the comments to the City of Miramar in writing.

Owner:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**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*

- Completed Micro-Enterprise Application (original)
- Company's Business Plan (if not available, please complete Concept Plan)
- Company's Certificate of Incorporation
- Fictitious Name Registration (if applicable)
- State of Florida Corporate Registration
- Business Income Tax Return (Form 1120) for the past 1 year
- Schedule C of IRS form 1040
- FL Sales Tax Report Sales & Use Tax Return/DR-15CS (if applicable) for the past 1 year.
- UCT 6 – State Unemployment Return
- US 941 – Employer's Quarterly Federal Tax Return. Most recent four quarters.
- US 940 - Employer's Annual Federal Unemployment Tax Return (FUTA). If the owner is the sole employee and does not file Form 940, then s/he must produce Form 1099 or W2.
- Current lease agreement or deed to the property (must be a commercial lease/space)
- Miramar Business Tax Receipt
- Broward County Business Tax Receipt
- Regulatory Permits and Professional License (if applicable)
- W9
- Business Insurance
  - General liability for the business
  - General liability for the building owner (only applicable if the applicant is the building owner)
  - Worker's Comp
  - Auto insurance (if the business provides transportation services)

**Documents for Income Certification (required for owner):**

- Bank statements (six most recent months of bank statements all pages even if blank)
- Child support verification
- Public assistance received
- Proof of all sources of household income
- Last two years of complete tax returns
- Life insurance policy
- IRA, 401k etc. if any
- Proof of citizenship for all household members
- If divorced a complete divorce decree with settlement agreement if applicable
- If widowed a copy of the death certificate
- Copy of driver's license
- Business Owner's "Self Income Certification", form is on page 12. (original)

**Documents for Retaining Employees:**

- \_\_\_ Retained Employee's Paystubs
- \_\_\_ Retained Employee's Florida Identification Card (Driver License or Social Security Card)
- \_\_\_ Retained Employee's Income Tax Return or Documents of Unemployment
- \_\_\_ Retained Employee's job application
- \_\_\_ Retained Employee's "Self Income Certification", form is on page 12. (original)

Also required to provide documents listed under **Documents for Income Certification**

**Documents for Purchases of Equipment, Tools, Technology Infrastructure/Upgrades, and/or Professional Services :**

- \_\_\_ Quotes of the same item/service from 3 different reputable sources
- \_\_\_ Copy of signed proposal(s)/agreement(s)/contract(s) for service(s) to be rendered (if applicable)

**Additional Documents for Businesses Located Outside of the Priority Target Areas:**

- \_\_\_ Florida Identification Card (Driver License or Social Security Card)
- \_\_\_ Income Tax Return or Documents of Unemployment
- \_\_\_ Employee's job application (for job creation)

In the event an application is submitted without all required documentation, the applicant will be notified and will have 10 business days to submit all missing required documents. If the applicant fails to do so, their application will be returned and considered inactive.

**The City reserves the right to request additional information about the business and/or Business Owner(s) that may be needed to process the grant application.**