



Dennis C. Moss
District 9

Miami-Dade County Commissioner
Mom And Pop Small Business Grant Program

Application

Submit 1 original completed application with requested documents.

We suggest you keep a copy for your records.

Attention Business Owners

Mom and Pop Small Business Grant Program For Miami-Dade County District 9

Grant Money Available! Up to \$5,000 Per Business

Applications available
February 7, 2019 through February 22, 2019

PICK UP APPLICATIONS AT:
Commissioner Dennis C. Moss's District Office
Attention: Dallas Manuel

District North Office
10710 SW 211 Street, Suite 206
Miami, FL 33189
Phone: 305-234-4938

District South Office
1634 NW 6 Avenue
Florida City, FL 33034
Phone 305-245-4420

Or

Online February 7, 2019 at www.miamidade.gov/district09

There will be an information workshop explaining the requirements held
February 21, 2019 at 5:30 pm at:
South Dade Regional Library 2nd Floor
10750 SW 211th St. Miami, FL 33189
Please be on time!

Completed applications must be submitted by February 25, 2019 by 4:00 pm

Hand deliver application to **District North Office**, 10710 SW 211 St., Suite 206
No late applications will be accepted!

For additional information contact: Victoria Goss at 305-756-0605
Neighbors And Neighbors Association (NANA)

Submit 1 original completed application with requested documents

We suggest you keep a copy for your records!

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2018-2019 MOM AND POP SMALL BUSINESS GRANT PROGRAM

Brief Description

The Miami Dade County Mom And Pop Small Business Grant Program was created by Neighbors And Neighbors Association, Inc. in 1999 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, and this relationship will ultimately bridge the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients. Funding can be used to purchase inventory/supplies, business equipment, marketing/advertising, building/business insurance, minor interior/exterior renovations, security systems, work vehicle (pick-up truck or cargo van) professional services, (CPA, business training, and events).
- Technical assistance is made available at no charge, 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, form/foster better working relationships among small business owners, retain and eventually create more jobs, offer the necessary training that small business owners so desperately need to become more efficient and competitive, etc.

The program is offered in each 13 Miami Dade County Commission District, as a result, we recognize that the needs of each district are different, and our goal is to address this diversity. In order to receive the correct guidelines to be considered for funding, you must apply in the county district where your business is located. To locate your district where your business is located, please call 311 or visit www.miamidade.gov/commiss and click on "Who is my Commissioner?" enter your business address and submit. **Applications and start date for each district may differ, therefore, please be sure to pick up the appropriate application.**

Mom and Pop Small Business Grant Program Miami-Dade County

FY 2018-2019

Guidelines

Commissioner Dennis C. Moss Mom and Pop Small Business Grant Program is offering grant applications for small business owners.

- An information meeting will be held on February 21, 2019 at 5:30 pm at South Dade Regional Library 10750 SW 211 Street 2nd Floor

All businesses must be located in District 9 and meet the following eligible criteria:

- Business must be in operation for at least 1 year.
- Must be a for-profit business.
- A physical address is required. No P.O Box as mailing address allowed.
- Businesses located in the NRSA (Neighborhood Revitalization Strategy Area) will be given special consideration.
- Home – base businesses can apply.

Required application procedures and attachments (please include the following documents below along with your application):

- Submit one original completed application typed or printed with all requested documents.
- Submit proof that the business has been operating for at least 1 year. (Example: any old license, State Corporations, Sales Tax, or utility bill), proof must be in business name (include copy only).
- Submit a current copy of Miami Dade County Business Tax receipt or a paid receipt (include copy only). **If license not required by Miami-Dade County, applicant must provide written proof from Miami Dade County Tax Collector's Department.**
- Submit City License if business is located in a City within the County or paid receipt (include copy only).
- Submit a copy of your **active** State of Florida Corporation **and/or** Fictitious Name (print copy by visiting sunbiz.org), in addition, a FEIN # must be listed on sunbiz print out if business is incorporated.
- Provide copy of picture ID (driver's license or State ID).
- Submit outside picture of business location (building, home office, or work vehicle).
- Businesses that complete job creation forms and receive the full amount are required to create a new job.
- If you are an elected official and/or a Government Board Appointee, you must get written approval stating no conflict of interest from the Miami-Dade County Commission on Ethics.
- The Selection Committee can consider special projects.

AUTOMATIC DISQUALIFICATION:

- Businesses who received funding in 2018 cannot apply.
- Businesses that relocate out of the district during the process.
- Applications will not be accepted after deadline.
- Non-profit agencies can not apply.
- More than one application submitted for the same owner(s), family member, or partners.
- Must not be part of a national chain.

****The Selection Committee has the right to request additional information, accept, or reject any and all applications.**

PLEASE BE AWARE OF THE FOLLOWING:

Recommended Information Meeting

All businesses that are applying for funding are encouraged to attend this meeting, which will explain the program requirements. **All questions will be answered only at that time.** Attending the preliminary meeting does not guarantee that you will receive funding.

February 21, 2019 at 5:30 p.m.

South Dade Regional Library
10750 SW 211 Street 2nd Floor

PLEASE BE ON TIME!

If you plan to attend the meeting, please bring a copy of the application, copies may not be available.

We recommend that you do not complete the application before the above meeting.

ELIGIBLE USE OF FUNDING:

- Inventory / Supplies
- Business Equipment
- Marketing / Advertising
- Liability Insurance
- Minor Interior / Exterior Renovations
- Security System
- Work Vehicle (pick up truck or cargo van)
- Professional Services (Accounting, Business Training, and Seminars, and events)
- Lease or mortgage for commercial space only

INELIGIBLE USE OF FUNDING:

- Rental Deposits
- Late Payment Fees
- Purchase of Alcohol, Tobacco or Medicine
- Salaries
- Debts
- And any and all others not listed in the eligible use above.

**FY 2018-2019
Applications Forms
Mom and Pop Small Business Grant Program**

Date: _____

A. Identifying Data

Business Name (as it appears on incorporation, or sunbiz)	
Business Address	
City & Zip Code	
Business and Cell Phone #	
Email Address	
Kind of Business Operating	
President or Owner Name	
President or Owner Home Address	
City & Zip Code	

<p>Data Universal Numbering System number, known as a DUNS number are <u>REQUIRED</u> at the time of application please provide.</p> <p>Apply via email at: https://dashboard.dnb.com/register</p> <p>or via telephone at 1-800-700-2733</p>	<p>_____</p> <p>Print DUNS Number Here</p>
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B. Amount Requested

Funding Request Amount	\$
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D. Business owners are required to provide the following information:

1. How long have you been in business? Number of years _____ months _____

2. Have you received Mom and Pop funding in the past? Yes _____ No _____
 - o If yes, last time you received funding (year) _____

3. Are you or any of the shareholders employed by Miami-Dade County? Yes _____ No _____
 - o If yes, what department? _____

4. Would you be willing to participate in any offered business workshop training? Yes _____ No _____

5. If awarded the full amount allowed by the program, knowing that the funding cannot be used for salaries/payroll, would you still be able to create a new job? Yes _____ No _____

Will the new job be full-time? Yes _____ No _____

If yes, complete page 12 and submit with the application.

E. BUSINESS INFORMATION

1. Describe your Business: _____

2. What kind of goods or services your business offers to the community?

3. Briefly describe how the funds, if awarded, will be used to help grow your business:

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

Request for Opinion from Commission on Ethics Acquiring Financial Interest

I, _____, the owner or president of
(Owner or President Name)

_____, whose business address is
(Business Name)

_____,
(Business Address, City, State, Zip)

(Phone #) (Email)

Include a short description of the type of business operating _____

Are you currently an employee or board member of any Miami Dade County Board?
Yes___ No___

If yes, what Department or Board? _____

If yes, are you seeking to contract with Miami Dade County? Yes_____ No: _____

I am being considered for funding through the Mom and Pop Small Business Grant Program and request the clearance from the Commission on Ethics. Please review my request and forward to Neighbors And Neighbors Association, Inc. to the attention of Leroy Jones, Executive Director, 5120 NW 24th Ave Miami, FL 33142 or fax (305) 756-6008. Thank you in advance for your attention to this very important matter.

Dennis C. Moss
10710 SW 211th Street Suite 206
Miami, FL 33189

This page must be completed.

APPLICATION CHECKLIST

ALL DOCUMENTS MUST BE INCLUDED

1. One original completed application with attachments.
2. Provide proof that the business has been operating for one (1) year or more. Example: any old license, state corporations, sales tax, or utility bill) or any legal document proof must be in business name (include copy only).
3. Copy of the Miami-Dade County: Local business Tax Receipt (LBT) or Paid Receipt. **If license is not required by Miami-Dade County, please provide written proof from Miami Dade County Tax Collector’s Department.**
4. Copy of the City License or paid receipt if business is located in a municipality (City within the County).
5. Submit a copy of your active State of Florida Corporation and/or Fictitious Name from sunbiz.org if incorporated. **FEI/EIN # must be listed on State of Florida print out if not listed submit IRS letter 147C (this includes the FEI/EIN number)**
6. Picture ID (Driver’s License or Florida ID)
7. Picture of business location (building or work vehicle)
8. **If applicable**, elected officials and Government Board Appointees must get written approval stating no conflict of interest from Miami-Dade County Commission on Ethics.

Additional information may be requested to determine application eligibility.

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

**The following page must be
completed and returned
with original application
ONLY if your business will
be able to create a new job**

JOB COMPLIANCE FORM

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Being duly sworn, on my oath declares: That, I, _____
owner of _____ agree to create one new full-time
or part-time job for a low to moderate income person if awarded the maximum
amount under the Mom And Pop Small Business Grant Program within six
months of my receipt of such award. If I fail to create the required new job within
the agreed upon time period I will be in non-compliance and will be required to
pay the entire amount of the grant back to Miami-Dade County.

IN WITNESS WHEREOF, I, _____, the undersigned
Owner of _____, have signed this
JOB COMPLIANCE FORM on this _____ day of _____, 2019, and
acknowledged the same to be my act.

The foregoing instrument was acknowledged before me this _____ day of
_____, 2019 by _____, who personally appeared
Signature

before me at the time of notarization, and who is personally known to me or who
produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

SIGN: _____

PRINT: _____

STATE OF FLORIDA AT LARGE