



Chairman Jose "Pepe" Diaz
District 12

Miami-Dade County
Mom And Pop Small Business Grant Program

Application

***Submit 1 original completed application with required documents.
We suggest you keep a copy for your records.***

Attention Business Owners

Mom and Pop Small Business Grant Program Miami-Dade County District 12

**Grant Money Available!
\$2,500 Per Business**

**Applications available online only
February 8, 2021 through February 19, 2021**

at www.miamidade.gov/district12

There will be an **Informational Zoom Workshop** explaining program requirements on
February 17, 2021 at 10:00 a.m.

Meeting ID: 917 7806 7382

<https://zoom.us/j/91778067382>

Please be on time!

Completed application packages will be accepted from February 22nd – February 25th

Hand deliver application **in a sealed envelope** to

District Office

8345 NW 12th Street

Miami, FL 33128

Phone: 305-599-1200

Applications will only be accepted from 9:00am - 12:00pm and 1:00pm - 4:00pm

No late applications will be accepted!

For additional information contact

Olga Hernandez at the District office 305-599-1200 or

Victoria Goss at Neighbors And Neighbors Association (NANA) at 305-756-0605

Submit 1 original completed application with required documents in a sealed envelope

We suggest you keep a copy for your records!

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2020-2021 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 (commercial property only), work vehicle (pick-up truck or cargo van- must be registered in business name) professional services, (CPA, business training, seminars and events), or commercial property lease or mortgage only.
- 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.**

**Miami-Dade County
Mom and Pop Small Business Grant Program
FY 2020-2021
Guidelines**

Chairman Jose “Pepe” Diaz Mom and Pop Small Business Grant Program is offering grant applications for small business owners.

All businesses must be located in District 12 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.
- Home – base businesses can apply.
- The Selection Committee can consider special projects.

AUTOMATIC DISQUALIFICATION:

- Businesses that relocate out of the district during the process.
- Applications will not be accepted after deadline.
- Business that received funding two (2) years in a row must sit out one year.
- 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.

Informational Zoom Workshop

All businesses applying for funding are encourage to attend this workshop to learn about the program requirements. **All questions will be answered only during this time.**

Attending the workshop does not guarantee your business will receive funding.

Zoom Meeting

February 17, 2021 at 10:00 a.m.

Meeting ID: 917 7806 7382

<https://zoom.us/j/91778067382>

Please be on time and have a copy of the application.

We recommend, you do not complete the application before attending workshop.

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

- Submit one original completed application typed or printed (**blue or black ink only**) with all required documents.
- Submit proof that the business has been in operation 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 Miami Dade County Local Business Tax Receipt or a paid receipt (include copy only). If Miami-Dade County business tax receipt reads “Operating in Miami-Dade” a City Business Tax Receipt is required as well.
If business tax receipt not required by Miami-Dade County, applicant must provide written proof from Miami Dade County Tax Collector’s Department located at 200 NW 2nd Ave Miami, FL 33128.
- Submit City Business Tax Receipt 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. If not, provide a copy of business IRS letter 147c (showing business FEIN #)
- Provide copy of valid picture ID (Driver’s License or State ID) of **owner or president** ONLY.
- Submit outside picture of business location (building, home office, or work vehicle).
- Businesses interested in receiving the maximum amount, if funding is available **must** complete job creation forms.
- Elected official, Government Board Appointee, and/or a Miami-Dade County employee, must get written approval stating no Conflict of Interest from the Miami-Dade County Commission on Ethics.
- Miami Dade County Employees must include written approval from Department Director for outside employment.
- Submit State Professional License, if required (Example: Cosmetology license, Realtor license, Contractor license, etc.)

Links to access professional license

For Child Care Facilities: <https://cares.myflfamilies.com/PublicSearch>

For Medical Personnel: <http://www.floridahealth.gov/licensing-and-regulation/index.html>

For Adult Day Care Facilities and Assisted Living Facilities (ALF):
<http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx?cc=11>

For Beauty Parlors, Restaurants, Bakery, etc.: <http://www.myfloridalicense.com/dbpr/>

For Security Firms: <licensing.freshfromflorida.com/access/agency.aspx>

For Regulated Industries: <http://www.myfloridalicense.com/dbpr/>

For Regulated Health Fields: <http://www.floridahealth.gov/licensing-and-regulation/index.html>

ELIGIBLE USE OF FUNDING:

- Inventory / Supplies
- Business Equipment
- Marketing / Advertising
- Liability Insurance
- Minor Interior / Exterior Renovations
- Security System for commercial space only
- Work Vehicle (pick up truck or cargo van) must be registered in the business name
- Professional Services (Accounting, Business Training, 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
- Property taxes
- County, City and or State license
- And any and all others not listed in the eligible use above.

**FY 2020-2021
Applications Forms
Mom and Pop Small Business Grant Program**

Date: _____

A. Identifying Data

Business Name (as it appears on Sunbiz)	
Doing Business As (DBA) Name (if applicable, as it appears on Sunbiz)	
Business Address	
Business City & Zip Code	
Business and Cell Phone #	
Email Address	
Kind of Business Operating	
President or Owner Name	
President or Owner Home Address	
President or Owner City & Zip Code	

<p>Provide: Data Universal Numbering System, known as DUNS number or proof applied for is REQUIRED at the time of application.</p> <p>Apply via email at: https://www.dnb.com/duns-number/get-a-duns.html</p> <p>Contact Number: 844-235-9191</p>	<p>_____</p> <p>Print DUNS Number Here</p>
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B. Amount Requested

Funding Request Amount	\$
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C. Current Employee Roster

1. Number of employees? Full-time: _____ Part-time: _____ None: _____

2. Please provide the following information regarding your current employee(s) add sheet(s) if needed:

Employee Name (Print)	Date of Hire	*Job Title	Full Time (FT) or Part Time (PT)	**Race

*Job Title: Officials and Managers, Technicians, Craft Worker (Skilled), Laborer (Unskilled), Sales Professional, Office and Clerical, Operative (Semi-Skilled), Service Workers

**Race W-White B-Black A-Asian AI-American Indian H-Hispanic O-Other

I hereby certify that the information provided is true and correct. I further acknowledge that the information is subject to verification by authorized government officials.

CERTIFICATION: _____
President or Owner signature

DATE: _____

This page must be completed.

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 other shareholder 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-please include DBA if applicable)

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

(Phone #) (Email)

Include a short description of the type of business operating _____

Are you currently employed or a board member of any Miami Dade County Department? 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.

Chairman Jose "Pepe" Diaz
111 NW 1st Street
Miami, FL 33128

This page must be completed.

APPLICATION CHECKLIST

ALL DOCUMENTS MUST BE INCLUDED

1. **One original** completed application with required documents (**blue or black ink only**).
2. Provide proof that the business has been in operation 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 Miami-Dade County business tax receipt reads "Operating in Miami-Dade" a City Tax Receipt is required as well.

If LBT is not required by Miami-Dade County, please provide written proof from Miami Dade County Tax Collector's Department located at 200 NW 2nd Ave Miami, FL 33128.

4. Copy of the City Business Tax Receipt 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) for **owner or president** of the business
7. Picture of business location with address (building, home office or work vehicle)
8. If required, State Professional License (Example: Cosmetology license, Realtor license, Contractor license, etc.)
9. **If applicable**, Elected official, Government Board Appointee, and/or a Miami-Dade County employee, you must get written approval stating no conflict of interest from the Miami-Dade County Commission on Ethics.
10. **If applicable**, Miami Dade County Employees must include written approval from Department Director for outside employment.

Additional information may be requested to determine application eligibility.

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

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 _____, 2021, and
acknowledged the same to be my act.

The foregoing instrument was acknowledged before me this _____ day of
_____, 2021 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