







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! Up to \$2,500 per business

Applications available online or in-person February 12, 2024 through February 28, 2024

PICK UP APPLICATIONS AT:

Commissioner Juan Carlos Bermudez District Office 8345 NW 12th Street Miami, FL 33126 Phone: 305-599-1200 Attn: Olga L. Hernandez

Or

Applications online February 12, 2024 at www.miamidade.gov/district12

There will be a <u>mandatory</u> Informational Workshop explaining program requirements on Wednesday, February 28, 2024 at 6:00 p.m.

Fire Fighters Memorial Building 8000 NW 21st Street Miami, FL 33122 Please be on time!

Completed application packages will be accepted from February 29th – March 7th

Hand deliver application to Commissioner Bermudez District Office 8345 NW 12th Street Miami, FL 33126

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 L. Hernandez at the District office 305-599-1200 or
Victoria Goss at Neighbors And Neighbors Association (NANA) at 305-756-0605

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2023-2024 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 the 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 the 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 Districts, 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 https://www.miamidade.gov/global/government/commission/home.page under "Who is my Commissioner?" enter your business address and submit. Applications and start dates 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 2023-2024 Guidelines

Commissioner Juan Carlos Bermudez's 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 eligibility 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 received after the deadline.
- Non-profit agencies can not apply.
- More than one application submitted for the same owner(s), family member(s), or partner(s).
- 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.

Mandatory Informational Workshop

All businesses applying for funding are required 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.

Wednesday, February 28, 2024 at 6:00 p.m. Fire Fighters Memorial Building 8000 NW 21st Street Miami, FL 33122 Please be on time!

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

We recommend you do not complete the application before attending the 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 requested documents.
- Submit proof that the business has been in operation for at least one (1) year. (Example: any old license, State Corporations, Sales Tax, or Utility Bill), proof must be in the current business name (include copy only).
- Submit a current Miami-Dade County Local Business Tax Receipt (include copy only). If the Miami-Dade County Business Tax Receipt reads "Operating in Miami-Dade" a City Business Tax Receipt may be required as well.
 - If a Business Tax Receipt is not required by Miami-Dade County, the applicant must provide written proof from Miami-Dade County Tax Collector's Department located at 200 NW 2nd Ave Miami, FL 33128.
- Submit current City Business Tax Receipt if your business is located in a City within the County (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 printout if the business is incorporated. If not, provide a copy of the business IRS letter 147c or SS4 (showing business FEIN #)
- Provide a copy of a valid picture ID (Driver's License or State ID) of the <u>Owner, President, or</u>
 <u>Managing Member of the LLC</u> (as listed on Sunbiz).
- Submit a picture of the business location (building, home office, or work vehicle- showing the address). If needed, you can submit multiple photos.
- Submit State Professional License, if required (Example: Cosmetology license, Realtor license, Contractor license, etc.)
- 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 proof of approval from the Department Director for outside employment through INFORMS.

Links to access professional license

For Child Care Facilities: https://caressearch.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): https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-health-facility-regulation/assisted-living-unit/adult-day-care-center

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 properties 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 properties 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 2023-2024 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 Phone Number:	
President or Owner Cell Number:	
Email Address:	
Type of Business Operating:	
President or Owner Name:	
President or Owner Home Address	
President or Owner City & Zip Code	
B. Amount Requested	
Funding Request Amount	\$

C. Current Employee Ros	<u>ter</u>				
Number of employees W-2 employees ONL			None:		_
Please provide the fol sheet(s) if needed:	lowing informatio	n regarding your	current empl	oyee(s) a	add
Employee Name (Print)	Date of Hire	*Job Title	Full-Time (FT) or Part-Time (PT)	**Race	***Ethnicity
*Job Title: Officials and Manager Professional, Office ar					es
**Race W-White B-Black	A-Asian Al-A	merican Indian	O-Other		
***Ethnicity: H-Hispanic NH-N	ot Hispanic				
I hereby certify that the informati information is subject to verification			her acknowled	lge that th	e
CERTIFICATION:President or	Owner signature	DATE:			

This page must be completed.

D. <u>Business owners are required to provide the following information:</u>

2. What are the business hours of operation? to	1.	How long have you been in business? Number of years	months		
Olif yes, last time you received funding (year)	2.	What are the business hours of operation?	to		
Yes No If yes, what department? 5. Do you (President/Owner) live in District 12? Yes No 6. Is the business located in a commercial space? Yes No 7. Would you be willing to participate in any offered business workshop training?	3.		Yes	No	
5. Do you (President/Owner) live in District 12? Yes No Solution Yes No No Would you be willing to participate in any offered business workshop training?	4.	Are you or any other shareholder employed by Miami-Dade Cour	•	No	
6. Is the business located in a commercial space? Yes No 7. Would you be willing to participate in any offered business workshop training?		o If yes, what department?			
7. Would you be willing to participate in any offered business workshop training?	5.	Do you (President/Owner) live in District 12?	Yes	No	
	6.	Is the business located in a commercial space?	Yes	No	
Yes No	7.	Would you be willing to participate in any offered business works	hop training?		
			Yes	No	

E. **BUSINESS INFORMATION**

1.	Describe your busine	ess and the goods or serv	rices your business offer to the community
2.	Does your business	participate in community s	service or contribute to community
org	ganizations (Please exp	plain)?	
3. I	Briefly describe how th	ne funds if awarded, will be	e used to help grow your business:
Vly s	signature below indicates th	at the information submitted on	this document is true to the best of my knowledge
	Signature:	sident or Owner signature	Date:
	Pres	sident or Owner signature	

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 Department? Yes No If yes, what Department or Board?	
If yes, are you seeking to contract with Miami Dade County?	
if yes, are you seeking to contract with Miann Dade County:	16510
I am being considered for funding through the Mom and	Pop Small Business Grant
Program and request the clearance from the Commission of	n Ethics. Please review my
request and forward to Neighbors And Neighbors Associat	ion, 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 im	portant matter.
Commissioner Juan Carlos Bermudez	
111 NW 1st Street	
Miami, FL 33128	

This page must be completed.

APPLICATION CHECKLIST

ALL DOCUMENTS MUST BE INCLUDED.

Please initial each section

 One original completed application with requested documents.
 Proof that the business has been in operation for at least one year. Example: any old license, State Corporations, Sales Tax, Utility Bill), or any legal document. Proof must be in the current business name (include copy only).
Current Miami-Dade County Local Business Tax Receipt (LBT) (include copy only). If the Miami-Dade County Business Tax Receipt reads "Operating in Miami-Dade" a City Business Tax Receipt may be required as well. If a Business Tax Receipt is not required by Miami-Dade County, applicant must provide written proof from Miami-Dade County Tax Collector's Department located at 200 NW 2 nd Ave Miami, FL 33128.
 Current City Business Tax Receipt if the business is located in a City within the County (If applicable).
 Active State of Florida Corporation and/or Fictitious Name (print copy by visiting Sunbiz.org), in addition, a FEIN # must be listed on Sunbiz printout. If not, provide a copy of the business IRS letter 147c or SS4 (showing business FEIN #).
 Valid picture ID (Driver's License or State ID) of the owner or president ONLY.
 Picture of business location showing address (building, home office, or work vehicle)
 If required, State Professional License (Example: Cosmetology license, Realtor license, Contractor license, etc.)
 <u>If applicable</u> , 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.
 <u>If applicable</u> , Miami Dade County Employees must include proof of approval from the Department Director for outside employment through INFORMS.

Additional information may be requested to determine application eligibility.