



Escambia County Small Business COVID-19 Recovery Grant Application

Disaster Event: COVID-19

Application Period: Monday, April 20, 2020 at 8 a.m. CST to Monday, April 27, 2020 at 5 p.m. CST. Applications received before or after this timeframe will not be reviewed.

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|--|---------------------------------|
| <p>GRANT AMOUNT REQUESTED:</p> <p>***Maximum grant amount is \$2,500 per business entity***</p> | <p>APPLICATION DATE:</p> |
|--|---------------------------------|

In order to qualify, applicant must demonstrate a reduction in sales revenue of at least 25% due to the Coronavirus Pandemic and subsequent closures. You will be required to provide documentation supporting the losses claimed.

Write or type a description of the economic loss you have suffered in the box below:

**ONLY ELIGIBLE AND COMPLETED APPLICATIONS WITH
REQUIRED SUPPORTING DOCUMENTATION WILL BE
ACCEPTED.**

PLEASE READ ENTIRE FORM BEFORE SUBMITTING

For assistance with completing the application, contact the Florida SBDC at UWF at 850-586-7802 or fsbdcatuwf@gmail.com.

The preferred method to receive the completed grant application and supporting documents is via email with documents in PDF format to: fsbdcatuwf@gmail.com. Please add "Escambia Co. COVID-19 Grant" in the subject line.

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- Please note that applying for this grant does not preclude you from applying for the Florida Small Business Emergency Bridge Loan and/or the SBA Economic Injury Disaster Loan (EIDL). Further you will not be required to use these grant proceeds to repay a portion of either loan should you be awarded the grant.

SECTION I. APPLICATION SIGNATURE

The undersigned, by signature on this document, verifies that information contained herein and, in all attachments, and all supporting documents and materials are true and complete, that I/we have authority to apply for this grant on behalf of the business, and intend to use the grant proceeds for the business recovery and continuation purposes.

The undersigned understands that the grant review committees of this grant program may request further documentation and information from the applicant or co-applicants for purposes limited to this application, and hereby authorized such investigation.

APPLICANT(S) SIGNATURE(S)

| APPLICANT 1 (13A) | | APPLICANT 2 (13B) | |
|-------------------|--|-------------------|--|
| Print Name | | Print Name | |
| Signature | | Signature | |
| Date | | Date | |
| APPLICANT 3 (13C) | | APPLICANT 4 (13D) | |
| Print Name | | Print Name | |
| Signature | | Signature | |
| Date | | Date | |

SECTION II. ELIGIBILITY

YOUR BUSINESS MUST:

1. Be a for-profit, privately held small business that maintains a place of business in Escambia County, Florida and established on, or before January 1, 2019. (verified by Sunbiz - <http://dos.myflorida.com/sunbiz/search> or an occupational or business license). Businesses within city limits applying for City of Pensacola funding must be registered in Sunbiz.
2. Have been profitable prior to the COVID-19 disaster as indicated on financial documents.
3. Have been mandated by federal, state, or local government to reduce or eliminate services and/or have a demonstrated reduction in sales revenues of 25% or greater due to the loss of business income related to COVID-19.
4. Provide written justification of economic loss or injury caused as a result of the declared disaster, e.g. sales or income from a previous year compared to current period. Provide documentation of a reduction of sales revenues.
5. Have been a small business with no more than 20 employees at the time of the disaster.**
6. Pledge in good-faith to remain in business for at least 6 months following the receipt of fund.

**Employees are defined as individuals who receive paid wages or salary which employment taxes (e.g. FICA, FUTA) and income taxes are withdrawn and remitted to the IRS, as evidenced by business tax returns filed, i.e. IRS Form 940, Employer's Annual Federal Tax Return, IRS Form 941, Employer's Quarterly Federal Tax Return or IRS Form W-3, Transmittal of Wage and Tax Statements. For purposes of eligibility, independent contractors (also known as 1099 employees) qualify as employees for this loan program.



ALL OF THE ABOVE MUST BE TRUE TO BE ELIGIBLE FOR THIS PROGRAM.

INELIGIBLE BUSINESSES:

1. A business deriving more than one-third of gross annual revenue from legal gambling activities.
2. A business engaged in any illegal activity.
3. A business that presents live performances of an indecent sexual nature or derive directly or indirectly more than 2.5 percent of gross revenues through the sales of products and services, or the presentation of any depictions or displays, of an indecent sexual nature.
4. A business that has a primary purpose of facilitating polyamorous relationships.
5. Massage parlors.
6. Hot tub facilities.
7. Escort services.



INELIGIBLE BUSINESSES DO NOT QUALIFY FOR THIS LOAN PROGRAM.

SECTION III. REQUIRED APPLICANT DOCUMENTATION

REQUIRED LOAN APPLICATION DOCUMENTS:

- 1) Completed and signed application.
- 2) Section III of this application form completed and signed by individual(s) who, individually or collectively, own fifty-one percent (51%) or more of the equity of the business, as shown on the businesses tax statements.
- 3) A copy of each individual's driver's license or US Passport must be provided for identity verification purposes.
- 4) Business tax returns for 2019. If the 2019 tax returns have not been filed then you must provide the 2018 business tax returns along with the 2019 business year-end profit and loss statement.
- 5) Comparative financial statements. Please provide March 2019 profit and loss statement and March 2020 profit and loss statement. In the absence of the P&L, applicant can submit QuickBooks reports or point-of-sale reports in order to show economic impact.
- 6) Employer forms (W2s, 1099 etc) showing your number of employees.



COLLECT ALL REQUIRED SUPPORTING DOCUMENTS BEFORE COMPLETING APPLICATION.

APPLICANT MAY VOLUNTARILY PROVIDE ADDITIONAL INFORMATION THAT WILL ADD CONTEXT AND ASSIST THE LOAN COMMITTEE IN MAKING AN INFORMED LOAN DECISION. ADDITIONAL INFORMATION MAY INCLUDE:

- Year-end financial statements or tax returns for 2019.
- Interim financial statements (profit & loss) for the current year-to-date.
- Additional filing requirements providing monthly sales figures indicating a loss of business.
- Any other helpful information to indicate need or loss of sales revenues due to COVID-19

ADDITIONAL INFORMATION MAY BE REQUESTED BY THE LOAN COMMITTEE TO DETERMINE A LOAN DECISION. IF REQUESTED, PLEASE PROVIDE ADDITIONAL INFORMATION WITHIN 7 DAYS OF THE REQUEST.

COMPLETED Grant applications will be sent to the grant review committee in the order they are received. Incomplete applications are not considered received and will not be sent to the grant committee.

Each applicant OR business can receive only one Escambia County Small Business Recovery COVID-19 Grant.

If the applicant OR business has received the Northwest Florida Small Business COVID-19 Grant they will not be eligible for the Escambia County Small Business Recovery COVID-19 Grant.

If you receive the grant, the check will be made to the business entity name for deposit. UWF will mail the check to the grant recipient.

By signature of this application the applicant(s) agree that should you receive the grant applicant(s) name, the business name, grant amount, demographic information, and other relevant information will be shared with the grantor, Escambia County.

By signature of this application the applicant(s) assert not to hold the Florida SBDC, or any member of the grant review committees, liable should you not receive the grant.

SECTION IV. APPLICATION FORM

1. ORGANIZATION TYPE:

- Sole Proprietorship
 Partnership
 Corporation
 S-Corporation
 Limited Liability Company
 Other:

| | |
|---|--|
| 2. BUSINESSES LEGAL NAME: (verified by Sunbiz.org or Occupational or Business License) | 3. TRADE NAME: (if different than legal name) |
|---|--|

| | |
|---|--|
| 4. EIN (EMPLOYER IDENTIFICATION NUMBER): | |
|---|--|

5. MAILING ADDRESS:
 Number, Street, and/or Post Office Box:

| | | | |
|------|--------|-------|----------|
| City | County | State | Zip Code |
|------|--------|-------|----------|

| | |
|--|---|
| 6. BUSINESS PROPERTY ADDRESS(ES) Number and Street | DO YOU: <input type="checkbox"/> Own <input type="checkbox"/> Lease |
|--|---|

| | | | |
|------|--------|-------|---------|
| City | County | State | Zip + 4 |
|------|--------|-------|---------|

7. PRIMARY BUSINESS ACTIVITY:

| | |
|---|--|
| 8. NUMBER OF EMPLOYEES: (pre-disaster) | 9. DATE BUSINESS ESTABLISHED: (MM/YYYY) |
|---|--|

| 10. BUSINESS FINANCIAL SUMMARY | | | |
|---------------------------------------|-----------------|----------------|----------------|
| | 2019 (year end) | Jan-Mar (2019) | Jan-Mar (2020) |
| Gross Sales Revenues | | | |
| Total Employees | | | |
| Profit/Loss | | | |

11. AMOUNT OF ESTIMATED LOSS:

| | |
|---|-------------------------------------|
| <input type="checkbox"/> Loss of Sales: | <input type="checkbox"/> Inventory: |
| <input type="checkbox"/> Other: | |

12. INSURANCE COVERAGE (IF ANY)

Coverage Type: Business Interruption Insurance
 Other

Name of Insurance Company and Agent:

Phone Number of Insurance Agent:

13. OWNERS: (must include all the following information)

Application must include the following information for the individual(s) who, individually or collectively, own at least fifty-one percent (51%) of the equity of the business, as evidenced by the businesses tax statements.

(A) OWNER APPLICANT 1: (if less than 51% owner, additional owner applicant(s) are needed)

| | | | | | |
|------------------------|---------------|-------------------------|----------|------------------------------|---|
| Full Legal Name | | Title/Office | % Owned* | E-mail Address | |
| Social Security Number | Date of Birth | Driver's License Number | | Telephone Number (area code) | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address | | City | | State | Zip |

(B) OWNER APPLICANT 2: (if applicant 1 is less than 51% owner)

| | | | | | |
|------------------------|---------------|-------------------------|----------|------------------------------|---|
| Full Legal Name | | Title/Office | % Owned* | E-mail Address | |
| Social Security Number | Date of Birth | Driver's License Number | | Telephone Number (area code) | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address | | City | | State | Zip |

(C) OWNER APPLICANT 3: (if applicants 1 and 2 are less than 51% owner)

| | | | | | |
|------------------------|---------------|-------------------------|----------|------------------------------|---|
| Full Legal Name | | Title/Office | % Owned* | E-mail Address | |
| Social Security Number | Date of Birth | Driver's License Number | | Telephone Number (area code) | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address | | City | | State | Zip |

(D) OWNER APPLICANT 4: (if applicants 1 - 3 are less than 51% owner)

| | | | | | |
|------------------------|---------------|-------------------------|----------|------------------------------|---|
| Full Legal Name | | Title/Office | % Owned* | E-mail Address | |
| Social Security Number | Date of Birth | Driver's License Number | | Telephone Number (area code) | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address | | City | | State | Zip |

* Total of all owners listed must be equal to or greater than 51% of total business ownership. Attach additional sheet if needed.

14. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of Representative (please include the individual name and their company)

| | |
|----------------------------------|---|
| _____ Signature of Individual | _____ Print Individual Name |
| _____ Name of Company | _____ Phone Number (include Area Code) |
| _____ Street Address | _____ City, State, Zip |

Unless the NO box is checked, I give permission to discuss any portion of this application with the representative listed above. NO

[END OF APPLICATION]