

Program Overview

Case Id:

Name:

Address:

Program Overview

Please provide the following information



CARES Small Business Grant

- Escambia County's Small Business Grant Program will allow qualifying small businesses access to \$7,500 for businesses with 0-25 employees and \$15,000 for businesses with 26-50 employees in grant money to cover normal business expenses, including employee wages, vendor bills, and rent to help offset the temporary loss of revenue due to COVID-19. Federal Cares Act provides the funding for this County program.
- Grants are strictly limited to businesses located physically within Escambia County which did not receive more than \$10,000 from the federal Paycheck Protection Program (PPP).
- Funds can only be used to reimburse the costs of business interruption caused by COVID-19 pandemic.
- Regardless of whether a business is or is not eligible for this program, it may still qualify for other existing funding programs. Visit <https://myescambia.com/cares> for more information on other programs assisting businesses impacted by the COVID-19 pandemic.
- Small businesses must meet the following criteria to be considered for the Escambia County Small Business Grant Program:
 - Physically located and operated within the boundaries of Escambia County, Florida
 - Employees 50 or fewer people
 - For-profit business
 - Privately held small business
 - Established and continuously operating since at least October 1, 2019
 - Experienced a business interruption or closures due to COVID-19
 - Have not received funds from the federal Paycheck Protection Program (PPP) in excess of \$10,000 related to COVID-19
 - No current unpaid code enforcement liens or violation of any state, federal or local laws

- No owner, officer, partner or principal actor of the business involved with financial mismanagement. This includes: "Business Owner(s) with any conviction(s) for financial crimes within the last 3 years, with Business Owner(s) defined as: Managing Members and/or Officers."
- Business is not engaged in the following:
 - Derives more than one-third of gross annual revenue from legal gambling activities
 - Illegal activity
 - Presents live performances of a sexual nature or derive directly or indirectly more than 2.5% gross revenues through the sales of products and services, or the presentation of any depictions or displays of a sexual nature
 - Primarily facilitates polyamorous relationships
 - Unlicensed massage parlors and unlicensed massage therapists
 - Hot tub use facilities
 - Escort services

Documents Required

You must have all documents readily available before you begin the application process. It is recommended that you scan and save all required documents to your computer so they can be easily uploaded to your application form.

- Copy of driver license or valid state ID of owner/representative filling out application
- Copy of active state business registration (as verified by Sunbiz), license or other documentation with Escambia County address
- Copy of entire 2019 Tax Return or business financials
- Copy of IRS Form 941 from 1st quarter 2020
- Completed W-9 form
- Copy of documentation regarding Paycheck Protection Program receipts, if any received

A. Eligibility

No data saved

Case Id:

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A. Eligibility

Applicant must check each box to confirm that each statement is true for all statements. If any statement is not true, the business is not eligible.

- ☐ Business is physically located and operated within the boundaries of Escambia County, Florida
- ☐ Business employees 50 or fewer people
- ☐ Business is a "For-profit" Business
- ☐ Business is a privately held small business
- ☐ Business has experienced a business interruption or closures due to COVID-19
- ☐ Business has not received funds from the federal Paycheck Protection Program (PPP) in excess of \$10,000 related to COVID-19
- ☐ Business has been established and continuously operating since at least October 1, 2019
- ☐ Business is expected to operate after applicable local and state emergency guidelines are removed
- ☐ Business has no current unpaid code enforcement liens or violation of any state, federal or local laws
- ☐ No Business Owners, including all Managing Members and/or Officers, have been convicted of financial crimes within the past three years
- ☐ Business is not engaged in the following:
 - Derives more than one-third of gross annual revenue from legal gambling activities
 - Illegal activity
 - Presents live performances of a sexual nature or derive directly or indirectly more than 2.5% gross revenues through the sales of products and services, or the presentation of any depictions or displays of a sexual nature
 - Primarily facilitates polyamorous relationships
 - Unlicensed massage parlors and unlicensed massage therapists
 - Hot tub use facilities
 - Escort services



IF YOU DID NOT CHECK BOX FOR ALL ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE Escambia CARES Small Business Grant.

B. General Information

Case Id:

Name:

Address:

B. General Information

Please provide the following information

B.1. Legal Name of Business (as shown in Line 1 of W-9)

B.2. DBA (as shown in Line 2 of W-9)

B.3. Principal Business Address

B.4. Please enter the Escambia County District your business is located within. To find your District, please enter your street address information in the field box "Find your Commissioner" at this link

<https://myescambia.com/open-government/districts>

B.5. Business Website Address

B.6. Taxpayer Employer Identification Number ID (EIN) (if sole proprietorship does not have an EIN, enter social security number of sole proprietor) (Exactly As shown on W-9)

B.7. Payee Name (if individual, must be at least 18 years old) for Grant check

B.7a. Mailing Address for Grant check (As shown in Line 5 & 6 of W-9). Please note this is the address where Escambia County will mail your check

OWNER OR REPRESENTATIVE CONTACT INFORMATION

B.8. First Name

B.9. Last Name

B.10. Primary Phone

B.11. Business Phone

B.12. Primary Email

B.13. Date Business Established

B.14. Business Legal Entity Type (as shown in Line 3 of W-9)

B.15. This grant will be used for:

- ☐ Payroll/Wages (including associated benefits)
- ☐ Mortgage/Rent
- ☐ Vendor Payments
- ☐ Insurance
- ☐ Advertising
- ☐ Other Needs

If you marked Other Needs above, please explain.

B.16. Applicant Minority Identification Status (Check all that apply)

- ☐ Caucasian
- ☐ African American
- ☐ Asian
- ☐ Hispanic
- ☐ Native American
- ☐ Native Hawaiian/Pacific Islander
- ☐ Veteran Owned
- ☐ Women Owned
- ☐ Prefer Not to Respond

B.17. Business Type: Select the type that best fits your business

B.18. Did your business receive assistance from the Paycheck Protection Program (PPP)?

If yes, how much?

B.19 How many employees in total do you have, not including the owner?

B.20. Are all of these employees working at the business address?

B.21. Did your business suffer any of the following adverse impacts from severe acute respiratory syndrome coronavirus 2 SARS-CoV-2 (COVID-19)? (Check all that apply)

- ☐ Loss Revenue due to voluntary and involuntary closures
- ☐ Loss Revenue due to decreased customer demand
- ☐ Loss of perishable inventory
- ☐ Shortage or unavailability of saleable inventory
- ☐ Shortage of labor
- ☐ Increased Salary related to Hazard Pay
- ☐ Increased Security Costs
- ☐ Increased cost for PPE
- ☐ Increased shipping costs
- ☐ Increased expenditures for storage
- ☐ Increased business expenses related to telework
- ☐ Increased expenses for sanitation and disinfection
- ☐ Increased cost of Mitigation to enforce social distancing
- ☐ Increased cost of consumables
- ☐ Increased Sick Leave and Family Sick Leave
- ☐ Increased Covid-19 (uninsured/non-covered) healthcare cost (to include testing)
- ☐ Other

These lists are neither all-inclusive nor all-required, the County may use discretion to set adverse impacts related to Covid-19 for their area.

Explain other

C. Required Documentation

Case Id:

Name:

Address:

C. Required Documentation

Please provide the following information

FOR MORE INFORMATION ABOUT REQUIRED DOCUMENTATION, PLEASE REFER TO THE TEXT BELOW.

1. Business owners will need the following documents before they complete the application:
 - Current W-9 Form
 - Active state business registration (as verified by Sunbiz), license or other documentation
 - Business financials, including entire 2019 Tax Return or equivalent
 - Staffing documentation, IRS Form 941 from the first quarter of 2020
 - Documentation of amount of PPP received, if any
2. Depending on the small business' legal structure, business owners will be required to provide:
 - Individual (Sole Proprietors and individual/single-owner LLCs): If no 2019 Schedule C is available, provide 2018 Schedule C, AND most recent Annual or Quarterly Financial Statement (Balance Sheet or Profit and Loss Statement).
 - Corporations (C-Corps, S-Corps, corporate Limited Liability Corporations (LLCs)): If no 2019 Corporation Income Tax Return is available, provide 2018 Corporation Income Tax Return, AND most recent Annual or Quarterly Financial Statement (Balance Sheet or Profit and Loss Statement).
 - Partnerships: If no 2019 Return of Partnership Income is available, provide 2018 Tax Return, AND most recent Annual or Quarterly Financial Statement (Balance Sheet or Profit and Loss Statement).

Documentation

- ☐ Driver License or valid stated ID of owner/representative ***Required**
- ☐ PPP Loans Received Documentation (I.e. scan of letter or pdf of email from SBA or bank/lender)
- ☐ Active State Business Registration, or local business registration/license, or other documentation ***Required**

☐ Business Financials (applicable 2019 Tax Return or equivalent) ***Required**

☐ Staffing Documentation if not Sole Proprietor (IRS Form 941 from first quarter 2020)

☐ W-9 Form ***Required**

Submit

Please provide the following information

APPLICATION SUBMITTAL TERMS AND CONDITIONS

1. The business entity understands and agrees that this Application is subject to disclosure pursuant to Florida's broad public records laws subject to limited statutory exemptions. Except as noted below, all information in the Application, including any supporting documentation attached, may be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.
2. Social Security numbers are collected, maintained and reported by the County to comply with IRS 1099 reporting requirements and are exempt from public records pursuant to Florida Section 119.071, Florida Statutes.
3. Pursuant to Section 815.045, Florida Statutes, "Trade Secret Information," as defined in Section 812.081, Florida Statutes, and as provided for in Section 815.04(3), Florida Statutes, is expressly made confidential and exempt from Florida's public records laws.
 - In order to claim that certain information provided to the County is "Trade Secret Information," the business entity must note (by word, line, or paragraph) the information it wishes to protect as "Trade Secret Information."
 - By submitting this Application, the business entity hereby expressly permits the County to consider any information not specifically noted as "Trade Secret Information" as information that is not protected.
 - The County reserves the right to make its own determination as to whether certain information is "Trade Secret Information," and to make any disclosures in its sole discretion pursuant to applicable law.
4. The business entity understands and agrees that this Application, including any supporting documentation, may be disclosed to a third-party not-for-profit or public agency for the purposes of reviewing it for eligibility for funding. If such disclosure occurs, the third-party will have access to the complete Application, including any exempt, confidential, or protected "Trade Secret Information" to be used by the third-party for eligibility determination.
5. Should the business entity receive financial assistance from the County, the business entity agrees that it shall permit the County, the Escambia County Clerk of Court and Comptroller, the State of Florida, the Federal Government, or any designated representatives, to, during regular business hours, conduct follow-up site visits and access and audit the business entity's records to prevent fraud and to ensure compliance with federal requirements.
6. The business entity hereby acknowledges that pursuant to Section 837.06, Florida Statutes, knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree.
7. The business entity understands and agrees that it will be liable to reimburse the County for the total amount of financial assistance received, in the event it is determined that the business entity has made a false statement in its Application, including any supporting documentation, or has misled the County in any manner in order to obtain financial assistance.

☐ I have read and understand the above statement.

☐ I certify that this business has no unpaid code enforcement liens and that no Business Owners, including all Managing Members and/or Officers, have been convicted of financial crimes within the past three years.

ATTESTATION OF THE AUTHORIZED REPRESENTATIVE

1. I have the authority to legally bind the business entity and I have been authorized by the business entity to submit this Application.
2. On behalf of the business entity, I hereby acknowledge, affirm, and certify to the "Application Submittal Terms and Conditions" as provided above.
3. I acknowledge that if awarded a grant, the grant award amount will be reported as business income for tax purposes.
4. I release from liability and waive my right to pursue legal action against Escambia County, the University of West Florida (UWF), the Florida Small Business Development Center (SBDC) at UWF, grant review committee(s), and any other community organizations involved in administering this grant program.
5. I am knowledgeable of the business entity's business activities and have reviewed the Application, including any supporting documentation attached, and hereby certify that the Application is true, correct, and current to the best of my knowledge and that it contains no false or misleading statements.
6. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

Authorize Agent Name (Enter n/a if you are the business owner)

Relationship to Owner (Enter n/a if you are the business owner)

Signature

Today's Date

☐ By checking this box I agree and validate the above information.

Reviewers Checklist

Case Id:

Name:

Address:

Reviewers Checklist

BEGIN THE REVIEW BY SEARCHING NEIGHBORLY SOFTWARE FOR THE UNIQUE SMALL BUSINESS APPLICATION CASE ID YOU HAVE BEEN ASSIGNED. YOU WILL NEED TO VERIFY EACH OF THE ITEMS LISTED BELOW TO ENSURE THE INFORMATION SUBMITTED BY THE SMALL BUSINESS OWNER ACCURATELY MATCHES BY CHECKING THE APPROPRIATE BOX. CHECK TO VERIFY THE ACCURACY OF EACH LISTED DOCUMENT BELOW:

- ☐ 1. Did applicant check all boxes in Eligibility section
- ☐ 2. Did the applicant certify to, a temporary loss in revenue or jobs during March 13-August 31, 2020
- ☐ 3. Did applicant provide a copy of an active business license?
- ☐ 4. Did applicant provide a copy or picture of owner/representative's photo ID (Driver's License or state-issued ID)? Is applicant 18 years or older?
- ☐ 5. Did applicant provide a copy of a 2019 tax returns, of, if established in 2020, business financials
- ☐ 5.6 How many employees does applicant have?
 - ☐ 0 – 25 → \$7,500
 - ☐ 26 – 50 → \$15,000
- ☐ 6. For businesses with employees, did applicant provide IRS Form 941?
- ☐ 7. Did applicant provide a completed W-9 form?

Signature

Date