

Miramar Covid-19 Micro-Enterprise Grant Assistance Program Application

The City of Miramar has established a Micro-Enterprise Grant Assistance Program in support of the continued operation and re-opening of eligible microenterprise businesses that have been negatively impacted by the COVID-19 pandemic. The mission is to economically support sustain and recover local businesses effected by the pandemic.

Micro-Enterprise Grant Assistance is awarded to eligible, for-profit, microenterprise businesses established prior to January 1, 2019, whose owners are at least 18 years of age, employs 5 or fewer employees, which also includes the owners. The business must be located in the City of Miramar.

Applicants are required to have current up to date license and registrations and are not a party to any litigation involving the aforementioned, the state or municipality. The applicant must provide proof of loss of income due to COVID-19 which is equal to the amount being requested. The business cannot consist of real estate, rentals or sales of liquor, weapons, cannabis, lobbying activities, and or corporate chains.

As part of this application process, the applicant must provide all necessary documentation to verify eligibility. Applicant business shall attest that all information within the application, is accurate and true.

Before beginning this application, please refer to the [Program Guidelines and Applications Guidance Document](https://www.miramarfl.gov) . <https://crasouthfl.com/micro-ent/> or go to: <https://www.miramarfl.gov> OR <https://www.crasouthfl.com>

Microenterprise-Assistance-Program

IF YOU HAVE NOT COMPLETED THE ONLINE MICRO-ENTERPRISE GRANT SURVEY

STOP AND PLEASE GO TO : crasouthfl.com/micro-ent/ BEFORE COMPLETING THIS APPLICATION.

Section 1. Applicant Information

Business Owner/Applicant's Full Legal Name:

Are you authorized to sign documents, applications, and contracts for this business?

Yes

No

Business Owner/Applicant's Home Address, City/Town, State, Zip Code

Business Owner Applicant's email address

Business Owner/Applicant's primary phone number

To minimize potential conflict of interest, do you or any members of your immediate family currently work for the City of Miramar or hold a position on a Miramar Advisory Board or Commission?

Yes

No

If yes, from previous question, please list their name and city-related position:

Section2 . Business Information

Check the Business Industry that best fits:

Agriculture

Creative

Entertainment

Health

Manufacturing

Retail

Restaurant

Other Services _____

Business Legal Name, DBA (Doing Business As)

Date of Establishment:

Business Location Address (Business must be located in Miramar):

Business Mailing Address: City/Town, State, Zip code

Business Phone number

Business Website

Does the business qualify as a Certified Women-Owned Small-Business?

- Yes
- No
- Not sure

Does the business qualify as a Certified Minority-Owned Business?

- Yes
- No
- Not sure

Does the business qualify as a Certified Veteran-Owned Small Business?

- Yes
- No
- Not sure

As of date of this application, how many people does your business employ (include yourself, all owners, and all full-time and part-time employees).

Enter Number of employees: _____

List the position title of all people currently employed by your business on the date of this application. Please check their status as full or part time.

Employee 1 _____	Full Time	Part Time
Employee 2 _____	Full Time	Part Time
Employee 3 _____	Full Time	Part Time
Employee 4 _____	Full Time	Part Time
Employee 5 _____	Full Time	Part Time

What is the status of your business now? Check all that apply

- Open Full Time
- Open with Limited Hours
- Open with Limited Capacity
- Open with Product or Service Sales Restrictions
- Laid off Employees
- Limited Sales
- Selling Online
- No Sales
- Other _____

Please provide a brief explanation of what the economic impacts COVID-19 has had on your business.

Section 3. Required Documents & Additional Certifications:

THE FOLLOWING FIVE (5) DOCUMENTS BELOW MUST BE PRINTED, COMPLETED, SIGNED and UPLOADED WITH THIS APPLICATION

1. Signed Certifications/Signature Page
2. Microenterprise LMI Certification & Household Income Form
3. Eligible Business Expenses Cost Calculation Form
4. Profit Loss Statement--Mar-Jul_2020
5. Profit Loss Statement_Mar-Jul_2021

Copies of the documents can be found on the Program webpage at:

<https://www.miramar.gov-Microenterprise-Assistance-Program>

PLEASE UPLOAD ALL SUPPORTING DOCUMENTS LISTED ABOVE WITH ORIGINAL SIGNATURES. APPLICATIONS ARE ALSO AVIALABE TO PICK UP FROM OUR OFFICE LOCATED AT:

Community Revitalization Affiliates, Inc
Microenterprise Assistance Program
6151 Miramar Parkway,
Suite 202
Miramar, FL 33023

City of Miramar
Economic Business and Development Department
2200 Civic Center Place
Miramar, FL 33025
Monday – Thursday
7 am - 6 pm

Additional Information:

Grant awards are prioritized based on business-owner income status relative to HUD Low- to Moderate-Income Limits. Grant guidelines and requirements are subject to change to meet the requirements and needs of this program.

Additional information or documentation, including tax returns and other financial documents may be requested by the City of Miramar as part of this application process for the purpose of determining eligibility and funding

A Grant Agreement Contract and W -9 Form are required to be completed and submitted by grant awardees.

For more information about the Micro-Enterprise Grant Assistance Program please go to:

<https://www.miramar.gov OR crasouthfl.com/Microenterprise-Assistance-Program>

Section 4. Certifications and Signature Page:

Please print and sign this signature page and upload.

Certifications: Check all that you agree to.

I certify that the information is true and accurate.

I certify that I have the authority to apply for this grant on behalf of the business described herein.

I certify that the grant will be used for allowable business purposes as detailed in the grant agreement.

I certify that my business is in compliance with the State of Florida and the City of Miramar applicable licenses, registrations and taxes due through March 1, 2021.

I certify that my business is not involved in any litigation involving the State of Florida or the City of Miramar.

I certify that my business is accessible to all persons within all areas of Miramar and that it serves community-wide Low- to Moderate-Income areas and residents of Miramar.

I certify that there will be no duplication of benefits and that I have not received nor will I apply for other source of State, Local, or Federal funding for the same purposes during the same period of this grant application.

I certify that all the information contained in this application is true, complete and correct to the best of my knowledge.

I understand that any willful misrepresentation on these questions could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

Signature and Date

Print Name: _____

Sign: _____ Date: _____