



**Santa Rosa County
CARES Act Small Business Economic Recovery Program
Grant Application Form**

Disaster Event: Coronavirus Pandemic.

Application Period: September 28, 2020 at 8 am CST to October 16, 2020 at 5 pm CST.

Applications received before or after this time frame will not be reviewed.

Grant Amount Requested: **Maximum grant amount is \$20,000**	Application Date:
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ONLY ELIGIBLE AND COMPLETED APPLICATIONS WITH REQUIRED SUPPORTING DOCUMENTATION WILL BE ACCEPTED.

PLEASE READ ENTIRE FORM BEFORE SUBMITTING

Completed grant applications and supporting documents can be submitted via email to:
santarosacaresgrant@gmail.com

Please ensure all supporting files are attached in PDF format.

SECTION 1: APPLICATION SIGNATURE & ACKNOWLEDGEMENT

The **CARES Act Small Business Economic Recovery Program** is a grant program funded by the CARES Act, section 601 of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020) ("CARES Act") and is being administered by the Florida SBDC at UWF as a contractor for Santa Rosa County as a subrecipient of the Florida Department of Emergency Management's primary award from the U.S. Department of Treasury. All applicable state and federal statutes, regulations and guidelines for this funding are applicable to the applicant. Only completed applications that include all supporting documentation will be considered.

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 business recovery and continuation purposes.

The undersigned understands that the business owner(s) name(s), business name and grant award amount are subject to a Freedom of Information Act (FOIA) request and may be made public.

The undersigned affirms that the business does not have any current or unpaid liens or taxes and is not operating in violation of any State or Federal laws.

The undersigned acknowledges that if awarded a grant, the grant award amount shall be reported as business income for tax purposes.

The undersigned releases from liability, and waives his/her/their right, to pursue legal action against Santa Rosa County, The University of West Florida (UWF), The Florida SBDC at UWF, Vision First Advisors, and any other community organizations involved in administering this grant program.

APPLICANT(S) SIGNATURE(S)

Applicant 1		Applicant 2	
Print Name		Print Name	
Signature		Signature	
Date		Date	
Applicant 3		Applicant 4	
Print Name		Print Name	
Signature		Signature	
Date		Date	

SECTION 2: ELIGIBILITY

YOUR BUSINESS MUST:

1. Be a for-profit, privately held small business located in Santa Rosa County, Florida and established on, or before March 1, 2020. (verified by Sunbiz - <http://dos.myflorida.com/sunbiz/search> or a business tax receipt or business tax returns or business bank account statements).
2. Have experienced revenue loss of at least 5% as a result of the COVID-19 pandemic.
3. Have less than 100 employees.
4. Have reported revenue of less than \$10,000,000 in 2019.

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. Unlicensed Massage parlors and unlicensed massage therapists.
6. Hot tub facilities.
7. Escort services.
8. Rental property owners who do not file a business tax return for rental income.

SECTION 3: REQUIRED DOCUMENTATION**REQUIRED GRANT APPLICATION DOCUMENTS:**

1. Completed and signed application form. Section I of the form must be signed by individual(s) who, individually or collectively, own at least fifty-one percent (51%) of the equity of the business, as shown on the businesses tax statements.
2. A copy of each individual's driver's license or US Passport must be provided for identity verification purposes.
3. Business tax returns for 2019. If the 2019 tax return has not yet been filed then you must provide tax filing extension paperwork along with 2018 business tax returns and a 2019 business year-end profit and loss statement.
4. If applicable, IRS Form 941 for the first quarter (Q1) of 2020. Payroll service provider documentation may be used as a substitute in certain cases.
5. Comparable P&L statements for 2019 and 2020 showing a reduction in sales revenue of at least 5%. If a P&L statement is not available, applicant may submit POS reports, business bank account statements or other documentation.
6. An active business registration or fictitious name registration on Sunbiz.
7. You may voluntarily provide any additional information or documentation that will add context and assist the grant review committee in making an informed decision.

SECTION 4. SUPPLEMENTAL INFORMATION

Does your business identify as any of the following (check all that apply)?

- Minority Owned Business
 Veteran Owned Business
 Woman Owned Business

SECTION 5: BUSINESS INFORMATION**ORGANIZATION TYPE:**

- Sole Proprietorship Partnership Corporation S-Corporation
 Limited Liability Company

BUSINESS LEGAL NAME (Sunbiz.org):

BUSINESS TRADE NAME (if applicable):

EMPLOYER IDENTIFICATION NUMBER (EIN):

DATE BUSINESS ESTABLISHED (MM/YYYY):

BUSINESS ADDRESS:	NUMBER OF EMPLOYEES (as per Form 941 Q1):
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PRIMARY BUSINESS ACTIVITY:

Describe the economic loss your business has suffered as a result of the Coronavirus Pandemic:

SECTION 6: OWNER INFORMATION

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

Full Legal Name:	% Owned:	E-mail Address:
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SSN (last 4):	Date of Birth:	Telephone Number:
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Mailing Address:	Driver's License Number:
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OWNER APPLICANT 2:

Full Legal Name:	% Owned:	E-mail Address:
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SSN (last 4):	Date of Birth:	Telephone Number:
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Mailing Address:	Driver's License Number:
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OWNER APPLICANT 3:

Full Legal Name:	% Owned:	E-mail Address:
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SSN (last 4):	Date of Birth:	Telephone Number:
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Mailing Address:	Driver's License Number:
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AUTHORIZED REPRESENTATIVE

Provide name and contact information for any company or individual who assisted you in completing this application form:

Name:
Company:
Telephone Number:
Email Address:

I authorize the Florida SBDC at UWF to discuss any portion of this application with the representative listed above.

END OF APPLICATION