



Download the application

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Sally A. Heyman

MIAMI-DADE COUNTY COMMISSIONER, DISTRICT 4

2022 Mom & Pop **Small Business Grant Program**

Small business owners in District 4 can now apply for up to \$5,000 in grants from the annual Mom and Pop Small Business Grant Program. Applications will be accepted January 31 to 12 noon on February 18, 2022.

Applications must be received no later than 12 noon on February 18, 2022 or they will not be accepted.

Completed applications can be mailed, hand delivered, and emailed.

Mailed and Hand Delivered to: (Hand Delivery ONLY on Wednesdays from 10am to 4pm) **Commissioner Sally A. Heyman District 4 Office** 1380 NE Miami Gardens Drive, Suite 282 Miami, FL 33179

Emailed to:

District4@miamidade.gov

To find out if your business is located within District 4 or for more information, call (305) 787-5999 or go to www.miamidade.gov/district04.





MIAMI-DADE COUNTY COMMISSIONER SALLY HEYMAN DISTRICT 4

www.miamidade.gov/district04/

FOR IMMEDIATE RELEASE: Jan. 20, 2022 MEDIA CONTACT: Alexis Moseley, 305-787-5999

Commissioner Sally A. Heyman announces 2022 cycle of Mom and Pop Small Business Grant Program

Small businesses may be eligible to receive up to \$5,000

MIAMI-DADE – Small business owners in Miami-Dade's District 4 are invited to apply for Commissioner Sally Heyman's Annual Mom and Pop Small Business Grant Program. Applicants may be eligible to receive up to \$5,000, depending on the number of applicants, which can be used for purchasing equipment, supplies, inventory, commercial liability insurance, security systems, advertising, marketing, making minor renovations, salaries/wages, and rent/mortgage. Applications will be accepted Jan. 31 through 12 noon on Feb. 18, 2022.

Business owners interested in applying for the 2022 District 4 Mom and Pop Small Business Grant Program must meet the following criteria:

- existed for at least two year(s)
- has not been awarded this grant two or more times
- employ no more than seven employees
- currently not in default or non-compliance with any County loan or grant program
- is not affiliated with a national chain
- does not own more than two businesses
- does not engage in illegal activity at the stated business location

Applications must be received no later than 12 noon on Feb. 18, 2022, or they will not be accepted.

Completed original applications can be Mailed, Hand Delivered, and Emailed.

Mailed and Hand Delivered to:
(Hand Delivery ONLY on Wednesdays from 10 a.m. to 4 p.m.)
Commissioner Sally A. Heyman, District 4 Office
1380 NE Miami Gardens Drive, Suite 282
Miami, FL 33179

Emailed to: District4@miamidade.gov

Only one application per business will be accepted. Non-profit agencies are not eligible for funding. Home-based businesses are welcome to apply. Businesses that received funding less than two times in the past can apply. Applications must be typed or printed. Illegible, incomplete, or faxed applications will be disqualified. Guidelines for the Mom and Pop Small Business Grant Program require that each approved recipient attend a mandatory business training workshop to be scheduled at a later date.

To see if your business is located within District 4 or for more information, call (305) 787-5999. Applications are available at www.miamidade.gov/district04.

Miami-Dade County Commissioner Sally A. Heyman, District 4

Announces

Mom and Pop Small Business Grant Program

(Application for financial assistance through Miami-Dade County)

Original applications accepted:

January 31, 2022 through *12 noon*, February 18, 2022

Mailed and Hand Delivered to:

(Hand Delivery *ONLY* on Wednesdays from 10am to 4pm)
Commissioner Sally A. Heyman, District 4
1380 NE Miami Gardens Drive, Suite 282
Miami, FL 33179

Emailed to:

District4@miamidade.gov

For Questions, Call: 305-787-5999

MOM AND POP SMALL BUSINESS GRANT PROGRAM

BRIEF DESCRIPTION

The Mom and Pop Small Business Grant Program was created 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 local government under favorable conditions ultimately bridging the gap between the two entities.

 The program provides financial assistance to further the economic viability of recipients.

Eligible uses of funding:

Inventory/Supplies Minor Interior/Exterior Renovations
Business Equipment Commercial Liability Insurance

Marketing/Advertising Rent/Lease or Mortgage

Professional Services Salaries

Security System

Work Vehicle (must be purchased and registered under business name)

Ineligible uses of funding:

Rental Deposits Taxes

Late Payment Fees Purchase of Alcohol, Tobacco or Medicine

Local or State Licenses Utility Bills

 Technical assistance is made available 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.

The program is offered countywide. **This grant package is** *only* **for District 4 businesses.** Deadlines and application forms for each district may differ. Please be sure to use the appropriate application.

Miami-Dade County Commissioner Sally A. Heyman Mom & Pop Small Business Grant Program Guidelines

Miami-Dade County Commissioner Sally A. Heyman is offering Mom & Pop Small Business Grant applications to qualified businesses located in District 4. All businesses *must* meet the following criteria in order to qualify:

- 1. In business for at least two year(s) (include proof i.e. Sunbiz.org printout).
- 2. Businesses that have received this grant two or more times are NOT eligible for grant dollars.
- 3. A <u>photocopy</u> of State of Florida Business License (Issued by Florida Department of Business and Professional Regulation, Department of Health, or whichever Department your business is regulated by).
- 4. A **photocopy** of Business Owner's Driver's License.
- 5. Cannot have more than seven (7) full-time employees.
- 6. Cannot be a part of a national chain.
- 7. Have no more than two (2) businesses.
- 8. Submit <u>photocopies</u> for the current year **and** past **TWO** fiscal years of <u>Miami-Dade County</u> <u>Business Tax License (SEE SAMPLE)</u> and Municipality license if located in a Municipality at the time of application. <u>Business name on application must match one on license.</u>
- 9. A physical address is required. P.O. Box as a mailing address is NOT allowed.
- 10. Applicant must apply in district where business is located.
- 11. Home-based businesses can apply.
- 12. Only one application per business.
- 13. Non-profit agencies cannot apply.
- 14. Businesses that relocate out of the district during the application, award and payment processing of the grant will be disqualified.
- 15. Business or owner must not have a delinquent loan with Miami-Dade County or a County funded department or agency.
- 16. Application must be <u>typed</u> or <u>printed</u> only. If application is illegible, it will automatically be disqualified.
- 17. Applicants must sign and submit all requested documents. Incomplete applications will not be considered and will automatically be disqualified.
- 18. Must provide picture of business location (building, office, or work vehicle).
- 19. Applications will not be accepted after deadline.

Deadline: 12 noon, Friday, February 18, 2022 NO EXCEPTIONS.

MIAMI-DADE COUNTY TAX COLLECTOR 140 W. FLAGLER ST. 1st FLOOR MIAMI, FL 33130 LOCAL BUSINESS TAX RECEIPT 2011
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2011
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10 FIRST-CLASS U.S. POSTAGE PAID MIAMI, FL PERMIT NO. 231. THIS IS NOT A BILL - DO NOT PAY RENEWAL BUSINESS NAME / LOCATION RECEIPT NO. 33155 UNIN DADE COUNTY OWNER Type of Business
196 SPEC ELECTRICAL CONTRACTOR WORKER/S THES IS CALLY A LOCAL BUSINESS TAY RECEPT IT OCES NOT PRAINT THE HOLDER TO VIOLATE ANY PERSONNESS THE PROPERTY OF CHAPTER FROM BY OTHER PERSONNESS OF LICENSE REQUIRED BY LAW THIS IS REQUIRED BY LAW THIS IS REQUIRED BY LAW THIS IS THE HOLDER'S GUALIFICATION. 6 DO NOT FORWARD PAYMENT RECEIVED MAMI-DADE COUNTY TAX COLLECTOR 07/23/2010 02230011001 000075.00 59 SEE OTHER SIDE

Local Business Tax Receipt

Miami-Dade County, State of Florida
-THIS IS NOT A 3ILL -DO NOT PAY

7162457

BUSINESS NAME/LOCATION MOM AND POP SAMPLE LBT ONLY 140 W. FLAGLER ST 1407 MIAMI, FL 33130

RECEIPT NO.

NEW BUSINESS 7440473

EXPIRES SEPTEMBER 30, 2014

Must be displayed at place of business Pursuant to County Code Chapter 8A - Art. 9 & 10

MOM AND POP SAMPLE LBT ONLY 214

SEC. TYPE OF BUSINESS

RETAIL SALES

PAYMENT RECEIVED BY TAX COLLECTOR 12/10/2013 0.00 FPPU15-14-001663

Employee(s)

0

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276. For more information, visit www.miamidade.gov/taxcollector

MIAMI-DADE

Here are samples of what your Miami-Dade County Local Business Tax Receipt may look like. The first sample is for fiscal year 2010 - 2011 and the second for 2013-14.

- **They are issued based on the fiscal year, each year is a different color.
- **You must provide copies of your Local Business Tax Receipt for 2019 - 2020, 2020 - 2021 and 2021 - 2022.
 - ** WITHOUT THESE COPIES YOUR APPLICATION IS INCOMPLETE **

Mandatory Workshops for Approved Recipients

Guidelines for the Mom and Pop Small Business Grant Program require that each <u>approved recipient</u> attend a mandatory business training workshop.

It is very important that you attend the entire two-hour workshop and complete the required package at that time. Otherwise, you will be disqualified from the program, with limited exceptions.

Approved businesses selected by the grant committee for a Mom and Pop Small Business grant will receive the date and time of the Zoom workshop.

The date and time of the workshop will be finalized at a later date.

Approved grant recipients will be contacted with the workshop information via email.

APPLICATION CHECKLIST ALL DOCUMENTS MUST BE INCLUDED

- 1. One original completed application with requested documents.
- 2. Provide proof that the business has been operating for 2 years or more. Example: any old license, state corporations, sales tax, or utility bill) or any legal document proof must be in business name (include copy only).
- 3. Copy of the Miami-Dade County: Local Business Tax Receipt (LBT) or Paid Receipt. If Miami-Dade County business tax receipt reads "Operating in Miami-Dade" a City Tax Receipt is required as well.

If LBT is not required by Miami-Dade County, please provide written proof from Miami Dade County Tax Collector's Department located at 200 NW 2nd Ave Miami, FL 33128.

- 4. Copy of the City Business Tax Receipt or paid receipt if business is located in a municipality (City within the County).
- 5. Submit a copy of your active State of Florida Corporation and Fictitious Name (in applicable) from sunbiz.org if incorporated. FEI/EIN # must be listed on State of Florida print out if not listed submit IRS letter 147C (this includes the FEI/EIN number)
- 6. Picture ID (Driver's License or Florida ID) for owner of the business
- 7. Picture of business location with address (building, home office or work vehicle)
- 8. If required, State Professional License (Example: Cosmetology license, Realtor license, Contractor license, etc.)
- If applicable, Elected official, Government Board Appointee, and/or a Miami-Dade County employee, you must get written approval stating no conflict of interest from the Miami-Dade County Commission on Ethics.
- 10. <u>If applicable</u>, Miami Dade County Employees must include written approval from Department Director for outside employment.
- **11.** <u>If multiple owners</u>, the one who signs the grant application and grant agreement is the one required to attend the mandatory workshop and pick-up grant monies.

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 Signature	 Date	
viy signature below indicates that i have read	this document and fully understand its contents.	
My signature below indicates that I have read this document and fully understand its conter		

DISTRICT 4

Mom and Pop Small Business Grant Program Miami-Dade County

APPLICATION

(Please print or type – illegible and incomplete applications will not be considered)

I. Business Information		
Business Name (as it appears on License)		_
Owner(s) Name		
Business Address (as it appears on License	e) City	Zip Code
Owner's Home Address	City	Zip Code
Business Phone	Business Fax	Cell Phone
Email address		
Type of Business You Operate	\$ Amount of Fundir	ng Requested (Maximum is \$5,000)
II. Program Usage		
I would like to be considered for need(s):		_
<u>USAGE</u>	<u>DESCRIPTION</u>	<u>ESTIMATES</u>
☐ Inventory / Supplies		\$
Business Equipment		\$
Marketing / Advertising	_	\$
Commercial Liability Insurance		\$
Minor Renovations / Security System		\$
		\$

***applicants **MUST** fill in the blanks –
if area is incomplete, applications will not be considered**

Business owners are required to provide the following information:

1.	How long have you been in business? Number of yea	rs	
2.	Have you ever applied for the Mom and Pop Grant befo	ore: Yes	No
3.	Have you received a Mom and Pop Grant in the past?	Yes	No
4.	If yes, how much funding did you receive? \$		
5.	<u>Copies</u> of my Miami-Dade County Business Tax Licens and 2021-2022) are attached to the application. (SEE S	AMPLE)	19-2020, 2020-202 No
6.	<u>Copies</u> of my Municipality Business Tax License (FY 2 and 2021-2022) are attached to the application.), 2020-2021 No
		res	NO
7.	Photographs of the <u>inside</u> and <u>outside</u> of business are		l. No
8.	Are you or any of the shareholders employed by Miam		ounty? No
9.	If yes, what department?		
10	.Have you ever applied for a loan?	Yes	No
11	.If yes, with whom?		
12	.Was the loan approved?	Yes	No
13	Do you have a past due loan with the County or any Codepartment or agency?	ounty fur Yes	
14	.If yes, with whom?		
15	Will you be contributing any funding to the project?	Yes	No
16	.If yes, how much?	\$	
17	Do you own the building that you occupy?	Yes	No
18	Are you willing to participate in Business Developmen	it worksh	ops?
		Yes	No
19	. Do you currently market your business?	Yes	No
20	. If yes, how do you market, please explain (ex: newspa	per ads,	internet, coupons

21.	Do you belong to any networking groups?	Yes	No
22.	If yes, which groups (ex: Chambers, Profession Youth/Senior Groups)?	nal Groups, PTA/	PTSA/PTO,
23.	Number of employees (include <u>all</u> owners) Full-time:	Part-time:	
If a	pproved, please explain how you intend to use	the funding? Plea	se print.
** T	his is the perfect opportunity for you to share any addition (if need more space can include a		t your business.
_			
_			
_			
_			

24. Please provide the following information regarding your current employee(s). Owner must be included

Name	Home Address	City - Zip Code	White/E Hispanic/		Male/Female
			W B	н О	M/F
			W B	н О	M/F
			W B	н О	M/F
			W B	н О	M/F
			W B	н О	M/F
			W B	н О	M/F
			W B	н О	M/F

My signature below indicates that I have read this document and fully understand its contents.

The information submitted on this document is true to the best of my knowledge.		
Signature	Date	

Our office suggests you keep a copy of your application for your records.

^{**}Application will be considered incomplete unless a copy of County and City Local Business Tax Receipt (LBT) are attached for all years required.**