



Commissioner René Garcia
District 13

Miami-Dade County
Mom and Pop Small Business Grant Program

Application

Submit 1 original completed application with requested documents.

We suggest you keep a copy for your records.

Attention Business Owners
Miami-Dade County
District 13

Mom and Pop Small Business Grant Program

Grant Money Available!
\$2,500 per business

Applications available
February 14, 2023 through February 28, 2023

PICK UP APPLICATIONS AT:

Commissioner René Garcia District Office
1490 West 68th Street, Suite 101
Hialeah, FL 33014
Phone: 305-820-8424
Attn: Aylen Ginoris

Or

Applications online February 14, 2023 www.miamidade.gov/district13

An Informational Workshop explaining the requirements will be held via Zoom on

Wednesday, February 22, 2023, at 11:00 am
Meeting ID: 847 8080 5132
Space is limited, please be on time!

Completed applications will be accepted from March 1st – March 9th by 4:00 pm

Hand deliver completed application in a sealed envelope to the District Office located at
1490 West 68th Street, Suite 101 Hialeah, FL 33014

No late applications will be accepted!

For additional information contact Victoria Goss at 305-756-0605
Neighbors And Neighbors Association (NANA)

Submit 1 original completed application with requested documents.
We suggest you keep a copy for your records!

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2022-2023 MOM AND POP SMALL BUSINESS GRANT PROGRAM

Brief Description

The Miami-Dade County Mom and Pop Small Business Grant Program was created by Neighbors And Neighbors Association, Inc. in 1999 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 the local government under favorable conditions, and this relationship will ultimately bridge the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients. Funding can be used to purchase inventory/supplies, business equipment, marketing/advertising, building/business insurance, minor interior/exterior renovations, security systems (commercial property only), work vehicle (pick-up truck or cargo van- must be registered in the business name) professional services, (CPA, business training, seminars, and events), or commercial property lease or mortgage only.
- Technical assistance is made available at no charge, 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, form/foster better-working relationships among small business owners, retain and eventually create more jobs, offer the necessary training that small business owners so desperately need to become more efficient and competitive, etc.

The program is offered in each 13 Miami-Dade County Commission Districts, as a result, we recognize that the needs of each district are different, and our goal is to address this diversity. In order to receive the correct guidelines to be considered for funding, you must apply in the county district where your business is located. To locate your district where your business is located, please call 311 or visit <https://www.miamidade.gov/global/government/commission/home.page> under "Who is my Commissioner?" enter your business address and submit. **Applications and start dates for each district may differ, therefore, please be sure to pick up the appropriate application.**

**Miami-Dade County
Mom and Pop Small Business Grant Program
FY 2022-2023
Guidelines**

Commissioner René Garcia's Mom and Pop Small Business Grant Program is offering grant applications for small business owners.

All businesses must be located in District 13 and meet the following eligibility criteria:

- Business must be in operation for at least 1 year.
- Must be a for-profit business.
- Have not received Mom and Pop funding in the past.
- A physical address is required. No P.O. Box as mailing address allowed.
- Homebase businesses can apply.
- The Selection Committee can consider special projects.

AUTOMATIC DISQUALIFICATION:

- Businesses that received funding in the past 2 years.
- Businesses that relocate out of the district during the process.
- Applications submitted after the deadline.
- Non-profit agencies can not apply.
- More than one application submitted for the same owner(s), family member(s), or partner(s).
- Must not be part of a national chain.

The Selection Committee

Has the right to request additional information, accept, or reject any and all applications.

Informational Workshop

All businesses applying for funding are encouraged to attend this workshop, to learn about the program requirements. **All questions will be answered only during this time.**

Attending the workshop does not guarantee your business will receive funding.

Wednesday, February 22, 2023, at 11:00 am

Meeting ID: 847 8080 5132

Space is limited, please be on time!

Please have a copy of the application.

We recommend you do not complete the application before the workshop.

Application procedures and required attachments (please include the following documents below along with your application):

- Submit one original completed application typed or printed with all requested documents.
- Submit proof that the business has been in operation for at least one year. (Example: any old license, State Corporations, Sales Tax, or Utility Bill), proof must be in the current business name (include copy only).
- Submit a current Miami-Dade County Local Business Tax Receipt (include copy only). If the Miami-Dade County Business Tax Receipt reads “Operating in Miami-Dade” a City Business Tax Receipt may be required as well.
If a Business Tax Receipt is not required by Miami-Dade County, applicant must provide written proof from Miami-Dade County Tax Collector’s Department located at 200 NW 2nd Ave Miami, FL 33128.
- Submit current City Business Tax Receipt if your business is located in a City within the County (include copy only).
- Submit a copy of your **active** State of Florida Corporation **and/or** Fictitious Name (print copy by visiting Sunbiz.org), in addition, a FEIN # must be listed on Sunbiz printout if the business is incorporated. If not, provide a copy of the business IRS letter 147c or SS4 (showing business FEIN #)
- Provide copy of a valid picture ID (Driver’s License or State ID) of **owner or president** ONLY.
- Submit an outside picture of the business location (building, home office, or work vehicle-showing the address).
- Businesses interested in receiving the maximum amount, if funding is available **must** complete job creation forms.
- Elected official, Government Board Appointee, and/or a Miami-Dade County employee, must get written approval stating no Conflict of Interest from the Miami-Dade County Commission on Ethics.
- Miami Dade County Employees must include proof of approval from the Department Director for outside employment through INFORMS.
- Submit State Professional License, if required (Example: Cosmetology license, Realtor license, Contractor license, etc.)

Links to access professional license

For Child Care Facilities: <https://cares.myflfamilies.com/PublicSearch>

For Medical Personnel: <https://appsmqa.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP>

For Adult Day Care Facilities and Assisted Living Facilities (ALF):
<http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx?cc=11>

For Beauty Parlors, Restaurants, Bakery, etc.: <http://www.myfloridalicense.com/dbpr/>

For Security Firms: <licensing.freshfromflorida.com/access/agency.aspx>

For Regulated Industries: <myflorida.com/licensee/cat/>

For Regulated Health Fields: <http://www.floridahealth.gov/licensing-and-regulation/index.html>

ELIGIBLE USE OF FUNDING:

- Inventory / Supplies
- Business Equipment
- Marketing / Advertising
- Liability Insurance
- Minor Interior / Exterior Renovations
- Security System **(for commercial properties only)**
- Work Vehicle (pick-up truck or cargo van) must be registered in the business name
- Professional Services (Accounting, Business Training, Seminars, and events)
- Lease or mortgage **(for commercial properties only)**

INELIGIBLE USE OF FUNDING:

- Rental Deposits
- Late Payment Fees
- Purchase of Alcohol, Tobacco, or Medicine
- Salaries
- Debts
- Property taxes
- County, City, and or State license
- And any and all others not listed in the eligible use above.

**FY 2022-2023
Applications Forms
Mom and Pop Small Business Grant Program**

Date: _____

A. Identifying Data

Business Name: (as it appears on Sunbiz)	
Doing Business As (DBA) Name: (if applicable, as it appears on Sunbiz)	
Business Address:	
Business City & Zip Code:	
Business Phone Number:	
President or Owner Cell Number:	
Email Address:	
Type of Business Operating:	
President or Owner Name:	
President or Owner Home Address	
President or Owner City & Zip Code	

B. Amount Requested

Funding Request Amount	\$
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C. Current Employee Roster

1. Number of employees? Full-time: _____ Part-time: _____ None: _____
W-2 employees ONLY. No 1099 employees.

2. Please provide the following information regarding your current employee(s) add sheet(s) if needed:

Employee Name (Print)	Date of Hire	*Job Title	Full-Time (FT) or Part-Time (PT)	**Race	***Ethnicity

*Job Title: Officials and Managers, Technicians, Craft Worker (Skilled), Laborer (Unskilled), Sales Professional, Office and Clerical, Operative (Semi-Skilled), Service Workers

**Race W-White B-Black A-Asian AI-American Indian O-Other

***Ethnicity: H-Hispanic NH-Not Hispanic

I hereby certify that the information provided is true and correct. I further acknowledge that the information is subject to verification by authorized government officials.

CERTIFICATION: _____
 President or Owner signature

DATE: _____

This page must be completed.

D. Business owners are required to provide the following information:

1. How long have you been in business? Number of years _____ months _____

2. What are the business hours of operation? _____ to _____

3. Have you received Mom and Pop funding in the past? Yes _____ No _____
 - If yes, last time you received funding (year) _____

4. Are you or any other shareholder employed by Miami-Dade County? Yes _____ No _____
 - If yes, what department? _____

5. Do you (President/Owner) live in District 13? Yes _____ No _____

6. Is the business located in a commercial space? Yes _____ No _____

7. Would you be willing to participate in any offered business workshop training? Yes _____ No _____

8. If awarded the full amount allowed by the program, knowing that the funding cannot be used for salaries/payroll, would you still be able to create a new job? Yes _____ No _____

If yes, complete page 12 and submit with the application.

E. BUSINESS INFORMATION

1. Describe your business and the goods or services your business offer to the community:

2. Does your business participate in community service or contribute to community organizations (Please explain)?

3. Briefly describe how the funds if awarded, will be used to help grow your business:

My signature below indicates that the information submitted on this document is true to the best of my knowledge.

Signature: _____
President or Owner signature

Date: _____

Request for Opinion from Commission on Ethics Acquiring Financial Interest

I, _____, the owner or president of
(Owner or President Name)

_____, whose business address is
(Business Name-please include DBA if applicable)

_____,
(Business Address, City, State, Zip)

(Phone #) (Email)

Include a short description of the type of business operating _____

Are you currently employed or a board member of any Miami Dade County Department? Yes ___ No ___

If yes, what Department or Board? _____

If yes, are you seeking to contract with Miami Dade County? Yes _____ No: _____

I am being considered for funding through the Mom and Pop Small Business Grant Program and request the clearance from the Commission on Ethics. Please review my request and forward to Neighbors And Neighbors Association, Inc. to the attention of Leroy Jones, Executive Director, 5120 NW 24th Ave, Miami, FL 33142 or fax (305) 756-6008. Thank you in advance for your attention to this very important matter.

Commissioner René Garcia
111 NW 1st Street
Miami, FL 33128

This page must be completed.

APPLICATION CHECKLIST

ALL DOCUMENTS MUST BE INCLUDED.

Please initial each section

- _____ **One original** completed application with requested documents.
- _____ Proof that the business has been in operation for at least one year. Example: any old license, State Corporations, Sales Tax, Utility Bill), or any legal document. Proof must be in the current business name (**include copy only**).
- _____ Current Miami-Dade County Local Business Tax Receipt (LBT) (**include copy only**). If the Miami-Dade County Business Tax Receipt reads "Operating in Miami-Dade" a City Business Tax Receipt may be required as well.
If a Business Tax Receipt is not required by Miami-Dade County, applicant must provide written proof from Miami-Dade County Tax Collector's Department located at 200 NW 2nd Ave Miami, FL 33128.
- _____ Current City Business Tax Receipt if the business is located in a City within the County (**if applicable**).
- _____ **Active** State of Florida Corporation **and/or** Fictitious Name (print copy by visiting Sunbiz.org), in addition, a **FEIN # must be listed on Sunbiz printout. If not, provide a copy of the business IRS letter 147c or SS4 (showing business FEIN #).**
- _____ Valid picture ID (Driver's License or State ID) of the **owner or president** ONLY.
- _____ Picture of business location showing address (building, home office, or work vehicle)
- _____ **If required**, Current 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, must get written approval stating no Conflict of Interest from the Miami-Dade County Commission on Ethics.
- _____ **If applicable**, Miami Dade County Employees must include proof of approval from the Department Director for outside employment through INFORMS.

Additional information may be requested to determine application eligibility

**The following page must be
completed and returned
with original application
ONLY if your business will
be able to create a new job**

JOB COMPLIANCE FORM

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Being duly sworn, on my oath declares: That, I, _____
owner of _____ agree to
create one new full-time or part-time job for a low to moderate-income person if
awarded the maximum amount under the Mom And Pop Small Business Grant
Program within six months of my receipt of such award. If I fail to create the
required new job within the agreed-upon time period, I will be in non-compliance
and will be required to pay the entire amount of the grant back to Miami-Dade
County.

IN WITNESS WHEREOF, I, _____, the undersigned
Owner of _____, have signed this
JOB COMPLIANCE FORM on this _____ day of _____, 20____, and
acknowledged the same to be my act.

The foregoing instrument was acknowledged before me this _____ day of
_____, 20____ by _____, who personally appeared
Signature

before me at the time of notarization, and who is personally known to me or who
produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

SIGN: _____

PRINT: _____

STATE OF FLORIDA AT LARGE