

City of Lauderhill's Economic Development Division: Small Business Rescue Grant



About the Program

Goals/Objectives:

To support small businesses financially impacted by COVID-19, the City of Lauderhill has committed \$1,000,000 from the American Rescue Plan Act of 2021 funds for eligible small businesses

Eligible Businesses:

Our priority is to assist small businesses that sell products and services to their customers face to face.

- Must have demonstrated loss due to COVID-19
- Business must have 15 or fewer employees, including owner(s)
- Business must be located in Lauderhill City limits
- Business must have been operating in Lauderhill prior to March 1, 2021
- To apply, business must have a valid City of Lauderhill Certificate of Use

Benefits

Eligible businesses that submit their completed application within the application submission window will receive up to a \$10,000 grant.

Application #: _____

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APPLICATION PROCESS

Step 1: Application Process

- a. You may submit your application by way of email to **ecodev@laudershill-fl.gov** providing your Business name and application type in the email subject line. You may also schedule an appointment for an in-person submittal. Please call (954) 730-3041, or (954) 714-3128 should you have any questions with your application submittal. Incomplete applications will not be considered for funding until a complete application, including all supporting documents, are received by the Economic Development Division. Applications must be signed by the owner of the business of record; staff members and committee members are ineligible to participate in the Program and are prohibited from filing an application on behalf of an owner, unless authorized in writing by the business owner.

- b. Upon determination of completeness and eligibility by the City of Lauderhill's Grants Division, Economic Development Staff will place the Application on the next available agenda for consideration by the Small Business Rescue Grant Finance Committee.

- c. Applicants not approved may apply again with modifications during the submission cycle.

- d. Application to this grant program is not a guarantee of funding. Funding is at the sole discretion of the Grants Division.

Application #: _____

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PLEASE READ THE FOLLOWING PRIOR TO APPLICATION SUBMITTAL

- After approval by the City of Lauderhill Grants Division, the Applicant will be provided with an approved Small Business Rescue Grant Agreement and legal documents for signature.
- The City of Lauderhill reserves the right to have the application and its contents evaluated and analyzed by an outside third party including but not limited to: the proposed business plan; partnership/ownership information with assets and equity positions; mortgage on the property; lease agreements; letter of Intent from lending institution and any other documents provided by the Applicant.
Please refer to Appendix for components to Business Plan.

Application #: _____

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SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF FUNDING

SMALL BUSINESS RESCUE GRANT APPLICATION

Please provide the following information. If you need more space, attach additional sheets to this application.

SECTION I: BUSINESS INFORMATION (Use additional paper if necessary)

Business Owner(s):

Name _____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Business Telephone _____ Fax _____

Email _____

Business Trade Name: _____

A) Business Location (if different): _____

B) Own or Lease? _____ If Leasing, monthly rent: \$ _____

City, State and Zip Code _____

Describe Type of Business (Product or Service): _____

Business: (Check one) New (under 24 months) Existing

Application #: _____

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Have you met all the legal requirements necessary to establish your business?

_____ YES _____ NO

Federal Tax ID Number _____ DUNS Number _____

Type of Business Organization: (Check One)

- Partnership Sole Proprietorship Not yet established
 S Corporation C Corporation Other _____

Date Business was established: _____

Current Number of Employees: Full-time _____ Part-time _____

Number of additional employees expected over the next 2 years: _____

Any person/business judgments, past due taxes, unsettled lawsuits or major disputes?

_____ YES _____ NO

Has the business or any owner of the business been involved in bankruptcy?

_____ YES _____ NO

*If you answered yes to either of the questions above, please attach an explanation.

Please attach a copy of the Business Plan to this Application.

Application #: _____

City of Lauderdale's Economic Development Division: Small Business Rescue Grant



When and by whom was the Business Plan prepared?

 If a consultant/advisor prepared the plan, please provide their name, address and telephone number.

SECTION III: FINANCING INFORMATION: Please be specific.

Purpose of the Grant Request: _____

 How will the grant help the business? _____

 Please specify and describe the use of grant funds below:

Item	Amount
Working Capital ()	\$ _____
Receivables ()	\$ _____
Inventory ()	\$ _____
Operating Capital ()	\$ _____
Equipment ()	\$ _____
Furniture, Fixtures ()	\$ _____
Machinery ()	\$ _____

TOTAL GRANT REQUEST \$ _____

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SECTION IV: Demographic Information: The following information is optional and being obtained for statistical purposes only. Please check all those that apply:

Business Owned by: Female (100%) Female (51% or more)
 Male (100%) Male (51% or more)

Race/Ethnicity: Black Hispanic White Asian/Pacific
 Eskimo American Indian Multi-Group

 Other: (Please indicate) _____

As of the date of this application the number of people in your household is ____ and the combined household income is: (PLEASE CHECK)

Less than \$50,000 \$75,000-\$100,000
 \$50,000-\$75,000 More than \$100,000

Application #: _____

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SECTION V: Please read the following and sign the application form below. All owners or partners must sign this application form. If they have any questions, please call Economic Development at (954) 730-3041 or (954) 714-3128.

The information in this Small Business Rescue Grant Application is provided for the purpose of applying for funds under the Small Business Rescue Grant through the City of Lauderhill. The information is accurate to the best of my/our knowledge. I/We understand that personal and/or business information may be requested pursuant to this Grant Application and I/We hereby give my/our consent for such information to be provided to the City of Lauderhill.

Applicant's Signature

Date

Name (Print)

PUBLIC INFORMATION DISCLOSURE

The undersigned understands and agrees that all information furnished in connection with his application for a Lauderhill Small Business Rescue Grant involves the use of public funds and, as such, may be made public, pursuant to the statutes of the United States of America and the State of Florida.

Applicant's Signature

Date

Name (Print)

Application #: _____

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VERIFICATION OF FINANCIAL FEASIBILITY

The undersigned authorizes the City of Lauderhill to verify all information furnished in connection with the application for a grant under the Lauderhill Small Business Rescue Grant program. The information that may be verified includes, but is not limited to, the following: employment, pensions, mortgages, deposits, and any other income, personal or business loan applications, hazard insurance and further, to obtain a credit report.

Applicant's Signature

Date

Name (Print)

Application #: _____

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CONSUMER CREDIT REPORT

The undersigned authorizes the City of Lauderhill or any of its affiliates to make all inquiries with credit bureaus and others it deems necessary – including business counselors, consultants, and partnering agencies – to verify the accuracy of the information provided herein and to determine credit worthiness. Further, the undersigned hereby certifies that the enclosed application information is valid, accurate, and complete. A photographic or facsimile copy of this authorization may be deemed to be equivalent of the original.

Signature

Date

Printed Name

Social Security Number

Date of Birth

Residential Street Address

Residential Street Address (continued)

Application #: _____

City of Lauderdale's Economic Development Division: Small Business Rescue Grant



APPLICATION CHECKLIST

- One (1) hard copy

- State Issued Driver License, photo Identification
- If applicant is not the owner*, copy of a Letter of Authorization from the business owner
- Copy of Certificate of Use or County Business Tax Receipt

- Copy of insurance for business
- Business plan (*see Application Appendix for detailed description*)

- Last two (2) annual tax returns.

- Financial statements, including the past two (2) years of: balance sheets, profit and loss statements, and statement of cash flows; and projection of cash flow. (*Please see Financial Capacity in Application Appendix*).

- Last four (4) quarterly withholding tax submission

- Applicant acknowledges and understands the conditions he or she must comply with in order to receive full benefits from the program

If you are unable to submit any of the above listed items, please provide an explanation as to why

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City of Lauderhill's Economic Development Division: Small Business Rescue Grant Application Appendix



Business Plan Components

- **Executive Summary:** Introduction to the business plan; generally describes the company's objectives (short-term and long-term), what areas of the operation the company wants to apply the loan toward, and what metrics the company will use to determine if goals are achieved.
- **Objectives:** Lists specific *quantitative* goals, for example "attract 10 new members per month in 2020," or "increase revenue each year by 20% for each of the next three years."
- **Mission:** States who the target clientele is, explains purpose and how this company is unlike competitors.
- **Company History:** Provides a narrative/background for why the applicant has chosen to apply for the Micro Loan, and identifies the indicators that led him or her to this decision (industry's economic climate, rising costs of operation, etc.)
- **Strategy and Implementation Summary:** Lists specific *qualitative* goals and provides brief explanation on how that would be accomplished, such as "Build Long-Term Relationship with Clients – We must make sure our current clients rely 100% on our service."
- **Marketing Strategy:** Identifies how the business will promote itself. What channels are appropriate for the company to use? Social media platforms? If so, which ones? Ads? Word-of-mouth? Applicants should consider the sort of reputation he or she is trying to accomplish.
- **Sales Forecast:** Numeric projection of business expansion and/or profitability for the next 5-10 years.
- **Startup Summary:** Applicable to startup companies. How much (%) of startup costs will be allocated to assets? What are other miscellaneous expenses needed (e.g. ad-PR consultation fees, legal fees, etc.)?

City of Lauderhill's Economic Development Division: Small Business Rescue Grant Application Appendix



Financial Capacity

- Assets
 - Short-term Assets
 - Cash
 - Accounts Receivable
 - Inventory
 - Other Short-term Assets
 - Long-term Assets
 - Capital Assets
 - Accumulated Depreciation
- Liabilities
 - Debt
 - Accounts Payable
 - ST Notes
 - Other ST Liabilities
 - LT Liabilities
 - Equity
 - Paid in Capital
 - Retained Earnings
 - Earnings
- Other Inputs
 - Payment Days
 - Sales on Credit
 - Receivables Turnover Rate

City of Lauderdale's Economic Development Division: Small Business Rescue Grant Appendix



Eligible Activities

- Payroll and benefit costs
- Costs to retain employees
- Mortgage or rent
- Utilities costs
- Other operating costs (such as marketing, insurance, accounting and legal fees, office supplies costs) (NOT equipment purchase but maintenance of existing equipment is allowable)



Vendor Conflict of Interest Disclosure Form

All vendors interested in conducting business with the City of Lauderhill must complete and return the Vendor Conflict of Interest Disclosure Form in order to assist housing purchase and rehabilitation recipients. Please note that all vendors are subject to comply with the City of Lauderhill's conflict of interest policies as stated within the certification section below.

A relationship is defined as vendor that is an official or employee of the City of Lauderhill, or is an immediate family member of a City of Lauderhill official or employee. Prohibited actions are listed below in accordance with the City's Conflict of Interest policy. If one or more of the prohibited actions below are triggered, vendor shall disclose the relationship on the Conflict of Interest Affidavit:

1. No City official or employee or City employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated City official or employee who has been retired or separated from the City for less than one (1) year has an ownership interest in vendor's Company.
3. No City employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any City employee or elected official to obtain or maintain a contract.
5. Please note any exceptions below under the conflict of Interest Affidavit form.

*Disclosing a potential conflict of interest does not disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the City, vendor will be exempt from doing business with the City.

I certify that this Conflict of Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor by my signature below:

Vendor Name

Vendor Phone Number

Printed Name of Vendor
Authorized Representative

Signature of Vendor
Authorized Representative

Date

LAUDERHILL CONFLICT DISCLOSURE AFFIDAVIT

You are required to disclose any and all personal relationships or business relationships you or your firm has with any City of Lauderhill elected official or City of Lauderhill employees. The consideration of any grant, loan or real estate loan is contingent upon the receipt of this disclosure. The City of Lauderhill reserves the right, in its sole discretion, to not provide grant or loan funds to any party. The City of Lauderhill shall not be held liable or responsible to any party if this conflict disclosure is not completed and timely submitted or if a prohibited conflict is disclosed.

Personal Relationship shall mean any father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, daughter-in-law or a domestic partner.

Business Relationship shall mean any corporation, any principle of a corporation, any contract, any subcontractor, any independent contractor, any agreement, any firm ownership, any association, any joint venture, any partnership, any estate, any trusts, any business trusts, any syndicates, any fiduciaries, and all other business organizations or combinations, or any financial relationships.

Please list below all specific details regarding any Personal or Business Relationships with the City of Lauderhill, or any City of Lauderhill Elected Officials or City of Lauderhill Employees or Staff. Use additional pages if necessary.

Name or Persons Related To Type of Relationship Details Regarding Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and understand the Conflict Disclosure Affidavit. I have disclosed all information required by this disclosure. I will update this disclosure form immediately if relevant circumstances change. I understand that this disclosure is a public record. I understand that if grants, loans, funds or transactions are granted based upon any misrepresentations or non-disclosure of information in this Affidavit, then the City has the right to cancel, reverse or terminate any such grant, loans, funds or transactions.

Print your name: _____
Sign your name: _____
Date signed: _____

STATE OF FLORIDA

COUNTY OF BROWARD

I HEREBY CERTIFY AND ACKNOWLEDGE that on this day in the county and state aforesaid, before me, an officer duly authorized and acting, personally appeared _____, by means of physical presence, who is personally known to me to be the person or who has produced _____ as identification and who signed the foregoing instrument for the uses and purposes mentioned therein.

WITNESS my hand and official seal in the county and state last aforesaid, this ____ day of _____, 202__.

(My Commission Expires - Seal)

NOTARY PUBLIC-STATE OF FLA SIGNATURE

Name [printed, typed or stamped]



CERTIFICATIONS

By signing below, I make the following certifications:

1. All answers and representations that are made in this application are true and accurate to the best of my knowledge.
2. Any grant funding received will be used for business operating purposes as specified in the grant award. I understand that if the funds are used for unauthorized purposes, I shall return those grant funds and further may be subject to criminal fraud charges or civil action.
3. Neither I nor any owner of my business is presently subject to an indictment or formal criminal charges, nor presently incarcerated
4. My business is current on all taxes dues to the City of Lauderhill and no liens are on record against my business for unpaid taxes.
5. I pledge my best efforts to resume full operation on my business at the earliest possible to time and to retain or rehire employees as soon as practicable.
6. I agree and cooperate with the City of Lauderhill in any audit or business review upon request.
7. I understand that these records once provided to the City are public documents.

Signature of Business Owner/Representative	Printed Name	Date
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Signature of Co-Owner	Printed Name	Date
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ACKNOWLEDGEMENT

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date



**GRANTS DIVISION
LAUDERHILL CARES PROGRAM
BUSINESS ASSISTANCE**

ECONOMIC DEVELOPMENT PROGRAM DISCLOSURES

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida statues can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance for supplying any information, I/we agree to hold harmless and indemnify City of Lauderhill, any agency, its offices, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statues.

I/We agree that the City of Lauderhill does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to City of Lauderhill in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that City of Lauderhill does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City of Lauderhill, any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my /our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the City of Lauderhill.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date



**GRANTS DIVISION
LAUDERHILL CARES PROGRAM
BUSINESS ASSISTANCE**

FALSE STATEMENTS DISCLOSURE AND ACKNOWLEDGEMENT

Federal Regulations provides that there are fines and imprisonment - \$10,000/5 years – for anyone who makes false, factious, or fraudulent statement or entries in any matter within the jurisdiction of the Federal government (18 U.S.C. 1001).

Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

I/We have read, understand and acknowledge the above disclosure.

Signature of Business Owner/Representative

Printed Name

Date

Signature of Co-Owner

Printed Name

Date



NOTICE OF FEIN, TAX ID, OR SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSES

24 CFR Part 5 (General HUD Program Requirements; Waivers) §5.216 specifically states the following:

(b) **Disclosure required of assistance applicants.** Each assistance applicant must submit the following information to the City of Lauderhill when the assistance applicant's eligibility under the program involved is being determined.

- (1) The complete and accurate FEIN, Tax ID, or SSN assigned to the assistance applicant and to each member of the assistance applicant's business; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) **Disclosure required of individual owner applicants.** Each individual owner applicant must submit the following information to the City of Lauderhill when the individual owner applicant's eligibility under the program involved is being determined:

- (1) The complete and accurate FEIN, Tax ID or SSN assigned to the individual owner applicant and to each member of the individual owner applicant's business who will be obligated to pay the debt evidenced by the mortgage or loan documents; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The FEIN, Tax ID, or SSN is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and business owner(s) hereby agree to allow the City to use the FEIN, Tax ID, and SS number to verify the following information:

- Employment
- Unemployment
- Pension Benefits
- Social Security
- Assets
- Child support

This form must be completed and signed by the Authorized Representative of the business to be assisted.

Signature of Business Owner/Representative	Printed Name	Date
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Signature of Co-Owner	Printed Name	Date
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**GRANTS DIVISION
LAUDERHILL CARES PROGRAMS**

DUPLICATION OF BENEFITS CERTIFICATION

(Please place a check mark in the appropriate box and circle 'I' or 'We' whichever applies)

I/We _____ hereby states that:

- I/We have **not received** any prior financial and/or insurance as a result of COVID-19.
- I/We **have received** funds from insurance company, FEMA, Small Business Administration, or any other agency/company for assistance with COVID-19 relief assistance.

1. Type of Assistance: _____ Source: _____ Amount: \$ _____

2. Type of Assistance: _____ Source: _____ Amount: \$ _____

I/We understand if I/we receive any other funds to assist with COVID relief assistance that:

- The funding received through CDBG CARES Act funding is in no way a duplication of any other benefits received.
- I/We will notify the Grants Division of said funds, and
- I/We hereby agree that any funds received from insurance company, FEMA, Small Business Administration or any other agency/company, will be used to reimburse the City the portion of the grant that was used to provide relief of the same item. If we have filed a claim with any of the stated agencies, we will provide copies of the Explanation of Benefits.

_____ Applicant's Printed Name	_____ Signature	_____ Date
_____ Co-Applicant's Printed Name	_____ Signature	_____ Date

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, **by means of physical presence or online notarization**, this _____ day of _____, 20____, by _____, as _____, who is personally known to me or who has produced _____ as identification.

Notary Signature: _____

Printed Name: _____
Notary Public, State of Florida at Large

My Commission Expires _____

Federal law prohibits any person, business concern, or other entity from receiving financial assistance with respect to any part of a loss resulting from a major disaster as to which he has received financial assistance under any other program or from insurance or any other source. Funds may not be used for activities reimbursable by or for which funds have been made available by homeowner insurance, FEMA, the Army Corps of Engineers, or any other organization. Applicants for assistance must certify that there will be NO DUPLICATION OF BENEFIT.

Subrecipients of Disaster Recovery funding must use this form when screening and qualifying applicants for housing and/or economic development assistance. A copy must be completed by each applicant and maintained in the applicant's case file along with documentation of any assistance previously provided (i.e., insurance claim that shows amount paid by the insurance company, FEMA claim, etc.).

The client file should also include evidence that applicant signed for release of information by FEMA, evidence of request for information sent to FEMA by local government, any FEMA responses or FEMA reports for that business or benefits paid. Grantees should first contact the Department to determine the availability of FEMA information.