



JACKSON COUNTY CARES ACT 2020 – BUSINESS GRANT APPLICATION

In order to qualify for this grant, applicant must demonstrate a reduction in sales revenue of at least 5% due to the Coronavirus (COVID-19) Pandemic and subsequent business closures (either mandated by state or local order or voluntary). You will be required to provide documentation to support the losses claimed.

Type a description of the economic loss that you have suffered in the space below:

Section 1. APPLICATION SIGNATURE AND CERTIFICATIONS

- I acknowledge and agree that the County may request additional supporting documents or records from me at any time including, but not limited to, bank statements, financial statements or information, receipts, and other financial documents. Any additional documents or records requested must be provided. Failure to submit a complete Application with required documents attached, or failure to timely submit any additional supporting documents requested by the County may result in your Application being delayed or denied.
- In the event Applicant is selected to receive an Award from the County under the County's CARES Act 2020 - Business Grant Program, Applicant agrees to retain records and documentation substantiating all expenditures using Award funds for a minimum of five (5) years from the date of any Award and to produce such records and documentation to the County upon request. Applicant acknowledges and agrees that County or its agent(s) or employee(s) shall be entitled to access any of Applicant's records and supporting documentation related to this Application during regular business hours and upon request as may be necessary to conduct a full and complete audit of the records, to prevent fraud in this grant process or to ensure compliance with federal requirements. Applicant shall fully cooperate with County or its agent(s) or employee(s) and shall timely respond to any requests for such records. At the end of such five (5) year period, Applicant will allow County to copy all such records, if desired by County.
- Applicant acknowledges and agrees that all funds from the Award will be used solely to pay for or reimburse "Eligible Business Expenses" as defined in the Application that were incurred by

Applicant between March 1, 2020 and December 30, 2020. In the event it is determined that any of the Award funds were used for ineligible or unallowable expenses or Applicant has otherwise failed to comply with all terms and conditions of the Award, Applicant will be required to repay the Award to the County promptly upon demand. In the event the State of Florida or the federal government at any time demands the return of all or any portion of the Award paid to Applicant, Applicant shall be solely liable for any such amounts and shall return the full amount of the Award in question to the County promptly upon demand.

- I understand and agree that any information provided in this Application that is not considered confidential or exempt from disclosure pursuant to Florida Law is considered a public record under Chapter 119, Florida Statutes, and may be subject to a public records request.

- I certify and affirm that within the last five (5) years, no individual owning 20% or more of the equity of the Business has been convicted, plead guilty, or plead nolo contendere to any felony involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal financial assistance.

- I certify and affirm that neither the Business nor any individual owning 20% or more of the equity of the Business is presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy.

- I declare, certify, and affirm, under penalty of perjury, that the information provided in this Application, and such additional information and documentation as I may later provide to the County related to this Application is true, accurate, and complete. I acknowledge that I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise.

Print Name _____

Date _____

Signature _____

By signature of this application the applicant(s) assert not to hold Jackson County Board of County Commissioners, its grant processing agent, or any member of the Grant Review Committee liable should you not receive the grant.

Section 2. ELIGIBILITY

Your business must be:

1. A for-profit privately held small business that was established on or before January 1, 2019.

2. Must have a physical location in Jackson County, Florida.
3. May be a business franchise that is locally owned (not a company-owned location facility).
4. Must have a demonstrated reduction in sales revenue of 5% or greater due to the loss of business income related to COVID-19.
5. Small business having between 1-50 FTE/employees** may qualify for up to \$20,000.
6. Small businesses with 50+ FTE/employees** may qualify for up to \$10,000.
7. Can be a sole proprietorship-based business.

** FTE/employees are defined as individuals who received paid wages or salary which employment taxes (FICA, FUTA,) and income taxes are withdrawn and remitted to the IRS, as evidenced by business tax returns filed (i.e. IRS Form 941 Employer's Quarterly Federal Tax Return, IRS Schedule C of Form 1040, or as a Form 1099 individual employee).

ALL OF THE ABOVE MUST BE TRUE TO BE ELIGIBLE FOR THIS GRANT 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 derives directly or indirectly more than 2.5% of gross revenues through sales of product and/or 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. Full-service massage salon, being a masseuse or masseur.
6. Hot tub facilities.
7. Adult companion services.

INELIGIBLE BUSINESSES DO NOT QUALIFY FOR THIS GRANT PROGRAM

ELIGIBLE BUSINESS EXPENSES:

Grant funds received pursuant to this CARES Act 2020 - Business Grant Program shall only be used for the following "Eligible Business Expenses:" rent payments, mortgage payments, utilities (water, sewer, electric, phone, internet), personal protective equipment (PPE), supplies and equipment for facilitating social distancing or otherwise adapting the business to COVID-19 (i.e. installation of plexiglass barriers, etc.), payroll expenses, inventory.

Section 3. REQUIRED APPLICANT DOCUMENTATION

1. Completed and signed application
2. Section 1 of this application must be completed and signed by individual(s) who, individually or collectively own 51% or more of the equity of the business, as shown on the businesses tax statements.
3. A copy of the signing individual(s) driver's license or US Passport for identification purposes
4. Business tax return of 2019 (or 2018 if 2019 not filed yet)
5. Comparative financial statements:
 - IRS FORM 941 for first and/or second quarter 2019 **AND** for first and/or second quarter

2020.

- Profit/Loss Statements and/or Balance Sheets from March, April, May, June and/or July 2019 **AND** the same month(s) in 2020.
- Sales and Use tax returns (Form DR-15) filed with the Florida Department of Revenue from March, April, May, June and/or July 2019 **AND** the same month(s) in 2020.
- Bank account statements for the Business from March, April, May, June and/or July 2019 **AND** the same month(s) in 2020 to the extent they show a reduction in the business' revenue due to COVID-19.
- Florida Form RT-6 for first and/or second quarter 2019 **AND** for first and/or second quarter 2020.

** Note: Additional IRS forms may be requested for review. (i.e.-Schedule C of Form 1040, Form 941, Form 1099, Form RT6)

6. Employer forms 941 (Q1 2020) or UCT-6 (Jan, Feb, and Mar 2020) or applicable 1099 forms for proof of employment (only 1099s made out to individuals will be accepted).
7. Current W-9.

COLLECT ALL REQUIRED SUPPORTING DOCUMENTS BEFORE COMPLETING APPLICATION.

APPLICANT MAY VOLUNTARILY PROVIDE ADDITIONAL INFORMATION THAT WILL ADD CONTEXT AND ASSIST THE GRANT COMMITTEE IN MAKING AN INFORMED GRANT DECISION. ADDITIONAL INFORMATION MAY INCLUDE:

- Year-end financial statements or tax returns for 2019.
- Interim financial statements (profit & loss) for the current year-to-date.
- Additional filing requirements providing monthly sales figures indicating a loss of business due to COVID-19.
- Any other helpful information to indicate need or loss of sales revenues due to COVID-19

ADDITIONAL INFORMATION MAY BE REQUESTED BY THE GRANT COMMITTEE TO DETERMINE A GRANT DECISION. IF REQUESTED, PLEASE PROVIDE ADDITIONAL INFORMATION WITHIN 3 DAYS OF THE REQUEST.

Did your Business receive funding from any other local, state, federal, or private source (including but not limited to private insurance) related to the impacts of COVID-19? If so, you may still be eligible to receive funding from the County's CARES Act 2020 - Business Grant Program, however you cannot use funds from this grant program to pay for any expenses that have been or will be reimbursed by any other private, local, state, or federal source. Check all that apply:

- Paycheck Protection Program (PPP)
- Economic Injury Disaster Loan (EIDL)
- Florida Bridge Loan
- Insurance
- Any other private, local, state, or federal assistance, including loans (describe below).
- None of the above

If yes, enter the total amount of funds that were received or that you anticipate receiving from all sources

\$ _____ and fill in the following information:

Source of Funds # 1: [Enter PPP, EIDL, etc.]

Purpose (Bill): _____ Amount Received: \$ _____

Provider's Name: _____

Address: _____

Do any funds received from this source remain unspent as of the date of this Application?
___ Yes, ___ No

Source of Funds # 2: [Enter PPP, EIDL, etc.]

Purpose (Bill): _____ Amount Received: \$ _____

Provider's Name: _____

Address: _____

Do any funds received from this source remain unspent as of the date of this Application?
___ Yes, ___ No

(Repeat for all other sources of funding received)

Did the total amount received or that you anticipate receiving from the above-listed sources cover all Eligible Business Expenses for which you are now seeking funding through the County's CARES Act 2020 - Business Grant Program?
___ Yes, ___ No

Multiple applications may be submitted for review and consideration until all funding for these types of grants is exhausted, up to the caps set by qualifying amount (Small businesses having between 1-50 FTE/employees may qualify for up to \$20,000 and small businesses with 50+ FTE/employees may qualify for up to \$10,000).

COMPLETED grant applications will be sent to the Grant Review Committee in the order that they are received. Incomplete application forms or application forms not accompanied by all relevant supporting documents are not considered received and will not be sent to the Grant Review Committee.

Each applicant OR business may receive only one grant from this business program.

If you receive the grant, the check will be made out to the business entity name for deposit. We will mail the check to the grant recipient.

1. ORGANIZATION TYPE:
 Sole Proprietorship Partnership Corporation S-Corporation Limited Liability Company Other Type: _____
2. BUSINESS LEGAL NAME: (verified by Sunbiz.org) _____
3. TRADE NAME: (if different than legal name) _____
4. EIN (EMPLOYER IDENTIFICATION NUMBER): _____
5. MAILING ADDRESS: Number, Street, and/or Post Office Box: _____
 City / State / Zip Code _____
6. BUSINESS PROPERTY ADDRESS(ES): Street Address _____
 City / State / Zip Code _____
 DO YOU Own Lease
7. PRIMARY BUSINESS ACTIVITY: _____
9. NUMBER OF FTE/EMPLOYEES (PRE-DISASTER) _____
10. DATE BUSINESS ESTABLISHED (MM/YYYY) _____
11. BUSINESS FINANCIAL SUMMARY

	2019 (Year End)	Mar-Apr-May-Jun-Jul 2019	Mar-Apr-May-Jun-Jul 2020
Gross Sales Revenues			
Total FTE/employees			
Profit/Loss (after PPP)			

12. AMOUNT OF ESTIMATED LOSS:
 - a. Loss of Sales _____ -or-
 - b. Inventory _____ -or-
 - c. Other _____
13. INSURANCE COVERAGE (IF ANY)
 Coverage Type: Business Interruption Insurance ____ (yes/no)
 Other _____
 Name of Insurance Company and Agent: _____
 Phone Number of Insurance Agent: _____
14. OWNERS: (must include all of the following information)
 Application must include the following information for the individual(s) who, individually or collectively own at least 51% of the equity of the business, as evidenced by the business tax returns.

OWNER APPLICANT #1 (if owns less than 51%, additional owner applicant(s) are needed)
 Full legal name _____ Title/office _____ % Owned ____
 Email address _____ Phone Number _____
 Social Security Number _____ Date of Birth _____
 Mailing Address _____ US Citizen (Y/N) _____

OWNER APPLICANT #2

Full legal name _____ Title/office _____ % Owned _____
Email address _____ Phone Number _____
Social Security Number _____ Date of Birth _____
Mailing Address _____ US Citizen (Y/N) _____

14. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of Representative (please include the individual name and their company)

Signature of Individual _____

Print Individual Name _____

Name of Company _____

Phone Number (include Area Code) _____

Street Address _____

City, State, Zip _____

Unless the **NO** box is checked, I give permission to discuss any portion of this application with the representative listed above. **NO**