

LAFAYETTE COUNTY'S SMALL BUSINESS APPLICATION

Lafayette County's Small Business Assistance Grant Program will invest at least \$100,000 in the County's small businesses. The Small Business Assistance Grant Program will allow up to 40 qualifying small businesses access to a maximum of \$2,500 per applicant in grant money to cover normal business expenses, including employee wages, vendor bills, rent, utilities and employee/customer safety costs to help offset the temporary loss of revenue due to COVID-19. The Federal Cares Act has provided the funding for this County program.

Businesses financially impacted by the COVID-19 pandemic may apply for a one-time cash payment through the County's Small Business Assistance Grant Program which is designed to assist small businesses in need of short-term assistance due to disruption of business operations and loss of revenue as a result of the COVID-19 pandemic. To be eligible for the County's Small Business Assistance Grant Program, businesses must meet the requirements listed in the eligibility section.

Eligible for-profit businesses will be required to provide the documentation listed in the application to verify their eligibility.

Eligible business will be required to pledge in good faith to make all efforts to remain operational after applicable local and state emergency guidelines are removed and commit to following the COVID-19 Prevention Measures recommended by the U.S. Centers for Disease Control and Prevention.

Application packets can be picked up at the following location during the normal business hours:

**Lafayette County Clerk of Court:
120 W. Main St.
Mayo, FL 32066**

Online applications will be available at <https://www.lafayetteclerk.com> starting at 8:00 a.m. on Tuesday, September 8, 2020.

INFORMATION AND ASSISTANCE WITH YOUR APPLICATION WILL BE AVAILABLE BY CONTACTING DSI/Thomas Howell Ferguson BETWEEN 8:00 A.M. AND 5:00 P.M., MONDAY THROUGH FRIDAY AT (850) 815-1261 BEGINNING ON Tuesday, SEPTEMBER 8, 2020 OR BY E-MAILING

NAcosta@thf-cpa.com

DSI/Thomas Howell Ferguson will offer office hours on September 21-23, 2020 from 8:00am to 5:00pm at the Lafayette County Clerk's Office at 120 W. Main St. Mayo, FL 32066.

For your application to be considered, it must be received by the Lafayette County Clerk's office no later than **5:00 p.m. on September 23, 2020.**

Paper applications and documentation will be accepted at the Lafayette County Clerk of Court drop box at 120 W. Main St. Mayo, FL 32066 beginning Tuesday, September 8, 2020. If mailed or FedExed CARES Application must be delivered by 5:00 p.m. on September 23, 2020.

Eligible applicants that submit complete applications will be selected for an award by an independent contractor. Incomplete applications or missing documentation will be deemed ineligible. Applications will be automatically rejected if documents are missing, falsified or illegible.

The process for selection will be to sequentially number all submittals on Thursday, September 24, 2020 (but not in date/time order of submittal). **Applicants that did not receive PPP will be prioritized. In the event of 41+ applicants, all applicants that did not receive PPP will be placed into the sequence generator.** The applications will be reviewed based on random sequence until the maximum number of eligible applications are processed.

Applicants will be notified of their award October 8, 2020 and October 9, 2020.

Awards will be disbursed by the Clerk's Office via Paper Check.



LAFAYETTE COUNTY, FLORIDA
SMALL BUSINESS ASSISTANCE
GRANT APPLICATION

INCOMPLETE SUBMITTALS WILL BE DEEMED INELIGIBLE

General Information

Legal Business Name:			
DBA (if applicable):		Taxpayer ID Number:	
Physical Business Address:		City:	State: Zip Code:
Mailing Address (if different):		City:	State: Zip Code:
Phone #:	Mobile #:	E-mail:	Website Address:
Has Business Been Established Since October 1, 2019? (Yes/No)		Business Gross Annual Revenues 2019: \$	
# of Full-Time Employees:	# of Part-Time Employees	# of 1099 Employees:	
Industry/Business Type: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Other			
Type of Business Structure (select one): <input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Other			
Owner/Owner Representative 1:			
Name:		Title:	
Address:		Primary Phone #:	Primary E-Mail:
Owner/Owner Representative 2:			
Name:		Title:	
Address:		Primary Phone #:	Primary E-Mail:
Purpose of Grant (Use of Proceeds): <input type="checkbox"/> Payroll/Wages <input type="checkbox"/> Mortgage/Rent <input type="checkbox"/> Vendor Payments <input type="checkbox"/> Other Needs (explain)			
Did you receive funds from the Paycheck Protection Plan or other sources? (Yes/No)		If yes, how much?	
Are all owners United States citizens? If "No" are they a resident alien?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Reset Form

ELIGIBILITY AND CERTIFICATION FORM

Form must be completed in blue or black ink
Completed forms can be scanned and electronically submitted

Eligibility Confirmation:

Applicant must check box to confirm that each statement is true for all questions. If any statement is not true, the business is not eligible.

- Business is a "For-profit" Business.
- Business has been operating and can prove ongoing business operations since:
October 1, 2019, and was still operating on February 29, 2020, as shown on SunBiz Florida
Division of Corporations website,
- The business is physically located and operated within the boundaries of Lafayette County.
- Have a business license in Lafayette County.
- Business has no more than twenty-five (25) employees or full-time equivalent (FTE)
employees.
- Business is not a publicly traded company.
- Business has experienced a business interruption or closures due to Covid-19.
- Business has received less than \$25,000.00 in funds covered by insurance or reimbursement
from the Federal Payroll Protection Program (PPP), EIDL, or Florida Bridge Loan.
- Business is expected to operate after applicable local and state emergency guidelines are
removed.
- Business commits to following all recommended Covid-19 safety guidelines.
- Business has earned less than does not exceed \$500,000 in gross annual income for 2019.
- Business is wholly or partially owned by a Lafayette County resident.
- Business is current on all Payroll taxes, Sales and Unemployment taxes, Property, and
Federal Income taxes.
- Has filed IRS Income Tax Returns for 2019 or 2018.
- Has payroll forms submitted to the IRS for 2019.
- Business has no current unpaid code enforcement liens or violation of any state, federal, or
local laws.
- No Business Owners, including all Managing Members and/or Officers, have been convicted
of financial crimes within the past three years.
- No Businesses that have as owners and/or employees who are current elected officials,
directors, officers, employees, and contractors of County and such individuals' spouse.

Documentation Provided (ALL DOCUMENTATION LISTED MUST BE PROVIDED AND ALL BOXES CHECKED IF APPLICABLE):

- W-9 Form
- Staffing Documentation (W-3 Summary, IRS Form 1096, IRS Form 941, Employee Roster or Sole Proprietor Statement)
- Active State Business Registration form Sunbiz.org, or local business registration/license, or other documentation
- Proof the business has experienced a business disruption (For non-essential businesses, proof that business was closed OR for essential businesses, proof can include income statements from March – June 2019 vs. 2020 financial /accounting statements; customer counts)
- Proof of Lafayette County physical location (tax bill, utility bill or other)
- Proof of Lafayette County residency (Drivers license or voter registration card)
- Proof of Payroll taxes (If Applicable)
- Proof of Sales and Unemployment taxes (If Applicable)
- Proof of Property taxes (If Applicable)
- Proof of Federal Income taxes (If Applicable)

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CERTIFICATION FORM

Form must be completed in blue or black ink.

APPLICATION SUBMITTAL TERMS AND CONDITIONS

1. The business entity acknowledges that the Application is subject to disclosure pursuant to Florida's broad public records laws subject to limited statutory exemptions. Except as noted below, all information in the Application, including any supporting documentation attached, may be disclosed, without any notice to Applicant, if public records request is made for such information, and the County will not be liable to Applicant for such disclosure.
2. Pursuant to Section 815.045, Florida Statutes, "Trade Secret Information," as defined in Section 812.081, Florida Statutes, and as provided for in Section 815.04(3), Florida Statutes, is expressly made confidential and exempt from Florida's public record laws.
 - 2.1 In order to claim that certain information provided to the County is "the business entity must note (by word, line, or paragraph) the information it wishes to protect as "Trade Secret Information."
 - 2.2 By submitting this Application, the business entity hereby expressly permits the County to consider any information not specifically noted as "Trade Secret Information" as information that is not protected.
 - 2.3 The County reserves the right to make its own determination as to whether certain information is "Trade Secret Information," and to make any disclosures in accordance with its sole discretion pursuant to applicable law.
3. The Application, including any supporting documentation, may be disclosed to a third party not-for-profit or public agency for the purposes of reviewing it for eligibility for funding. If such disclosure occurs, the third-party will have access to the complete Application, including any exempt, confidential, or protected "Trade Secret Information" to be used by the third party for eligibility determination.
4. Should the business entity receive financial assistance from the County, the business entity agrees that it shall:
 - 4.1 Ensure that its employees and business locations comply with social distancing and public health safety guidance issued by the U.S. Centers of Disease Control and Prevention.
 - 4.2 Retain all records and supporting documentation related to this Application for a minimum of five (5) years from the date of any financial assistance paid to the business entity. At the end of such five (5) year period, the business entity will allow County to copy all such records, if desired by County. If the business entity sells the business that is the subject of this Application, or otherwise ceases business operations prior to the end of the five (5) year period, the business entity will provide County a copy of all such records prior to such sale or other cessation of business operations.
 - 4.3 Permit the County, the State, the Federal Government, or their designated representative, to, during regular business hours, conduct follow-up site visits and access and audit the business entity's records to prevent fraud and to ensure compliance with federal requirements.

5. The business entity hereby acknowledges that pursuant to Section 837.06, Florida Statutes, knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree.
6. The business entity understands that will be liable to the County for the amount of financial assistance received should it be found to have made false statement in its Application, including any supporting documentation, or to have misled the County in any manner in order to obtain financial assistance.
7. The business entity acknowledges and agrees that any financial assistance received from the County will only be used to pay or reimburse necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) that the business entity incurred between March 1, 2020 and December 30, 2020.
8. Should any business entity receive financial assistance from the County, the business entity shall not use any portion of such financial assistance to pay for any expenses that have been or will be reimbursed by insurance or other private resources or under any other local, state, or federal program, including but not limited to other CARES Act programs (such as the Paycheck Protection Program, Economic Injury Disaster Loan, Florida Bridge Loan), or other federal program. Applicant acknowledges that it will be required to repay any amounts received from the County that have been or will be reimbursed by any of the above-described sources and shall indemnify the County for any liabilities, losses, damages, and expenses incurred by the County arising out of the Applicant's failure to abide by the terms of this Application and County's actions to recoup the fund from the Applicant, including attorney's fees and costs.
9. The business entity hereby certifies that it shall make it best efforts to return to normal business operations as soon as is practicable and safe after the effects of the Covid-19 public health emergency subside.
10. In the event businesses entity receives financial assistance from the County and does not comply with all of the terms and conditions contained herein, the business entity will be required to repay the full amount of such financial assistance to the County immediately upon demand. In the event the State of Florida or the federal government at any time demands the return of any financial assistance paid to the business entity, Applicant shall be solely liable for any such amounts and shall return the full amount of the funds in question to the County promptly upon demand.

I have read and understand the above statement.

I certify that this business has no unpaid code enforcement liens and that no Business Owners, including all Managing Members and/or Officers, have been convicted of financial crimes within the past three years.

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ATTESTATION OF THE AUTHORIZED REPRESENTATION

1. I have the authority to legally bind the business entity and I have been authorized by the business entity to submit this Application.
2. On behalf of the business entity, I hereby acknowledge, affirm, and certify to the "Application Submittal Terms and Conditions" as provided above.
3. I am knowledgeable of the business entity's business activities and have reviewed the Application, including any supporting documentation attached, and hereby certify that the Application is true and correct to the best of my knowledge and that it contains no false or misleading statements.
4. I am aware that any false, fictitious, or fraudulent, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

Business Owner or Authorized Agent Name

Relationship to Owner (If Authorized Agent)

Contact Phone Number

Signature: _____

**Form must be signed in blue or black ink
Electronic signatures are not acceptable**

Date: _____

- By checking this box, I agree and validate the above information.**