



**City of Miami  
Department of Housing & Community Development**

**APPLICATION FOR BUSINESS ASSISTANCE GRANT PROGRAM 2**

This program provides eligible for-profit and not-for-profit business owners within the City of Miami ("City") with a one-time grant award in an amount not to exceed \$25,000 or 20% of 2019 business annual gross revenue, whichever is less. The grant award must be used to cover certain expenditures that allowed businesses to remain viable and operational. The goal of this program is to assist small businesses that experienced a loss or reduction in revenue as a result of the COVID-19 pandemic. Applicants will be assisted on a first-come, first-ready, first-serve basis. Submission of an application does not guarantee you will receive any assistance. Businesses that have already received financial assistance this year from a different City of Miami business program such as micro enterprise or small business programs may be able to qualify for this program.

Business Tax ID Number: EIN: \_\_\_\_\_ **OR**, if Sole Proprietorship, enter your SSN: \_\_\_\_\_  
 Legal Name of Business: \_\_\_\_\_ DUNS Number<sup>1</sup>: \_\_\_\_\_  
 Fictitious Name, Trade Name, d/b/a (if any): \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Commission District: \_\_\_\_\_  
 City: Miami State: Florida Zip Code: \_\_\_\_\_ Business Main Phone #: \_\_\_\_\_  
 Business Tax Receipt (BTR)/Certificate of Use Account Number (City of Miami): \_\_\_\_\_ BTR Date Issued: \_\_\_\_\_  
 Business Contact Person Name: \_\_\_\_\_ Business Contact Person Phone #: \_\_\_\_\_

**Business Contact Person Email address (Please use block letters):** \_\_\_\_\_  
 Did your business spend more than \$750,000 in federal funds during its fiscal year? (if "YES", please explain on a separate sheet of paper)  YES  NO  
 What good or services does your business provide to City residents? \_\_\_\_\_

**ELIGIBILITY CRITERIA – Must answer TRUE to all of the following and provide proof**

- Business is registered with State of Florida prior to September 1, 2019  TRUE  FALSE
- Business has a City of Miami-issued Certificate/Accessory of Use and is current with its Business Tax Receipt (BTR) payments  TRUE  FALSE
- Business suffered a loss of income as a result of COVID-19 starting on March 1, 2020 (Quarterly P&L Statements for 2020 required)  TRUE  FALSE
- Business is currently open for business within City of Miami boundaries and is current with all financial obligations with the City  TRUE  FALSE
- None of the business owners are suspended or debarred from contracting with federal, state, or local governments  TRUE  FALSE
- Business did not have an annual revenue of more than \$2,000,000 in calendar year 2019  TRUE  FALSE

**REQUIRED DOCUMENTATION – You MUST submit copies of the following<sup>2</sup>**

- Copy of Florida Picture ID of person applying for assistance which must be a business owner, a registered agent or legally authorized not-for-profit official.
- Business Tax Returns for 2019 (to calculate maximum amount of assistance)
  1. Sole proprietorship – Form 1040, US Individual Income Tax Return, with Schedule C "Profit or Loss from Business"
  2. Partnership – Form 1065, US Return of Partnership Income, Schedule K-1 "Partners Share of Income, Deductions, Credits, etc."
  3. Corporation – Form 1120, US Corporation Income Tax Return
  4. S-Corporation – Form 1120S, US S-Corporation Income Tax Return
  5. Non-for-Profit – Form 990, Return of Organization Exempt from Income Tax
- Copy of City of Miami-issued Certificate of Use/Accessory of Use and Local Business Tax Receipt Card.
- Proof of loss or reduction of income as a result of COVID-19. Quarterly P&L Statements for all 4 quarters of 2020.
- Proof of your business having a DUNS Number<sup>1</sup>
- Completed and signed W-9 Form matching the business' name to the one in this application
- Proof of payment – Receipts and bank account statements showing the amount paid for all expenditures not covered by any other federal, state, or local COVID-19 relief program that amounts to the maximum amount of assistance which is \$25,000 or 20% of last year's annual gross revenue, whichever is less.

**CERTIFICATION ON BEHALF OF APPLICANT BUSINESS**

- I certify that the information provided to determine my eligibility for assistance on this application is true and correct to the best of my knowledge. I, the applicant, further understand that any false information provided in connection with this application may be grounds for having to pay back the funds awarded.
- I understand that this assistance is contingent upon the availability of funds and that the assistance is limited to payment of business expenditures related to loss or reduction of revenue due to COVID-19, not previously reimbursed by any other COVID-19 relief program by either federal, state, or local sources

\_\_\_\_\_  
 Signature of Applicant Print Name Date

<sup>1</sup> Your organization must obtain a DUNS number, if you currently do not have one, AND submit proof of it. If your business does not currently have a DUNS number, [fedgov.dnb.com](http://fedgov.dnb.com) to register for and receive a DUNS number. You can submit proof your organization applied for a DUNS number in order to expedite the processing of your application instead of having to wait to receive your DUNS number.

<sup>2</sup> This is not an all-inclusive list. Additional documents may be required as specified under the "Rules and Requirements" of this Program's application package.





**City of Miami**  
**Department of Housing & Community Development**  
**SUBMISSION CHECKLIST FOR**  
**BUSINESS ASSISTANCE GRANT PROGRAM 2**

The following documentation **MUST BE SUBMITTED** along with this application to ensure that your application is processed. Failure to submit a complete package will disqualify you.

All items in the chart below are **REQUIRED**. Proof of payment items depend upon the type of expenditures you are seeking reimbursement for.

<input type="checkbox"/>	<b>Completed and signed Application for Business Assistance Grant Program 2 including the Affidavit and Acknowledgment form AND City of Miami Business Assistance Grant Program 2 Rules and Requirements (which MUST both be notarized)</b>
<input type="checkbox"/>	<b>State of Florida-issued picture ID for person applying on behalf of the Business</b>
<input type="checkbox"/>	<p><b>Business Tax Returns<sup>3</sup> - Must submit a copy of 2019 federal income tax returns, including all schedules.</b></p> <ol style="list-style-type: none"> <li>1. Sole proprietorship – Form 1040, US Individual Income Tax Return, with Schedule C “Profit or Loss from Business”</li> <li>2. Partnership – Form 1065, US Return of Partnership Income, Schedule K-1 “Partners Share of Income, Deductions, Credits, etc.”</li> <li>3. Corporation – Form 1120, US Corporation Income Tax Return</li> <li>4. S-Corporation – Form 1120S, US S-Corporation Income Tax Return</li> <li>5. Non-For-Profit – Form 990</li> </ol> <p>If the business has yet to file its tax return for 2019 and it has submitted a request for an extension to the IRS, we will need a copy of the extension submission record and the previous year’s Tax Return (2018).</p> <p>If the business is a “home-based” business and seeking reimbursements for items such as rent/mortgage, utilities, and other items related to the home-business operations, you will be required to submit IRS Form 8829, “Expenses for Business Use of Your Home”, which must have been filed and submitted to the IRS along with your tax returns.</p>
<input type="checkbox"/>	<b>Copy of City of Miami-issued Certificate of Use/Accessory of Use and Local Business Tax Receipt Cards. Must be up-to-date.</b>
<input type="checkbox"/>	<p><b>Proof of loss of income or Reduction in income after March 1, 2020</b></p> <p>Submit a quarterly Profit a Loss (P&amp;L) statement from January-March 2020, from April-June 2020; from July-September 2020 AND from October-December 2020.</p>
<input type="checkbox"/>	<p><b>Completed and Signed W-9 Form. If you wish to get the funds deposited directly to your bank account, please fill out the ACH Form and submit a copy of a VOIDED check.</b> You can find these forms at <a href="https://www.irs.gov/pub/irs-pdf/fw9.pdf">https://www.irs.gov/pub/irs-pdf/fw9.pdf</a> and you can fill out the ACH form online at <a href="https://www.miamigov.com/files/assets/public/document-resources/pdf-docs/finance/ach-set-up-for-accounts-payable-revised.pdf">https://www.miamigov.com/files/assets/public/document-resources/pdf-docs/finance/ach-set-up-for-accounts-payable-revised.pdf</a></p>
<input type="checkbox"/>	<p><b>Proof of DUNS Number</b> – Printout of DUNS number from fedgov.dnb.com or email received from them showing the business DUNS number. If you applied for a DUNS Number and have not received it yet, you can submit proof that you have applied for it.</p>
<input type="checkbox"/>	<p><b>Proof of Payment of Eligible Expenditures to be Reimbursed</b> – Must have been incurred after March 1, 2020 and must NOT have been paid by other COVID-19 relief program from either federal, state or local sources. All expenses must be related to business operations. Cash payments or payments via alternative methods that <i>cannot be traced to a business account</i> will not be reimbursed. Business loans or similar instruments are ineligible. Any bills, bank statements, and/or credit card statements submitted under an individual’s name that does not include the business’ name will not be accepted.</p>
<input type="checkbox"/>	<p><b>RENTAL PAYMENTS</b> – Must submit a copy of the executed lease agreement AND copy business bank account reconciled check or monthly statement or business credit card statement highlighting the payment for the correct amount.</p>
<input type="checkbox"/>	<p><b>UTILITY/INSURANCE/LICENSES BILLS</b> – Must submit a copy of the bill under the business name AND a copy of the business’ bank account reconciled check or monthly statement or business credit card statement highlighting the payment for the correct amount. Reimbursable utility costs include electricity, water and sewer, internet, business telephone, and cable. It does not include cellphone bills.</p>
<input type="checkbox"/>	<p><b>EMPLOYEE SALARIES</b> – Must submit a copy of payroll statements/register AND copy of business bank account reconciled check or monthly statement or business credit card statement highlighting the payment for the correct amount paid to the payroll company OR reconciled cashed paystubs. You may be required to submit W-2 forms for all your employees.</p>

**WHERE DO I DROP OFF MY COMPLETED APPLICATION PACKAGE?**

All completed application packages must be submitted to the address below. Incomplete application packages will be discarded. The City will not return any of the documents submitted through this application process to the applicant whether the assistance is approved or not.

**Drop-off location:**

**CITY OF MIAMI**  
**BUSINESS ASSISTANCE GRANT PROGRAM 2**  
 14 NE 1<sup>st</sup> Avenue, 1<sup>st</sup> Floor Lobby DROP BOX  
 MIAMI, FL 33132  
 Drop-off Hours: 9 am to 4 pm, Monday through Friday (excluding holidays)

The city will process applications on a first-come, first-serve, first-ready basis. You will be contacted by program staff if additional documentation is needed. For more information regarding this program, please call 305-416-2065 or email us at [cdbusinessprogram@miamigov.com](mailto:cdbusinessprogram@miamigov.com).

<sup>3</sup> Limited Liability Company (LLC) – This can be a corporation, partnership, or a disregarded entity. A domestic LLC with at least 2 members is classified as a partnership (Form 1065) for federal income tax purposes unless it files Form 8832 and affirmatively elects to be treated as a corporation (Form 1120 or 1120s). A LLC with one member will need to file a Form 1040 Scheduled C.



City of Miami  
 Department of Housing & Community Development  
**PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT**  
**FOR BUSINESS ASSISTANCE GRANT PROGRAM 2**

Information provided by the applicant(s) is subject to Chapter 119, Florida Statutes, regarding Public Records. Information provided by the business applicant that is *not* protected by Florida Statutes 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 finalizing the application for assistance or supplying any information, your signature below indicates that:

- On behalf of the business applicant, I/we agree to hold harmless, indemnify, release, and defend the **City of Miami**, its officers, employees, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.
- On behalf of the business applicant, I/we agree that the **City of Miami does not** have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the **City of Miami** in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records request.
- On behalf of the business applicant, I/we agree that the **City of Miami does not** have any obligation or duty to provide me/us with notice that a public records request has been made.
- On behalf of the business applicant, I/we agree to hold harmless, release, indemnify, and defend the **City of Miami**, its officers, employees, agents, successors and assigns from any and all liability that may arise due to my/our applying for the Business Assistance Grant Program.

**NOTICE OF COLLECTING SOCIAL SECURITY NUMBER**  
**FOR GOVERNMENT PURPOSE**

The City of Miami may collect your social security number for a number of different purposes. The Florida Public Records Law (specifically, Section 119.071(5), Florida Statutes) requires the City to give you this written statement explaining the purpose and authority for collecting your social security number as part of this application. Your Social Security Number is being collected for the purposes of qualification for the Business Assistance Grant Program 2 if you are applying as a sole proprietor.

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Name of Applicant

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Signature of Applicant

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Date



