



Pinellas CARES Small Business Grant Application Preview

This is a sample, not the real application form. This document shows the information requested on the application form. Applications are only accepted online. Do not try to submit this document. This is to help you prepare to use the online form.

Visit <https://covid19.PinellasCounty.org/pinellas-cares-small-business-grants> to learn more and to apply between May 4 and June 1, 2020.

Program Overview

Pinellas County has initially identified up to \$35 million in emergency relief funds to support the small businesses hardest hit by the COVID-19 pandemic. Funds are available as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act federal stimulus package.

Pinellas County will provide emergency financial support through the Pinellas CARES Small Business Grant for qualified small businesses that are negatively impacted by the COVID-19 pandemic due to orders to close or limit operations. This program is intended to help offset the significant, temporary loss of revenue to these qualified businesses during this pandemic, and to assist businesses in retaining and paying employees.

The program will offer one-time \$5,000 grants to qualifying small businesses to cover expenses such as employee wages, vendor bills and rent. The emergency relief is targeted specifically to help local businesses with a commercial location within Pinellas County cover immediate financial needs. Grants are strictly limited to businesses located physically within Pinellas County. Funds can only be used to reimburse the costs of business interruption caused by required closures provided those costs are not paid by insurance or by another federal program.

Regardless of whether a business is or is not eligible for this program, it may still qualify for other existing funding programs. Visit www.pced.org/covid19loans for a list of federal and state programs assisting businesses impacted by the COVID-19 pandemic.

Eligibility Overview

- \$5,000 for qualifying small businesses with a physical location in Pinellas County (1-25 full-time employees, or equivalent part-time employees, including the owner).
- Restaurants, bars, short-term lodging and other non-essential businesses impacted by the local or state safer-at-home orders are eligible.
- Larger businesses, non-profits and home-based businesses are not eligible.
- Funds can only be used to reimburse the cost of business interruption caused by required closures provided those costs are not paid by insurance or by another federal program. Such costs may include employee wages, vendors, rent or other business expenses.
- No reimbursement is required.

A. Eligibility

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.

Eligible Business Type

[select one of from the following choices]

- ☐ Food Service Establishments and Public Food Service Establishments
- ☐ Bars, pubs and nightclubs
- ☐ Short-term Lodging establishments
- ☐ Places of Public and Private Assembly
- ☐ Non-Essential Businesses

If you selected Non-Essential Business, please specify. Type N/A if this doesn't apply.

For descriptions of Eligible Business Types, please use the information below:

- “Food Service Establishments” as defined in [Chapter 500, Florida Statutes](#), and “Public Food Service Establishments” as defined in [Chapter 509, Florida Statutes](#).
- Bars, pubs and nightclubs as described in [Governor’s Executive Order 20-68](#).
- Short-Term Lodging establishments and vacation rental management companies that collect and remit Tourist Development Tax.
- Places of public and private assembly covered under Section 2 of the [“State of Florida & Pinellas County ‘Safer-at-Home’ Guidance”](#) document.
- Non-essential businesses covered under Section 5 of the [“State of Florida & Pinellas County ‘Safer-at-Home’ Guidance”](#) document and not included above.

- ☐ A.1. Business suffered from business interruption caused by required closures resulting from the COVID-19 public health emergency.
- ☐ A.2. Business suffered economic damages from business interruption caused by COVID-19 exceeding \$5,000 since March 1, 2020, excluding those covered by insurance or reimbursement from any federal program.
- ☐ A.3. Business employed 25 full-time equivalent employees or less (equivalent to 1,000 total average weekly hours for all employees) as of February 29, 2020.

Total average weekly hours for all employees (including owner) _____

- ☐ A.4. Business is physically located within the boundaries of Pinellas County, Florida.
- ☐ A.5. Business is not a home-based business and occupies commercial space.
- ☐ A.6. Business has been operating since at least October 1, 2019.

- ☐ A.7. Business can demonstrate ongoing business operations as of February 29, 2020.
- ☐ A.8. Business is expected to be fully operational after local and state emergency guidelines are rolled back.
- ☐ A.9. Business is not a publicly traded company.
- ☐ A.10. Business does not have any current unpaid code enforcement liens and is not operating in violation of any state, federal or local laws.
- ☐ A.11. No owner, officer, partner, or principal actor of the business has a felony conviction for financial mismanagement within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).



IF YOU DID NOT CHECK BOX FOR ALL ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE PINELLAS CARES SMALL BUSINESS GRANT.

B. General Information

Please provide the following information

B.1. Legal Name of Business (as shown in Line 1 of W-9)

B.2. DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

B.3. Principal Business Address

B.4. Business Website Address [NOT REQUIRED]

B.5. Taxpayer ID (TIN) (if sole proprietorship, enter social security number of sole proprietor) (As shown in Part 1 of W-9)

B.6. Mailing Address for Grant check (As shown in Line 5 & 6 of W-9)

OWNER OR REPRESENTATIVE CONTACT INFORMATION

B.7. First Name

B.8. Last Name

B.9. Primary Phone

B.10. Primary Email

B.11. Business Phone

B.12. Date Business Established

B.13. Business Legal Entity Type (as shown in Line 3 of W-9)

[select one of from the following choices]

- ☐ Individual (Sole Proprietorship or single-owner LLC)
- ☐ Corporation (C Corp, S Corp, or Multiple-Owner LLC)
- ☐ Partnership

C. Use of Grant

Please provide the following information

C.1. Will you utilize the Pinellas CARES Small Business Grant to help with payroll/wages (including associated benefits)?

Yes or No

C.2. Will you utilize the Pinellas CARES Small Business Grant to help with mortgage/rent?

Yes or No

C.3. Will you utilize the Pinellas CARES Small Business Grant to help with vendor payments?

Yes or No

C.4. Will you utilize the Pinellas CARES Small Business Grant to help with other needs?

Yes or No

If other, please specify. If not, type N/A.

D. Required Documentation

Application must include all documentation listed below. The application may not be approved if all required information is not provided in a legible form.

FOR MORE INFORMATION ABOUT REQUIRED DOCUMENTATION, PLEASE REFER TO THE TEXT BELOW.

Completed [W-9 form for business](#), DBA, Tax ID Number (or Social Security Number for sole proprietor), and Mailing Address for Grant Check must match entries in General Information section.

Copy of "active" state business registration from Florida Division of Corporations

- Search by "Entity Name" [here](#) (use full legal business name), select listing with "Active" status, and attach most recent filing as a screenshot; or
- If not required to register with Florida Division of Corporations, attach documentation showing the business was operating prior to March 1, 2020 and meets all regulatory requirements from Pinellas County or the municipality in which the business is located. Examples may include certification from the Florida Department of Business and Professional Regulation, certification from Department of Health, and business tax receipt from applicable jurisdiction.

Business Financials

- Individual (Sole Proprietors and individual/single-owner LLCs)
 - [2019 Schedule C \(Form 1040\)](#) **OR**
 - If no 2019 Schedule C is available, provide 2018 Schedule C (Form 1040) **and** most recent Annual or Quarterly Balance Sheet or Profit & Loss Statement.
- Corporations (C-Corps, S-Corps, corporate Limited Liability Corporations (LLCs))
 - 2019 Corporation Income Tax Return ([Form 1120](#) or [Form 1120-S](#)) **OR**

- If no 2019 tax return is available, provide 2018 tax return **and** Annual or Quarterly Balance Sheet or Profit & Loss Statement
- Partnerships
 - 2019 Return of Partnership Income ([Form 1065](#)) **OR**
 - If no 2019 tax return is available, provide 2018 tax return **and** Annual or Quarterly Balance Sheet or Profit & Loss Statement

[W3 Summary, 1096](#) (from 2019) or [IRS FORM 941](#) (from 1st quarter 2020 or, if not completed, 4th quarter 2019). Sole proprietors may [complete and attach a certification](#) stating that business owner is the sole proprietor with no additional employees or subcontracted workers.

Updated and Current Municipal Business Tax Receipt, if applicable. Note that many cities and the unincorporated area do not require a business license.

For Short-Term Lodging establishments and vacation rental management companies that collect and remit Tourist Development Tax, tourist development tax receipt or cancelled check for last monthly or quarterly payment made.

Documentation

- ☐ **W-9 Form **Required***
- ☐ **Active State Business Registration, or local business registration/license, or other documentation (please refer to the text above for documents needed for applicant) **Required***
- ☐ **Business Financials (applicable 2019 Tax Return or equivalent) (please refer to the text above for documents needed for applicant) **Required***
- ☐ **Staffing Documentation (W-3 Summary, 1096 OR 2019 IRS FORM 941) **Required***
- ☐ **Updated and Current Municipal Business Tax Receipt, if applicable (please refer to the text above for documents needed for applicant)**

☐ **Tourist Development Tax Documentation, if applicable (please refer to the text above for documents needed for applicant)**

☐ **Additional Documentation (may include printed, signed copy of application by business owner if online submission is being completed on his/her behalf)**

Applicant Certification

Please provide the following information

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

Social Security numbers are collected, maintained and reported by the County to be in compliance with IRS 1099 reporting requirements and are exempt from public records pursuant to Florida Statutes §119.071.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the business, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

Applicant Name

Applicant Title

Signature

Today's Date