



COMMUNITY ACTION AGENCY

MICRO ENTERPRISE GRANT APPLICATION

In an effort to maximize resources available to low income small business owners through the Community Services Block Grant (CSBG) - American Recovery and Reinvestment Act (ARRA), Miami-Dade Community Action Agency (CAA) proposes a Micro Enterprise Grant for businesses located in the 13 Miami-Dade County Commission Districts. Micro Enterprise is a small business that has five or fewer employees, generally with a small amount of capital. Contact has been made with Miami-Dade Small Businesses Development (SBD) who has agreed to send a Fax Blast to all small businesses registered with SBD to ensure that information is disseminated to a broad spectrum of low income small businesses. The Fax Blast will have a link to the Micro Enterprise Application, Eligibility Requirements and other pertinent information regarding the CSBG – ARRA Micro Enterprise Grant Application Process. This Fax Blast will target over 1700 small businesses included in the SBD database, which will markedly improve CAA’s outreach efforts. Additionally, information may be downloaded from the CAA Web Portal.

One (1) grant of \$5,000.00 per commission district will be awarded to an eligible small business owner in a competitive grant application process. Applicant(s) must be a low to moderate income (200% of Federal Poverty Guidelines) small business owner(s). The total household income of the business owner(s)/applicant(s) must not exceed 200% of the Federal Poverty Income Guidelines. The small business must have five (5) or less employees, including the owner, and must provide proof of “for profit” business status. Additionally, the business must be located in the confines of the 13 Miami-Dade County Commission Districts. Attached are the eligibility requirements for the Micro Enterprise Grant Program, the Micro Enterprise Grant Application and the Grant Implementation Timeline.

Grant applications will be available for thirty days from the initial release date at each of the 14 Miami-Dade Community Action Agency (CAA) Community Enrichment Centers (CEC) and on the CAA Web Portal. Completed applications must be returned to any of the CAA CEC locations (see attached list of CAA locations). The business owner(s)/applicant(s) must provide valid documents with the grant application to confirm eligibility. At the end of the grant application period, grant applications will be submitted to the CAA Issues/Self Sufficiency Committee for primary oversight and implementation of the Micro Enterprise Grant Application Selection Process. The Issues/Self Sufficiency Committee will convene a Grant Evaluation Team led by the Chairperson of the Issues/Self

Sufficiency Committee and comprised of the CAA Board Representatives from the Community Advisory Committees. The Grant Evaluation Team will be charged with selecting one small business per commission district to receive the \$5,000.00 grant award. To ensure equity in the award process, the CAA Issues/Self Sufficiency Grant Evaluation Team will utilize a prescribed evaluation tool in the grant selection process (see the attached Micro Enterprise Evaluation Tool).

Only complete and signed applications will be deemed eligible for the formal review process. Incomplete applications and applications received after the deadline will not be reviewed by the CAA Issues/Self Sufficiency Grant Evaluation Team as this is considered a fatal flaw. These application packages will be returned to the small business owner/applicant.

The CAA Issues/Self Sufficiency Grant Evaluation Team members will conduct a formal review of the eligible grant applications. Each application will be carefully evaluated, and individually scored by each of the committee members utilizing the Micro Enterprise Evaluation Tool. The applications will then be rank-ordered by the Grant Review Team and recommendations for the awards will be made. The CAA Family Self Sufficiency/Issues Committee Chairperson will submit the applications, score sheets and final recommendations for the Micro Enterprise Grant Awards to the CAA Self Help Division Director for final review and processing of the awards.



MIAMI-DADE COMMUNITY ACTION AGENCY
 COMMUNITY SERVICES BLOCK GRANT (CSBG)
 AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)
 MICRO ENTERPRISE GRANT PROGRAM

IMPLEMENTATION TIMELINE:

DATE(s)	ACTIVITY
January 4, 2010 – January 29, 2010	CAA Outreach/PR/Media Blitz; Miami Dade Small Business Development Fax Blast; Applications Available in CAA Community Enrichment Centers and the CAA Web Portal
February 5, 2010 at 3:00 pm	Grant Applications Due
February 8 - 12, 2010	Grant Review Process
February 22, 2010	Grant Award Notification



MIAMI-DADE COMMUNITY ACTION AGENCY
COMMUNITY SERVICES BLOCK GRANT (CSBG)
AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)
MICRO ENTERPRISE GRANT PROGRAM
ELIGIBILITY REQUIREMENTS

Applicant(s) must be a **low to moderate income** (200% of Federal Poverty Guidelines) **small business owner** (see attached income guidelines)

The total **Household Income** of the business owner **must not exceed 200% of Federal Poverty Income Guidelines**

The business must be located in one of the thirteen Miami Dade County Commission Districts

The business owner(s) must provide proof of “**for profit**” business status

The business must have **five (5) employees or less** (including the business owner)

Business owner/applicant must provide valid documents with application to confirm eligibility

ACCEPTABLE DOCUMENTATION:

INCOME ELIGIBILITY

The following documents can be used to certify income eligibility for business owner(s) and/or household members:

- IRS 1040 with attachments (W2 and Schedule C for business owners)
- Current bank statement showing Direct Deposit amount
- Benefit Statements or letters (i.e., SSA, SSD, SSI, VA, TANF, Food Stamps)
- Pay Stub (for last four weeks)
- Child Support Documentation
- Retirement Income Documentation
- Self Employment – current quarterly or prior year tax statement, or statement from accountant/bookkeeper
- Unemployment/Worker’s Compensation
- Employer Statement/Letter on organization’s letterhead

BUSINESS STATUS

The following documents can be used to certify “**for profit**” business status:

- State of Florida Corporate Registration
- Business Income Tax Return
- Schedule C of IRS Form 1040
- Miami Dade County Business Tax Receipt
- City of Miami Business Tax Receipt and/or Certificate of Use

SMALL BUSINESS STATUS (five employees or less)

The following documents can be used to certify business has five (5) employees or less:

- Copy of Payroll
- Copy of UCT6 – State Unemployment Return
- Copy of US 941 – Federal Quarterly Payroll Tax Forms
- Miami Dade County Business Tax Receipt
- City of Miami Business Tax Receipt and/or Certificate of Use

**AMENDED
FY 2009-2010
COMMUNITY SERVICES BLOCK GRANT (CSBG)
POVERTY INCOME GUIDELINES*
200% OF POVERTY INCOME GUIDELINES
EFFECTIVE JULY 1, 2009**

PEOPLE IN HOUSEHOLD	200%
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020
Add this amount for each additional person in households with more than 8 people	\$7,480

*These amended poverty income guidelines are based on the 2009-2010 American Reinvestment and Recovery Act (ARRA) directive for the CSBG Program administered through the U.S. Department of Health and Human Services.



MIAMI-DADE COMMUNITY ACTION AGENCY
COMMUNITY SERVICES BLOCK GRANT (CSBG)
AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)
MICRO ENTERPRISE GRANT APPLICATION

Please Note: Business must be located in one of the 13 Miami Dade County Commission Districts. Only one grant will be awarded in each of the commission districts.

APPLICATION DATE: _____

Commission District: _____

PERSONAL INFORMATION:

Applicant Name _____

Home Address _____

Home Phone/Mobile # _____

E-Mail Address _____

BUSINESS INFORMATION:

How long have you owned business _____ Years _____ Mos. - Is this a new business? Yes No

Legal Business Name _____

Is Business Registered With the State of Florida? Yes No

Do you have a Miami Dade County Occupational License? Yes No

Type of Business _____

Business Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Business Fax _____

Business Website _____ Non applicable

Monthly Business Rent Payment _____

Business Landlord Name/Phone _____

Number of Employees (Including Owner) _____ Full Time _____ Part Time



MIAMI DADE COMMUNITY ACTION AGENCY
COMMUNITY SERVICES BLOCK GRANT (CSBG)
AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)
MICRO ENTERPRISE GRANT APPLICATION

BUSINESS OWNER INFORMATION

Ownership: Sole Proprietor Corporation Partnership
 Limited Liability Corporation (LLC) Other

Financial Records Kept: Professional Accounts Regular Records
 Some Records No Records Kept

Do you have a Business Bank Account? Yes No

Name of Bank _____

Address: _____

City State Zip Code

Business Bank Account Balance: _____

What is your monthly business income? _____

Amount of your monthly business expenses: _____

Do you have a Personal Bank Account(s)? Checking Savings

Name of Bank: _____

Address: _____

City State Zip Code

Balance (Checking): _____ Balance (Savings) _____



MIAMI DADE COMMUNITY ACTION AGENCY
COMMUNITY SERVICES BLOCK GRANT (CSBG)
AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)
MICRO ENTERPRISE GRANT APPLICATION

BUSINESS INFORMATION FORM

Business Description: _____

Proposed service/product/industry (give a physical description): _____

Business Goals: _____

Please describe how this grant will be used: _____

Timeline for achievement of business goals: _____



MIAMI DADE COMMUNITY ACTION AGENCY
 CSBG/ARRA
 MICRO ENTERPRISE GRANT APPLICATION
 BUSINESS OWNER INFORMATION

CERTIFICATION OF LOW AND MODERATE INCOME STATUS

Number of Household Members (including owner applicant): _____

INCOME INFORMATION (List all members of household, adults and children)

Family Member's Name	Type of Income	Amount	Times per Year	Total

Family Annual Gross Income _____

INCOME ELIGIBILITY: MEETS 200% FEDERAL POVERTY GUIDELINES Yes No

APPLICANT CERTIFICATIONS

I agree with the Family Annual Gross Income Amount Listed Above

I certify that the information provided to determine my eligibility for participation in the CAA Micro Enterprise Program is true and accurate to the best of my knowledge. I certify that I have fully disclosed all sources of my income and all sources of income received by members of my household. I further understand that any false information provided in connection to this application may be grounds for disqualification from this program. I hereby acknowledge that I am receiving assistance under a federally funded program, American Recovery and Reinvestment Act (ARRA) and that Title 18 Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Applicant's Signature

Print Applicant Name

Date



MIAMI-DADE COMMUNITY ACTION AGENCY
COMMUNITY SERVICES BLOCK GRANT
AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)
MICRO ENTERPRISE GRANT APPLICATION CHECKLIST

- Completed and Signed Micro Enterprise Grant Application

- Document(s) certifying Income Eligibility for Business Owner(s) and household members

- Document(s) certifying “For Profit” Business Status

- Document(s) certifying business is located in one of the 13 Miami Dade County Commission Districts

- Document(s) certifying business has five (5) employees or less

- Description of Business provided

- Described how grant funds will be used



**MIAMI-DADE COMMUNITY ACTION AGENCY
COMMUNITY SERVICES BLOCK GRANT (CSBG)
AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)
MICRO ENTERPRISE GRANT PROGRAM**

EVALUATION CRITERIA

MICRO ENTERPRISE GRANT PROGRAM RATING SHEET	MAXIMUM POINTS
I. Business Owner(s) meets low to moderate income requirements (maximum points 50)	
a. Applicant listed all sources of income for the business owner(s)	
b. Applicant provided documents to certify the income sources for the business owner(s)	
c. Applicant listed all the members of his/her household for the business owner(s)	
d. Applicant provided documents to certify individuals living in his/her household	
e. Applicant provided income information for all members of his/her household	
II. Location of the Business (maximum points 10)	
a. Applicant provided evidence that business is located in one of the 13 Miami Dade County Commission Districts	
b. Applicant provided evidence that business owner resides in one of the 13 Miami Dade County Commission Districts	
III. Number of Employees (maximum points 10)	
a. Applicant provided documents to certify number of employees in the small business	
b. Applicant designated if employees were full or part time	
IV. Business Information (maximum points 30)	
a. Applicant provided a clear description of the business	
b. Applicant clearly defined business goals	
c. Applicant clearly described how the grant will be used	
d. The proposed use of grant funds appears reasonable, allowable and necessary for the business as described in the application	
e. Applicant provides a clear timeline for the achievement of business goals	
MAXIMUM POINTS AVAILABLE	100
MINIMUM POINTS REQUIRED FOR RECOMMENDATION	75



Miami-Dade County CAA
SELF HELP DIVISION
Community Enrichment Centers

Caleb Community Enrichment Center

5400 N.W. 22 Avenue, #306

Miami, FL 33147

Team Manager: **Jacqueline Wright** **OFC: (305) 636-2296/FAX: (305) 636-2606**

Edison Community Enrichment Center

150 N.W. 79 Street

Miami, FL 33150

Team Manager: **German Izquierdo** **OFC: (305) 758-9662/FAX: (305) 795-1502**

Hialeah Community Enrichment Center

300 East First Avenue

Hialeah, FL 33010

Team Manager: **Nora Smith** **OFC: (305) 884-4801/FAX: (305) 888-1616**

Liberty City Community Enrichment Center

6100 N.W. 7 Avenue

Miami, FL 33127

Team Manager: **Tangier Scott** **OFC: (305) 756-2830/FAX: (305) 795-1523**

Miami Gardens Community Enrichment Center

16405 N.W. 25 Avenue

Miami Gardens, FL 33054

Team Manager: **Anthony Turner** **OFC: (305) 623-6500/FAX: (305) 623-6505**

South Beach Community Enrichment Center

833 Sixth Street

Miami Beach, FL 33139

Team Manager: **Darna Guardia** **OFC: (305) 672-1705/FAX: (305) 535-4237**

Wynwood Community Enrichment Center

2902 N.W. 2 Avenue

Miami, Florida 33127

Team Manager: **Nelson Lorie** **OFC: (305) 547-7661/FAX: (305) 571-7706**

Accion Community Enrichment Center

858 West Flagler Street
Miami, FL 33130

Team Manager: Darna Guardia

OFC: (305) 547-4892/FAX: (305) 547-4894

Coconut Grove Community Enrichment Center

3750 South Dixie Highway
Miami, FL 33133

Team Manager: Helen Miguel

OFC: (305) 446-3311/FAX: (305) 694-3583

Culmer Community Enrichment Center

1600 N.W. 3 Avenue
Miami, FL 33136

Team Manager: Viola Davis

OFC: (305) 438-4161/FAX: (305) 576-8640

Florida City/Homestead Community Enrichment Center

1600 N.W. 6 Court
Florida City, FL 33034

Team Manager: Dorothy Lowe

OFC: (305) 247-2068/FAX: (305) 242-7909

Naranja Community Enrichment Center

13955 S.W. 264 Street
Naranja, FL 33032

Team Manager: Dorothy Lowe

OFC: (305) 258-5471/FAX: (305) 258-0704

Goulds Community Enrichment Center

21300 S.W. 122 Avenue
Miami, FL 33170

Team Manager: Maria Fernandez

OFC: (305) 233-2121/FAX: (305) 254-5819

Perrine Community Enrichment Center

17801 Homestead Avenue
Miami, FL 33157

Team Manager: Douglas Hill

OFC: (305) 254-5804/FAX: (786) 293-4598