



Chairman Dennis C. Moss
Board of County Commissioner
Miami-Dade County
District 9
Mom And Pop Small Business Grant Program

APPLICATION

Please submit 1 original and 1 copy completed application

Mom and Pop Small Business
Grant Program
For Miami-Dade County
District 9

Attention Business Owners

Grant Money Available!
Up to \$5,000 Per Business

**Applications available
February 9, 2009 through February 26, 2009**

**PICK UP APPLICATIONS AT:
Commissioner Dennis C. Moss's District Office**

**District North Office
10710 SW 211 Street, Suite 206
Miami, FL 33189
Phone: 305-234-4938
www.miamidade.gov/district09**

OR

**District South Office
1634 NW 6 Avenue
Florida City, FL 33034
Phone 305-245-4420**

Completed applications will be accepted February 19, 2009 – February 26, 2009 5:00 pm
Return 1 original and 1 copy completed application to
Commissioner Dennis C. Moss's District Office
No late applications will be accepted!

For additional information contact: Ms. Lawanza Finney: 305-756-0605
Neighbors And Neighbors Association

CONTENTS

	Page(s)
Brief Description	1
Guidelines	2
Information Meeting	3
Application	4-7
County License (Copy)	8
City License (Copy)	9
Picture of business	10

MOM AND POP SMALL BUSINESS GRANT PROGRAM

BRIEF DESCRIPTION

The Mom And Pop Small Business Grant Program was created to provide financial and technical assistance to qualified small businesses that are approved for funding. This program has allowed small owned and operated businesses the opportunity to interact with local government under favorable conditions, and this relationship will ultimately bridge the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients. Funding can be used to purchase equipment, supplies, advertising/marketing, inventory, building liability insurance, security systems and to make minor renovations.
- Technical assistance is made available to small businesses in order to create a better working and business environment, promote economic development opportunities, educate owners about various county-funded programs and projects, form/foster better working relationships among small business owners, retain and eventually create more jobs, offer the necessary training that small business owners so desperately need to become more efficient and competitive, etc.

The program has grown each year and is now being offered countywide. As a result, we recognize that the needs of each district are different and our goal is to address this diversity. In order to receive the correct guidelines and be considered for funding, you must apply in the district where your business is located. To locate your district, please call 311 or visit www.miamidade.gov go to **Research Tools & Maps**, click in “*County Services Near You*” enter your business address and submit. **Applications and start date for each district may differ, therefore, please be sure to pick up the appropriate application.**

Mom and Pop Small Business Grant Program Miami-Dade County District 9

FY 2008-2009 Guidelines

Commissioner Dennis C. Moss's Mom and Pop Small Business Grant Program is offering applications to qualified businesses.

All businesses must be located in District 9 and meet the following criteria:

- 1. Must have been in business for at least 2 years, include proof (example: any old License, Incorporations, Sales Tax, Income tax or utility bill)**
- 2. Cannot have more than seven (7) fulltime employees (2 part time will count to 1 fulltime).**
- 3. Must not be apart of a national chain.**
- 4. Must have no more than two (2) businesses in the district.**
- 5. Must submit a current Local Business Tax license (Miami-Dade County Occupational License) or paid receipt. Business name on application must match one on license (include copy).**
- 6. A physical address is required. No P.O Box as mailing address allowed.**
- 7. Applicant must apply in district where business is located.**
- 8. Businesses that relocate out of the district where applying during the process will be disqualified.**
- 9. Home – base businesses can apply.**
- 10. Applications will not be accepted after deadline.**
- 11. Must not have delinquent loan with Miami-Dade County, County Department or a County funded agency.**
- 12. Businesses that received funding in the past can not apply.**
- 13. Must participate in business workshop training.**
- 14. Non-profit agencies can not apply.**
- 15. Application must be typed or printed only.**
- 16. Applicants must sign and submit all requested documents.**
- 17. Must provide picture of business location (building,home, or work vehicle).**
- 18. Submit one original and 1 copy completed application.**

PLEASE BE AWARE OF THE FOLLOWING:

Mandatory Information Meetings

All businesses that apply for funding must attend a 1-hour meeting, which will explain the program requirements. All questions will be answered at that time. Attending the preliminary meeting does not guarantee that you will receive funding.

Thursday, February 19, 2009 from 6:30 p.m. – 8:30 p.m.

South Dade Government Center, 10710 SW 211 Street, Suite 203

PLEASE BE ON TIME

Mandatory Workshop Training

Guidelines for Mom and Pop Small Business Grant Program require that each approved recipient attend a certain number of business training courses. These courses are offered for your convenience at no cost.

It is very important that you attend the workshops and complete the specified amount of courses. Otherwise, you may be disqualified from the program.

**FY 2008-2009
APPLICATIONS FORMS
Mom and Pop Small Business Grant Program**

Date: _____

A. Identifying Data

Business Name	
Business Address	
City & Zip Code	
Business Phone and Fax	
Email Address	
Type of Business	
Owner's Name	
Owner's Home Address	
City & Zip Code	
Drivers License #	
U.S. Citizen	_____ YES or _____ NO
Ethnicity (circle one)	Black White Hispanic Asian Other _____
Authorized Representative	

B. Budget Summary

Request Amount FY 2008-2009	
TOTAL	

C. Usage

	DESCRIPTION	ESTIMATES
<input type="checkbox"/> Inventory / Supplies	_____	\$ _____
<input type="checkbox"/> Business Equipment	_____	\$ _____
<input type="checkbox"/> Marketing / Advertising	_____	\$ _____
<input type="checkbox"/> Commercial Liability Insurance	_____	\$ _____
<input type="checkbox"/> Minor Interior/External Renovations	_____	\$ _____
<input type="checkbox"/> Security System	_____	\$ _____
<input type="checkbox"/> Work Vehicle (pick up truck or cargo van)	_____	\$ _____

D. BUSINESS INFORMATION FORM

1. Describe your Business: _____

2. What kind of service or goods you offer to the community: _____

3. What are your Business's Goals: _____

4. Brief Description on how the funds will help to grow your business: _____

5. List your Management Team and years of experience:

<u>NAME</u>	<u>TITLE</u>	<u>YEARS OF EXPERIENCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Business owners are required to provide the following information:

1. How long have you been in business? Number of years _____ months _____
2. Have you received mom and pop funding in the pass
Yes _____ No _____
3. Are you or any of the shareholders employed by Miami-Dade County?
Yes _____ No _____
4. If yes, what department? _____
5. Have you ever applied for a loan? Yes _____ No _____
6. If yes, with whom? _____
7. Was the loan approved? Yes _____ No _____
8. Do you have a past due loan with the County or any County funded Department or agency?
Yes _____ No _____
9. If yes, with whom? _____
10. Will you be contributing any funding to the project? Yes _____ No _____
11. Are you willing to participate in Business Development workshops?
Yes _____ No _____

12. Number of employees? Full-time: _____ Part-time: _____

13. Please provide the following information regarding your current employees(s):

NAME	ADDRESS	ZIP CODE	White / Black Hispanic / Other Male / Female <i>(Please Circle)</i>
			W B H O M / F
			W B H O M / F
			W B H O M / F
			W B H O M / F
			W B H O M / F
			W B H O M / F
			W B H O M / F
			W B H O M / F
			W B H O M / F
			W B H O M / F

F. Please include copies only of the items listed below with your completed application to be considered for funding:

- Miami-Dade County: Local Business Tax Receipt (Occupational License)
- Picture of business location (Building, home, or work vehicle)

My signature below indicates that I have read this document and fully understand its contents.

The information submitted on this document is true to the best of my knowledge.

Signature

Date

ATTACH A COPY OF YOUR CURRENT LOCAL
BUSINESS TAX RECEIPT
Or paid receipt
(Occupational License)

If required

ATTACH A COPY OF YOUR CURRENT
MUNICIPALITY, CITY LOCAL
BUSINESS TAX RECEIPT

Or paid receipt

(Occupational License)

ATTACH OUTSIDE PICTURE OF BUSINESS

Picture of building if located in a commercial building

Picture of vehicle if business is mobile or

Picture of home if business is home based

Copy Only