

## TARGET URBAN AREA SMALL BUSINESS CAPITALIZATION PROGRAM APPLICATION

Miami-Dade Economic Advocacy Trust (MDEAT)  
Stephen P. Clark Center  
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Miami, FL 33128  
PH: (305) 375-5661  
[www.miamidade.gov/EconomicAdvocacyTrust](http://www.miamidade.gov/EconomicAdvocacyTrust)

Date Received (Stamp Date Below):

**INSTRUCTIONS:** Please complete each item (must be typed or written in ink). *Do not leave any blank spaces.* If a question is not applicable to your business, please insert "N/A" in the space provided for your answer. Whenever space is insufficient to answer a question completely, attach additional sheets as necessary; use the question number to identify any answer continued on an additional sheet.

**AN INCOMPLETE APPLICATION MAY NOT BE PROCESSED FOR GRANT CONSIDERATION!**

How did you hear about program? <input type="checkbox"/> Internet/Social Media <input type="checkbox"/> Workshop <input type="checkbox"/> Commission Office <input type="checkbox"/> City Hall <input type="checkbox"/> Library <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (please specify) _____	
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### Section I: General Applicant Information

A. Legal Name of Business \_\_\_\_\_

Trade Name or D/B/A: \_\_\_\_\_

Business Address (*Miami-Dade County TUA location only*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County Commission District #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Majority Owner's Name: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail: \_\_\_\_\_ Mailing Address (*if different from business address*): \_\_\_\_\_

Type of Business: \_\_\_\_\_

## TARGET URBAN AREA (TUA) SMALL BUSINESS CAPITALIZATION PROGRAM FACT SHEET

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*Miami-Dade Economic Advocacy Trust (MDEAT) announced the availability of grants through its Small Business Capitalization Program for small to medium minority businesses in the South Dade and North Dade areas in the amount of \$2,500.00 to improve or stabilize neighborhood businesses throughout the TUAs.*

### Funds can be used for the following:

- ✓ Inventory / Supplies / Other than food items
- ✓ Business Equipment
- ✓ Marketing / Advertising
- ✓ Business Expansion
- ✓ Technology (e.g. computer, software, copier, etc.)
- ✓ Offset Insurance Expenses (e.g. commercial, windstorm, etc.)

### Grant Funds Criteria:

- ✓ Business must be located in a Miami-Dade County Target Urban Area (TUA)
- ✓ Visit [www.miamidade.gov/EconomicAdvocacyTrust](http://www.miamidade.gov/EconomicAdvocacyTrust) to determine eligibility based on TUA map
- ✓ Business must have been in existence for at least minimum of three (3) year
- ✓ Three (3) year business or personal tax returns
- ✓ Employs fewer than twenty-five (25) employees
- ✓ Maintains regular business hours at the address stated in the application, where applicable
- ✓ Is not in default or non-compliance with any county loan or grant program
- ✓ Is not part of a national chain
- ✓ Does not engage in illegal activity

### How to Apply for the Grant:

*Complete this application form in its entirety and submit copies of the following documents:  
A business may only submit one (1) application.*

- Completed Grant Application
- Copy of agreements between owners or between owners and third parties
- Ownership or control if applicable (e.g. franchise agreement, buy-out agreement)
- Copy of all current Miami-Dade County and Municipality (License Business Tax, Occupational License) i.e. City of Miami, City of Miami Gardens, City of North Miami, etc..
- Copy of State of Florida licenses or professional registrations including certificate of competency, if applicable.
- Copy of Miami-Dade County technical certification [Architecture/Engineering (A/E) firms
- Copy of picture I.D. (e.g. driver's license, passport, etc.) of all owners managing partners (s), major stockholders, and qualifier or licenses holders for construction, A & E, or other professional firms (e.g. accountant, real estate)
- Copy of chronological resume(s) of all stockholders, partners, owners, qualifiers and other key staff members copy of State of Florida Sunbiz registration
- Copy of cancelled check for most recent quarterly payroll taxes
- For Incorporated businesses please provide copies of the following documents. If not applicable, please attach why.
  - Bylaws
  - Articles of Incorporation
  - Minutes of first meeting

## Section II: Business Structure Information

ALL APPLICANTS MUST INDICATE THE ESTABLISHED DATE OF BUSINESS:

\_\_\_\_/\_\_\_\_/\_\_\_\_

BUSINESS ENTITY FEDERAL ID NO. \_\_\_\_\_

CORPORATION     SUB CHAPTER S CORPORATION (Please provide form 2553- Election by Small Business Corporation)

Please describe your business corporate structure. (Circle one)

Corporation                      Partnership                      Sole Proprietorship  
 LLC                                  Not-for-Profit                      Other (explain) \_\_\_\_\_

Submit operating agreements or member certificates, if available, if firm is a LLC.

Submit Partnership Agreement if firm is a partnership, if available.

Date of Incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Corporation: \_\_\_\_\_

The Firm is authorized to issue how many shares: \_\_\_\_\_ Have any shares been issued?   
 Yes  No \_\_\_\_\_

If yes, indicate below type/number of shares issued: *(copies of corporate documents are required)*

Number of Preferred: \_\_\_\_\_ Number of Common: \_\_\_\_\_

**A.** Identify all owners, partners, or shareholders individually and list the requested information for each.

Name/Title	Race/Ethnicity Group	Sex M/F	% Ownership

**B.** Qualifier or License Holder's Name: \_\_\_\_\_  N/A

**C.** Identify all owners of the applicant firm that have ownership, financial interest and/or affiliation in another firm (include non-profit organizations, domestic or foreign firms). Please identify the owner’s name, company name, type of goods and/or services provided and the percentage of ownership. (Use attachment if necessary).  N/A

Name	Company Name	Type of Business /Svcs	% Ownership

Is the owner or any shareholders employed by Miami-Dade County? Yes No  
 If yes, please provide name, position, and department.

**D.** If your company is owned in full or in part by another firm, identify that firm and indicate percentage of the ownership interest.  N/A

Firm Name	Address	% Ownership	Contact Person	Telephone

**E.** Does any owner/principal/board member/officer from the applicant firm work for another firm that is engaged in the same or similar line of business?  Yes  No

If you answered **yes** to the above question, please identify the individual(s) and position held with the other firm as applicable, use a separate sheet if needed.

Individual Name	Title/Position	Firm	Services Provided

**F.** Identify and fully explain any changes within the past 15 months affecting the ownership, control and/or responsibility for the day-to-day operations of the company (use a separate sheet if necessary).  No Changes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G.** During the past 15 months has any owner, key management official, or qualifier been employed in any capacity by another company?  Yes  No

If “yes”, please identify owner, qualifier, or management official employed, the employer, job title/work performed and salary/compensation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. Are any owner(s) of the applicant firm currently employed with Miami-Dade County?  Yes  No  
If “yes”, please contact the Miami-Dade Ethic Commission for a legal opinion and submit the opinion along with your application.

Name: \_\_\_\_\_

Department: \_\_\_\_\_

### Section III: Financial Information

A. GROSS RECEIPTS FOR LAST THREE YEARS (Applicant Firm and Affiliates):  
Please submit Owner/Officer signed copies of corporate federal tax returns with all pages/schedules for the last (3) years for domestic and foreign firms. If you filed an IRS Tax Return Extension, you must provide a copy of the extension and a copy of the business’ most recent income statement for domestic and foreign firms.

B. Number of authorized signatures on company’s checking account: \_\_\_\_\_

Please give the name and title of individual(s) authorized to sign checks.

**Print Name**

**Title**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant firm or any firm affiliation with the Applicant firm’s owner, officers, directors, or senior management been suspended or debarred from contracting with any government entity? \_\_\_ Yes \_\_\_ No  
If yes, please explain on a separate sheet of paper.

### Section IV: Licenses and Registrations

A. Is your firm registered / authorized to do business in the State of Florida?

Yes  No If “No”, please explain:

\_\_\_\_\_  
\_\_\_\_\_

B. Does your firm have all the required business licenses?

Yes  No If “No”, please explain:

\_\_\_\_\_  
\_\_\_\_\_

C. Is your firm registered / authorized to do business in Miami-Dade County, and have a valid Miami-Dade County Local Business Tax Receipt for at least one year? \_ Yes No If “No”, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## Section V: Facility Information

- A. List all offices and facilities used by the Applicant Firm. **NOTE:** In the chart below use “C” for a Commercial location and “R” for Residential location. Attach written lease agreements (with contact information for landlord) or proof of ownership (deed, mortgage agreement, or property tax bill).  
 \*\*\* If a lease agreement is not available, please submit copies of the last three months cancelled checks or record of payment to validate rental payment

Address Street Number, FL/Rm/Ste., City, and Zip	Purpose i.e. principal office, storage, warehouse	Size Approx. Sq. Ft.	Type (C/R)	Shared Facility (Y/N)

List the name(s) and contact information of the firm(s) that shares space with the applicant firm.  
 N/A

Shared Facility Address (Street Number, FL/Rm/Ste., City, and Zip)	Name of Firm Sharing Facility	Principal Business Activities	Contact Name	Telephone
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## EVALUATION DOCUMENT CHECKLIST

Please include all support documents with your application.

Failure to do so delays the certification review process

Please include this checklist for easier processing

Firm Name:		<u>MDEAT Use Only</u>
<input type="checkbox"/>	<b>1. Copy of Grant Application</b>	<input type="checkbox"/> Submitted
<input type="checkbox"/>	<b>2. Copies of signed corporate federal tax returns, including all schedules for the last three (3) years or number of years a firm and/or affiliates has been in business. For sole proprietor, <u>signed</u> copies of individual tax returns for the last 3 years or number of years the firm and/or affiliates have been in business.</b>	— <input type="checkbox"/> Submitted
<input type="checkbox"/>	<b>3. Copies of Corporation/ LLC/Partnership/ Sole Proprietorship Documents (Articles of Incorporation, Stock Certificate (front and back); Stock Ledger, Corporation Meeting Minutes, Operating Agreement Membership Certificate). <i>***If there are no corporate documents or stock certificates issued, please provide a written statement indicating as such.</i></b>	<input type="checkbox"/> Submitted (Sunbiz Report)
	<b>4. Qualifier must be an owner</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
<input checked="" type="checkbox"/>	<b>5. Picture ID for each owner (i.e., driver's license)</b>	<input type="checkbox"/> Submitted
<input type="checkbox"/>	<b>6. Copies of all current Miami-Dade County Local Business Tax (LBT) Receipt(s) (formerly Occupational License); for the firm. Note: if the firm is a professional association (e.g. accountant, architect, engineer) provide LBT for the firm and the individual.</b>	<input type="checkbox"/> Submitted
<input type="checkbox"/>	<b>7. Copies of current State and/ or Miami-Dade County license(s) or permit(s).</b>	<input type="checkbox"/> Submitted
<input type="checkbox"/>	<b>8. Current Lease Agreement (Purchase Agreement, or copy of Warranty Deed to show ownership of property). <i>*** If a lease agreement is not available, please submit copies of the last three months cancelled checks or record of payment to validate rental payment</i></b>	<input type="checkbox"/> Submitted
<input type="checkbox"/>	<b>9. Copy of cancelled check for most recent quarterly payroll taxes</b>	<input type="checkbox"/> Submitted
	<b>Comments:</b>	

# MDEAT

Miami-Dade Economic Advocacy Trust **MIAMI-DADE**  
*Working Together for Economic Change* **COUNTY**

## NOTES

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