

**TARGET URBAN AREA (TUA)**  
**SMALL BUSINESS CAPITALIZATION PROGRAM**  
**GRANT APPLICATION**

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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 and Corridors.*

**Your business must be in a TUA or TUA Corridor to qualify for the grant. To search and confirm your location, click on this link: [TUA Grant Qualifier](#)**

*When the browser opens, select the dollar sign (\$) on the blue bar at top right corner of page. Next, input your business address in the search bar and hit enter. Then select the “Biz Incentives” button. Finally, select **Targeted Urban Area** and **Targeted Urban Area Corridor** from the Biz Incentives list and the results will appear in the drop-down box. For more information, call 305-375-5661.*

*All grant applicants are required to submit a one-page document indicating how they intend to use the grant funds and how this will help their businesses. Applicants are also required to complete and submit the attached survey. As a part of MDEAT’s on-going efforts to improve and sustain minority and small businesses, MDEAT is requiring each grant recipient to attend a minimum of one technical assistance workshop.*

Applicants are advised that grant funds can be used for the following:

1. Inventory/Supplies/Other than food items
2. Business Equipment
3. Marketing/Advertising
4. Business Expansion
5. Technology (e.g. computer, software, copier, etc.)
6. Offset Insurance Expenses (e.g. commercial, windstorm, etc.)

Applicants must meet the following criteria to be eligible to receive grant funds:

1. Business must be located in a Miami-Dade County Target Urban Area (TUA)
2. Visit [www.miamidade.gov/EconomicAdvocacyTrust](http://www.miamidade.gov/EconomicAdvocacyTrust) to determine eligibility based on TUA map
3. Business must have been in existence for at least a minimum of three (3) years
4. Provide three (3) years of business or personal tax returns
5. Employs fewer than twenty-five (25) employees
6. Maintains regular business hours at address stated in the application, where applicable
7. Is not in default or non-compliance with any county loan or grant program
8. Is not part of a national chain
9. 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, major stockholders, and qualifiers 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 documents listed below. If not applicable, please attach why.
  - Bylaws
  - Articles of Incorporation
- Copy of completed Small Business Profile & Planning Survey (attached)

## EVALUATION/SELECTION PROCESS

### Review of Applications for Responsiveness

Each application will be reviewed to determine if the application is responsive to the submission requirements outlined in this grant process. A responsive application is one which follows the requirements of this grant process, includes all documentation, is submitted in the format outlined in this process, is of timely submission, and has the appropriate signatures as required on each document. Failure to comply with these requirements may result in the application being deemed non-responsive.

### Evaluation Criteria

Applications will be evaluated by an Evaluation/Selection Committee which will evaluate and rank proposals on criteria listed below. The Evaluation/Selection Committee is comprised of members of the professional business, academic and government communities. The criteria are itemized with their respective weights for a maximum total of one hundred (100) points per Evaluation/Selection Committee member.

<u>Technical Criteria</u>	<u>Points</u>
Completeness of Application	0 - 25
Length of Time Business Established	10 - 25
Financially Sound Enterprise	10 - 25
Viability of Business	10 - 25

The Evaluation/Selection Committee will rate and rank the applications by north and south and highest point. MDEAT will select the top 8 applicants from the North and the top 8 from the South. MDEAT has allocated \$40,000.00 to this grant process to be evenly divided between the north and south small business in Miami-Dade County. In the event there are not 16 recipients of the grant funds the difference will be reallocated to the pool and distributed evenly to the actual number of recipients.

**TARGET URBAN AREA  
SMALL BUSINESS CAPITALIZATION  
PROGRAM APPLICATION**

Miami-Dade Economic Advocacy Trust (MDEAT)  
Stephen P. Clark Center  
111 NW 1 Ave, Suite 2032  
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; reference the question's number to identify any answer continued on an additional sheet.

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

<p>How did you hear about program?</p> <p><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</p> <p><input type="checkbox"/> Other (please specify) _____</p>
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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: \_\_\_\_\_

**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 an 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 name(s) and contact information of firm(s) that shares space with 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.

		<b>MDEAT Use Only</b>
<b>Firm Name:</b>		
<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 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>	

Sustainability, Planning & Economic Enhancement Department (SPEED)

**Small Business Profile & Planning Survey**

Please return with the MDEAT Grant Application

<p><b>Tell Us About Your Business</b></p>	<p><b>Do you need technical assistance?</b> Yes _____ No _____</p>
<p><b>Your Name:</b> _____</p> <p><b>Contact Telephone number(s):</b> Home: _____ Cell: _____</p> <p><b>Address:</b> _____ Street _____ City State Zip _____ Commissioner District # _____ <a href="http://www.miamidade.gov/commiss/">http://www.miamidade.gov/commiss/</a> E-Mail: _____</p> <p><b>How many employees are needed to run the business?</b> 1 – 5 _____ 6 - 10 _____ More than 10 employees _____</p> <p><b>Type of Business you operate:</b> Construction _____ Goods &amp; Services _____ Architect/Engineer _____ Retail _____ Distribution _____ Manufacturing _____ Technology _____</p>	<p><b>Legal Structure of Business</b> Sole Proprietary _____ Partnership _____ Limited Liability Corporation _____ S- Corporation _____ Corporation _____</p> <p><b>If yes, please check desired services:</b> Business Counseling _____ Workshop/Classes _____ Business Plan _____ Marketing _____ Credit Repair _____ Legal Counseling _____ Financing _____ Accounting _____ Bonding _____ Employee Recruitment _____ Tax Credit Information _____ Insurance (Health/Other) _____ Other _____</p> <p><b>Are you interested in participating in periodic Mentoring or Informational Sessions with other small business owners?</b> Yes _____ No _____</p>

*Delivering Excellence Every Day*

## NOTES

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