



Juan Carlos "JC"
BERMUDEZ
 MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONERS
 DISTRICT 12

Mom And Pop Small Business Grant Program

APPLICATION



APPLICATIONS AVAILABLE ONLINE OR IN-PERSON

April 20, 2026, through April 29, 2026

PICK UP APPLICATIONS AT:

Commissioner Juan Carlos Bermudez's District Office
 8333 NW 53 Street, Suite 102, Doral, FL 33166

Or

Online: <https://bit.ly/4mtYNjg>

MANDATORY INFORMATIONAL MEETING

Wednesday, April 29, 2026
 at 6:00 p.m.

Fire Fighters Memorial Building
 8000 NW 21 Street Doral, FL 33122

WHAT WE OFFER

Grant Funding up to \$2,500
 per business



COMPLETED APPLICATION PACKAGES WILL BE ACCEPTED FROM MAY 11 - MAY 15, 2026

Hand deliver to Commissioner Juan Carlos Bermudez's District Office
 8333 NW 53 Street, Suite 102, Doral, FL 33166

Applications will only be accepted **IN PERSON** from 9:00am-12:00pm and
 1:00pm-3:30pm

- No Late Applications will be accepted!
- We suggest you keep a copy for your records.
- For additional information contact 305-599-1200



**District 12 Mom and Pop Small Business Grant Program
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All businesses must be located within District 12 and meet the following:

Eligibility Criteria

- Business must have been in continuous operation for at least one (1) year.
- Business must be for-profit.
- A physical business address is required; P.O. Boxes are not permitted as the primary mailing address.
- Home-based businesses are eligible to apply.

Automatic Disqualification

Applications will be automatically disqualified if:

- The business relocates outside District 12 during the application or review process.
- The application is submitted after the stated deadline.
- The applicant is a nonprofit organization.
- More than one application is submitted by the same owner(s), family member(s), or business partner(s).
- The business is part of a national chain or franchise.

Selection Committee

The Selection Committee reserves the right to request additional documentation and to accept or reject any and all applications at its sole discretion.

Mandatory Meeting (Fire Tower Memorial Building on April 29, 2026)

- All applicants are required to attend the Mandatory Meeting to review program requirements and application procedures.
- Attendance at this meeting does not guarantee funding approval.
- Applicants must arrive on time and bring a copy of their application materials in order to read-along.
- For best results, applicants are strongly encouraged not to complete their application prior to attending the meeting.

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Application Procedures and Required Attachments

(Please include all of the following documents with your application)

- Submit one (1) original completed application, typed or printed legibly in blue or black ink, along with all required supporting documents.
- Provide proof that the business has been in operation for at least one (1) year. Acceptable examples include a prior business license, State Corporation filing, sales tax record, or utility bill. Documentation must reflect the current business name. *(Submit copies only.)*
- Submit a current Miami-Dade County Local Business Tax Receipt. If the receipt indicates “Operating in Miami-Dade,” a City Business Tax Receipt may also be required.
 - If a Business Tax Receipt is not required, applicants must provide written verification from the Miami-Dade County Tax Collector’s Office (200 NW 2 Avenue, Miami, FL 33128). *(Submit copies only.)*
- Submit a current City or Municipal Business Tax Receipt if the business is located within a municipality. *(Submit copies only.)*
- Provide a copy of the active State of Florida Corporation registration and/or Fictitious Name registration (available via Sunbiz).
 - If the business is incorporated, the FEIN must be listed on the Sunbiz printout.
 - If not listed, submit a copy of IRS Form 147C or SS-4 showing the business FEIN.
- Provide a copy of a valid government-issued photo ID (Driver License or State ID) for the Owner or President, as listed on Sunbiz.
- Submit a photograph of the business location (building, home office, or work vehicle) clearly showing the address. Multiple photos may be included if necessary.
- Submit any required State professional licenses (for example: cosmetology, real estate, contractor, etc.).
- Elected officials, government board appointees, and Miami-Dade County employees must provide written confirmation of no conflict of interest from the Miami-Dade County Commission on Ethics.
- Miami-Dade County employees must also submit proof of approval for outside employment from their Department Director through INFORMS.

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Professional License Verification Links

Applicants whose businesses require professional licensure must provide proof of an active and valid license, where applicable. The following resources may be used to verify and obtain copies of professional licenses:

Child Care Facilities: Florida Department of Children and Families

<https://caressearch.myflfamilies.com/PublicSearch>

Medical Personnel / Regulated Health Fields: Florida Department of Health

<http://www.floridahealth.gov/licensing-and-regulation/index.html>

Adult Day Care Facilities and Assisted Living Facilities (ALF): Agency for Health Care Administration

<https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-health-facility-regulation/assisted-living-unit/adult-day-care-center>

Beauty Parlors, Restaurants, Bakeries, and Other Regulated Businesses: Florida Department of Business and Professional Regulation

<http://www.myfloridalicense.com/dbpr/>

Security Firms: Florida Department of Agriculture and Consumer Services

<https://www.fdacs.gov/Business-Services/Private-Security-Licenses>

Other Regulated Industries: Florida Department of Business and Professional Regulation

<http://www.myfloridalicense.com/dbpr/>

Additional Regulated Health Professions: Florida Department of Health

<http://www.floridahealth.gov/licensing-and-regulation/index.html>

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Eligible Use of Funding

Grant funds may be used only for the following approved business purposes:

- Inventory and supplies
- Business equipment
- Marketing and advertising
- Liability insurance
- Minor interior and exterior renovations
- Security systems (commercial properties only)
- Work vehicles (pickup trucks or cargo vans only; vehicle must be registered in the business name)
- Professional services, including accounting, business training, seminars, and related events
- Lease or rent expenses (commercial properties only)
- Payroll

Ineligible Use of Funding

Grant funds may not be used for the following:

- Rental deposits
- Late payment fees or penalties
- Purchase of alcohol, tobacco, or medicine
- Payment of debts or outstanding liabilities
- Property taxes
- County, city, or state licensing fees
- Any expense not expressly listed under Eligible Use of Funding above

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APPLICATION

Business Name (as shown on Sunbiz)

Doing Business As (DBA) Name: (as shown on Sunbiz)

Business Address (complete address)

Business Phone Number

Business Owner Cellphone Number

Email Address

Type of Business Operating

Business Owner Name

Business Owner Home Address:

Funding Amount Requested: (up to \$2500)

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C. Employee/Payroll Information

Current Employee Roster

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

W-2 employees ONLY. No 1099 employees.

2. Please provide the following information regarding your current employee(s). Add additional sheets if needed.

| Employee Name | Date of Hire | Job Title | Full Time (FT) or Part Time (PT) |
|----------------------|---------------------|------------------|---|
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Job Title Categories: Officials and Managers, Technicians, Craft Worker (Skilled), Laborer (Unskilled), Sales Professional, Office and Clerical, Operative (Semi-Skilled), Service Workers

I hereby certify that the information provided is true and correct. I further acknowledge that the information is subject to verification by authorized government officials.

CERTIFICATION: _____ DATE: _____
Business Owner Signature

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This page must be completed.

D. Business Owner Information

Business owners are required to provide the following information:

1. How long has the business been in operation?
Number of years: _____ Number of months: _____
2. What are the business hours of operation?
From: _____ To: _____
3. Have you received Mom and Pop Small Business Grant funding in the past?
Yes _____ No _____
If yes, indicate the last year funding was received: _____
4. Are you, or any other shareholder, employed by Miami-Dade County?
Yes _____ No _____
If yes, please specify department:

5. Does the President/Owner reside in District 12?
Yes _____ No _____
6. Is the business located in a commercial space?
Yes _____ No _____
7. Would you be willing to participate in any offered business workshop training sessions?
Yes _____ No _____

E. Business Information

1. Describe your business and the goods or services it provides to the community:

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2. Does your business participate in community service or contribute to community organizations? If yes, please explain:

3. Briefly describe how the grant funds, if awarded, will be used to help grow your business:

Signature: _____ Date: _____

Business Owner Signature

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**F. REQUEST FOR OPINION FROM COMMISSION ON ETHICS
(IF APPLICABLE ONLY)**

This section must be completed only by applicants who are elected officials, government board appointees, or Miami-Dade County employees, as required under the conflict-of-interest provisions of the Mom and Pop Small Business Grant Program.

I, _____, the Owner/President of

(Business Name, including DBA if applicable, as it appears on Sunbiz)

whose business address is:

(Business Address, City, State, ZIP Code)

Phone Number: _____

Email Address: _____

Brief description of the type of business operated:

Are you currently employed by, or serving on a board of, any Miami-Dade County Department or Board? Yes _____ No _____

If yes, please specify the Department or Board: _____

If yes, are you seeking to contract with Miami-Dade County? Yes _____ No _____

I am being considered for funding through the Mom and Pop Small Business Grant Program and hereby request a conflict-of-interest opinion/clearance from the Miami-Dade County Commission on Ethics.

Applicant Signature: _____

Date: _____

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G. APPLICATION CHECKLIST

ALL REQUIRED DOCUMENTS MUST BE INCLUDED WITH YOUR APPLICATION.

Please initial each item below to confirm submission.

- ___ One (1) original completed application, including all requested supporting documents.

- ___ Proof that the business has been in operation for at least one (1) year.
Examples include: prior business license, State Corporation filing, sales tax record, utility bill, or other legal documentation. Proof must reflect the current business name. (Copies only.)

- ___ Current Miami-Dade County Local Business Tax Receipt (LBT).
If the receipt indicates "Operating in Miami-Dade," a City Business Tax Receipt may also be required. (Copies only.)

- ___ If a Miami-Dade County Business Tax Receipt is not required, written proof from the Miami-Dade County Tax Collector's Office, located at: 200 NW 2 Avenue, Miami, FL 33128

- ___ Current City Business Tax Receipt, if the business is located within a municipality in the County (if applicable).

- ___ Active State of Florida Corporation registration and/or Fictitious Name registration.
(Print copy available at Sunbiz.org.) A FEIN must appear on the Sunbiz printout. If not listed, provide a copy of IRS Form 147C or SS-4 showing the business FEIN.

- ___ Valid government-issued photo ID (Driver License or State ID) of the Owner or President only.

- ___ Photograph of the business location showing the address (building, home office, or work vehicle).

- ___ State Professional License, if required for your business type.
Examples: Cosmetology, Realtor, Contractor, etc.

- ___ If applicable: Written conflict-of-interest approval from the Miami-Dade County Commission on Ethics for elected officials, government board appointees, and/or Miami-Dade County employees.

- ___ If applicable: Proof of outside employment approval through INFORMS for Miami-Dade County employees, authorized by the Department Director.

- ___ Additional information may be requested as needed to determine application eligibility.