



Commissioner Micky Steinberg
District 4

Small Business Grant Program

Application

***Submit 1 original completed application with required documents.
We suggest you keep a copy for your records.***

Attention Business Owners

Commissioner Micky Steinberg's District 4 Small Business Grant Program Miami-Dade County District 4

**Grant Money Available!
Up to \$3,000 per business**

Applications are available online or in person
March 2, 2026 through March 13, 2026

PICK UP APPLICATIONS AT:

**Commissioner Micky Steinberg District Office
2124 NE 123rd Street, Suite 201
North Miami, FL 33181
Phone: 305-787-5999
Attn: Alexis Moseley**

Or

Applications online February 23, 2026 www.miamidade.gov/district04

**Completed applications will be accepted from March 2nd – March 13th by 12:00 pm
You can submit the application in person or by email**

Hand deliver application to:
Commissioner Steinberg's District Office
2124 NE 123rd Street, Suite 201
North Miami, FL 33181

Submit a completed application along with
all supporting documents to:
d4sbg@miamidade.gov

Send **only one** email with all attachments

No late applications will be accepted!

For additional information contact District 4-
Alexis Moseley at 305-787-5999.

Submit 1 original completed application with required documents

We suggest you keep a copy for your records!

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**Commissioner Micky Steinberg's
District 4 Small Business Grant Program
FY 2025-2026
Guidelines and Application Procedures**

Commissioner Micky Steinberg's District 4 Small Business Grant Program is offering grant applications for small business owners.

All businesses must be located in District 4 and meet the following eligibility criteria:

- Business must be in operation for at least one (1) year.
- Must be a for-profit business.
- A physical address is required. No P.O. Box as mailing address allowed.
- Home-based businesses can apply.
- The Selection Committee can consider special projects.

AUTOMATIC DISQUALIFICATION:

- Businesses that received funding 2 years in a row must sit out 1 year before reapplying.
-If you received funding in years 2024 and 2025 you are not eligible to apply until year 2027.
- Businesses that relocate out of the district during the process.
- Applications received after the deadline.
- Non-profit agencies cannot apply.
- More than one application submitted for the same owner(s), family member(s), or partner(s).
- Must not be part of a national chain.

Application procedures and required attachments (please include the following documents below along with your application):

- Submit one original completed application typed or printed (blue or black ink only) with all requested documents.
- Submit proof that the business has been in operation for at least one (1) year. (Example: any old license, State Corporations, Sales Tax, or Utility Bill), proof must be in the current business name **(include copy only)**.
- Submit a previous year and current Miami-Dade County Local Business Tax Receipt **(include copy only)**. If the Miami-Dade County Business Tax Receipt reads "Operating in Miami-Dade" a City Business Tax Receipt may be required as well.
If a Business Tax Receipt is not required by Miami-Dade County, the applicant must provide written proof from Miami-Dade County Tax Collector's Department located at 200 NW 2nd Ave Miami, FL 33128.
- Submit previous year and current City Business Tax Receipt if your business is located in a City within the County **(include copy only)**.
- Submit a copy of your **active** State of Florida Corporation **and/or** Fictitious Name (print copy by visiting Sunbiz.org), in addition, a FEIN # must be listed on the Sunbiz printout if the business is incorporated. If not, provide a copy of the business IRS letter 147c or SS4 (showing business FEIN #).
- Provide a copy of a valid picture ID (Driver's License or State ID) of the **Owner or President** (as listed on Sunbiz).

- Submit a picture of the business location (building, home office, or work vehicle- showing the address) If needed, you can submit multiple photos.
- Submit State Professional License, if required (Example: Cosmetology license, Realtor license, Contractor license, etc.).
- Elected official, Government Board Appointee, and/or a Miami-Dade County employee, must get written approval stating no Conflict of Interest from the Miami-Dade County Commission on Ethics.
- Miami Dade County Employees must include proof of approval from the Department Director for outside employment through INFORMS.

Links to access professional license

For Child Care Facilities: <https://caressearch.myflfamilies.com/PublicSearch>

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

For Adult Day Care Facilities and Assisted Living Facilities (ALF): <https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-health-facility-regulation/assisted-living-unit/adult-day-care-center>

For Beauty Parlors, Restaurants, Bakery, etc.: <http://www.myfloridalicense.com/dbpr/>

For Security Firms: <licensing.freshfromflorida.com/access/agency.aspx>

For Regulated Industries: <http://www.myfloridalicense.com/dbpr/>

For Regulated Health Fields: <http://www.floridahealth.gov/licensing-and-regulation/index.html>

ELIGIBLE USE OF FUNDING:

- Inventory / Supplies
- Business Equipment
- Marketing / Advertising
- Liability Insurance
- Minor Interior / Exterior Renovations
- Security System **(for commercial properties only)**
- Work Vehicle (pick-up truck or cargo van) must be registered in the business name
- Professional Services (Accounting, Business Training, Seminars, and events)

INELIGIBLE USE OF FUNDING:

- Rental Deposits or Rent
- Late Payment Fees
- Purchase of Alcohol, Tobacco, or Medicine
- Salaries
- Debts
- Property taxes
- County, City, and or State license
- And any and all others not listed in the eligible use above.

**FY 2025-2026
Applications Forms
Commissioner Micky Steinberg's District 4 Small Business Grant Program**

Date: _____

A. Identifying Data

Business Name: (as it appears on Sunbiz)	
Doing Business As (DBA) Name: (if applicable, as it appears on Sunbiz)	
Business Address:	
Business City & Zip Code:	
Business Phone Number:	
President or Owner Cell Number:	
Email Address:	
Type of Business Operating:	
President or Owner Name:	
President or Owner Home Address	
President or Owner City & Zip Code	

B. Amount Requested

Funding Request Amount	\$
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D. Business owners are required to provide the following information:

1. How long have you been in business? Number of years _____ months _____

2. What are the business hours of operation? _____ to _____

3. Have you received grant funding in the past? Yes _____ No _____
 - If yes, last time you received funding (year and amount) _____

4. Are you or any other shareholder employed by Miami-Dade County? Yes _____ No _____
 - If yes, what department? _____

5. Do you (President/Owner) live in District 4? Yes _____ No _____

6. Is the business located within a commercial space? Yes _____ No _____

7. Would you be willing to participate in any offered business workshop training? Yes _____ No _____

8. If awarded the full amount allowed by the program, knowing that the funding cannot be used for salaries/payroll, will you still be able to create a new job? Yes _____ No _____

E. BUSINESS INFORMATION

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

2. Does your business participate in community service or contribute to community organizations (Please explain)?

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

My signature below indicates that the information submitted on this document is true to the best of my knowledge.

Signature: _____
President or Owner signature

Date: _____

APPLICATION CHECKLIST

ALL DOCUMENTS MUST BE INCLUDED.

Please initial each section

- _____ **One original** completed application with requested documents.

- _____ Proof that the business has been in operation for at least one year. Example: any old license, State Corporations, Sales Tax, Utility Bill), or any legal document. Proof must be in the current business name (**include copy only**).

- _____ Previous Year and Current Miami-Dade County Local Business Tax Receipt (LBT) (**include copy only**) If the Miami-Dade County Business Tax Receipt reads "Operating in Miami-Dade" a City Business Tax Receipt may be required as well. **If a Business Tax Receipt is not required by Miami-Dade County, applicant must provide written proof from Miami-Dade County Tax Collector's Department located at 200 NW 2nd Ave Miami, FL 33128.**

- _____ Previous Year and Current Municipal Business Tax Receipt if the business is located in a Municipality within the County (**If applicable, include copy only**).

- _____ **Active** State of Florida Corporation **and/or** Fictitious Name (print copy by visiting Sunbiz.org), in addition, a **FEIN # must be listed on Sunbiz printout. If not, provide a copy of the business IRS letter 147c or SS4 (showing business FEIN #).**

- _____ Valid picture ID (Driver's License or State ID) of the **owner or president** ONLY.

- _____ Picture of business location showing address (building, home office, or work vehicle)

- _____ **If required**, State Professional License (Example: Cosmetology license, Realtor license, Contractor license, etc.)

- _____ **If applicable**, Elected official, Government Board Appointee, and/or a Miami-Dade County employee, must get written approval stating no Conflict of Interest from the Miami-Dade County Commission on Ethics.

- _____ **If applicable**, Miami Dade County Employees must include proof of approval from the Department Director for outside employment through INFORMS.

Additional information may be requested to determine application eligibility.

This page must be completed.