COMMISSIONER

ROBERTO J. GONZALEZ

Commissioner Roberto J. Gonzalez

Miami-Dade County

District 11

Mom And Pop Small Business Grant Program Application

COMMISSIONER
ROBERTO J. GONZALEZ

MIAMI-DADE COUNTY

ATTENTION District 11 Small Business Owners!

The 2026 Mom and Pop Small Business Grant Program is now open.

Funding of up to **$5,000** may be available

APPLICATION PERIOD

July 7, 2026 – July 21, 2026

Application Pick up / Drop Off:

Commissioner Roberto J Gonzalez
District Office
12781 SW 42nd Street, Unit # E-F
Miami, FL 33175

305-375-5511

Scan QR Code to Download Application

www.miamidade.gov/district11

* Completed applications will be accepted from July 22nd – July 31st by 4:00 pm

Information Workshops

In-person

Tuesday, July 14th, 2026 at 6 pm
West Kendall Regional Library
10201 Hammocks Blvd. # 159
Miami, FL 33196

Please be on time, space is limited!

No Late Applications Will Be Accepted

PROGRAM ADMINISTERED BY : Neighbors and Neighbors Association, Inc.
For additional information contact:
305- 456-6383 Trina Kancey

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MOM AND POP
SMALL BUSINESS GRANT PROGRAM

PROGRAM DESCRIPTION

The Miami-Dade County Mom and Pop Small Business Grant Program was established in 1999 by Neighbors And Neighbors Association, Inc. (NANA) to provide financial and technical assistance to small businesses that meet the established eligibility criteria. The program is designed to support the sustainability and growth of locally owned businesses while fostering collaboration between small businesses and local government.

This application is specific to Miami-Dade County Commission District 11 and is funded through the Office of Commissioner Roberto J. Gonzalez. The District 11 Mom and Pop Small Business Grant Program is intended to strengthen small businesses located within District 11 by providing targeted financial support based on the unique economic needs of the district.

Only businesses physically located within District 11 are eligible to apply under this application cycle. Applicants must verify that their business address falls within District 11 prior to submission. For assistance in confirming your district, please contact 311 or visit the Miami-Dade County website https://www.miamidade.gov/global/government/commission/home.page) and use the "Who is My Commissioner?" search tool.

GRANT PROGRAM OVERVIEW

The Mom and Pop Small Business Grant Program operates on a cost-reimbursement basis, Approved applicants will be reimbursed only for eligible expenses incurred after the grant agreement has been fully executed by the Office of Commissioner Roberto J. Gonzalez, Neighbors And Neighbors Association, Inc. (NANA), and the Grantee. Expenses incurred prior to full execution of the agreement will not be eligible for reimbursement.

Funds awarded under this program must be used strictly for approved business-related expenses as outlined in the Eligible Use of Funding section. All reimbursements are subject to documentation review, verification, and compliance with the program guidelines established by Miami-Dade County Commission District 11.

ELIGIBLE USE OF FUNDING	INELIGIBLE USE OF FUNDING
• Inventory / Supplies • Business Equipment • Marketing / Advertising • Liability Insurance • Minor Interior / Exterior Renovations • Security System (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) • Lease/mortgage (commercial properties only)	• Rental Deposits • Late Payment Fees • Purchase of Alcohol, Tobacco, or Medicine • Salaries • Debts • Property Taxes • County and State License • Any and all others not listed in the eligible use section

ELIGIBILITY REQUIREMENTS

Commissioner Roberto J. Gonzalez's, Mom and Pop Small Business Grant Program offers financial assistance to small business owners in **District 11**. To be eligible for funding, businesses must meet the following criteria:

Eligibility Criteria:

- Must have been in operation since January 2026
- Must be a for-profit business. (Home-based businesses are eligible to apply)
- Must have a physical address - P.O. / UPS Boxes are not accepted
- Must have current County and State registrations- **refer to page 6**

Automatic Disqualification:

- Relocate out of District 11 during the application process
- Submit applications after the deadline
- Non-profit organization
- Submit multiple applications for the same owner(s), family member(s), or partner(s)
- Are part of a national chain

APPLICATION SUBMISSION

Submit one (1) original completed application with all required attachments. The application must be completed in its entirety. No section should be left blank. If a section does not apply, please write "Not Applicable" or "N/A." Applications that are incomplete or missing required attachments may be deemed incomplete and may not be processed. Please keep a copy for your records.

INFORMATION WORKSHOP

All businesses applying for funding are encouraged to attend the information workshop to learn about the program requirements. All questions will be answered ONLY during this time. **Please note that attendance does not guarantee funding.**

We highly recommend that you do not complete the application before attending the workshop.

APPLICATION PROCEDURES AND REQUIRED ATTACHMENTS

To complete your application for the Miami-Dade County Mom and Pop Small Business Grant Program, please ensure that you include the following documents along with your completed application:

1) **Completed Application**
   Submit one original, completed application, typed or printed (using blue or black ink only)

2) **Proof of Business Operation**
   Provide proof that your business has been in operation since January 2026. Acceptable documentation includes any of the following: 2025 LBT or 2025 Sunbiz Registration.

3) **Miami-Dade County Local Business Tax Receipt (LBT)**
   Submit a current copy of your Miami-Dade County Local Business Tax Receipt. If the LBT indicates "Operating in Miami-Dade". If a Business Tax Receipt is not required by Miami-Dade County, the applicant must provide written proof from the Miami-Dade County Tax Collector's Department.

4) **State of Florida Corporation/Fictitious Name Registration**
   Provide a copy of your active State of Florida Corporation or Fictitious Name registration. You can print this document from Sunbiz.org.
   - If your business is incorporated, the FEIN # must be listed on the Sunbiz printout. If not, submit a copy of your IRS letter 147c or SS4, which shows your business's FEIN #.

5) **Valid Picture ID**
   Submit a copy of a valid picture ID (Driver's License or State ID) of the Owner, President, or Managing Member of the LLC as listed on Sunbiz.

6) **Business Location Photo**
   Provide a clear photo of your business location (whether a building, home office, or work vehicle). The address must be visible. Multiple photos may be submitted if needed.

7) **State Professional or Federal License (if applicable)**
   If your business requires a State or Federal Professional License (e.g., Cosmetology, Realtor, Contractor, etc.), please submit a copy of the license or certification.

8) **Conflict of Interest Statement (if applicable)**
   Elected officials, government board appointees, or Miami-Dade County employees must provide written approval from the Miami-Dade County Commission on Ethics, stating there is no conflict of interest.

9) **Approval for Outside Employment (Miami-Dade County Employees) if applicable**
   Miami-Dade County employees must submit proof of approval for outside employment through INFORMS, along with approval from the Department Director.

Be sure to gather all required documents and submit them with your completed application

2025 - 2026
MOM AND POP SMALL BUSINESS GRANT PROGRAM
APPLICATION

A. BUSINESS INFORMATION

Please print clearly or type below

Business Name (as it appears on Sunbiz)	
Doing Business As (DBA) Name (if applicable, as it appears on Sunbiz)	
Business Address: (Include the City & Zip)	
Business Phone Number:	
Owner / President / Managing Member Cell Number:	
Email Address:	
Type of Business Operating: (Ex: Daycare, Auto Shop, Etc.)	
Owner / President / Managing Member Name:	
Owner / President / Managing Member Home Address: (Include the City & Zip)	

B. AMOUNT REQUESTED

Funding Amount Requested:	**$**

C. CURRENT EMPLOYEE ROSTER

1. Number of employees? Full-time:_____Part-time:_____None: _____
   W-2 employees ONLY. No 1099 (1099 workers are considered subcontractors)

2. Please provide the following information regarding your current employee(s)
   Additional sheets can be added if needed

Employee Name (Print)	Date of Hire (Month & Year)	Job Title	Full-Time (FT) or Part-Time (PT)	Race	Ethnicity

*Job Title: Officials and Managers, Technicians, Craft Worker (Skilled), Laborer (Unskilled), Sales Professional, Office and Clerical, Operative (Semi-Skilled), Service Workers

**Race: W-White B-Black A-Asian AI-American Indian O-Other

***Ethnicity: H-Hispanic NH-Not Hispanic

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: _____
Owner / President / Managing Member Signature

D. BUSINESS INFORMATION

1. How long have you been in business? Years:_____Months: _____
2. What are the business hours of operation? _____
3. Have you received Mom and Pop funding in the past? Yes_____No _____
   - If yes, what was the last year you received funding? _____
4. Are you or any other shareholder employed by Miami-Dade County? Yes_____No _____
   - If yes, what department? _____
5. Do you (Owner / President / Managing Member) live in District 11? Yes_____No _____
6. Is the business located in a commercial space? Yes_____No _____
7. If awarded the full amount allowed by the program, knowing that the funding cannot be used for salaries/payroll, would you still be able to create a new job?

   Yes_____No _____

E. BUSINESS INFORMATION

1. Describe your business and the goods/services your business offers:

2. Does your business engage in community service or support local organizations?
   (Please explain and include supporting documents- letters, certificates, awards, etc.)

3. Provide a brief description of how the funds, if awarded, will be utilized to support the growth of your business:

F. REQUEST FOR OPINION FROM THE COMMISSION ON ETHICS ACQUIRING FINANCIAL INTEREST

I,_____, the owner or president of
(Owner / President / Managing Member LLC Name)

_____, whose business address is
(Business Name (please include DBA if applicable)

_____,
(Business Address, City, State, Zip)

_____ _____
(Phone #) (Email)

Include a short description of the type of business operating:

_____

Are you currently employed or a board member of any Miami Dade County Department?
Yes___No____

If yes, what 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 request clearance from the Commission on Ethics. Please review my request and forward it to Neighbors And Neighbors Association, Inc. to the attention of Leroy Jones, Executive Director, 5120 NW 24th Ave, Miami, FL 33142, or fax (305) 756-6008. Thank you in advance for your attention to this matter.

Commissioner Roberto J. Gonzalez
111 NW 1st Street
Miami, FL 33128