



CITY OF WEST PARK “MOM AND POP” SMALL BUSINESS GRANT PROGRAM

The City will receive applications for the Small Business Grant Program until 3:00 pm, Local Time, Monday, March 12, 2018. Qualified applicants will receive a maximum \$5,000 grant.

Interested applicants may pick up a grant application at City Hall, 1965 South State Road 7, West Park, FL 33023 or download one from the home page of the City’s website at www.cityofwestpark.org.

The following is a brief description of the grant program:

BRIEF DESCRIPTION

The **Mom and Pop Small Business Grant Program** was created to provide financial and technical assistance to qualified small businesses that are approved for funding. This program has allowed small owned and operated businesses the opportunity to interact with local government under favorable conditions, ultimately bridging the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients.

Eligible uses of Funding:

Inventory/Supplies	Minor Interior/Exterior Renovations
Businesses Equipment	Security System
Marketing/Advertising	Commercial Liability Insurance
Work Vehicle (must be purchased and registered under the business name, with business name and/or logo permanently affixed to the vehicle)	

Ineligible uses of funding:

Rent/Lease or Mortgage	Local or State Licenses
Rental Deposits	Taxes
Late Payment Fees	Purchases of Alcohol, Tobacco or Medicine
Salaries	Utility Bills

- Technical assistance is made available to small businesses in order to create a better working and business environment, and to promote economic development opportunities.

The grant package is *only* for the City of West Park.

GUIDELINES

The City of West Park is offering a “**Mom and Pop**” **Small Business Grant** to qualified businesses located in the City. All businesses *must* meet the following criteria in order to qualify:

1. Any business that was awarded through the “**Mom and Pop**” **Small Business Grant** shall not be eligible to re-apply for funding for a period of five (5) years from the date of the award.
2. Be in business for the past two fiscal years (2015-2016 and 2016-2017).
3. Provide a **photocopy** of your **active** State of Florida Corporation **and/or** Fictitious Name; a FEIN # must be listed on your State of Florida Sunbiz.org listing in Active status.
4. Cannot have more than seven (7) full-time employees; two (2) part-time employees will count as 1 full-time employee. See EXHIBIT (A)
5. Cannot be a part of a national chain.
6. Have no more than two (2) businesses.
7. Submit **photocopies** for the current year **and** past **TWO** fiscal years (2015-2016 and 2016-2017) of the City of West Park Business Tax License and Broward County Business Tax License at the time of application. The business name on the application must match the name on the license.
8. A physical address is required. A P.O. box as a mailing address is NOT acceptable.
9. All businesses applying must be located within the City of West Park.
10. Home-based businesses may apply (**ONLY** for inventory/supplies, business equipment and marketing/advertising).
11. A business owner can only submit one application per funding cycle.
12. Non-profit agencies are not eligible.

13. The gross income for eligibility must be \$250,000.00 or less.
14. Submit income tax returns for past **TWO** fiscal years or **ONE**-year tax return and a certified financial statement. (Please remove any and all Social Security Numbers before submitting applications).
15. If businesses relocate out of the City during the application process, award and payment processing of the grant will be disqualified.
16. The business or owner must not have outstanding debt, open permits, or code violations with the City of West Park. Please submit fully executed and notarized Exhibit “B” as property owner’s certification sheet.
17. Application must be **typed** or **printed** only. If the application is not legible, it will automatically be disqualified.
18. Describe how the funding requested will provide economic viability to the business. Use sheet provided as Exhibit “C”.
19. Applicants must sign and submit all requested documents. Incomplete applications will not be considered and will automatically be disqualified.
20. Must provide picture of business location (building, office, and/or work vehicle).
21. Applications will not be accepted after the deadline.
22. **Cure Period:** For incomplete applications, applicants will be allowed 48 hours from the time notified to submit any document(s) to fully complete the application. Applications submitted after this cure period may deem the application disqualified.
23. Preference Criteria (Bonus Points): As part of application evaluation criteria, bonus points will be awarded to applicant(s) with satisfactory proof of qualifying for the following preference criteria:
 - a. City of West Park resident(s) own the business or is/are employed by the business, or
 - b. The Business is located along one of the following major transit corridors within the City limits:
 - Pembroke Road
 - State Road 7 (Federal Highway 441)
 - Hallandale Beach Boulevard

SMALL BUSINESS GRANT PROGRAM APPLICATION

(Please print or type. Illegible and incomplete forms will not be considered.)

A. BUSINESS INFORMATION

Business Name (as it appears on Business Tax License) _____

Owner(s) Name _____

Business Address (as it appears on Business Tax License) _____

Owner(s) Home Address _____ City _____ Zip Code _____

Business Phone _____ Business Fax _____ Cell Phone _____

Email Address _____

Type of Business You Operate _____ \$ _____ Amount of Funding Requested

B. PROGRAM USAGE

<u>USAGE</u>	<u>DESCRIPTION</u>	<u>ESTIMATES</u>
<input type="checkbox"/> Inventory/Supplies	_____	\$ _____
<input type="checkbox"/> Business Equipment	_____	\$ _____
<input type="checkbox"/> Marketing/Advertising	_____	\$ _____
<input type="checkbox"/> Commercial Liability Insurance	_____	\$ _____
<input type="checkbox"/> Minor Renovations	_____	\$ _____
<input type="checkbox"/> Security System	_____	\$ _____

*Applicants **MUST** fill in the blanks. If any area is incomplete, the application will not be considered.*

Business owners are required to provide the following information:

1. How long have you been in business? Number of years: _____.
2. Copies of my Broward County Business Tax License (2014-2015, 2015-2016 and 2017-2018) are attached to the application. Yes _____ No _____
3. Copies of my City of West Park Business Tax License (2014-2015, 2015-2016 and 2017-2018) are attached to the application. Yes _____ No _____
4. Photographs of the inside and outside of the business are attached. Yes _____ No _____
5. Are you or any of the shareholders employed by the City West Park? Yes _____ No _____
6. If yes, what department? _____ Yes _____ No _____
7. Will you be contributing any funding to the project? Yes _____ No _____
8. If yes, how much? \$ _____
9. Do you own the building that your business occupies? Yes _____ No _____
10. Are you willing to participate in Business Development Workshops? Yes _____ No _____
11. Do you currently market your business? Yes _____ No _____
12. If yes, how do you market? Please explain (ex: newspaper ads, internet, coupons):

13. Do you belong to any networking groups? Yes _____ No _____
14. If yes, which groups? _____
15. Number of employees? _____ Full-time: _____ Part-time: _____
16. Number of employees who are City of West Park residents?
Full time: _____ Part time _____ (Please provide proof for each employee)
17. Is/are the business owner (s) City of West Park resident(s)? Yes _____ No _____
18. Is your business located along Pembroke Road or State Road 7 or Hallandale Beach Boulevard within the City of West Park? Yes _____ No _____
If yes, specify street name: _____

EXHIBIT (A)

Please provide the following information regarding your current employee(s):

Name	Home Address	City, Zip Code	White/Black/Hispanic/Other
			W B H O
			W B H O
			W B H O
			W B H O
			W B H O
			W B H O
			W B H O

My signature below indicates that I have read this document and fully understand the contents.

The information submitted on this document is true to the best of my knowledge.

Signature

Date

Application will be considered incomplete unless a copy of County and City Occupational license are attached

EXHIBIT (B)

PROPERTY OWNER'S COMPLIANCE CERTIFICATION FORM

I, _____ (property owner's name) hereby certify that I do not have outstanding debt, open permits or code violations with the City of West Park.

Name:

Signature:

Property Owner

Property Owner

Date: _____

NOTARY for RECIPIENT/OWNER

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ on behalf of _____ () who is personally known to me or () has produced _____, as identification.

I.D. Type: _____

(Print, Type or Stamp Commissioned Name of Notary Public)

SMALL BUSINESS GRANT PROGRAM

GRANT AGREEMENT

BETWEEN

City of West Park

and

Business Name: _____

Owner Address: _____

City, State, Zip Code: _____

_____/_____
(Federal Employer ID Number or Owner's Social Security Number (If not incorporated))

This **GRANT AGREEMENT** is entered into between the City of West Park located at 1965 South State Road 7, West Park, FL 33023, _____,

(Business Name)

_____, _____, _____, _____.
Address City State Zip

“Recipient” and _____, the owner of the Recipient (hereinafter referred to as “Owner”).

NOW, THEREFORE, Recipient / Owner agree to grant funds under the following conditions:

1. USE OF GRANT FUNDS

The Recipient / Owner shall use the funds only for:

- The purchase of Inventory and Supplies (excludes alcoholic beverages, cigarettes, tobacco, etc.)
- Business Equipment
- Publicity, Marketing and Advertising (signs, pamphlets, wall plaques, cornerstones, dedications, notices, flyers, brochures, news releases, media packages, promotions, and/or stationary)
- Security Systems
- Commercial Liability Insurance
- Minor Interior/Exterior Renovations
- Purchase of work vehicle (cargo van or pickup truck only), must be purchased and registered under the business name and with the business name and/or logo permanently affixed to the vehicle.
- Professional Services
- Staff Training

The Recipient/Owner must use these funds only for the business listed herein. The funds may be used only for the activities listed; any other use is prohibited. Use of these funds or any purpose other than

those listed herein, shall constitute a breach of this grant agreement and the owner shall be required to repay the entire grant amount immediately. The Recipient/Owner agrees that none of the items purchased with the grant funds will be returned, transferred or sold except in the normal course of businesses.

The Recipient/Owner agrees to adhere and be governed by the entire requirement as stated above.

2. GRANT PERIOD

This Grant Agreement shall be in effect during the period of _____ through _____. All purchases made with grant funds shall be completed by the grant expiration date. However, applicant can request a 30 to 60 day extension prior to the deadline. The Recipient / Owner shall forfeit any grant funds which have not been expended and/or requested in a form acceptable to the City Manager (original invoice, quote, proposal, or statement) before or on the grant's expiration date. The Recipient/Owner must ensure all documentation is submitted to the City Manager within 30 business days after the grant agreement expiration date.

3. GRANT AMOUNT

The maximum amount of this grant is \$ 5,000.00. Any amount not expended or requested in a form acceptable to the City Manager (original invoice, quote, proposal, or statement) before or on expiration date may not be awarded to the Recipient/Owner.

4. METHOD OF DISBURSEMENT

Subject to the availability of grant funds, payments will be made for approved goods and services only according to the terms and conditions contained within this contract in an amount not to exceed the total maximum amount listed in Section 3 of this agreement. These funds will be released either as a single disbursement or multiple disbursements at the discretion of the City Manager contingent on the submission by the Recipient/Owner of all required documentation in a form acceptable to the City Manager (original invoice, quote, proposal, or statement, executed Form W-9 of the authorized vendor, if not currently registered to do business with City of West Park). Only after the Recipient/Owner submits all required documentation shall payment(s) be made payable only in the name of the authorized vendor(s) or applicant.

5. TRANSFER OF OWNERSHIP OR DISCONTINUANCE OF BUSINESS OPERATION

This grant is awarded on the condition that the Owner maintains ownership of or continues to operate the Recipient business for a period of eighteen (18) months from the effective date of this agreement. If the Owner transfers ownership of the Recipient business or discontinues business operations before the expiration of the 18 month period, the total amount awarded under this agreement may be due payable to the City of West Park at the sole and absolute discretion of the City Manager.

6. TERMS AND CONDITIONS

For the purpose of this program, this grant Agreement is a binding contract and the Recipient/Owner shall be and is bound to comply with all legally applicable City of West Park requirements including, but not limited to, maintaining all required businesses and commercial licenses and insurance,

conducting background checks as may be legally required and complying with any and all applicable federal, state and local laws and requirements.

Recipient/Owner is responsible for any insurance or other fringe benefits, e.g., social security, income tax withholdings, retirement or leaves benefits, for the employees of the Recipient. The Recipient/Owner assumes full responsibility for the provision of all insurance and fringe benefits to the employees of the Recipient in order to satisfy this Grant Agreement.

The Recipient/Owner shall maintain all business records in accordance with generally accepted accounting principles, procedures, and practices. The office of the City Manager may perform on-site reviews to ensure compliance with contract terms. The Recipient/Owner shall ensure that the business records are at all times subject to and available for full access and review by the City of West Park and any other personnel duly authorized by the City of West Park.

This includes but is not limited to original receipt for asset(s) and/or inventory purchased under this agreement. The review will also include visual inspection of the asset(s) purchased and/or record to support inventory purchase and sale of inventory cannot be made available at the time of review, the Recipient/Owner may be liable to the City, at the sole and absolute discretion of City Manager for the total cost of the asset(s) and/or inventory purchased with grant funds.

Recipient/Owner agrees to comply with all reporting request from City Manager pursuant to this grant agreement.

7. INDEMNIFICATION

The Recipient/Owner shall indemnify and hold harmless the City of West Park and its officers, employees, agents, and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which the City of West Park or its officers, employees, agents, or instrumentalities that may occur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of relating to or resulting from the performance of this Agreement by the Recipient/Owner or its employees, agents, servants, partners, principals, or subcontractors. The Recipient/Owner shall pay all claims and loses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the City of West Park, where applicable, including appellate proceedings, and shall pay all cost, judgments and attorney's fees which may issue thereon. The Recipient/Owner expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by the Recipient/Owner shall in no way limit the responsibility to indemnify, keep and save harmless and defend the City of West Park and its officers, employees, agents, and instrumentalities as herein provided.

8. TERMINATION

Recipient/Owner agrees to comply with the purpose of this Grant Agreement. Failure to do so by the Recipient/Owner or violation of any terms and conditions of this Grant Agreement by the Recipient/Owner shall warrant termination of this Grant Agreement and the total amount paid under this Grant Agreement may be due and payable to the City of West Park at the sole and absolute discretion of the City Manager.

9. PUBLIC RECORDS

Public Records – Pursuant to Section 119.0701 of the Florida Statutes, if the Recipient meets the definition of “Contractor” as defined in Section 119.0701(1)(a), the Recipient shall:

- (a) Keep and maintain records that ordinarily and necessarily would be required by the public agency in order to perform the service;
- (b) Provide the public with access to public records on the same terms and conditions that the public agency would provide the records and at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law;
- (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law; and
- (d) Meet all requirements for retaining public records and transfer to the County, at no cost, all public records created, received, maintained and/or directly related to the performance of this Agreement that are in possession of the Recipient upon termination of this Agreement. Upon termination of this Agreement, the Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the City in a format that is compatible with the information technology system of the City.

In the event the Recipient does not comply with the public records disclosure requirement set forth in Section 119.0701 of the Florida Statutes, the City may, at the City’s sole discretion, avail itself of the remedies set forth under this Agreement and available at law.

NOTICE: This Grant Agreement and all other documentation pertaining to the program is not binding unless Recipient is approved for funding and Grant Agreement is notarized and signed by Recipient/Owner, and executed by the City designated representative.

STATE OF FLORIDA

COUNTY (_____)

In WITNESS THEREOF, the parties hereto have caused the six (6) page Grant Agreement to be executed by their undersigned officials as duly authorized.

RECIPIENT

GRANTOR

BY: _____
Business Name

BY: City of West Park
Mayor

NAME: _____
Print Owner's Name

NAME: _____
Mayor

TITLE: _____

DATE: _____

DATE: _____

CITY MANAGER: _____

OWNER

DATE: _____

BY: _____
Owner's Signature

DATE: _____

NOTARY for RECIPIENT/OWNER

The foregoing instrument was acknowledged before me this _____ day of

_____, 20____, by _____ on behalf of

_____ () who is personally known to me or () has

produced _____, as identification.

I.D. Type: _____

(Print, Type or Stamp Commissioned Name of Notary Public)

SEAL

SMALL BUSINESS GRANT EVALUATION FORM I

(If a “NO” response to any item below, the application may be disqualified)

ITEM	EVALUATION CRITERIA	YES	NO
1	Was in business for at least two year(s).		
2	Provided a photocopy of your active State of Florida Corporation and/or Fictitious Name; a FEIN # must be listed on your State of Florida Sunbiz.org listing in Active status.		
3	Not part of a national chain.		
4	Have no more than two (2) businesses.		
5	The gross income for eligibility must be \$250,000.00 or less.		
6	A physical address is required. A P.O. Box as a mailing address is NOT acceptable.		
7	Business applying is located within the City of West Park.		
8	Applicants signed and submitted all requested documents.		
9	Fully Completed Application during cure period.		
10	Application was submitted on time.		

SMALL BUSINESS GRANT EVALUATION FORM II

Applicant name: _____

EVALUATION CRITERIA	Unsatisfactory 0	Marginally Satisfactory 5	Satisfactory 10	Good 15	Excellent 20	Total
1. Was the business for at least two years(s)						
2. Provided a photocopy of your active State of Florida Corporation and/or Fictitious Name; a FEIN # must be listed on your State of Florida Sunbiz.org listing in Active status.						
3. Does not have more than seven (7) full-time employees; Two (2) part-time employees will count as 1 full-time employee.						
4. Not part of a national chain.						
5. Have no more than two (2) businesses.						
6. Submitted photocopies for the current year and past TWO fiscal years of the City of West Park Business Tax License and Broward County Business Tax License at the time of application. Business name on application must match the name on license.						
7. A physical address is required. A P.O. Box as a mailing address is NOT acceptable.						
8. Business applying is located within the City of West Park.						

SMALL BUSINESS GRANT EVALUATION FORM II

Applicant name: _____

EVALUATION CRITERIA	Unsatisfactory 0	Marginally Satisfactory 5	Satisfactory 10	Good 15	Excellent 20	Total
9. The gross income for eligibility must be \$250,000.00 or less.						
10. Submit income tax returns for past TWO years or ONE-year tax return and a certified financial statement.						
11. Business or owner did not have outstanding debt, open permits, or code violations with the City of West Park.						
12. Application was typed or printed.						
13. Applicants signed and submitted all requested documents.						
14. Fully Completed Application during cure period.						
15. Provided picture of business location (building, office, and work vehicle).						
16. Application was submitted on time.						
17. Will the requested eligible use provide economic viability to the business?						
SUB-TOTAL						

PREFERENCE EVALUATION CRITERIA III

(BONUS POINTS)

ITEM	CRITERIA	POINTS (5)
1.	City of West Park resident(s) own the business or are employed by the business.	
2.	The Business is located along one of the major transit corridors within the City limits (Pembroke Road, State Road 7, or Hallandale Beach Blvd).	
		Sub-Total

SUMMARY	
Scores by Category	Sub-Total
Evaluation Form I (If a "NO" response to any item is on this form, the application may be disqualified.)	
Evaluation Form II	
Preference Evaluation Criteria III	
Grand Total	