

CITY OF ST. CLOUD, FL

COVID-19 ECONOMIC RECOVERY & STIMULUS PLAN – PHASE I

COVID-19 SMALL BUSINESS GRANT GUIDELINES

The City of St. Cloud will accept COVID-19 Small Business Grant Applications:

BEGINNING – May 29, 2020 – 12:01am

DEADLINE – Until funds are exhausted

INTRODUCTION

The City of St. Cloud is offering assistance to business owners seeking to offset operational costs. Due to the financial impact on business in association with COVID-19, many businesses are in need of financial assistance for operational costs. The City of St. Cloud would like to help promote business continuity and longevity by offering financial assistance in working capital including but not limited to payroll, rent, supplies, equipment, transit/delivery, etc. This grant program will allocate \$200,000 in public City of St. Cloud towards with each business eligible for up to \$10,000 in assistance.

FUNDING GOALS AND PRIORITIES

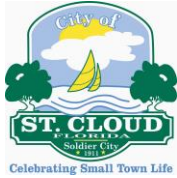
Small businesses that can show they were impacted by COVID-19 include funding levels of \$2,500 for those who are self-employed, \$5,000 for businesses with 2 – 9 employees, and \$10,000 for businesses with 10 – 25 employees.

Priority will be given to businesses with greatest impact. Businesses will be prioritized by industry including but not limited to, restaurants, bars, nightclubs, gyms, theaters, banquet halls, hair/nail/spa salons and tattoo parlors. Other requirements include:

- Must be located within the geographic boundaries of St. Cloud
- Priority will be given to businesses located in the City's designated economic corridors (Downtown, Community redevelopment area, Medical Arts Campus overlay)
- Priority will be given to businesses with 5 or fewer employees, including owner(s)
- Have not received Paycheck Protection Program (PPP); Economic Injury Disaster Loan (EIDL); or benefited from the SBA Debt Relief Program as provided under the CARES Act
- Property taxes must be current and applicants must not have any debts owed to the City that are past due

REQUIREMENTS

Small business applicants must attest they:



CITY OF ST. CLOUD, FL

COVID-19 ECONOMIC RECOVERY & STIMULUS PLAN – PHASE I

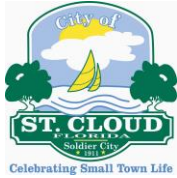
COVID-19 SMALL BUSINESS GRANT GUIDELINES

- Were negatively impacted by COVID-19
- Have the authority to apply for this grant on behalf of the business
- Have not received Paycheck Protection Program (PPP); Economic Injury Disaster Loan (EIDL); or benefited from the SBA Debt Relief Program as provided under the CARES Act
- Will use the grant funds for authorized business expenses only
- Will apply for a St. Cloud Business Tax Receipt, if not registered
- Plan to resume normal operations after emergency guidelines are lifted
- Shall cooperate with St. Cloud representative(s) for grant auditing purposes
- Provide a completed and signed W-9
- Valid state issued photo ID
- Copy of active state business registration from Florida Division of Corporations or city issued business tax receipt
- For businesses with 2 to 25 employees, W3 Summary or IRS Form 941 prior to Feb. 15, 2020
- Information to estimate your company's average monthly business expenses before Feb. 15, 2020

ELIGIBILITY CRITERIA

To qualify, businesses must be located in the geographic boundary of St. Cloud with no outstanding debts to the city. Applications may be obtained on the City of St. Cloud website: www.stcloud.org/smallbusinessrecovery. Small businesses, as defined by the US Small Business Administration and located in the geographic boundaries of St. Cloud, FL are eligible to participate. Additional eligibility criteria includes:

- Must be a legally identified for-profit business (i.e. sole proprietorship, partnerships, LLC, etc.)
- Must be the owner of the business
- Property must be zoned for commercial use
- Must have commercial liability insurance
- Business must be licensed and registered in St. Cloud; this includes home-based businesses; Business must have all current licenses and permits required for operation in the City of St. Cloud
- Preference will be given to business in the retail, tourism and restaurant industries
- Applicant must be the owner (at least 51%) of the business; if not property owner, then the business must be at least 3 year's old
- Preference will be given to business in the retail, personal services, tourism and restaurant industries
- Residential developers are not eligible to participate in this program.



CITY OF ST. CLOUD, FL

COVID-19 ECONOMIC RECOVERY & STIMULUS PLAN – PHASE I

COVID-19 SMALL BUSINESS GRANT GUIDELINES

All checks from the City of St. Cloud to the successful grant recipient will be made out to the applicant's business entity.

TERMS AND CONDITIONS

The maximum amount of loan to any one business under this program is \$10,000. Loan applicants may apply multiple times if loaned less than the maximum amount, but no loan applicant will receive more than the maximum amount in total. If the maximum amount of City of St. Cloud is later increased, grant recipients that had been issued \$10,000 may reapply for additional City of St. Cloud until the new maximum is reached.

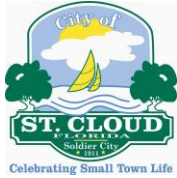
Grant funds may not be used towards bonuses. Sole proprietors cannot use more than \$5,000 of the loan towards payroll expenses. Grant applicants may redact sensitive information such as employee names, addresses, social security numbers, etc.

- The City will provide the award in the form of a grant.
- Award recipient must agree to be subject to grant reporting 6 months to 1 year, post-award including evidence of use of funds, sales data and job creation/retention.
- Business must not agree to relocate the business outside the City within one year of grant issuance.

EVALUATION & AWARD PROCESS

The applications for review (intakes) will be received by the CRA Specialist. for eligibility, accuracy and responsiveness. Applications deemed responsive will be given to the evaluation committee. The evaluation committee members consists of: Economic Development Manager, Finance Director, Business Navigator and a representative from the St. Cloud Chamber and Main Street Program. The evaluators will review, score, and provide conditional selection, as applicable. Upon staff review and score, each endorsed application will be forwarded to the City Manager with a recommendation for funding, including award amount and possible conditions. Staff will review applications individually using the selection criteria established. Suggestions to modify the requested amount of assistance may be made to City Manager at time of staff recommendation. Due to limited funding, all applications will be reviewed and scored as received, until all funds are expended.

The applications will be evaluated and scored based on the contents of the narrative and supporting documentation. No additional information will be accepted after the stated application deadline. The written application and supporting documentation will be the sole basis for the scoring completed by the review panel. No clarification or dialogue will be permitted from the submitting agency after the application is submitted.



CITY OF ST. CLOUD, FL
COVID-19 ECONOMIC RECOVERY & STIMULUS PLAN – PHASE I
COVID-19 SMALL BUSINESS GRANT GUIDELINES

THIS FUNDING IS SUBJECT TO AVAILABILITY AND THERE IS NO GUARANTEE THAT ANY FUNDS WILL BE AWARDED.

POST AWARD REQUIREMENTS

The City of St. Cloud requires regular and timely reports from its grantees. Award recipients will be subject to quarterly reporting and a final annual report, detailing their progress. The Grant Final Report must be submitted within one month after the conclusion of the period of performance, and shall:

- Summarize the project's goals and objectives, beneficiaries served, and actual outcomes
- Provide an objective assessment of the success in achieving these goals and objectives and intended outcomes and report the statistics for the beneficiaries served
- Account for grant expenditures
- Describe the benefits that may be derived through the replication or extension of the project

By submission of an application, the submitting agency agrees and understands the following; one and/or both may occur:

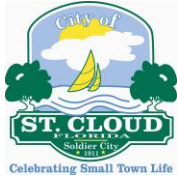
- 1. Application may require an in-person or virtual presentation to Council.** It is the prerogative of the Council to request specific agencies make a 5 – 10 minute presentation to accompany their application. If requested, an additional notification is sent to those agencies.
- 2. Application may require an in-person or virtual visit to the requesting agency.** It is the prerogative of the Council (and/or their designee) to visit any applying agency in order to familiarize the Council with the day to day activities of the agency.

SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF FUNDING

It is the responsibility of the grant recipient to READ AND UNDERSTAND all aspects of the Program and this application.

A complete application requires one (1) electronic copy, single sided, in PDF format via email to economicdevelopment@stcloud.org. ALL components of the application must be received in the requested format, as soon as possible. Program will remain open while funds are available.

Incomplete and late applications will not be accepted. If email is unavailable, the required copy may also be mailed or delivered to:



CITY OF ST. CLOUD, FL
COVID-19 ECONOMIC RECOVERY & STIMULUS PLAN – PHASE I
COVID-19 SMALL BUSINESS GRANT GUIDELINES

**Economic Development
City of St. Cloud
1300 9th Street
St. Cloud, FL 34769**

By submission of an application, the submitting agency agrees and understands the following; one and/or both may occur:

- 1. Application may require an in-person or virtual presentation to Council.** It is the prerogative of the Council to request specific agencies make a 5 – 10 minute presentation to accompany their application. If requested, an additional notification is sent to those agencies.
- 2. Application may require an in-person or virtual visit to the requesting agency.** It is the prerogative of the Council (and/or their designee) to visit any applying agency in order to familiarize the Council with the day to day activities of the agency.

It is the responsibility of the grant recipient to READ AND UNDERSTAND all aspects of the Program and this application.

NOTICE TO THIRD PARTIES: The grant application and potential funding does not create any rights for any third parties. Nor shall issuance of a grant result in any obligation on the part of the City of St. Cloud to any third party. The City of St. Cloud is not required to verify that entities that have contracted with the grant recipient have been paid in full, or that such entities have paid any subcontractors in full.

For questions regarding the application, call 407-957-7235 or email economicdevelopment@stcloud.org.

Florida has a very broad Public Records Law. E-mails to this entity or its employees may be considered a public record. Your e-mail communication, including your email address may be disclosed to the public and media at any time.



CITY OF ST. CLOUD, FL
COVID-19 ECONOMIC RECOVERY & STIMULUS PLAN – PHASE I
GRANT APPLICATION

A. Contact

OWNER INFORMATION

A.1. Salutation	A.2. First Name:	A.3. Middle Name:	A.4. Last Name:	A.5. Social Security Number
A.6. Home Address		City	State	ZIP
A.7. Contact Phone		A.8. Email Address		

CO-OWNER'S INFORMATION

A.9. Salutation	A.10. First Name:	A.11. Middle Name:	A.12. Last Name:	A.13. Social Security Number
A.14. Home Address		City	State	ZIP
A.15. Contact Phone		A.16. Email Address		

B. Business Information

B.1. Legal Name of Business		B.2. Fictitious Business Name (Doing Business As)		
B.3. Federal Employer Identification Number (FEIN)	B.4. Business Entity (Circle what best applies)			
	<input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Self Employed <input type="checkbox"/> S-Corp			
B.5. Business Address		City	State	ZIP
B.6. Business Phone	B.7. Business Email	B.8. What year was the business established?	B.9. Total Business Revenue in 2019	

B.10. Industry (check one)

<input type="checkbox"/> 11-Agriculture, Forestry, Fishing and Hunting	<input type="checkbox"/> 21-Mining, Quarrying, and Oil and Gas Extraction	<input type="checkbox"/> 22-Utilities	<input type="checkbox"/> 23-Construction
<input type="checkbox"/> 31-Manufacturing	<input type="checkbox"/> 32-Manufacturing	<input type="checkbox"/> 33-Manufacturing	<input type="checkbox"/> 42-Wholesale Trade
<input type="checkbox"/> 44-Retail Trade	<input type="checkbox"/> 45-Retail Trade	<input type="checkbox"/> 48-Transportation and Warehousing	
<input type="checkbox"/> 49-Transportation and Warehousing	<input type="checkbox"/> 51-Information	<input type="checkbox"/> 52-Finance and Insurance	
<input type="checkbox"/> 53-Real Estate and Rental and Leasing	<input type="checkbox"/> 54-Professional, Scientific, and Technical Services	<input type="checkbox"/> 55-Management of Companies and Enterprises	
<input type="checkbox"/> 56-Administrative and Support and Waste Management and Remediation Services		<input type="checkbox"/> 61-Educational Services	
<input type="checkbox"/> 62-Health Care and Social Assistance	<input type="checkbox"/> 71-Arts, Entertainment, and Recreation	<input type="checkbox"/> 72-Accommodation and Food Services	
<input type="checkbox"/> 81-Other Services. (exc. Public Admin)	<input type="checkbox"/> 92-Public Administration		

B.11. Please provide a description of the business and services/products offered:			
B.12. Is business ownership at least 51%: (Please check all that apply)		<input type="checkbox"/> Minority owned	<input type="checkbox"/> Veteran owned
		<input type="checkbox"/> Woman owned	
B.13. Check if the business has a St. Cloud Local Business Tax Receipt		<input type="checkbox"/> Y	<input type="checkbox"/> N
Applicant Level:		<input type="checkbox"/> Sole Proprietor/ Self Employed	<input type="checkbox"/> 2-9 Employees
		<input type="checkbox"/> 10-25 Employees	

C. Covid-19 Impact

Please provide the following information about the impact of COVID-19 on your business.

C.1. Description of Need:

- ☐ The business was determined non-essential by Florida Governor's Executive Order (no need for a statement)
- ☐ Other (Please provide a brief statement regarding how COVID-19 has impacted your business.)

C.2. Financial Need: Please list your average monthly expenses prior to February 15, 2020 below. Enter zero where applicable.

Salaries/Benefits	
Commercial Mortgage Interest/ Commercial Lease	
Business Utilities	
All Other Business Expenses	

C.3. Have you applied for but not received any of the following benefits? (Please check all that apply)

- ☐ Paycheck Protection Program (PPP) funding ☐ Economic Injury Disaster Loan (EIDL) funding
- ☐ SBA Debt Relief program (Loan payment forgiveness) ☐ Other

* For businesses with 2 to 25 employees, W3 Summary or IRS Form 941 prior to Feb. 15, 2020

C.4. Please describe how this grant will help your business maintain sustainable operations (for instance how many employees you will be able to retain or increase)

D. Required Documentation

The City has attempted to minimize the amount of documentation required for this Program application in an effort to expedite the process. In order to facilitate your application, we have listed the websites where you can find them below. Please be sure to print and include all required documents with this application.

- To get your State of Florida Business Filing or DBA/ Fictitious Name Registration go to this website: <https://dos.myflorida.com/sunbiz/search/>. Search your company name, and save the document as a .pdf. You will need to attach the document to this application.
- Go to this website <https://www.irs.gov/pub/irs-pdf/fw9.pdf> to download and fill the IRS W-9 form for your business Employer Identification Number (EIN). Please make sure to print, sign, and scan before uploading using the link below.

Please check ALL that apply. Missing checks may cause a delay or declination.

- ☐ The owner was the only employee, or the company had no employees/ one employee on February 15, 2020 and I'm not submitting forms IRS W3 or IRS 941
- ☐ A copy or picture of each owner's State-issued driver's license or photo ID (may be a .pdf or a .jpeg file) ***Required**
- ☐ A copy of your State of Florida business filing or DBA/ fictitious name registration (if applicable). If your business is not required by law to file with the State of Florida, please upload a copy of your Osceola County Business Tax License or your City Business Tax License. (Self-employed farmers and real estate agents are the only exempt businesses that don't have state or county filings and may provide Schedule C of their 1040 for 2019 or 2018) ***Required**
- ☐ My company is claiming 2 or more employees as of 2/15/20, and we are submitting IRS Form W3 or IRS Form 941 with this application. ***Required**
- ☐ A completed and signed IRS W-9 form. ***Required**



E. Owner(s) Acknowledgement and Affidavit

Please read each statement below. All applicants will need to sign acknowledging them.

St. Cloud and Resource Partners

The City will utilize local and regional resources to review and process your application in an effort to ensure prompt attention to all grant requests. These partners are St. Cloud Chambers of Commerce, and the St. Cloud Main Street Program,. You hereby acknowledge and agree to receive to have your application and related information processed by professional members of these organizations. On their part, each organization and its members will take reasonable steps to keep your information confidential to the extent allowed by law. Nothing herein shall create any cause of action by or on behalf of Applicant against the City or its officers, elected officials, employees, agents or representatives, including, without limitation, St. Cloud Chamber of Commerce and St. Cloud Main Street or any other agency identified above (collectively, the "City Parties"). The City Parties shall not be liable to Applicant for any damages of any kind or nature whatsoever arising out of or relating to the Program or this application, whether based in contract, common law, warranty, tort, strict liability, contribution, indemnity or otherwise

Statement About The Small Business Administration and its resource partners

You agree to accept future business consulting provided by the Small Business Administration (SBA) and its resource partners, the Service Core of Retired Executives (SCORE) and/ or the Small Business Development Centers (SBDC). The consulting type may include marketing, business planning, or emergency/ disaster planning, among other consulting.

Required statement (please check one): YES ☐ / NO ☐

I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services.

I understand that any information disclosed to the SBA will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance.

Owner's Signature	Date	Co-owner's Signature	Date

F. Applicant(s) Certification

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions.

Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and none of the City Parties, as defined above, will be liable to Applicant for such disclosure.

Social Security numbers are collected, maintained and reported by the City to be in compliance with IRS 1099 reporting requirements and are exempt from public records pursuant to Florida Statutes §119.071.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The City does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the City disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the City or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements, and applicant shall fully cooperate with the City or its agent and timely respond to any requests for such records. Without limiting the generality of the foregoing, the Applicant specifically acknowledges and agrees that, if awarded funds pursuant to this Application, the City, and any duly authorized agents or representatives of the City, including, without limitation, the Department of Inspector General of the Clerk of the Circuit Court and County Comptroller, shall be provided access to all of the Applicant's records and supporting documentation which concern or relate to this Application at any and all times during normal business hours upon request. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

Owner Name	Owner Title	Owner Signature	Date
Co-Owner Name	Co-Owner Title	Co-Owner Signature	Date

Submit (Please read and mark all of the items below to acknowledge each statement)

Missing checks may cause a delay or grant declination.

- ☐ I (we) certify that I (we) have the authority to apply for this grant on behalf of the business described herein.
- ☐ I (we) certify that the business has been negatively impacted by the COVID-19 emergency as described herein.
- ☐ I (we) certify that the business has not received funds from the Paycheck Protection Program (PPP); Economic Injury Disaster Loan (EIDL); or benefited from the SBA Debt Relief program, all as provided under the CARES Act. Furthermore, if any of these benefits become available subsequent to this application, I (we) certify that the grant funds will be used for a different period of time to avoid duplication of usage of funds.
- ☐ I (we) certify that the grant funds will be used for authorized business expenses only, in accordance with the requirements and restrictions set forth in Section 601(d) of the Social Security Act, as added by Section 5001 of the CARES Act, and not for household, personal, or consumer use.
- ☐ I (we) certify that the information contained in this application is true, complete, and correct to the best of my (our) knowledge.
- ☐ I (we) intend to apply for a St. Cloud Business Tax Receipt if not registered with the City and Osceola County Tax Collector.
- ☐ I (we) expect to resume normal business operations after the emergency guidelines are lifted.
- ☐ I (we) shall cooperate with the City or appropriate officials for grant auditing purposes, as further set forth and described above.
- ☐ I (we) understand that any willful misrepresentation on this Application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the City to receive a return of any funding provided hereunder, in addition to any other remedies it may have against Applicant at law or in equity.
- ☐ I (we) further understand that, pursuant to Section 92.525, Florida Statutes, a person who knowingly makes a false declaration thereunder is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Sections 775.082, 775.083 or 775.084, Florida Statutes.
- ☐ I (we) understand that failure to use any funding received pursuant to this Application in accordance with the requirements set forth herein shall entitle the City to receive a return of such funding, in addition to any other remedies it may have against Applicant at law or in equity.
- ☐ I (we) understand that in the event this Application is printed, signed, and delivered to the City, or its designated agent, in hard copy format (by mail, courier service, hand delivery, or otherwise) and not submitted electronically, then the Applicant, by virtue of its physical signature, specifically authorizes and directs the City, or its designated agent, to electronically sign the Application on the Applicant's behalf, for purposes of the City's file tracking and retention system.
- ☐ I (we) are in receipt of the COVID-19 Small Business Grant Guidelines and have read them with a thorough understanding of the application, process and criteria.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Owner Name	Owner Title	Owner Signature	Date
Co-Owner Name	Co-Owner Title	Co-Owner Signature	Date

Please return via postal mail or drop off ALL FIVE pages of this application and all required documentation to the address below or email to economicdevelopment@stcloud.org:

City of St. Cloud
Attn: Economic Development office
1300 9th Street
St. Cloud, FL 34743