



Little Haiti Revitalization Trust APPLICATION FOR BUSINESS GRANT PROGRAM

This program provides eligible brick and mortar for-profit and not-for-profit business owners within the Little Haiti boundaries of the City of Miami with a one-time grant award in an amount not to exceed \$20,000 for commercial improvement or \$10,000 for innovation (equipment, operations, technology, etc.) improvements. To be considered for grant funding, applicants must complete this application package. Be sure to read the program requirements for the grant in the Program Manual. The grant award must be used to cover expenditures that allowed businesses to remain viable and operational. The goal of this program is to support the growth and expansion of businesses within Little Haiti. Applicants will be assisted on a first-come, first-ready, first-serve basis. Submission of an application does not guarantee you will receive any assistance.

Business Tax ID Number: _____ EIN: _____ **OR** if Sole Proprietorship, enter your SSN: _____
 Legal Name of Business: _____ DUNS Number¹: _____
 Fictitious Name, Trade Name, d/b/a (if any): _____

Business Address: _____

City: Miami State: Florida Zip Code: _____ Business Main Phone #: _____

Business Tax Receipt (BTR)/Certificate of Use Account Number (City of Miami): _____ BTR Date Issued: _____

Business Contact Person Name: _____ Business Contact Person Phone #: _____

Business Contact Person Email address (Please use block letters): _____

ELIGIBILITY CRITERIA Must answer TRUE to all of the following and provide proof

- | | | |
|--------------------------------------------------------------------------------------------------------------------|----------|-----------|
| Business is registered with State of Florida prior to January 1, 2022 | ___ TRUE | ___ FALSE |
| Business has a City of Miami-issued Certificate of Use and is current with its Business Tax Receipt (BTR) payments | ___ TRUE | ___ FALSE |
| Business is currently open for business in the within the Little Haiti boundaries of the City of Miami | ___ TRUE | ___ FALSE |
| Business is current with all financial obligations with the City of Miami | ___ TRUE | ___ FALSE |
| None of the business owners are suspended or debarred from contracting with federal, state or local governments | ___ TRUE | ___ FALSE |
| Business did not have an annual revenue of more than \$500,000 in calendar year 2022 | ___ TRUE | ___ FALSE |
| Business is a micro enterprise that has five (5) or less employees | ___ TRUE | ___ FALSE |

REQUIRED DOCUMENTATION You MUST submit copies of the following

- Copy of Florida Picture ID of person applying for assistance which must be a business owner, a registered agent or legally authorized not-for-profit official.
- 2 years of most recent Business Tax Returns
 1. Sole proprietorship – Form 1040, US Individual Income Tax Return, with Schedule C “Profit or Loss From Business”
 2. Partnership – Form 1065, US Return of Partnership Income, Schedule K-1 “Partners Share of Income, Deductions, Credits, etc.”
 3. Corporation – Form 1120, US Corporation Income Tax Return
 4. S-Corporation – Form 1120S, US S-Corporation Income Tax Return
 5. Non-for-Profit – Form 990, Return of Organization Exempt from Income Tax
- Copy of City of Miami-issued Local Business Tax Receipt Card/Certificate
- Completed and signed W-9 Form matching the business’ name to the one in this application
- Provide proof the business has been in operation for the last twelve months. (Example: any utility bill, bank statement or liability insurance) Proof must be in business name (include copy only).
- Property owner to provide warranty deed and tenants to provide lease of agreement. (Must have at least one year remaining on lease agreement with the option to renew.)
- Copy of Articles of Incorporation

Preference will be given to businesses meeting the following criteria: applicants using grant funds that best meet the objectives of the Revitalization Trust's grant programs, legacy businesses that have been in operation for 7 or more years within the Little Haiti boundaries, and/or businesses in the downtown corridor on NE 2nd Ave between 54th - 71th street within the Little Haiti boundaries.

CERTIFICATION ON BEHALF OF APPLICANT BUSINESS

- I certify that the information provided to determine my eligibility for assistance on this application is true and correct to the best of my knowledge. I, the applicant, further understand that any false information provided in connection with this application may be grounds for having to pay back the funds provided back to the Little Haiti Revitalization Trust.
- In submitting this application, the Company agrees with all the terms, conditions, and specifications required by the Little Haiti Revitalization Trust in this grant application, and that applicant Company has this document and fully understand its contents.
- I understand that this assistance is contingent upon the availability of funds and that the assistance is limited to payment of business expenditures

Signature of Applicant

Print Name

Date



Little Haiti Revitalization Trust
City of Miami

LITTLE HAITI
REVITALIZATION TRUST

BUSINESS GRANT PROGRAM AFFIDAVIT

Legal Name of Business: _____

Business Contact Person Name: _____ Business Contact Person Phone #: _____

Business Contact Person Email address: _____

ON BEHALF OF APPLICANT BUSINESS:

- I certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate. I understand that knowingly making a false statement in this application may subject me to criminal prosecution and penalties in accordance with applicable law, including, but not limited to, Chapter 817, Florida Statutes, and Chapter 47, United States Code, which may include up to five years' imprisonment and/or up to a \$250,000 fine.
- I affirm that the award and payment of grant funds are subject to the sole and absolute discretion of the Little Haiti Revitalization Trust without recourse. By submitting this application, I waive any and all claims related to the Little Haiti Revitalization Trust Business Grant Program and specifically agree to indemnify, defend, release and hold the Little Haiti Revitalization Trust and /or the City, its employees, officers, agents, and representatives harmless from any and all claims which may be in any way related to any Little Haiti Revitalization Trust Business Grant Program award, payment, and/or denial.
- I affirm that this grant is necessary to support the ongoing operations for the applicant business.
- I affirm that the tax documents are identical to those I have submitted to the Internal Revenue Service.
- I attest that I am the legally authorized individual of the applicant business and I am authorized by all other owner(s)/board member(s)/individuals or entities that have an ownership interest in the applicant business/authorized officers of this business to apply to this grant program on behalf of the business. I further affirm that I am authorized to bind the business to any terms pursuant to this grant application and that all other owner(s)/board member(s)/individuals or entities that have an ownership interest in the applicant business/authorized officers of this business are in agreement with the contents and representations made in this application.

ACKNOWLEDGMENTS ON BEHALF OF THE APPLICANT BUSINESS:

- I acknowledge that, if this grant is approved, any amount my business receives may be considered taxable income by the Internal Revenue Service.
- I acknowledge that, if this grant application is approved, the Little Haiti Revitalization Trust shall have access to my business records, including business records to document expenditures from the time of grant award through December 31, 2024, for the purpose of inspection or audit during normal business hours at my place of business.
- I acknowledge that I have received, read, understand, and agree to fully comply with and abide by the Little Haiti Revitalization Trust Business Grant Program Rules and Requirements, which are attached to this application and are incorporated into this application by this reference.
- I acknowledge that, if this grant application is approved, my name, my business name, and my grant award amount may be made public by the Little Haiti Revitalization Trust.
- I acknowledge that any and all documents I submit as part of this application will belong to the City of Miami and I have no expectation of getting any of the documents back.
- I acknowledge that this application is a public record subject to the Chapter 119, Florida Statutes, and that the applicant business shall abide by all federal, state, and local laws in connection with herewith.

Signature of Applicant

Print Name

Date

NOTARY PUBLIC AFFIRMATION (REQUIRED):

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 2023 by _____ on behalf of _____. He/she is personally known to me or has produced _____ as identification.

(NOTARY PUBLIC SEAL)

Signature of Person Taking Acknowledgment

(Printed, Typed, or Stamped Name of Notary Public)

Title or Rank

Serial Number, if any



Little Haiti Revitalization Trust
City of Miami



COMPANY BACKGROUND

Check One: ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Other Date Established: _____

Business Ownership Interest of all parties:

Name: _____ Interest: _____ %

Name: _____ Interest: _____ %

Gross Annual Revenue: \$ _____

PROPERTY INFORMATION (commercial improvements only):

Does the applicant own project property? ☐ YES ☐ NO

If "Yes" box is checked, complete the following information:

Does this building have any City, County or State Code Violations? ☐ YES ☐ NO If yes, please attach detailed information to this Application.

Does this building have any local, State or Federal Liens? ☐ YES ☐ NO If yes, please attach detailed information to this Application.

Is this building subject to 40 year recertification or has received its 40 year recertification? ☐ YES ☐ NO If yes, please attach detailed information to this Application. If funding is being requested to assist in recertification please provide all documentation including building evaluation, code violations and applicable quotes for scope of work. Proof of matching funds may be required.

Property owner approval may be required.

Type of grant (select one): ☐ Commercial Improvements ☐ Innovation Improvements

Amount of Program funding requested by Applicant: \$ _____

Describe your Company's Business operations including products sold and or services provided etc.:

Describe how the grant funds will be used. Please refer to the Program Manual and provide detail regarding planned business improvements.



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Estimated Project Costs (commercial improvements only):

Please provide detail regarding planned improvements for which the grant is requested for.

1.	Exterior Façade Improvements	Description:	Estimated Cost	\$
2.	Roof Improvement	Description:	Estimated Cost	\$
3.	Interior Improvements	Description:	Estimated Cost	\$
4.	Electrical Improvements	Description:	Estimated Cost	\$
5.	Plumbing Improvements	Description:	Estimated Cost	\$
6.	Mechanical Improvements	Description:	Estimated Cost	\$
7.	Fire Suppression	Description:	Estimated Cost	\$
8.	Code Corrections Improvements	Description:	Estimated Cost	\$
9.	Other Improvement: _____ (Specify)	Description:	Estimated Cost	\$
10.	Other Improvement: _____ (Specify)	Description:	Estimated Cost	\$
11.	Other Improvement: _____ (Specify)	Description:	Estimated Cost	\$
12.	Other Improvement: _____ (Specify)	Description:	Estimated Cost	\$
TOTAL ESTIMATED COST: \$ _____				

**If additional space is needed to provide more detailed information, please attach to application.*



Estimated Innovation Costs Only: Including technology, equipment and marketing for a full list please of eligible expenses please see program manual.

ITEM NUMBER	ITEM/DESCRIPTION	QUANTITY	COST
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
TOTAL ESTIMATED COST: \$ _____			

ADDITIONAL DETAILS (IF NEEDED):



Little Haiti Revitalization Trust
City of Miami



Please explain why you should receive the grant by answering the following questions. Preference will be given to businesses meeting the following criteria: applicants using grant funds that best meet the objectives of the Revitalization Trust's grant programs, legacy businesses that have been in operation for 7 or more years within the Little Haiti boundaries, and/or businesses in the downtown corridor on NE 2nd Ave between 54th - 71th street within the Little Haiti boundaries.

1. Will grant funding increase your sales revenue, improve your competitiveness, expand your company's market position, and/or allow you to enter into a new market? Please explain in detail.

2. Will grant funding improve operations, increase efficiency, reduce costs and/or energy consumption? Please explain in detail.

3. Will grant funding create a/any new positions at your business? If so, how many? What specific of positions? Please explain in detail.



**Little Haiti Revitalization Trust
City of Miami
SUBMISSION CHECKLIST**

The following documentation **MUST BE SUBMITTED** along with this application to ensure that your application is processed. Failure to submit a complete package will disqualify you.

All items in the chart below are **REQUIRED**.

<input type="checkbox"/>	Completed and signed Application for Business Assistance including the Affidavit and Acknowledgment form AND Little Haiti Revitalization Trust Grant Program Rules and Requirements (which MUST both be notarized)
<input type="checkbox"/>	State of Florida-issued picture ID for person applying on behalf of the Business
<input type="checkbox"/>	Business Tax Returns² - Must submit a copy of 2022 federal income tax return, including all schedules. 1. Sole proprietorship – Form 1040, US Individual Income Tax Return, with Schedule C “Profit or Loss From Business” 2. Partnership – Form 1065, US Return of Partnership Income, Schedule K-1 “Partners Share of Income, Deductions, Credits, etc.” 3. Corporation – Form 1120, US Corporation Income Tax Return 4. S-Corporation – Form 1120S, US S-Corporation Income Tax Return 5. Non-For-Profit – Form 990 If the business has yet to file its tax return for 2022 and it has submitted a request for an extension to the IRS, we will need a copy of the extension submission record and the most two recent previous year’s Tax Return.
<input type="checkbox"/>	Copy of City of Miami-issued Certificate of Use and Local Business Tax Receipt Cards. Must be up-to-date.
<input type="checkbox"/>	Copy of Articles of Incorporation
<input type="checkbox"/>	Completed and Signed W-9 Form. If you wish to get the funds deposited directly to your bank account, please fill out the ACH Form and submit a copy of a VOIDED check. You can find these forms at https://www.irs.gov/pub/irs-pdf/fw9.pdf and you can fill out the ACH form online at https://www.miamigov.com/files/assets/public/document-resources/pdf-docs/finance/ach-set-up-for-accounts-payable-revised.pdf
<input type="checkbox"/>	Proof of Operations - Example: any utility bill, bank statement or general liability insurance. Proof must be in the business name.
<input type="checkbox"/>	UTILITY/INSURANCE/LICENSES BILLS – Must submit a copy of the bill AND a copy of the business bank account reconciled check or monthly statement or business credit card statement highlighting the payment for the correct amount. Reimbursable utility costs include electricity, water and sewer, internet and cable. It does not include cellphone or telephone Bills.
<input type="checkbox"/>	RENTAL PAYMENTS – Must submit a copy of the executed lease agreement AND copy business bank account reconciled check or monthly statement or business credit card statement highlighting the payment for the correct amount.
<input type="checkbox"/>	EMPLOYEE SALARIES – Must submit a copy of payroll statements AND copy business bank account reconciled check or monthly statement or business credit card statement highlighting the payment for the correct amount paid to the payroll company OR reconciled cashed paystubs.

WHERE DO I DROP OFF MY COMPLETED APPLICATION PACKAGE:

All completed application packages must be submitted to the address below. Incomplete application packages will be discarded. The Little Haiti Revitalization Trust will not return any of the documents submitted through this application process to the applicant whether the assistance is approved or not.

Electronic Submission:

Completed application and required documents can be submitted electronically to lhrt@miamigov.com

Drop-off location:

LITTLE HAITI REVITALIZATION TRUST

LITTLE HAITI CULTURAL CENTER

212 NE 59th Terrace

MIAMI, FL 33137

Drop-off Hours: 10 am to 4 pm, Tuesday and Thursday (excluding holidays)

or by appointment (please call 305-960-2964 to schedule an appointment)

The Little Haiti Revitalization Trust will process applications on a first-come first-serve first-ready basis.

² Limited Liability Company (LLC) – This can be a corporation, partnership, or a disregarded entity. A domestic LLC with at least 2 members is classified as a partnership (Form 1065) for federal income tax purposes unless it files Form 8832 and affirmatively elects to be treated as a corporation (Form 1120 or 1120S). A LLC with one member will need to file a Form 1040 Scheduled C.



Little Haiti Revitalization Trust
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PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant(s) is subject to Chapter 119, Florida Statutes, regarding Public Records. Information provided by the business applicant that is *not* protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

- On behalf of the business applicant, I/we agree to hold harmless, indemnify, release, and defend the **Little Haiti Revitalization Trust and/or City of Miami**, its officers, employees, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.
- On behalf of the business applicant, I/we agree that the **Little Haiti Revitalization Trust and/or City of Miami** does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the **Little Haiti Revitalization Trust and/or City of Miami** in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records request.
- On behalf of the business applicant, I/we agree that the **Little Haiti Revitalization Trust and/or City of Miami** does not have any obligation or duty to provide me/us with notice that a public records request has been made.
- On behalf of the business applicant, I/we agree to hold harmless, release, indemnify, and defend the **Little Haiti Revitalization Trust and/or City of Miami** its officers, employees, agents, successors and assigns from any and all liability that may arise due to my/our applying for the Business Grant Program.

NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The City of Miami may collect your social security number for a number of different purposes. The Florida Public Records Law (specifically, Section 119.071(5), Florida Statutes) requires the City to give you this written statement explaining the purpose and authority for collecting your social security number as part of this application. Your Social Security Number is being collected for the purposes of qualification for the Business Grant Program if you are applying as a sole proprietor.

Name of Applicant

Signature of Applicant

Date



Little Haiti Revitalization Trust
City of Miami



Prior to signing this form, please make sure to read the Business Grant Program Manual for rules and requirements.

Acknowledgement and
Acceptance of the Program
Rules and Requirements

Signature of Applicant

Print Name

Date

NOTARY PUBLIC AFFIRMATION (REQUIRED):

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 2023 by _____ on behalf of _____. He/she is personally known to me or has produced _____ as identification.

(NOTARY PUBLIC SEAL)

Signature of Person Taking Acknowledgment

(Printed, Typed, or Stamped Name of Notary Public)

Title or Rank

Serial Number, if any