



CITY OF ST. CLOUD, FL
COVID-19 ECONOMIC RECOVERY & STIMULUS PLAN – PHASE 3
MARKETING GRANT APPLICATION

PLEASE READ THIS DISCLAIMER BEFORE COMPLETING APPLICATION

This grant program is authorized under the COVID-19 Economic Recovery & Stimulus Program, adopted May 14, 2020, via Resolution No. 2020- 082R, as part of the city's strategic plan to create economic development within the City of St. Cloud, Florida to assist businesses with recovery, continuity and longevity during and post-COVID-19.

The intent of this grant is to provide financial assistance up to \$1,000 per business to downtown businesses during post-COVID recovery. Submittal of this application means review, understanding and acceptance of the grant program guidelines and policies.

For the purposes of this grant, downtown businesses are defined as businesses located in the entertainment district, which is defined and illustrated below.

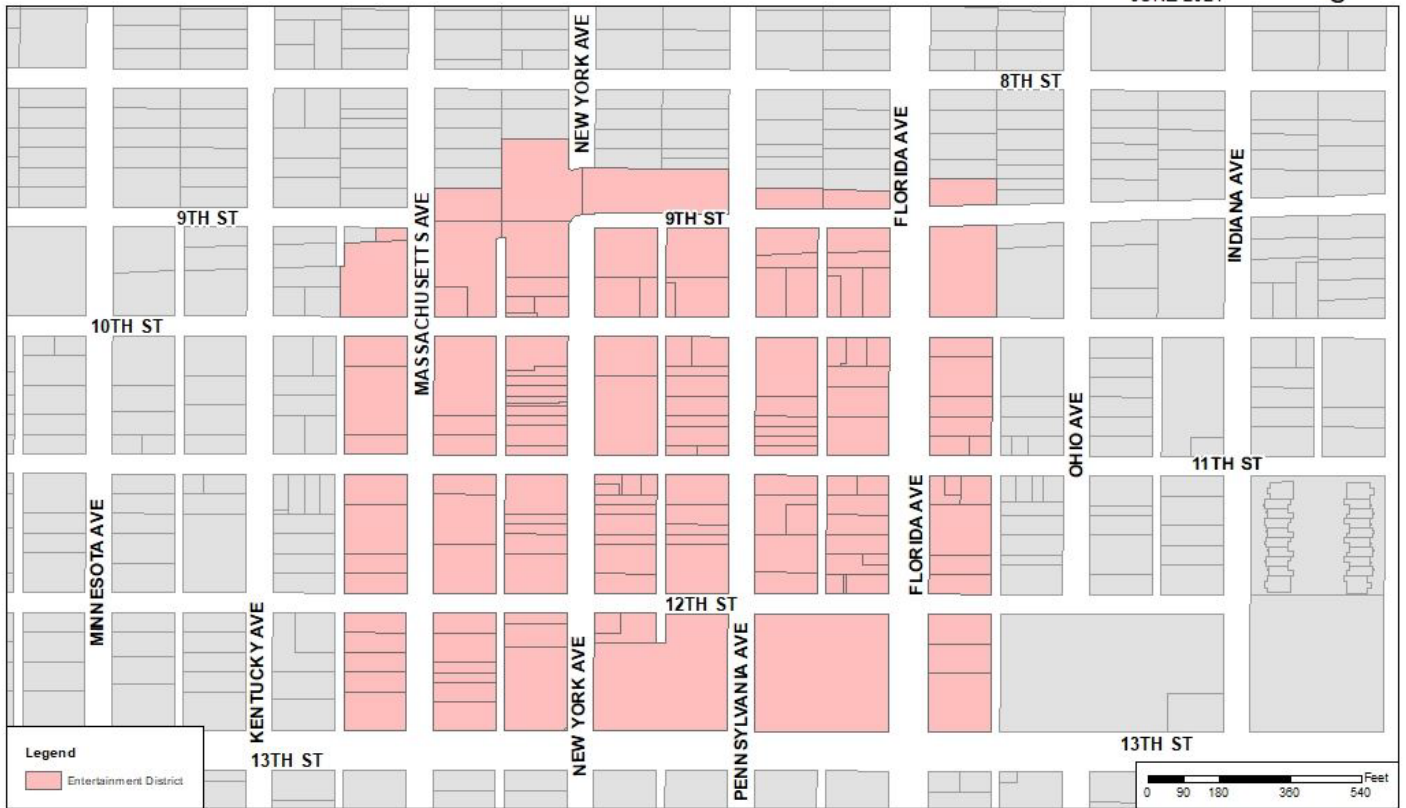
- North: 9th Street
- East: Florida Avenue
- South: 13th Street
- West: Massachusetts Avenue



ENTERTAINMENT DISTRICT



JUNE 2021



I certify that my business is located within the designated entertainment district, as illustrated above and further, it is not a home-based business.

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

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 March 1, 2022 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) City of St. Cloud (CDBG or COVID-19 Small Business Grants)

Other _____

* Note: Receipt of funds will not disqualify applicant from this program.

C.4. Please describe how this grant will help you MARKET YOUR BUSINESS in order to maintain sustainable operations

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. This items are **REQUIRED to begin processing.**

- A copy or picture of each owner's State-issued driver's license or photo ID (may be a .pdf or a .jpeg file)
- 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)
- A completed and signed IRS W-9 form.
- Statement explaining the use of funds.

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
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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 initial 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 I (we) are NOT a home-based business.
- I (we) certify that the business has been negatively impacted by the COVID-19 emergency as described herein.
- 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, including the right use images and photos of applicant for marketing purposes. Further, I hereby grant the City of St. Cloud permission to use an images taken of me or my company for future use.
- 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.
- Applicants of this program acknowledge this program as a one-time grant for the purposes of marketing their business. Further, the applicant is subject to post-award monitoring and reporting requirements. Non-compliance will result in disqualification from future grant funds.
- Home-based businesses are not eligible for this grant.

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