

Franklin CARES Business Grant Application

Application Requirements

The State of Florida has a broad public records law. Applications and supporting documents are public records which Franklin County may be required to provide to the public pursuant to a request for documents. Financials and other documents with personal or business information required and provided as part of this application may not qualify for an exception. By applying, you acknowledge, understand, and agree that if the County receives a request for public records for your application, then your application and supporting documents will be disclosed without notice to you.

Instructions

Complete the program application and provide the required documents as noted below based on the type of business entity (sole proprietorship, partnership, corporation, or non-profit organization).

Eligibility

Your business must:

- Be a small business that was established on or before March 1, 2020
- Have a physical location in Franklin County
- Have a demonstrated reduction in sales revenue of 5% or greater due to the loss of business income related to COVID-19
- Have suffered negative financial impacts from the COVID-19 emergency due to business closure, business interruption, reduced demand from business' customers, or increased expenditures
- Not be delinquent on any local, state, or federal taxes, code enforcement liens, or active code enforcement cases
- Submit a completed application along with required backup documents

This is a grant program. No payback will be required, provided that the business is eligible for receipt of grant funds and the monies are used only for legitimate business expenses resulting from business closure, business interruptions, reduced demand or increased expenditures, any of which must be necessary as the result of the COVID-19 public health emergency.

Grant funds under Franklin CARES may not be used to pay expenses that have been or will be reimbursed or paid from insurance, or under any local, state or federal program, including but not limited to CARES Act funds for payroll protection, loans, or other programs, or CARES Act funds received from another government entity. **Funds that are used for personal expenses not related to the negatively impact created by COVID-19 may be a violation of state or federal law and could result in penalties up to and including criminal charges.**

Grant funds received shall only be used for the following "Eligible Business Expenses:"

- Rent payments
- Mortgage payments
- Utilities (water, sewer, electric, phone, internet)
- Personal Protective Equipment (PPE); supplies and equipment for facilitating social distancing or otherwise adapting the business to COVID-19 (i.e. installation of plexiglass barriers, etc.), payroll expenses, inventory

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Required applicant documentation:

- Completed and signed application by individual(s) who, individually or collectively own 51% or more of the equity of the business, as shown on the businesses tax statements
- Company or Business Tax Return for Fiscal Year 2019
- Documents identified per business entity listed below
- Any other helpful information to indicate need or loss of sales revenue due to COVID-19

COLLECT ALL REQUIRED ABOVE AND BELOW SUPPORTING DOCUMENTS BEFORE COMPLETING APPLICATION

Additional information may be requested by the grant committee to determine a grant decision. If requested, please provide additional information within 3 days of the request.

Documents required per business designation:

Sole Proprietorship

- State-Issued Driver License or Photo ID of the applicant
- Certificate of Good Standing from Florida Division of Corporations or current Florida Division of Corporations most recent registration/filing for business (if registered)
- IRS Form 1040 with Schedule C (Profit & Loss) FY 2019
- Copy of completed and signed W-9
- All other applicable licenses or certifications for business
- Profit and Loss Statements (March through October 31, 2019 and March through October 31, 2020)
- Actual operating business expenditures between January 1, 2020 through March 31, 2020
- Actual operating business expenditures between April 1, 2020 through September 30, 2020
- Projected budget expenditures for operations between October 1, 2020 through December 31, 2020

Partnership

- State-Issued Driver License or Photo ID of the applicant
- Certificate of Good Standing from Florida Division of Corporations or current Florida Division of Corporations most recent registration/filing for business (if registered)
- Copy of Partnership Agreement
- Listing of all partners and percentage of partners ownership
- IRS Form 1065 FY 2019 with Schedule K-1(s)
- (FY 2019 and FY 2020) IRS Form 941: Employer's Quarterly Federal Tax Return for the 1st, 2nd, and 3rd Quarter Reports
- Copy of completed and signed W-9
- All other applicable licenses or certifications for business
- Profit and Loss Statements (March through October 31, 2019 and March through October 31, 2020)
- Actual operating business expenditures between January 1, 2020 through March 31, 2020
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Corporation

- State-Issued Driver License or Photo ID of the applicant
- Certificate of Good Standing from Florida Division of Corporations or current Florida Division of Corporations most recent registration/filing for business (if registered)
- Copy of Articles of Incorporation
- Listing of Board of Directors or Members
- IRS Form 1120 or 1120s FY 2019 with Schedule K-1(s)
- (FY 2019 and FY 2020) IRS Form 941: Employer's Quarterly Federal Tax Return for the 1st, 2nd, and 3rd Quarter Reports
- Copy of completed and signed W-9
- Number of employees per most recent years tax returns
- All other applicable licenses or certifications for business
- Profit and Loss Statements (March through October 31, 2019 and March through October 31, 2020)
- Actual operating business expenditures between January 1, 2020 through March 31, 2020
- Actual operating business expenditures between April 1, 2020 through September 30, 2020
- Projected budget expenditures for operations between October 1, 2020 through December 31, 2020

Non-Profit Organization

- State-Issued Driver License or Photo ID of the applicant
- Certificate of Good Standing from Florida Division of Corporations or current Florida Division of Corporations most recent registration/filing for business (if registered)
- Copy of the IRS determination letter
- Listing of Board of Directors or Members
- IRS Form 990 FY 2019
- (FY 2019 and FY 2020) IRS Form 941: Employer's Quarterly Federal Tax Return for the 1st, 2nd, and 3rd Quarter Reports or Form 943, if applicable
- Copy of completed and signed W-9
- All other applicable licenses or certifications for business
- Documents demonstrating loss and continued expenses
- Profit and Loss Statements (March through October 31, 2019 and March through October 31, 2020)
- Actual operating business expenditures between January 1, 2020 through March 31, 2020
- Actual operating business expenditures between April 1 through September 30, 2020
- Projected budget expenditures for operations between October 1, 2020 through December 31, 2020

Additional documentation for all business entities, if applicable:

- March through October 2019 Form RT-6; FL Department of Revenue Employer's Quarterly Report
- March through October 2020 Form RT-6; FL Department of Revenue Employer's Quarterly Report
- March through October 2019 Form DR-15; FL Department of Revenue Sales and Use Tax Returns
- March through October 2020 Form DR-15; FL Department of Revenue Sales and Use Tax Returns

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Once a final decision has been made, you will be contacted. All funds will be distributed via check to the business's legal name.

NOTE: If your business has already received COVID-19 financial assistance from any of the following programs (Paycheck Protection Program (PPP), Economic Injury Disaster Loan (EIDL) Small Business Administration (SBA) Debt Relief, SBA Express Bridge Loans, etc.) or any other CARES Act funds, backup documentation will be reviewed to determine if your business qualifies under the Franklin CARES program.

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Complete the information in the application form below to be considered for a small business grant up to \$10,000.00. Upon submittal, your application will be reviewed and either approved or denied. If your application is approved, you will receive information about how to proceed with verification and payment of your grant award.

Business Legal Name: _____

Trade Name (if different than legal name): _____

Majority Business Owner's Name: _____

Business Street Address (No PO Box): _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Business Owner's Phone Number: _____

Business Owner's Email Address: _____

Year Business was Founded: _____

Number of Full Time Employees as of March 31, 2020: _____

Average monthly expenses prior to COVID-19: _____

Business Type: Sole Proprietorship _____ Partnership _____ Corporation _____ Non-Profit _____

Business Ownership Type: Minority Owned _____ Veteran Owned _____ Woman Owned _____ None _____

Please provide a brief description of your business:

Federal Tax ID Number: _____

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Other Sources of Pandemic Relief:

Has your business received funding, including grants and loans of **any** kind, from other sources (Paycheck Protection Program (PPP), Economic Injury Disaster Loan (EIDL), Small Business Administration (SBA) Debt Relief, SBA Express Bridge Loans, Insurance, etc.) since March 1, 2020 relating to financial hardship from COVID-19?

No _____ Yes

If Yes, please identify the amount received (\$) and provide a brief description of how the funds were spent:

If funds are not expended to date, please provide your intended use of the funds:

NOTE: You will need to provide your funding agreement and all of documents detailing the terms along with the backup documentation supporting your expenditures.

Business expenses and COVID-19 impact:

Please summarize your current situation and how the COVID-19 crisis has impacted your business (e.g. impact to revenue, laying off employees, etc.)

Please list your allowable Actual fixed recurring business expenditures (e.g. rent or commercial mortgage, insurance, utilities only) from January 1, 2020 through March 31, 2020.

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Please list your actual and projected allowable Actual fixed recurring business expenditures (e.g. rent or commercial mortgage, insurance, utilities only) from April 1, 2020 through December 31, 2020.

Documentation Required with the Grant Application

Depending on the type of company or business (i.e. Sole Proprietorship; Partnership; Corporation; S-Corporation; Limited Liability; or Non-Profit Organization), the following documents will be required when applying for the grant. Although there are several reports necessary for the review process, *some of the listed documents might not be applicable for your type of business*. Documentation for Fiscal Years 2019 and 2020 are needed to show a reduction in the company or business revenue due to COVID-19.

Required Documents	
Fiscal Year (FY) 2019	Fiscal Year (FY) 2020
<input type="checkbox"/> Total # of Full-Time Employees	<input type="checkbox"/> Total # of Full-Time Employees
<input type="checkbox"/> (FY 2019) IRS Form 941: Employer's Quarterly Federal Tax Return for the 1 st ; 2 nd ; and 3 rd Quarter Reports	<input type="checkbox"/> (FY 2020) IRS Form 941: Employer's Quarterly Federal Tax Return for the 1 st ; 2 nd ; and 3 rd Quarter Reports
<input type="checkbox"/> (FY March – October 2019) Form RT- 6; Florida Department of Revenue Employer's Quarterly Report	<input type="checkbox"/> (FY March – October 2020) Form RT - 6: Florida Department of Revenue Employer's Quarterly Report
<input type="checkbox"/> (FY March – October 2019) Form DR-15: Florida Department of Revenue Sales and Use Tax Returns	<input type="checkbox"/> (FY March – October 2020) Form DR-15: Florida Department of Revenue Sales and Use Tax Returns
<input type="checkbox"/> (FY March – October 2019) Company or Business Bank Account Statements	<input type="checkbox"/> (FY March – October 2020) Company or Business Bank Account Statements
<input type="checkbox"/> (FY March – October 2019) Profit and Loss Statements	<input type="checkbox"/> (FY March – October 2020) Profit and Loss Statements
<input type="checkbox"/> FY 2019 IRS Company or Business Tax Return (i.e. Form 1040 with Schedule C; Form 1120; Form 1065; Form 990; etc.)	<input type="checkbox"/> Current W-9
Collect all supporting documents and check the appropriate box <input type="checkbox"/> to identify which documents will be submitted with the grant application.	

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Amount of Estimated Loss/Impact from COVID-19:

Loss of Sales _____ (or)

Inventory _____ (or)

Other _____

Insurance Coverage (IF ANY)

Coverage Type: Business Interruption Insurance (yes/no)

Other _____

Name of Insurance Company and Agent: _____

Phone Number of Insurance Agent: _____

Have you discussed rent/mortgage flexibility with your landlord/lender? Yes ___ No ___

Disclosures:

Is the organization, business, or a listed owner delinquent on any federal, state or local taxes or assessments; direct or guaranteed loans; leases; contracts; grants; child support payments; or any other obligations?

No ___ Yes

Does the organization, business, or a listed owner have any outstanding judgements, tax liens, pending bankruptcy proceedings, pending lawsuits against them, or criminal proceedings?

No ___ Yes

Does any owner, owner's spouse, or household member work for or serve in an official capacity for Franklin County or any other entity associated with the Franklin CARES Act program?

No ___ Yes

Does your organization or business have less than \$1,000,000 in gross revenue? Yes ___ No ___

Monthly Budget: _____

Monthly Total Expenditures:

Mortgage/Rent: _____

Business Insurance: _____

Electricity: _____

Gas: _____

Water: _____

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Business Internet: _____

Business Phone: _____

Other expenditures: _____

Disclaimer:

Applications for the Franklin CARES Grant DOES NOT GUARANTEE award of funding. The total amount awarded will be based on funds available. It is the sole responsibility of the Applicant to determine or seek independent advice to determine the tax implications to the Applicant and its Owners. Please confirm your understanding of these disclaimers by initialing here: _____

Certification:

By signing your full name in the space below, you are certifying that all of the information provided in this application is true and accurate. You are also agreeing to assist in the verification of information provided in this application and to provide additional information, if requested.

_____ Date

If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of Representative (please include the individual name and their company)

Signature of Individual _____

Print Individual Name _____

Name of Company _____

Phone Number (include Area Code) _____

Street Address _____

City, State, Zip _____

Unless the **NO** box is checked, I give permission to discuss any portion of this application with the representative listed above. **NO**

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In order to qualify for this grant, the applicant must demonstrate a reduction in sales revenue of at least 5% due to COVID-19 and subsequent business closures, either mandated by state or local order or voluntary. You will be required to provide documentation to support the losses claimed.

Briefly describe the economic loss that you have suffered in the space below:

Application Signature and Certification (please initial each section):

I acknowledge and certify that my business has been negatively impacted by COVID-19.

I acknowledge and agree that the County may request additional supporting documents or records from me at any time including, but not limited to, bank statements, financial statements or information, receipts, and other financial documents. Any additional documents or records requested must be provided. Failure to submit a complete application with required documents attached, or failure to timely submit any additional supporting documents requested by the County may result in your application being delayed or denied.

I acknowledge and agree to retain records and documentation substantiating all expenditures using award funds for a minimum of five (5) years from the date of award and to produce such records and documents to the County upon request. I agree to allow the County or its agents to access any records or supporting documents upon request as may be necessary to conduct a full and complete audit of records to prevent fraud in the grant process or to ensure compliance with state and federal requirements. I agree to cooperate with the County or its agents or employees and shall timely respond to any requests for such records. At the end of such five (5) year period, I will allow the County to copy all such records if desired by the County.

I acknowledge and agree that all funds from the award will be used solely to pay for or reimburse "eligible business expenses" as defined in the application incurred between March 1, 2020 and December 30, 2020. In the event it is determined that any of the award funds were used for ineligible or unallowable expenses or that I failed to comply with all terms and conditions of the award, I will be required to repay the award to the county promptly upon demand. In the event the State of Florida or the federal government at any time demands the return of all or any portion of the award paid to my business, I shall solely be liable for any such amounts and shall return the full amount of the award in question to the County promptly upon demand.

I understand and agree that any information provided in this application is considered a public record under Chapter 119, Florida Statutes, and may be subject to a public records request.

I certify and affirm that within the last five (5) years, no individual owning 20% or more of the equity of the business has been convicted, plead guilty, or plead nolo contendere to any felony involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal assistance.

I certify and affirm that neither the business nor any individual owning 20% or more of the equity of the business is presently suspended, debarred, proposed for debarment, declared ineligible, voluntary excluded from participation in this transaction by any federal department or agency, or presently involved in any bankruptcy.

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__ I certify that my business will remain open and operating in Franklin County.

__ I certify and affirm that the grant funds will not be a duplication of other federal funding sources accepted as aid for my business entity.

__ I declare, certify, and affirm, under penalty of perjury, that the information provided in this application, and such additional information and documentation as I may later provide to the County related to this application is true, accurate, and complete. I acknowledge that I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise.

Print Name _____

Date _____

Signature: _____

By signature of this application, the applicant(s) assert not to hold Franklin County Board of County Commissioners, its grant processing agent, or any member of the grant review committee liable should you not receive the grant.