

ELIGIBILITY FORM

Form must be completed in blue or black ink
Completed forms can be scanned and electronically submitted

Eligibility Confirmation (ALL BOXES MUST BE CHECKED):

Applicant must check box to confirm that each statement is true for all questions. If any statement is not true, the business is not eligible.

- Business is a "For-profit" Business
- Business has nine (9) or less employees or full-time equivalent (FTE) employees.
- Business is not a publicly traded company.
- Business has experienced a business interruption or closures due to COVID-19.
- Business has not received funds covered by insurance or reimbursement from the Federal Payroll Protection Program (PPP), or other local, state or federal sources in excess of \$50,000 related to COVID-19.
- Business is expected to operate after applicable local and state emergency guidelines are removed.
- Business commits to following all recommended COVID-19 safety guidelines.
- Business has earned less than 1.0 million in gross annual income for 2019.
- Business is physically located and operated within the boundaries of Nassau County, Florida.
- Business is wholly or partially owned by a Nassau County resident
- Business has been operating and can prove ongoing business operations since August 1, 2017 (3 years).
- Business is current on all Payroll taxes.
- Business is current on all Sales and Unemployment taxes.
- Business is current on all Property taxes.
- Business is current on all Federal Income taxes.
- Business has no current unpaid code enforcement liens or violation of any state, federal or local laws.
- No Business Owners, including all Managing Members and/or Officers, have been convicted of financial crimes within the past three years.
- No businesses that have as owners and/or employees who are current elected officials, directors, officers, employees, and contractors of the County and such individuals' spouse.

Documentation Provided (ALL DOCUMENTATION LISTED MUST BE PROVIDED AND ALL BOXES CHECKED):

- W-9 Form
- Staffing Documentation (W-3 Summary, IRS Form 1096, IRS Form 941, Employee Roster or Sole Proprietor Statement)
- Active State Business Registration from Sunbiz.org, or local business registration/license, or other documentation
- Proof that business has experienced a business disruption (For non-essential businesses, proof that business was closed OR for essential businesses, proof can include income statements from March – June 2019 vs. 2020; financial/accounting statements; customer counts)
- Proof of PPP Loans or other local, state or federal sources (e.g. scan of letter or pdf of email from SBA or bank/lender)
- Proof of Nassau County physical location (tax bill, utility bill or other)
- Proof of Nassau County residency (Drivers license or voter registration card)
- Proof of status on Payroll taxes.
- Proof of status on Sales and Unemployment taxes.
- Proof of status on Property taxes.
- Proof of status on Federal Income taxes.

**NASSAU COUNTY, FLORIDA
SMALL BUSINESS
ASSISTANCE GRANT
APPLICATION**

INCOMPLETE SUBMITTALS WILL BE DEEMED INELIGIBLE

General Information

Legal Business Name:			
DBA (if applicable):		Taxpayer ID Number:	
Physical Business Address:		City:	State: Zip Code:
Mailing Address (if different):		City:	State: Zip Code:
Phone #:	Mobile #:	E-mail:	Website Address:
Has Business Been Established Since January 1, 2017? (Yes/No)		Business Gross Annual Revenues 2019: \$	
# of Full-Time Employees:	# of Part-Time Employees:	# of 1099 Employees:	
Industry/Business Type: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Other			
Type of Business Structure (select one): <input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Other			
Owner/Owner Representative 1:			
Name:		Title:	
Address:		Primary Phone #:	Primary E-Mail:
Owner/Owner Representative 2:			
Name:		Title:	
Address:		Primary Phone #:	Primary E-Mail:
Purpose of Grant (Use of Proceeds): <input type="checkbox"/> Payroll/Wages <input type="checkbox"/> Mortgage/Rent <input type="checkbox"/> Vendor Payments <input type="checkbox"/> Other Needs (explain)			
Did you receive funds from the Paycheck Protection Plan or other sources? (Yes/No)		If yes, how much?	
Are all owners United States citizens? If "No" are they a resident alien?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

CERTIFICATION FORM

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APPLICATION SUBMITTAL TERMS AND CONDITIONS

1. The business entity acknowledges that the Application is subject to disclosure pursuant to Florida's broad public records laws subject to limited statutory exemptions. Except as noted below, all information in the Application, including any supporting documentation attached, may be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.
2. Pursuant to Section 815.045, Florida Statutes, "Trade Secret Information," as defined in Section 812.081, Florida Statutes, and as provided for in Section 815.04(3), Florida Statutes, is expressly made confidential and exempt from Florida's public records laws.
 - 2.1. In order to claim that certain information provided to the County is "Trade Secret Information," the business entity must note (by word, line, or paragraph) the information it wishes to protect as "Trade Secret Information."
 - 2.2. By submitting this Application, the business entity hereby expressly permits the County to consider any information not specifically noted as "Trade Secret Information" as information that is not protected.
 - 2.3. The County reserves the right to make its own determination as to whether certain information is "Trade Secret Information," and to make any disclosures in accordance with its sole discretion pursuant to applicable law.
3. The Application, including any supporting documentation, may be disclosed to a third-party not-for-profit or public agency for the purposes of reviewing it for eligibility for funding. If such disclosure occurs, the third-party will have access to the complete Application, including any exempt, confidential, or protected "Trade Secret Information" to be used by the third-party for eligibility determination.
4. Should the business entity receive financial assistance from the County, the business entity agrees that it shall:
 - 4.1. Ensure that its employees and business locations comply with the social distancing and public health safety guidance issued by the U.S. Centers of Disease Control and Prevention.
 - 4.2. Retain all records and supporting documentation related to this Application for a minimum of five (5) years from the date of any financial assistance paid to the business entity. At the end of such five (5) year period, the business entity will allow County to copy all such records, if desired by County. If the business entity sells the business that is the subject of this Application, or otherwise ceases business operations prior the end of the five (5) year period, the business entity will provide County a copy of all such records prior to such sale or other cessation of business operations.
 - 4.3. Permit the County, the State, the Federal Government, or their designated representatives, to, during regular business hours, conduct follow-up site visits and access and audit the business entity's records to prevent fraud and to ensure compliance with federal requirements.
5. The business entity hereby acknowledges that pursuant to Section 837.06, Florida Statutes, knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree.
6. The business entity understands that it will be liable to the County for the amount of financial assistance received should it be found to have made a false statement in its Application, including any supporting documentation, or to have misled the County in any manner in order to obtain financial assistance.

7. The business entity acknowledges and agrees that any financial assistance received from the County will only be used to pay for or reimburse necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) that the business entity incurred between March 1, 2020 and December 30, 2020.
8. Should the business entity receive financial assistance from the County, the business entity shall not use any portion of such financial assistance to pay for any expenses that have been or will be reimbursed by insurance or other private sources or under any other local, state, or federal program, including but not limited to other CARES Act programs (such as the Paycheck Protection Program, Economic Injury Disaster Loan, Florida Bridge Loan), or other federal program. Applicant acknowledges that it will be required to repay any amounts received from the County that have been or will be reimbursed by any of the above-described sources and shall indemnify the County for any liabilities, losses, damages, and expenses incurred by the County arising out of Applicant's failure to abide by the terms of this Application and County's actions to recoup the funds from the Applicant, including attorney's fees and costs.
9. The business entity hereby certifies that it shall make its best efforts to return to normal business operations as soon as is practicable and safe after the effects of the COVID-19 public health emergency subside.
10. In the event business entity receives financial assistance from the County and does not comply with all of the terms and conditions contained herein, the business entity will be required to repay the full amount of such financial assistance to the County immediately upon demand. In the event the State of Florida or the federal government at any time demands the return of any financial assistance paid to the business entity, Applicant shall be solely liable for any such amounts and shall return the full amount of the funds in question to the County promptly upon demand.

I have read and understand the above statement.

I certify that this business has no unpaid code enforcement liens and that no Business Owners, including all Managing Members and/or Officers, have been convicted of financial crimes within the past three years.

[REMAINDER OF THIS PAGE LEFT BLANK]

ATTESTATION OF THE AUTHORIZED REPRESENTATIVE

1. I have the authority to legally bind the business entity and I have been authorized by the business entity to submit this Application.
2. On behalf of the business entity, I hereby acknowledge, affirm, and certify to the "Application Submittal Terms and Conditions" as provided above.
3. I am knowledgeable of the business entity's business activities and have reviewed the Application, including any supporting documentation attached, and hereby certify that the Application is true and correct to the best of my knowledge and that it contains no false or misleading statements.
4. 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. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

Business Owner or Authorized Agent Name

Relationship to Owner (If Authorized Agent)

Contact Phone Number

Signature: _____
Form must be signed in blue or black ink
Electronic signatures are not acceptable

Date: _____

By checking this box, I agree and validate the above information.