

City of Atlantic Beach

Small Business Relief Grant Program September 2020



PRE-APPLICATION

(Please print or type)

Pre-Applicant Name: _____

Title: _____

Business Name: _____

Business Address: _____

Email Address: _____

Phone Number: _____

Understanding of Program. I have read and understand the Small Business Relief Grant Program Description and Guidelines

Yes

No

Criteria. My business meets the following criteria. Check all that are applicable.

- City of Atlantic Beach-based and independently operated
- Physically established within the City of Atlantic Beach
- Home-based businesses are eligible
- Operate within the designated eligible business categories
- Have a minimum of one employee, other than the owner, and with the exception of restaurants, no more than 25 employees* on payroll
- Demonstrate a loss of revenue due to COVID-19
- Demonstrate working capital for business operations as of February 28, 2020 (as indicated in the Balance Sheet or other documentation deemed acceptable by the City)
- Demonstrate payment of 2019 city business tax payment and 2018 Federal Income and Property Taxes (if applicable)
- Be free of outstanding code enforcement and nuisance violations for the last 12 months, and not owe any code enforcement fines

**Employees is defined as full or part-time direct employees under a W-2. May include employees managed through a Professional Employer Organization, 1099 or independent contractors are not included in the employee count, however, if 50% of the business workers are 1099 independent contractors, the total number of employees including w-2 and 1099 should not exceed 25.*

Business category. Please check one; if the category is "other", please describe your business.

- Restaurant (includes full-service, limited-service, and café establishments)
- Bar

- Retail (physical brick-and-mortar establishment selling merchandise)
- Personal Service
 - Hair, beauty, and other personal services (salons, barbers, massage parlors, tattoo, spas, etc.)
 - Personal care services (child, disabled and elderly care services, funeral services, etc.)
 - Laundry services (dry cleaning, laundromats, garment repairs and alterations, etc.)
 - Cleaning services
 - Pet care services
- Personal and household goods repairs and maintenance
- Fitness centers and gyms
- Event spaces and services
- Professional services
- Contractors
- Other _____, Small businesses that meet all eligibility criteria but are not included on this list may apply if proper eligibility documentation is provided.

Documentation. Upon submitting a Small Business Relief Grant Program Application, I will provide the following documentation. Check all that documents that will be submitted.

- State of Florida business registration from the Florida Division of Corporations
- Current W-9
- Copy of government or official identification, such as Driver's License, State ID, school ID (with photo), voter registration, or passport. Name on ID must match owner(s) on the W-9 or business financial documents presented
- Copy of filed 2018 business tax returns (first two pages only)
- Current City of Atlantic Beach business tax receipt/business license
- Business Financials (one of the following)
 - Schedule C (Sole Proprietors)
 - Most recent Annual or Quarterly Balance Sheet or Profit & Loss Statement
- Documentation of loss of income (may be already specified in business financials provided) and comparison of bank statements (if P&L was not provided)
- Full employee list (as of January 31, 2020 and as of April 30, 2020). List must include each employee's name, position, and hourly salary
- If requesting rent/mortgage assistance: Copy of lease (including landlord address and phone number, if applicable) or copy of mortgage statement (if applicable).

Interested in the Small Business Relief Grant program but don't meet the grant program qualifications? Please let us know. We want to hear from you in the event the City of Atlantic Beach may be able to serve as a resource in some other way, or if there is a future round of funding for small businesses adversely impacted by COVID-19.

Questions? Need more information? Email khogencamp@coab.us.

Pre-Applicant Signature _____

Date _____