



Senator René Garcia

Miami-Dade County District 13

Mom And Pop Small Business Grant Program Application

Attention Business Owners

Miami-Dade County District 13

Mom and Pop Small Business Grant Program

Grant Money Available!

\$2,500 per business

Applications are available online or in person from

February 10, 2025 – February 24, 2025

PICK UP APPLICATIONS AT:

Senator René Garcia District Office

1490 West 68th Street, Suite 101

Hialeah, FL 33014

Phone: 305-820-8424

Attn: Aylene Ginoris or Hilda Pineiro

Or

Applications online February 10, 2025, at www.miamidade.gov/district13

There will be an Informational Workshop via Zoom explaining the program requirements held on

Tuesday, February 18, 2025, at 10:00 am

Meeting ID: 812 3323 6133

Registration is required. Please be on time, space is limited!

Completed applications will be accepted from Feb. 24th – Feb. 28th by 4:00 pm

Hand deliver a completed application in a sealed envelope to the District Office located at

1490 West 68th Street, Suite 101 Hialeah, FL 33014

No late applications will be accepted!

For additional information contact Victoria Goss at 305-756-0605 **Neighbors And Neighbors Association (NANA)**

Submit 1 original completed application with all required attachments

We recommend you keep a copy for your records!

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2024-2025 MOM AND POP SMALL BUSINESS GRANT PROGRAM

PROGRAM DESCRIPTION

The Miami-Dade County Mom and Pop Small Business Grant Program was established in 1999 by Neighbors And Neighbors Association, Inc. to offer both financial and technical assistance to small businesses that meet the criteria for funding. This program has provided small, locally owned businesses with the opportunity to engage with the local government under favorable conditions. By fostering this relationship, the program aims to bridge the gap between small businesses and governmental entities, helping them collaborate and thrive in a supportive environment.

The program is available in all 13 Miami-Dade County Commission Districts, and as such, we recognize that the needs of each district may vary. Our goal is to address this diversity by tailoring support to meet the specific needs of each area. To ensure you receive the correct guidelines for funding consideration, it is essential to apply in the district where your business is located. To determine your district, you can call 311 or visit the Miami-Dade County Board of County Commissioner’s webpage (<https://www.miamidade.gov/global/government/commission/home.page>). Under the “Who is my Commissioner?” section, simply enter your business address and submit the information. Please note that application forms and start dates may differ by district, so be sure to obtain the appropriate application for your area.

GRANT PROGRAM OVERVIEW

The Mom and Pop Small Business Grant Program operates on a cost-reimbursement basis, meaning that participants are reimbursed for eligible expenses incurred during the approved funding cycle. Under this arrangement, participants can submit their expenses for reimbursement upon executing a contract with NANA and Miami-Dade County for the full funding amount awarded.

ELIGIBLE USE OF FUNDING	INELIGIBLE USE OF FUNDING
<ul style="list-style-type: none">• Inventory / Supplies• Business Equipment• Marketing / Advertising• Liability Insurance• Minor Interior / Exterior Renovations• Security System (commercial properties only)• Work Vehicle (pick-up truck or cargo van) must be registered in the business name• Professional Services (Accounting, Business Training, Seminars, and events)• Lease/mortgage (commercial properties only)	<ul style="list-style-type: none">• Rental Deposits• Late Payment Fees• Purchase of Alcohol, Tobacco, or Medicine• Salaries• Debts• Property Taxes• County, City, and or State License• Any and all others not listed in the eligible use section

**District 13
FY 2024-2025**

ELIGIBILITY REQUIREMENTS

Senator René Garcia, Mom and Pop Small Business Grant Program offers financial assistance to small business owners in **District 13**. To be eligible for funding, businesses must meet the following criteria:

Eligibility Criteria:

- Must have been in operation for at least one (1) year
- Must be a for-profit business. (Home-based businesses are eligible to apply)
- Must have a physical address - P.O. / UPS Boxes are not accepted
- Must have current County, City, and State registrations- **refer to page 6**

Automatic Disqualification:

- Businesses that received funding in 2024
- Relocate out of District 13 during the application process
- Submit applications after the deadline
- Non-profit organization
- Submit multiple applications for the same owner(s), family member(s), or partner(s)
- Are part of a national chain

SELECTION COMMITTEE

The Selection Committee reserves the right to consider special projects, request additional information, and has the authority to accept or reject any and all applications.

INFORMATION WORKSHOP

All businesses applying for funding are encouraged to attend the information workshop to learn about the program requirements. All questions will be answered ONLY during this time. **Please note that attendance does not guarantee funding.**

Tuesday, February 18, 2025, at 10:00 a.m. via Zoom
Meeting ID: 812 3323 6133

Registration is required. Please be on time, space is limited!

We highly recommend that you do not complete the application before attending the workshop.

APPLICATION PROCEDURES AND REQUIRED ATTACHMENTS

To complete your application for the Miami-Dade County Mom and Pop Small Business Grant Program, please ensure that you include the following documents along with your completed application:

- 1) **Completed Application**
Submit one original, completed application, typed or printed (using blue or black ink only)
- 2) **Proof of Business Operation**
Provide proof that your business has been in operation for at least one (1) year. Acceptable documentation includes any of the following:
 - An old license
 - State Corporations documents
 - Sales Tax records
 - Utility Bill*Note: The proof must be in the current business name, and only copies should be submitted.*
- 3) **Miami-Dade County Local Business Tax Receipt (LBT)**
Submit a current copy of your Miami-Dade County Local Business Tax Receipt. If the LBT indicates "Operating in Miami-Dade," a City Business Tax Receipt may also be required. If Miami-Dade County does not require a Business Tax Receipt, the applicant must provide written proof from the Miami-Dade County Tax Collector's Department.
- 4) **City Business Tax Receipt (if applicable)**
If your business is located in a City within Miami-Dade County, provide a copy of your current City Business Tax Receipt.
- 5) **State of Florida Corporation/Fictitious Name Registration**
Provide a copy of your active State of Florida Corporation or Fictitious Name registration. You can print this document from Sunbiz.org.
 - If your business is incorporated, the FEIN # must be listed on the Sunbiz printout. If not, submit a copy of your IRS letter 147c or SS4, which shows your business's FEIN #.
- 6) **Valid Picture ID**
Submit a copy of a valid picture ID (Driver's License or State ID) of the Owner, President, or Managing Member of the LLC as listed on Sunbiz.
- 7) **Business Location Photo**
Provide a clear photo of your business location (whether a building, home office, or work vehicle). The address must be visible. Multiple photos may be submitted if needed.
- 8) **Job Creation Form (if applicable)**
If you are seeking the maximum funding, and funds are available, you must complete the Job Compliance Form (Page 13 attached).
- 9) **State Professional License (if applicable)**
If your business requires a State Professional License (e.g., Cosmetology, Realtor, Contractor, etc.), please submit a copy of the license or certification.
- 10) **Conflict of Interest Statement (if applicable)**
Elected officials, government board appointees, or Miami-Dade County employees must provide written approval from the Miami-Dade County Commission on Ethics, stating there is no conflict of interest.
- 11) **Approval for Outside Employment (Miami-Dade County Employees)- if applicable**
Miami-Dade County employees must submit proof of approval for outside employment through INFORMS, along with approval from the Department Director.

Be sure to gather all required documents and submit them with your completed application

**FY 2024-2025
MOM AND POP SMALL BUSINESS GRANT PROGRAM
APPLICATION**

A. BUSINESS INFORMATION

Please print clearly or type below

Business Name (as it appears on Sunbiz)	
Doing Business As (DBA) Name (if applicable, as it appears on Sunbiz)	
Business Address: (Include the City & Zip)	
Business Phone Number:	
Owner / President / Managing Member Cell Number:	
Email Address:	
Type of Business Operating: (Ex: Daycare, Auto Shop, Etc.)	
Owner / President / Managing Member Name:	
Owner / President / Managing Member Home Address: (Include the City & Zip)	

B. AMOUNT REQUESTED

Funding Amount Requested:	\$
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C. CURRENT EMPLOYEE ROSTER

1. Number of employees? Full-time: _____ Part-time: _____ None: _____
W-2 employees ONLY. No 1099 (1099 workers are considered subcontractors)

2. Please provide the following information regarding your current employee(s)
Additional sheets can be added if needed

Employee Name (Print)	Date of Hire (Month & Year)	Job Title	Full-Time (FT) or Part-Time (PT)	Race	Ethnicity

*Job Title: Officials and Managers, Technicians, Craft Worker (Skilled), Laborer (Unskilled), Sales Professional, Office and Clerical, Operative (Semi-Skilled), Service Workers

**Race: W-White B-Black A-Asian AI-American Indian O-Other

***Ethnicity: H-Hispanic NH-Not Hispanic

I hereby certify that the information provided is true and correct. I further acknowledge that the information is subject to verification by authorized government officials.

CERTIFICATION: _____ DATE: _____
 Owner / President / Managing Member Signature

THIS PAGE MUST BE COMPLETED

D. BUSINESS INFORMATION

1. How long have you been in business? Years: _____ Months: _____

2. What are the business hours of operation? _____

3. Have you received Mom and Pop funding in the past? Yes _____ No _____
 - o If yes, what was the last year you received funding? _____

4. Are you or any other shareholder employed by Miami-Dade County? Yes _____ No _____
 - o If yes, what department? _____

5. Do you (Owner / President / Managing Member) live in District 13? Yes _____ No _____

6. Is the business located in a commercial space? Yes _____ No _____

7. If awarded the full amount allowed by the program, knowing that the funding cannot be used for salaries/payroll, would you still be able to create a new job?
Yes _____ No _____

If yes, complete page 13 and submit it with the application.

THIS PAGE MUST BE COMPLETED

E. BUSINESS INFORMATION

1. Describe your business and the goods/services your business offers:

2. Does your business engage in community service or support local organizations?
(Please explain and include supporting documents- letters, certificates, awards, etc.)

3. Provide a brief description of how the funds, if awarded, will be utilized to support the growth of your business:

THIS PAGE MUST BE COMPLETED

District 13
FY 2024-2025

F. REQUEST FOR OPINION FROM THE COMMISSION ON ETHICS ACQUIRING FINANCIAL INTEREST

I, _____, the owner or president of
(Owner / President / Managing Member LLC Name)

_____, whose business address is
(Business Name (please include DBA if applicable))

_____,
(Business Address, City, State, Zip)

(Phone #) (Email)

Include a short description of the type of business operating:

Are you currently employed or a board member of any Miami Dade County Department?

Yes ___ No ___

If yes, what Department or Board? _____

If yes, are you seeking to contract with Miami-Dade County? Yes: _____ No: _____

I am being considered for funding through the Mom and Pop Small Business Grant Program and request clearance from the Commission on Ethics. Please review my request and forward it to Neighbors And Neighbors Association, Inc. to the attention of Leroy Jones, Executive Director, 5120 NW 24th Ave, Miami, FL 33142, or fax (305) 756-6008. Thank you in advance for your attention to this matter.

Senator René Garcia

111 NW 1st Street

Miami, FL 33128

THIS PAGE MUST BE COMPLETED

The following page must be completed and returned with the original application ONLY if your business will be able to create a new job.

G. JOB COMPLIANCE FORM

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

Being duly sworn, on my oath declares: That I, _____ owner of _____ agree to create one new full-time or part-time job for a low to moderate-income person if awarded the maximum amount under the Mom And Pop Small Business Grant Program within six months of my receipt of such award. If I fail to create the required new job within the agreed-upon time, I will be in non-compliance and will be required to pay the entire amount of the grant back to Miami-Dade County.

In witness whereof, I, _____, the undersigned

The owner of _____ has signed this

Job Compliance Form on this _____ day of _____, 20____, and acknowledged the same to be my act.

The foregoing instrument was acknowledged before me this

_____ day of _____, 20____ by _____, who personally appeared before me at the time of notarization, and who is personally known to me or who produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

Sign: _____

Print: _____

STATE OF FLORIDA AT LARGE