



ATTENTION BUSINESSES OF GULF COUNTY, FLORIDA

Gulf County CARES Act Business Grant

APPLICATION LAUNCH DATE MONDAY, JANUARY 11, 2021 AND END ON FRIDAY, JANUARY 29, 2021. GRANTS ARE ON A FIRST COME, FIRST SERVED BASIS CONTINGENT ON AVAILABLE FUNDING AND GRANT EXTENSION.

Gulf County will provide RELIEF funds to businesses who have suffered due to required closures resulting from the COVID-19 public health emergency. Funds are available as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act federal stimulus package.

The program will offer a one-time grant award to qualifying small businesses based on the number of full-time equivalent (FTE) employees, per below:

- 2 to 10 FTE employees - \$2,500
- 11 to 25 FTE employees - \$5,000
- More than 25 FTE employees - \$7,500

(Direct company employees and leased employees will be considered as long as payroll tax reporting can be provided)

The grant is to cover expenses such as employee wages, bills and rent and other business-related expenses incurred between March 1, 2020 and December 30, 2020. The emergency relief is targeted specifically to help local businesses cover immediate financial needs. Grants are strictly limited to businesses physically located within Gulf County. Funds can only be used to reimburse the cost of business interruption caused by required closures provided those cost are not paid by insurance. An applicant will be asked to provide documentation to demonstrate a business loss, along with the application.

Applications can be filled out and submitted for the CARES Act Business Grant beginning on January 11, 2021 at 5:00 p.m. EST until January 29, 2021 at 5:00 p.m., EST.

Prior applicants need not re-apply as this is the same funding opportunity as the original solicitation (pending extension approval).

- **Prior awarded applicants are not eligible for additional funding.**
- **All other prior applicants will be contacted individually, if potentially eligible.**

Applications will be available at the following locations:

1. Download from the Gulf County website at: www.gulfcounty-fl.gov
2. At the offices of:
Roberson & Associates, P.A
116A Sailors Cove Drive
Port St. Joe, FL 32456
(850) 227-3838
3. Via email to lawrence@rapacpas.com

For additional information, contact Lawrence Chafin at lawrence@rapacpas.com or call (850) 227-3838.

Applications are to be submitted via email or in person to: Lawrence Chafin at Roberson & Associates or email: lawrence@rapacpas.com.

Only completed applications will be accepted.

Gulf County is an Equal Opportunity Employer, Handicapped Accessible and Fair Housing Jurisdiction.

Gulf County CARES Act Business Grant

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Eligibility Criteria: Businesses are eligible for a one-time (\$2,500 or \$5,000 or \$7,500) grant if:

- The business is locally or independently owned.
- The business occupies commercial space within Gulf County.
- The business has a minimum of (2) full-time equivalent (FTE) employees or subcontractors, including the business owner as of March 1, 2020.
- The business must document financial losses related to COVID-19 since March 1, 2020.
- Firm is expected to return to full operations after all local and state emergency guidelines during COVID-19 are rescinded.
- Up to date on tangible personal property and real estate taxes, if applicable.
- Each applicant will be limited to a single application per company or partnership. (For example, if you own the company and you receive a 1099, you can only apply for either the Company or your 1099.) Total grant awards are capped at \$10,000 for a business owner submitting multiple applications for different business entities.

Eligible Businesses:

- Businesses impacted by the COVID-19 Executive Orders issued by the State of Florida to include: (not an exhaustive listing of the COVID-19 orders)
Examples includes, but not limited to: Retail, gyms, salons, restaurants, healthcare, vacation rentals, bars.

- 20-52; Public health State of Emergency
- 20-68; Bars, beaches, and restaurants
- 20-71; Alcohol Sales, Restaurants, and Gyms
- 20-72; Non-essential elective medical procedures – medical related businesses
- 20-83; Public advisory small gathering and remote work
- 20-87/103; Vacation Rental Closures
- 20-91; Essential Services and Activities
- 20-112/120/123/139; Phase 1 & 2 Plan for Florida Recovery

Ineligible Businesses:

- Publicly traded companies
- Home Based businesses
- Nonprofit organizations
- Governmental entities
- Gambling businesses
- Business engaged in any activity that is illegal under federal, state, or local law

Eligible Grant Uses:

This is a grant program, so no payback is required. Funds may be used for business related expenses incurred between March 1, 2020 and December 30, 2020. These funds will be considered taxable income, so please contact your financial advisor for guidance.

How can the funds be used? Funds can be used to cover working capital costs necessary to maintaining a business during the COVID-19 disruption. The County will require applicants to outline what the award will be used for.

- Examples of usage include:
 - Commercial lease/rent/mortgage payments
 - Utilities
 - Payroll
 - Inventory
 - Losses
 - Other expenses related to COVID-19

Application Process:

- Applications must be submitted in person or emailed to:
Roberson & Associates
116 A Sailors Cove Drive
Port St. Joe, FL 32456
(850) 227-3838

Contact: Lawrence Chafin

Email: lawrence@rapacpas.com

- Applicants must provide all necessary documents.
- Applicants will be required to sign the application and attest, under penalty of perjury, that all information submitted is truthful.
- Completing the application should take approximately 10-15 minutes, if the applicant has the necessary documentation at hand.

Application Documentation Requirements

- State of Florida business registration from the Florida Division of Corporation – Sunbiz.org
 - Filing showing business is Active and registered in Gulf County
- City and/or County Business licenses, if applicable.
- Copy of Individual or Business Owners Driver’s License, state ID or passport.
- State of Florida Department of Business & Professional Regulation (DBPR) license if applicable.
- Full employee list as of March 1, 2020 (if business owner by submitting IRS form 941 or W-3 or leased employee payroll tax documentation)
- A completed and signed copy of IRS W-9 form is required.
- Proof of Loss - Profit/Loss Statements for impacted timeframe
 - For example: Profit/loss statements for month(s) from March - May 2019 AND the same month(s) in 2020, or appropriate months to show loss.

Additional documentation if needed:

- Sales and Use tax returns filed with the Department of Revenue.
- Bank account statements to the extent they show a reduction in the business’ revenue due to COVID-19.
- Proof of commercial occupancy in Gulf County
 - Current Lease or Deed
 - Paid 2019 tax bill for owned or leased property

Application Submission

Submit the completed application and required documents within the required timeline. The Business will receive an email confirmation when your application has been successfully submitted.

Final Decision and Notification

Once a decision has been made, you will be contacted. All funds will be distributed via checks to the business’s legal name upon receipt of Duplication of Benefits Agreement signed and

returned to Roberson & Associates. Grant is on a first come first serve for qualified applicants and contingent on available funding.

Gulf County CARES Act Business Grant – Application

Pease ensure all information is submitted with application. Applications submitted without all required documentation will be declared ineligible. Applicants will not be notified if the application is ineligible. Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in. Grants are on a First Come, First Served basis contingent on available funding and approved grant extension.

Application Acceptance period begins: January 11, 2021 at 5:00 pm EST

Application Acceptance period ends: January 29, 2021 at 5:00 pm EST

Contact-Owner Information

Owner Name: _____
 Primary Address: _____

 Phone: _____ Email Address: _____
 Alternate phone or email: _____
 Co-Owner Name: _____
 Co-Owner Address: _____

 Co-Owner Phone: _____ Co-Owner Email Address: _____

Business Information

Business Name: _____
 DBA Name (if applicable): _____
 Federal Employer Identification Number (FEIN): _____
 FL Division of Corporations Document Number (Sunbiz.org): _____
 Business Address: _____

 Phone: _____ Email Address: _____
 Company Website (if applicable): _____
 Year Business Established: _____

Type of Business – Per Eligibility (Check one)

Food Service Establishment _____	Bar/Pub/Nightclub _____
Retail Establishments _____	Vacation Rentals/Lodging _____
Medical/Healthcare Offices _____	Salons/Barbershops _____
Gym/Fitness Centers _____	Personal Services _____
Other Service Business (define) _____	Define: _____

Business Full-Time Equivalent (FTE) as of March 1, 2020

Number of full-time equivalent employees (FTE): _____
 Number of full-time employees: _____ Number of part-time employees: _____
 Average weekly hours for all employees: _____
 Number of hours to qualify as Full-Time per Business: _____

Grant amount applying for: (Based on number of FTE employees per above)
 2 – 10 FTE’s: \$2,500 _____ 11 – 25 FTE’s: \$5,000 _____ More than 25 FTE’s: _____

Note: A full-time equivalent (FTE) is a way for employers to measure how many full-time employees they have, along with the number of part-time employees that can be translated into full-time terms. For purposes of this application, full-time is based on the number of hours required by business to qualify as full-time.
 Your FTE number = (Total number of hours work by part-time employees per week/Full-time hour requirement) + The number of full-time employees you have.
 An employee is defined as an individual who receives a paid wage or salary which employment taxes (e.g. FICA, FUTA) and income taxes are withdrawn and remitted to the IRS.

Cost Eligibility Test

- | | | |
|---|-----------|----------|
| 1. The business has been negatively impacted by COVID-19? | Yes _____ | No _____ |
| 2. The expense is connected to the COVID-19 emergency. | Yes _____ | No _____ |
| 3. The expense is “necessary”. | Yes _____ | No _____ |

Business Qualification Questionnaire

- | | | |
|---|-----------|----------|
| 1. Is your business one of the following:
Non-Profit Organization; Home Based Business; Publicly Traded
Company; Governmental Entity | Yes _____ | No _____ |
| 2. The business is locally or independently owned. | Yes _____ | No _____ |
| 3. The business occupies commercial space within Gulf County. | Yes _____ | No _____ |
| 4. Business is expected to return to full operations after all local and state emergency guidelines during COVID-19 are rescinded. | Yes _____ | No _____ |
| 5. Up to date on tangible personal property or real estate taxes. | Yes _____ | No _____ |
| 6. Business does not have any legal actions against or/from Gulf County or its municipalities, including code enforcement liens. | Yes _____ | No _____ |
| 7. Business not operating in violation of any State, Federal, or local laws. | Yes _____ | No _____ |
| 8. Business not in Bankruptcy. | Yes _____ | No _____ |
| 9. The business experienced a temporary closure, reduction in operating hours, or loss of revenues due to social distancing or other COVID-19 controls. | Yes _____ | No _____ |

Business Disruption Loss Information

Note> Proof of loss due to COVID-19 business interruption. Incurred March 1, 2020 thru December 30, 2020.

- 1. 2020 Revenue for month(s) claimed \$ _____
- 2. 2019 Revenue for month(s) claimed \$ _____
- 3. 2020 Expenses for month(s) claimed \$ _____
- 4. 2019 Expenses for month(s) claimed \$ _____
- 5. Calculated loss as supported by documentation \$ _____

_____ By providing my initials, I attest that the business incurred losses, caused by the COVID-19 virus, that are equal to or greater than the grant value.

Other State, Federal Funding

Note> Funds already received though other programs cannot be duplicated.

- 1. Have you applied for any state, federal or other funding since March 1, 2020, such as: Paycheck Protection Program (PPP); Economic Injury Disaster Loan (EIDL); SBA Debt Relief; or other program? Yes_____ No_____
- 2. If Yes, please list out the program, date received, and amount received:

	Date_____	\$ _____
	Date_____	\$ _____
	Date_____	\$ _____
- 3. Expenses are not funded by any other funder, state or federal programs Yes_____ No_____

Sustain Business Operations Information

Please describe COVID-19 impact to business and how this grant will help your business maintain sustainable operations.

*Disclaimer-Application for the Gulf County CARES Act Business Grant DOES NOT GUARANTEE award of funding. The total amount awarded will be based on availability of funds. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant, Business, and/or its Owners.

Owner(s) Acknowledgement and Affidavit

Please read each statement below. All applicants will need to sign acknowledging them.

Gulf County and Resource Partners

The County will leverage “Roberson & Associates” to review and process your application in an effort to ensure prompt attention to all grant request. You hereby acknowledge and agree to have your application and related information processed by Roberson & Associates. 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 County or its officers, elected officials, employees, agents or representatives, including, without limitation, or any other agency identified above (collectively, the “County Parties”). The County 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. I understand that any information disclosed will be held in strict confidence. I waive all claims against Gulf County personnel, and that of its Resource Partners and host organizations, arising from this assistance.

Required statement (please check one): YES _____ NO _____

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 County Parties, as defined above, will be liable to Applicant for such disclosure.

Taxpayer identification and/or Social Security numbers are collected, maintained, and reported by the County 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 County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County 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 County 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 County 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 County, and any duly authorized agents or representatives of the County, including, without limitation, the Department of Inspector General of

the Clerk of the Circuit Court, 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 mark 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 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, person, 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) expect to resume normal business operations after the emergency guidelines are lifted.
- _____ I (we) bear full responsibility for any and all tax consequences of receiving grant funds, including but not limited to, issuance of a 1099 by the County.
- _____ I (we) certify that the business loss has not been covered by other governmental monies, including but not limited to Coronavirus relief available through the U.S. Small Business Administration (SBA), such as the Paycheck Protection Program, an EIDL Loan Advance, an SBA Express Bridge Loan, or SBA Debt Relief, or covered by a private insurance policy.
- _____ I (we) shall cooperate with the County or appropriate officials for grant auditing purposes, as further set forth and described above.
- _____ 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 County to receive a return of any funding provided hereunder, in addition to any other remedies it may have against Applicant at law or inequity.
- _____ 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 or in Section 601(d) of the Social Security Act, as added by Section 5001 of the CARES Act, shall entitle the County to receive a return of such funding, in addition to any other remedies it may have against Applicant at law or inequity.

WARNING: Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within the jurisdiction. False information may result in civil liability, and/or in criminal penalties including, but not limited to, fine or imprisonment or both.

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 _____

To be completed by Roberson & Associates Staff

Grant Application Approved? _____

Proposed Grant Amount per Criteria _____

Signature of Application Reviewer _____ Date _____

To be completed by County Staff

Grant Amount per Criteria _____

Signature of County Staff _____ Date _____