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I WANT GOVERNMENT SERVICES COMMUNITY SITING BUSINESS DIRECTORY
TO (DIRECTORY)

COVID-19 SMALL BUSINESS RECOVERY GRANT (SBRG) APPLICATION

Grants will only be awarded to businesses that demonstrate that they have experienced a negative financial impact as result of the COVID-19 pandemic. Grant awards will require conditional approval by Miami-Dade County before being funded by the City of Coral Gables. Recipients will be required to execute a grant agreement with the City.

Please be advised that under Florida law, documentation submitted may become a public record, subject to public disclosure.

The goal of the Coral Gables SBRG program is to serve as a multi-purpose funding opportunity to provide financial assistance to small businesses in the city suffering from employment or business interruption due to the COVID-19 health crisis. **Maximum grant award is \$50,000. The City retains full discretion as to the award amount.**

Grants will be awarded on a first come, first served basis. Funds may be used to cover business costs such as rent, utilities, technology upgrades, and general support and stabilization of the business.

The deadline for submitting your application is Monday, December 28, 2020 at 10am or if funds are exhausted prior to the deadline.

GENERAL INFORMATION

*Business Name

*Business Owner Name

*Tax ID

*Business Address

Business Address line 2

*City

*State

*Zip

*Contact Person

*Contact Phone

*Contact Email

*Number of years in business in Coral Gables

*Number of laid off or furloughed employees due to COVID-19 public health crisis

*Have you filed for commercial bankruptcy or foreclosure in the past three years?

- Yes
- No

COMPANY FINANCIAL INFORMATION

*Annual Gross Sales 2019

*Please submit supporting documentation for Annual Gross Sales 2019

 No file chosen

Please try to group your supporting documentation into one PDF document.

*Annual Gross Sales 2020

***Please submit supporting documentation for Annual Gross Sales 2020**

 No file chosen

Please try to group your supporting documentation into one PDF document.

PARICIPATION IN COVID-19 GOVERNMENT SPONSOR FUNDING PROGRAM

***Have you applied for or received any other funding related to COVID-19 from the CARES Act (such as PPP) or Miami-Dade County Financial Assistance (such as RISE Program)? If yes, please specify the source and funding allocation.**

PROPOSED GRANT PROGRAM SCOPE

***If funded, how will the grant be used? Please be very specific.**

Please Note: Payroll expenses are NOT reimbursable

***Total amount of grant reimbursement request.**

Please Note: Maximum grant award is \$50,000. The City retains full discretion as to the award amount.

REIMBURSABLE INVOICES

Attach all qualifying reimbursable invoices and receipts for conditional approval to be considered for this grant.

 No file chosen

Please try to group your invoices into one PDF document.

 No file chosen No file chosen

ADDITIONAL ATTACHMENTS

***Attach the local Business Tax Receipt and Certificate of Use issued by the City of Coral Gables**

 No file chosen

Business Tax Receipt

 No file chosen

Certificate of Use

Grant Award Amount; Eligible Expenses; Source of Grant Funds: Recipient shall use grant funds only to reimburse Recipient for eligible expenses incurred between March 1, 2020 and the Effective Date of this Agreement, but in no case later than December 30, 2020. Any expenses incurred before or after this period are not considered eligible expenditures. A list of eligible and ineligible expenses is provided below. In the event an expenditure is submitted that is ineligible for payment, it will not be reimbursed by the City. The Recipient understands that any expenses incurred in excess of the grant award Recipient's sole responsibility and will not be paid by the City. The Parties acknowledge that funding for this program comes solely as reimbursement of, or payments made to, the City from the County. The City has no independent obligation to provide the Recipient with funds from any other source. The Recipient certifies that it has not received a duplicative benefit by receiving financial assistance for the same Eligible Expenses from any other source.

Grant Fund Records: The Recipient shall maintain accurate written records, including accounting records such as invoices, sales receipts, and proof of payment, books, documents, data and other evidence that reflects all of Recipient's direct and indirect expenditures of grant funds. These records must be sufficient to demonstrate that the funds have been used in accordance with Section 601(d) of the Social Security Act. The City may at any time review the documentation to determine the Recipient's conformance with the requirements of the grant funds program, and the Recipient shall make available to the City, upon request, all of the Recipient's records and documents with respect to all matters covered by this Program. The City may require the Recipient to provide additional documentation if the existing documentation is deemed incomplete.

AUTHORIZED ELECTRONIC SIGNATURE

I certify that all information contained in this application is true and accurate. I declare that I have read the foregoing document and that the facts stated in it are true. Further, I acknowledge that I am subject to the City's False Claims Ordinance (Ch. 39, City of Coral Gables Code).

By typing in your Name, Title, and Date in the spaces below, you confirm that you are authorized to submit this grant application on behalf of a qualified small business.

***Full Name**

***Title**

***Date**

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Submit

Contact Us

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Hearing or Speech Impaired
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[Contact Us \(.contact-...\)](#)

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