



Martin County Business Renewal Program Grant Application

Assistance Offered: \$20,000 maximum award, subject to funding availability

Eligibility

Businesses are **eligible** to apply for a one-time business grant if the business:

- Has been operating since **October 1, 2019** and is still operating as of date of application.
- Is located in **Martin County**.
- Is **not** a publicly traded company.
- Is a for profit business. Nonprofit organizations are ineligible.
- Was subject to emergency orders at the state and/or local level requiring closure or limiting service.
- Has an active [Martin County Business Tax Receipt](#) or is [exempt](#) from filing a Business Tax Receipt with the Martin County Tax Collector.
 - You can renew your Martin County Business Tax Receipt [Online](#) if it is not currently active.
 - If you do not have a Martin County Business Tax Receipt, please contact the [Martin County Tax Collector](#).
- Has filed IRS Income Tax Returns for 2019 or 2018.
- Has payroll forms submitted to the IRS for 2020 (if applying for reimbursement of salaries/payroll).
- Does not exceed \$5 million in total gross receipts or sales.
- Has not received COVID-19 relief funds in the form of a grant or forgivable loan exceeding \$100,000.

Eligible Uses of Grant Award

(Costs incurred through month of application will be considered for reimbursement)

- Salaries/Payroll
- Spoiled Inventories
- Commercial Lease, Mortgage, or Rent Payments
- Utilities
- Other Expenses - due to new COVID- 19 safety provisions

Eligible Applicants

Eligible applicants include:

- Sole Proprietors or Self-Employed Individuals
- Corporations, Professional Associations or Limited Liability Companies
- Partnerships

Eligible Businesses

Examples of eligible businesses include:

- Adult Day Care Centers
- Agriculture
- Child Care Centers
- Gyms & Fitness Studios
- Hair Salons, Nail Salons, Barber Shops
- Health Care Services & Medical Offices
- Restaurants, Caterers, Bakeries, Bars
- Retail – Physical Brick/Mortar Store
- Professional Services ([Based on NAICS Codes](#)) that were subject to emergency orders at the state and/or local level requiring closure or limiting service.
- Any other business that was closed or limited by any emergency order at the state or local level.

Eligibility Questionnaire

1. Is the applicant or any listed owner currently suspended or debarred from contracting with the federal, state or local government or receiving federal, state or local grants or loans? **Yes** ☐ **No** ☐
2. Is the business a publicly traded company? **Yes** ☐ **No** ☐
3. Is the business a non-profit organization? **Yes** ☐ **No** ☐
4. Was the business subject to emergency orders at the state and local level requiring closure or limiting services? **Yes** ☐ **No** ☐
5. Does the business have annual gross receipts or sales greater than \$5,000,000? **Yes** ☐ **No** ☐
6. Did the business or individual (if applicable) file Income Tax Returns for 2019 or 2018? **Yes** ☐ **No** ☐
7. Has the business filed payroll forms with IRS for 2020, if applicable? **Yes** ☐ **No** ☐
8. Does the business have an active [Martin County Business Tax Receipt](#) or is the business exempt from filing a Business Tax Receipt with Martin County Tax Collector? **Yes** ☐ **No** ☐
9. Has the business received any COVID-19 relief funds in the form of a grant or forgivable loan from federal, state and/or any local government exceeding \$100,000? **Yes** ☐ **No** ☐
10. Is the business still in operation as of the date of application? **Yes** ☐ **No** ☐
11. Is the primary address for the business located in Martin County? **Yes** ☐ **No** ☐

Application Details

1. Legal Name of Business as shown in [Line 1 of Form W-9](#)

2. Fictitious Name, Trade Name, DBA, or Disregarded Entity Name (if any)

3. Principal Business Address

Street: _____ City: _____ State: _____ Zip: _____

4. Mailing Address for Grant Check, if different

5. Primary Contact Name: _____

6. Primary Contact Phone Number: _____

7. Primary Contact Email Address: _____

8. Date Business Filed its Annual Reports for 2019 and 2020 with the State of Florida Division of Corporations as shown on [SunBiz](#): _____

Business must have an Active Status and a Date Filed on or before October 1, 2019 with the Division or Corporations and was still operating as of the date of application. Sole Proprietors are not required to be registered with [SunBiz](#).

9. Tax Identification Number (EIN or SSN) as Shown in [Part I of Form W-9](#) : _____

10. Number of Employees (including yourself) [for reporting purposes only]:

☐ 25 employees or fewer ☐ More than 25 employees

11. Actual Number of Employees (including yourself)) [for reporting purposes only]: _____

12. Total Annual Gross Receipts/Sales for the most recent fiscal year [for reporting purposes only]:

☐ \$3 million or less ☐ \$5 million or less

13. Actual Annual Gross Receipts/Sales: _____

14. Business Legal Entity Type and Financial Documents Required:

Individual (Sole Proprietor, Individual/Single-Owner Limited Liability Company)

- 2019 Individual Income Tax Return ([Form 1040](#)) including [Schedule C](#) and all other schedules/statements submitted with the tax returns to IRS; **or**
- 2018 Individual Income Tax Return ([Form 1040](#)) including [Schedule C](#) and all other schedules/statements submitted with the tax returns to IRS; **and**
- Any payroll forms submitted to IRS for the period of October 1, 2019 to date of application [*payroll forms are only required if you are requesting salary / payroll reimbursement*]; **and**
- Active [Martin County Business Tax Receipt](#); **or**
- Written Statement attesting to your business [exemption](#); **and**
- Completed Request for Taxpayer Identification and Certification ([Form W-9](#))
- Copy of your Active State of Florida Division of Corporations Record as shown on [SunBiz if applicable](#).
- Any funding request/justification documentation (as outlined in question No. 20 of application)

Corporation (C-Corp, S-Corp, Limited Liability Company)

- 2019 Corporate Income Tax Return ([Form 1120](#) or [1120-S](#)); **or**
- 2018 Corporate Income Tax Return (Form 1120 or 1120-S) if 2019 Corporate Income Tax Return is not filed; **and**
- 2019 Transmittal of Wage and Tax Statements ([Form W-3](#)); **or**
- Employer's Quarterly Federal Tax Return for 2020 1st - 3rd Quarter (IRS [Form 941](#) or [Form 944](#)); **or**
- Any other payroll forms submitted to IRS for the period of October 1, 2019 to date of application [*payroll forms are only required if you are requesting salary / payroll reimbursement*] **and**
- Active [Martin County Business Tax Receipt](#); **or**
- Written Statement attesting to your business [exemption](#); **and**
- Completed Request for Taxpayer Identification and Certification ([Form W-9](#))
- Copy of your Active State of Florida Division of Corporations Record as shown on [SunBiz](#); **and**
- Any funding request/justification documentation (as outlined in question No. 20 of application)

Partnership

- 2019 Return of Partnership Income ([Form 1065](#)); **or**
- 2018 Return of Partnership Income (Form 1065) if 2019 Return of Partnership Income is not filed; **and**
- 2019 Transmittal of Wage and Tax Statements ([Form W-3](#)); **or**
- Employer's Quarterly Federal Tax Return for 2020 1st - 3rd Quarter (IRS [Form 941](#) or [Form 944](#)); **or**
- Any other payroll forms submitted to IRS for the period of October 1, 2019 to date of application [*payroll forms are only required if you are requesting salary / payroll reimbursement*]; **and**
- Active [Martin County Business Tax Receipt](#); **or**
- Written Statement attesting to your business [exemption](#); **and**
- Completed Request for Taxpayer Identification and Certification (Form W-9)
- Copy of your Active State of Florida Division of Corporations Record as shown on [SunBiz](#), if applicable
- Any funding request/justification documentation (as outlined in question No. 20 of application)

15. Business Type (Select One)

- ☐ Adult Day Care Centers
- ☐ Agriculture
- ☐ Child Care Centers
- ☐ Gyms & Fitness Studios
- ☐ Hair Salons, Nail Salons, Barber Shops
- ☐ Health Care Services & Medical Offices
- ☐ Restaurants, Caterers, Bakeries, Bars
- ☐ Retail – Physical brick and mortar store
- ☐ Professional services (based on NAICS codes) that were subject to emergency orders at the state or local level requiring closure or limitation of service
- ☐ Any other business that was closed or limited by any emergency order at the state or local level.

If you checked “Professional services” or “Any other business”, please provide the following information:

- a. Please describe briefly the exact nature of your business.
- b. Please cite the Emergency Order which caused you to close or limit your operation, if known.

16. Business Ownership (if applicable):

List all individuals with greater than a 20% ownership stake in the Applicant Business:

Owner Name	Title	Owner -ship %	TIN (EIN, SSN)	Street	City	State	Zip

17. Demographic Information [for reporting purposes only]

Indicate the ethnicity, race, and gender for the primary business owner:

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Non-Hispanic
- ☐ Other

Race:

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other

Gender:

- ☐ Male
- ☐ Female
- ☐ Other

18. How was your business impacted by COVID-19?

For example, did you furlough employees (how many), did you decrease hours of operations (by how much), etc. Please provide actual or approximate dollar amounts – for example \$X loss in revenues; \$X loss in sales. Attach additional pages or spreadsheets, if needed.

Expense	Amount
Salaries/Payroll	
Spoiled Inventories	
Commercial lease, mortgage or rent payments	
Utilities	
Other COVID-19 expenses	

19. Has your business received any COVID-19 relief in the form of a grant or forgivable loan from any federal, state, or local program?

For example a [Payroll Protection Program \(PPP\)](#) forgivable loan or a grant from federal, state and/or local government where your business is located

Yes ☐ No ☐

If “YES”, please provide documentation (such as executed Promissory Notes, Grant Agreements, etc.) to verify how much relief your business received.

Enter the amount received: \$ _____

If “YES”, any amounts your business received will be deducted from any potential award your business may receive from the [Martin County Business Renewal Program](#)

20. Eligible Use of the Grant.

Please state the exact amount of funding your business is requesting. The funding may only be used to reimburse expenses in the categories below. Please attach a spreadsheet reflecting how you calculated the amount of the request. IMPORTANT: Please attach copies of receipts, cancelled checks, or other supporting documents to demonstrate the actual expenses incurred from March 1, 2020 to date of application.

Expense	Amount Expended	Reimbursement Requested
Salaries/Payroll		
Spoiled Inventories		
Commercial lease, mortgage or rent payments		
Utilities		
Other COVID-19 expenses		
TOTAL AMOUNT OF REQUEST		

MAXIMUM AMOUNT OF REQUEST CANNOT EXCEED \$20,000

Salaries/Payroll. Includes wages for part-time and full-time employees, as reported to the IRS. It does NOT include independent contractors reported to the IRS on Form 1099.

Inventory. Includes supplies and materials lost due to spoilage as a result of the business being closed. It does NOT include inventory purchased for resale.

Commercial lease, etc. Includes ordinary business real estate rents and mortgages. It may also include equipment and machinery leased for the business. Special rules apply to home-based businesses; contact Business Renewal Program for guidance.

Utilities. Includes ordinary utilities such as electricity, water/sewer, cable, internet. It may also include specialized utilities such as credit card processing equipment and fees required to maintain the business account. It does not include credit card processing fees.

Other expenses. Includes ONLY expenses required to meet COVID-19 compliance, e.g., masks, PPE, Plexiglas partitions, additional cleaning supplies, and similar items.

Certifications and Affirmations of Applicant

I, _____, am the Authorized Agent of _____ ("Business Applicant") and I certify and affirm as follows:

Please Initial next to each statement indicating that you understand the following:

_____ I certify that I am authorized to submit this application on behalf of the applicant business.

_____ I certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate. I understand that knowingly making a false statement in this application may subject me to criminal prosecution and penalties in accordance with applicable law, including, but not limited to, Chapter 817, Florida Statutes, and Chapter 47, United States Code, which may include up to five years' imprisonment and/or up to a \$250,000 fine.

_____ I certify that the business applicant meets all of the eligibility requirements to receive funding under the Martin County Business Renewal Program and that the business applicant will use the funds for eligible expenses.

_____ I certify that the business applicant has not received COVID-19 relief funds in the form of a grant or forgivable loan exceeding \$100,000 and that the business applicant will not accept any grant from Martin County that will cause the business applicant to exceed the receipt of more than \$100,000 in COVID-19 relief funds.

_____ I affirm that the award and payment of grant funds are subject to the sole and absolute discretion of the Martin County Board of County Commissioners without recourse. By submitting this application, I waive any and all claims related to the Martin County Business Renewal Program and specifically agree to indemnify and hold the County, its employees, officers, agents, and representatives harmless from any and all claims which may be in any way related to any Martin County Business Renewal Program award, payment, and/or denial.

_____ I affirm that the applicant business has experienced financial hardship due to the public health emergency with respect to COVID-19 and this grant is necessary to reimburse the ongoing operations for the applicant business during the period of closure. If funded, I affirm the applicant business will continue business operations in Martin County.

_____ I affirm that the tax documents provided herein are identical to those I have submitted to the Internal Revenue Service.

_____ I acknowledge that, if this grant application is approved, the applicant business will make a good faith effort to retain or rehire workers, if applicable.

_____ I acknowledge that, if this grant application is approved, Martin County will calculate the grant amount using the tax returns and other documents submitted by the applicant business.

_____ I acknowledge that, if this grant is approved, any amount my business receives may be considered taxable income by the Internal Revenue Service.

_____ I acknowledge that, if this grant application is approved, Martin County shall have access to my business records, including business records to document expenditures from the time of grant award through December 30, 2020, for the purpose of inspection or audit during normal business hours at my place of business. I further acknowledge that Martin County utilizes the Martin County Clerk of Court and Comptroller for auditing purposes. The Martin County Clerk and Comptroller's authority includes but is not limited to the power to review past, present and proposed County contracts, transactions, accounts and records, to require the production of records, and to audit, investigate, monitor, and inspect the activities of my business, its officers, agents, employees, and lobbyists in order to ensure compliance with any and all requirements and to detect corruption and fraud.

_____ I acknowledge that, if this grant application is approved, my name, my business name, and my grant award amount may be made public by Martin County and any documentation provided to Martin County will be subject to Chapter 119, Florida Statutes, Florida's Public Records laws.

[signature page follows]

Signature Page

Business Entity Applicants Sign Individually and on Behalf of Business Entity Below:

(Name of Business Applicant)
By: _____
Printed Name: _____
Title: _____
Date: _____

Individually:

Printed Name

Sole Proprietor or Individual Business Applicants Sign Below:

Printed Name: _____
Date: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me, this ____ day of _____, 2020, by
_____, (____) who is personally known to me,
or (____) who produced identification in the form
of _____.

(SEAL)

(Print Name of Notary)
NOTARY PUBLIC, State of Florida
My Commission Expires: _____

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