

Broward County Small Business Micro-Grant Pilot Program

Please have all the required documentation (<https://www.broward.org/econdev/Pages/small-business-micro-grant.aspx>) ready before completing the application. The person completing the application must own 50% or more of the business. Only for-profit businesses are eligible to apply.

Application Form

START OVER

****** All Fields on The Form Are Required ******

Section I. Business Type

Select your business type and enter the corresponding information requested.

Date of Application: *automatically populated*

For Profit Non-Profit

TIN (EIN/SSN): _____

Enter your Broward County Local Business Tax Receipt Number (To search for your number visit https://broward.county-taxes.com/public/search/business_tax)

Section II. Business Information

Legal Name of Business (as shown in Line 1 of Form W-9): _____

Fictitious Name, Trade Name, d/b/a (if any): _____

Business Address 1: _____ Business Address 2 (if any): _____

City: _____ Zip Code: _____ State: _____

Business Phone: _____ Business Owner or Primary Contact: _____

Business Primary Contact Phone: _____ Business Primary Contact Email: _____

Business Industry: _____

EXAMPLE

- SELECT--
- Administrative and Support and Waste Management and Remediation Services
- Mining, Quarrying, and Oil and Gas Extraction
- Manufacturing
- Accommodation and Food Services
- Information
- Wholesale Trade
- Management of Companies and Enterprises
- Arts, Entertainment, and Recreation
- Professional, Scientific, and Technical Services
- Transportation and Warehousing
- Utilities
- Educational Services
- Finance and Insurance
- Other
- Retail Trade
- Health Care and Social Assistance
- Real Estate and Rental and Leasing
- Agriculture, Forestry, Fishing and Hunting

EXAMPLE

Section III. Qualifying Questions

Please respond **Yes** or **No** to the follow.

Is the business legally registered (as required by state law)?
 YES NO

Is the business up to date on tax payments/filings through 2022?
 YES NO

Does the business have annual gross revenues of \$500,000 or LESS?
 YES NO

Total Business Gross Revenue? _____

Does the business employ 10 full-time people or LESS (including owners)?
 YES NO

Number of full-time employees (including owners):
 --SELECT-- 1 2 3 4 5 6 7 8 9 10

Does the owner requesting the grant own 50% or more of the business?
 YES NO

Has the business been in operation for at least two years?
 YES NO

Is the business currently eligible (meaning it is not suspended nor debarred) to contract with the federal, state, or local government to receive federal, state, or local grants or loans?
 YES NO

Section IV. Business Structure

Business Form

List individuals with 50% or greater ownership.

--SELECT--
Sole Proprietor
Partnership
C-Corporation
S-Corporation
Limited Liability Company (LLC)
--SELECT--

Complete your business ownership.

EXAMPLE

Individual with 50% or greater ownership stake in the Applicant Business:

Title: _____

First Name: _____ Last Name: _____

Percentage of Ownership: _____

Gender:

--SELECT--

Male

Female

LGBTQ+

Prefer not to say

Ethnicity:

--SELECT--

Asian (Not Hispanic or Latino)

Two or more races (Not Hispanic or Latino)

Native American or Alaska Native (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

White
Hispanic or Latino
Prefer not to say

Address: _____ Address 2: _____

City: _____ Zip Code: _____

Demographic Disclaimer

Questions regarding gender and ethnicity are used for informational purposes only and are NOT a consideration for application approval.

Save

EXAMPLE

Section V. Required Supporting Documentation

Please ensure you have all documents ready prior to beginning the application. Applicants can NOT go back and upload their documents after submitting the application.

Documents Format and Size: Only .pdf, .doc, .docx, .jpg, .jpeg, .bmp, .tiff, and .png document formats are acceptable. Maximum individual file size: 25 MB.

Applicant MUST upload copy of the following documents:

1. Completed and Signed **W-9 Form**
2. **Most Recent Broward County Local Business License Tax Receipt (2023 or 2024)**
3. **Most Recent City Local Business License Tax Receipt (2023 or 2024)**
4. Documentation of Active Status with the **Florida Division of Corporations** for at least two years
5. **Federal Business Tax Returns** (Submit ONE of the following):
At a minimum, the first page of a copy of 2023 federal income tax returns (2022 federal tax return will be accepted if 2023 tax return is not available) for the applicant business, including all schedules, or a written explanation if the tax return(s) are not available.
 - Sole Proprietorship: Form 1040, US individual income tax Return, sch. C, Profit or Loss from Business
 - Partnerships: Form 1065, U.S. Return of Partnership income. Schedule K-1, Partners Share of income. Deductions and Credits
 - Corporations: Form 1120. U.S. Corporation Income Tax Return

NOTE: Limited Liability Company (LLC) - IRS will treat an LLC as either a corporation, partnership or as part of the LLCs owner's tax return (a "disregarded entity). Specifically, a domestic LLC with at least two members is classified as a partnership (Form 1065) for federal Income tax purposes

unless it files Form 8832 and affirmatively elects to be treated as a corporation (Form 1120 or 1120S). And an LLC with only one member is treated as an entity disregarded as separate from its owner for income tax purposes (Form 1040, Schedule Q).

6. **Business Employment and Revenue Documentation** (Submit ONE of the following to verify number of employees)
 - 2022 or 2023 Employer's Quarterly Federal Tax Return (IRS Form 941)
 - 2022 or 2023 FL Form RT6
7. Copy of **Government-issued identification** (Submit ONE of the following):
 - Florida identification card issued by the Department of Highway Safety and Motor Vehicles
 - United States passport
 - Broward Community ID
 - Military identification
 - Florida driver's license
8. Complete, sign, and submit the **Micro-grant Program Agreement** (<https://www.broward.org/econdev/Pages/small-business-micro-grant.aspx>)
9. **Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date** for the previous 2 months totaling \$2,500 or greater (submit copies of paid receipts, paid invoices, canceled checks, bank statement with paid expenses, etc. to verify eligible paid expenses listed below)

Eligible Expenses

- Purchase of Inventory and Supplies (excludes alcoholic beverages, cigarettes, tobacco, etc.)
- Business Equipment
- Payment of rent or mortgage of the commercial space (home-based businesses must submit copy of IRS Form 8829)
- Publicity, Marketing, and Advertising (signs, pamphlets, wall plaques, cornerstones, dedications, notices, flyers, brochures, news releases, media, packages, promotions, and/or stationery)
- Commercial Security Systems
- Commercial Liability Insurance
- Professional Services (services must be directly provided to the business, i.e. Legal Services in connection with operation of the business).
- Eligible expenses as identified above that were paid for with a credit card under the business name

These types of businesses are NOT eligible: any private or commercial golf course, country club, massage parlor, adult entertainment, hot tub facility, suntan facility, racetrack or other facility used for gambling, or any store which the principal business is the sale of alcoholic beverages, tobacco, or other drug for consumption off premises.

Prohibited Expenses

- Purchase of alcohol or tobacco
- Rental deposits for a new business space
- Purchase or lease of work vehicle

EXAMPLE

- Late payment fees
- Debts
- Payroll/Salaries
- Pre-Paid Expenses (Such as insurance)
- Taxes
- Fees owed to the County
- Utility bills
- Interior/Exterior Renovations
- All others not listed in the eligible use list

[Upload Support Documents](#)

EXAMPLE

Upload Required Documents

Required Supporting Documentation

All documents must be submitted along with complete application. Please select the document to be uploaded from the drop-down list below and ensure at least the nine required documents are submitted.

1. W-9 Form
2. Broward County Local Business License Tax Receipt (2023 or 2024)
3. City Local Business License Tax Receipt (2023 or 2024)
4. Documentation of Active Status with the Florida Division of Corporations for at least two years
5. Federal Business Tax Returns (2022 or 2023)
6. Business Employment and Revenue Documentation
7. Government-issued identification
8. Micro-grant Program Agreement
9. Documentation of Eligible Reimbursable Paid Expenses Paid Within 60 Days Prior To Application Date

Support Documents

--SELECT--

- SELECT--
- W-9 Form
- Broward County Local Business License Tax Receipt
- City Local Business License Tax Receipt
- Documentation of Active Status with the Florida Division of Corporations for at least two years
- Federal Business Tax Returns
- Business Employment and Revenue Documentation
- Government-issued identification
- Micro-grant Program Agreement
- Documentation of Eligible Reimbursable Paid Expenses Paid Within 60 Days Prior To Application Date

Browse for Support Document

Choose File

[Upload Document](#)

Close and Proceed to Next Section

EXAMPLE

Section VI. Certifications / Affirmations / Acknowledgments

I attest to all of the following:

Acknowledgments

I attest that I submitted receipts for eligible expenses along with supporting documentation as required by the Program, electronically through the application portal at <https://www.broward.org/econdev/Pages/small-business-micro-grant.aspx>.

I acknowledge that, Broward County will review the other documents submitted to confirm that submitted eligible expenses equal or exceed \$2,500.

I acknowledge that the maximum grant award under the program will be \$2,500.

I acknowledge that, if submitted eligible expenses total less than \$2,500 the grant application will be deemed not eligible.

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, Broward County shall have access to my business records, including business records to document revenues and number of employees from January 1, 2022 through the time of grant award, for the purpose of inspection or audit during normal business hours at my place of business. I further acknowledge that Broward County has established the Office of the Inspector General in Broward County Code, Section 2-421 - 2- 440, as may be amended. The Inspector General'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. Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of Broward County Code, Section 2-421 - 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second-degree misdemeanor.

I acknowledge that, if this grant application is approved, my name, my business name, and my grant award amount may be made public by Broward County.

Certifications and Affirmations

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 affirm that the award and payment of grant funds are subject to the sole and absolute discretion of the Broward County Board of County Commissioners without recourse. By submitting this application, I waive any and all claims related to the Broward County Small Business Micro-Grant Pilot Program (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 Program award, payment, and/or denial.

I affirm that this grant will be utilized to support the ongoing operations for the applicant business.

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

I attest that I am an owner of a for-profit applicant business and authorized by all other owner(s) of this business to apply to this Program on behalf of the business. I further affirm that I am authorized to bind the business to any terms pursuant to this grant application and that all other owner(s) of this business are in agreement with the contents and representations made in this application.

I attest/affirm that if I am approved for funding under this grant program, no portion of the awarded amount will be used for payment or reimbursement for any ineligible expenses under the Program.

Applicant's Signature

Date:

I am not a robot.

[Check Box Above](#)

After the application is submitted, applicants will receive an email confirmation.

EXAMPLE