



2020 Omni CRA Emergency Business Microgrant

In response to the COVID-19 epidemic and Miami-Dade Emergency Order 03-20 and 07-20, closing all non-essential businesses and limiting the activities in businesses allowed to remain open, the Omni CRA has appropriated \$1,000,000 to be used for immediate relief of economic distress for small businesses. This funding will be made available as a grant of up to \$25k for eligible businesses and can be applied to mitigate costs associated with the pandemic. Because the CRA has previously engaged in an extensive campaign to foster walkable ground-floor activations, particularly focusing on retail, restaurants, and other businesses that depend on foot traffic which are heavily impacted by COVID-19 quarantines and closures, these businesses are particularly vital to the healthy redevelopment of the neighborhood. In accordance with Florida Statute 163 Part III, the grants are not available to businesses outside of the CRA redevelopment area. The goal of the program is to provide businesses located within the CRA redevelopment area with immediate financial relief to avoid the blighting influence from permanent closures due to temporary coronavirus restrictions. These grants will provide financial assistance to help small businesses with meeting basic obligations such as rent, payroll and utilities, and to remain viable over the term of Emergency and during the Reopening. This grant aims to help leverage other public assistance programs and private dollars, encourages businesses to maintain their labor force during lockdown and after the Emergency Order is lifted.

Please send application, along with all required documentation, to aold@miamigov.com.



BUSINESS NAME

SMALL BUSINESS EMERGENCY MICROGRANT APPLICATION

Applicants should meet the below criteria:

- Locally owned and independently operated
- Physically established within the Omni CRA Redevelopment Area
([Check if your business address meets eligibility](#))
- Be an Eligible Business, including, but not limited to:
 - Independent restaurants, (includes full-service, limited service, and café establishments)
 - Hotels/motels
 - Bar/nightclub
 - Small retail
 - Galleries
 - Hair, beauty, and other personal services (salons / spas, barbers, massage therapist, tattoo, etc.)
 - Cleaning and laundry services
 - Fitness centers and gyms
 - Personal care services (child/daycare, disabled, & elderly care services, funeral services, etc.)
 - Event spaces & services (event planners, caterers & staffing agencies, coworking spaces)
- Be open currently or have been open before the start of the Emergency Order.
- Have applied for one or more of the SBA financial products targeted to COVID-19 relief, if eligible
- Have 50 employees or fewer
- Affirm a loss of revenue or increased expenditures due to COVID-19



BUSINESS NAME

To receive funding through this program, each business will be required to clearly articulate a plan for utilizing CRA funds for an eligible use.

The grant award can be used for the following:

- Commercial Lease payments with documentation of attempted deferral of lease payments.
- Commercial Mortgage and high interest loan payments with documentation of attempted deferral of repayment.
- Employee Salary and Benefits and funding existing Payroll or rehiring of staff which were laid off or furloughed due to COVID-19 quarantines
- Other Sales, General, and Administrative expenses (SGA) deemed critical for business operations
- New equipment needed to assist the business to a temporary digital or takeout transition (e.g. webcams for virtual trainings, software licensing for videoconferencing, etc.)
- Utility payments

Further stipulations of the Grant

- Recipients only use the funding on business location(s) within the Omni CRA redevelopment area
- Business may not issue any shareholder dividends for one year after reception of grant
- The business is required to remain open for the period of the Emergency, if possible
- The recipient of the grant must keep detailed records of the use of the funding, which shall be mailed to the CRA at the end of the loan period
- If appropriate, the business may be requested to provide in-kind services to the CRA for redevelopment efforts, at a later date



BUSINESS NAME	

CONTACT INFO	
Contact Name	
Contact Mailing Address	
Contact Telephone	
Contact Email	

BUSINESS INFO			
Property Owner Name			
Business Address			
Start of Business Date		Employees Jan 1, 2020	
Total Retail (Sq. Ft.)		Remaining Employees	
Description of the business			



BUSINESS NAME

Please send application, along with all required documentation below, to aold@miamigov.com.

Required documentation:

- State of Florida business registration with Current Status from the Florida Division of Corporations
- Most recent Annual or Quarterly Balance Sheet or Profit & Loss Statement
- Current City of Miami Business Tax Receipt, Local Business Tax Receipt, or proof of payment
- Full employee list as of January 31, 2020
- Full employee list as of date of application
- Copy of most recent utility bill statement.
- Executed Lease Agreement or Mortgage Statement.
- W-9 Form
- Completed ACH Form & voided check



BUSINESS NAME

GRANT NARRATIVE (clearly articulate a plan for utilizing grant funds for an eligible use)

As a current business owner in this community who has suffered a loss of revenue due to the COVID-19 pandemic and closures resulting thereof, I wish to participate in the OMNI CRA EMERGENCY BUSINESS MICROGRANT PROGRAM. I understand that this application does not imply acceptance in the program and, that my application is reviewed by the CRA for possible approval. I acknowledge that I have received a copy of the Grant Program Procedures and will comply with all requirements should I be awarded a grant.

Signature / Print *Business Owner Name*

Date



BUSINESS NAME

Applications will may be disqualified for approval for the following reasons:

- Applicant did not provide documentation demonstrating that the eligibility criteria have been met.
- Grant would not support redevelopment of the CRA
- The business is not located in the Omni CRA Redevelopment Area.
- The grant will provide funds for speculation in any kind of property, real or personal, tangible or intangible;
- If the applicant is a charitable institution or non-profit enterprise:
- If the purpose of the grant is to finance the acquisition of real property or land.
- If the Applicant and/or its principals are in debt to the City of Miami.
- If the Applicant and/or business owner have been debarred from doing business with federal, state, county or local government.
- Lack of funds.

OFFICE USE ONLY	
Date Received:	Approved / Denied



City of Miami

SUPPLIER DIRECT DEPOSIT (ACH) AUTHORIZATION

The City of Miami Supplier Direct Deposit (ACH) Authorization form must be completed and signed by an authorized representative of the Supplier to initiate, change, or stop direct deposit of payments into a designated financial institution. The Supplier must print clearly and attach a voided check, deposit slip, or Bank Verification Letter (on bank letterhead) to this authorization form. Bank Verification Letters must also be accompanied by additional support such as a recent bank statement.

Completed forms may be returned with Omni CRA Microgrant Application or may be submitted to the City of Miami, Finance Department, Accounts Payable Division via mail at 444 SW 2nd Ave, 6th Floor, Miami, FL, 33130, or faxed to 305-416-1987, or emailed to payables@miamigov.com

SUPPLIER INFORMATION

Name of Supplier:		Supplier Number (if known):	
FEIN/TIN/SSN:	Phone Number:	Fax Number:	
Email:			
Supplier Address:	City:	State & Zip Code:	

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name:		Telephone Number:	
Account Number:		Routing Number:	
Address:	City:	State & Zip Code:	
Account Type (select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Action Requested (select one): <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop	

I hereby authorize and request the City of Miami to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account as designated herein. This authorization is to remain in effect until withdrawn by me in writing with sufficient notice to the City to allow adequate time to effect termination.

Signature: _____ Date: _____

Print Name: _____

Title: _____

Attachment: Void/Cancelled Check Deposit Slip
 Bank Verification Letter (accompanied by additional support such as a recent bank statement)

FOR INTERNAL USE ONLY

Entered by:	Input Date:	Effective Date:
Verified by:	Date:	