Green Business Rehabilitation Grant Program

Application Package

Community Development Block Grant Program

U.S. Department of Housing and Urban Development

City of North Miami

12400 NE 8th Ave

North Miami, FL 33161

305-893-6511

www.northmiamifl.gov

Green Business Rehabilitation Grant Application Program

Policies and Guidelines

Purpose

The Mayor and Council adopted Resolution 2015-R-26 authorizing the creation of the Green Business Rehab Grant Program. The intent and primary purpose of this program is to create economic opportunity by promoting energy conservation, reduction of greenhouse gases and reduces long term operating costs that encourage sustainability by retrofitting buildings occupied by small businesses. Implementing this new economic development program will help current and future small businesses to "green" their operations and identify a rate of return on their retrofit investments.

Eligibility Criteria

A business owner / business may qualify for consideration provided it meets all the following criteria:

1. Business must be located in a commercial space with the City of North Miami (Prof off ownership or a copy of executed lease is required.);
2. Business can be non-profit or for-profit and must have been in business for at least 2 years (proof include old license, incorporations, sales tax, income tax and utility bill).
3. Cannot have more than seven (7) employees including the owner(s), corporate officer(s), part time and full time employees on the business payroll at the time of program application submittal. Leased employees through another organization will be considered as the business' employee
4. Must not be part of a national chain or franchise
5. Business development or capacity building courses/seminars are strongly encouraged.
6. Grant application submitted
7. Proof of ownership or authorization to make renovations
8. Proof of Property Insurance

9. Proof of Energy Audit completion- coordination with FPL (free) – Provide FPL Report

10. Agreement to obtain Green Business Certification (application is free)

11. Source of Match/Verification of Match Funds

12. Must not have liens against the property

Use of Funds and Activities

The following eligible items may be considered, based on the results of the energy audit, for "green" retrofit are including but not limited to:

1. Lighting fixtures
2. Insulation options
3. Draft/light sealants for windows and doors to conserve energy
4. Automatic timed devices
5. Install energy efficient appliances per energy audit
6. Provide options for Solar energy such as fixtures (on a small scale)

Program Rules and Requirements:

1. The maximum grant amount available for each business is up to $5,000.
2. A match of 50% is required for a total of $10,000 for the project retrofit
3. The program is subject of the City's funding availability. Applications are accepted and reviewed on a first come, first served basis.
4. The business must have the City of North Miami Occupational License or Business Tax receipt.
5. The application must be submitted in the legal name of the applicant (i.e., Name of business owner(s) , corporation name as registered with the Florida Department of State, Division of Corporations, etc.)
6. For Corporations, information demonstrating the corporation has an "Active" status in the Florida Department of State, Division of Corporations.
7. The business owner or an authorized representation of the corporation who has legal authority to bind the organization in a contract with the City of North Miami must sign applications.
8. Submission of an application shall constitute acknowledgement and acceptance of all terms and conditions contained in the guidelines and the application. Acceptance of this application does not constitute a contract and does not obligate the City to award funds.
9. Applicant must be willing to comply with all regulations, guidelines and policies as they relate to the program. Application that are incomplete, illegible, lack required attachments, or have other content errors or deficiencies may be rejected.
10. If recommended for funding, Business Owners will be required to sign a written agreement with the City (Letter of Agreement, Provided by the city)
11. All business owners selected to receive this grant must have a DUN & BRADSTREET number. This number must be provided to the City before grant funds can be released.
12. Payments will be made directly to the business.

Requirements documents for funding

Please use this checklist to complete the application package

- ☐ Completed Green Business Rehabilitation Application
- ☐ Company's Certificate of Incorporation
- ☐ Fictitious Name Registration
- ☐ Business Income Tax Return (Form 1120) for the past 2 years
- ☐ Schedule C of IRS form; 1040
- ☐ Current Lease agreement or deed to the property (must be a commercial lease/space)
- ☐ City of North Miami Business Tax Receipt
- ☐ Regular Permit and Professional License (if applicable)
- ☐ W9
- ☐ Business Insurance
- ☐ General Liability for the business
- ☐ General liability for the building owner (only if the applicant is the building owner)
- ☐ Worker's compensation
- ☐ Business Owner's personal recent personal tax return
- ☐ Business Owner's "Self Income Certification",
- ☐ Copy of IRS determination letter as a non-profit organization (required for all non-profit organization)
- ☐ Energy Audit completion – coordination with FPL (Free)
- ☐ Source of Match/Verification of Match Funds
- ☐ By-Laws and Articles

*****The City reserves the right to request additional information about the business and/or business owner(s) that may be needed to process the grant application.**

APPLICATION SUBMISSION

The application must have the original signature of the company owner(s).

Neither faxed nor electronic applications will be accepted

Deliver to:

City of North Miami

Community Planning & Development Department

ATTN: Sam Blatt, Economic and Development Manager

Economic Development & Revitalization Department

Phone Number: 305-893-6511 ext. 12164

Green Business Rehabilitation Grant Program

(All appointments are scheduled Monday-Friday 10:00 AM- 12:00 PM)

I. CONTACT INFORMATION:

Applicant Name and Title: E-mail Address:

Company Name:	Telephone Number:
Mailing Address:	Fax Number:

II. PROJECT INFORMATION AND GRANT REQUEST:	
Amount of Loan Requested: $_____	Estimated Total Project Cost: $_____
Project Purpose and Economic Impact:	
Current Number of Positions: Full Time:_____ Part Time: _____	Full Time:_____ Part Time: _____
How long in Business **Years** **Months.**	
	Existing sq. ft. _____ Projected sq. ft. _____

Proposed Sources of Funding	**Amount**
Owner's Equity	
Other Sources of Cash (specify)	
Bank Loan	
TOTAL	

Proposed Uses of Funding

☐ Lighting Fixtures
☐ Insulation Options
☐ Draft/Light sealants for windows and doors to conserve energy
☐ Automatic timed and Programmable devices
☐ Install energy efficient appliances per energy audit
☐ Provide options for Solar Energy such as fixtures (on a small scale)

III. BUSINESS INFORMATION:

Legal Name of Business:		Fictitious Name (*if applicable*):	
Business Location:		Business Mailing Address:	
Owner(s)/Principle(s)Name(s):		Owner/Principle's Mailing Address:	
Taxpayer Identification Number:	Business Website:	Business Phone:	Business Fax:
DUNS & BRADSTREET number:		Date of Incorporation:	
State of Business	Years Business Ownership:	Annual Sales: $	
Business Type			
INDIVIDUAL ☐ Individual ☐ Sole Proprietorship	CORPORATION ☐ Sub-S ☐ C ☐ LLC	PARTNERSHIP ☐ General ☐ Limited ☐ LLC	OTHER ☐ Non-Profit Organization ☐ CRA ☐ Franchise ☐ Other
Detailed description of how funds will be used (*include a list of the items to be purchased, if applicable*):			
Are there any City tax liens filed against the Business Applicant or any Guarantor or Co-applicant? Yes No If yes, please explain.			
Ownership – Management Information			

Name	Title	% Ownership	# Years of Ownership	# Years in the line of Business

IV. APPLICANT(S) PERSONAL INFORMATION:

APPLICANT				**CO-APPLICANT**			
Full Name (First, Middle, Last):				Full Name (First, Middle, Last):			
Social Security Number:			DOB:	Social Security Number:			DOB:
Home Phone:	Cell Phone:		Work Phone:	Home Phone:	Cell Phone:		Work Phone:
☐ Married ☐ Unmarried				☐ Married ☐ Unmarried			
Are you a U.S. Citizen? ☐Yes ☐No				Are you a U.S. Citizen? ☐Yes ☐No			
If not, are you a lawful Permanent Resident Alien?		Alien Registration #: Place of Birth (Country):		If not, are you a lawful permanent Resident Alien?		Alien Registration #: Place of Birth (Country):	
Present Address (Street, City, State, Zip Code):				Present Address (Street, City, State, Zip Code):			
☐Own ☐Rent				☐Own ☐Rent			
Mailing Address if different from Present Address:				Mailing Address if different from Present Address:			
Previous Address (Street, City, State, Zip Code):				Previous Address (Street, City, State, Zip Code):			
Current Employer ☐ Self-employed				Current Employer ☐ Self-employed			
From To				From To			
Job Title and # Years in This Line of Work:				Job Title and # Years in This Line of Work:			

It is important that the next three questions be answered completely. An arrest or conviction record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied. **If you answer "yes" to any of the questions below, please furnish details on a separate sheet.**

V. PROPERTY INFORMATION

Subject Property Address (street, city, state & ZIP):	Property Control Number(s):
☐Lot only ☐Lot and building	Current Square Footage:_____sq ft
☐Own Yes Or No ☐ Lease Yes Or No Did you provide copy of Lease or Letter of Authorization from property owner.	Is there a lien on the property? ☐Yes ☐No
Property Owner's Name and Telephone Number:	

VI. BUSINESS INDEBTEDNESS:

Creditor Name	Original	Maturity	Interest	Original	Current	Monthly	Status

Applicants Certification

By my signature, I certify that I have read and understand the application, criteria and program requirements. I further certify that all the information I (we) supplied is correct and accurate. All of the t he owners of the company/organization (*regardless of ownership percentage*) are aware of this loan and are in full agreement with the business securing financing for this project. My (our) signature(s) represent my (our) agreement to comply with the City of North Miami and the Department of Housing and Urban Development, as it relates to grant request.

Each Proprietor, General Partner, Limited Partner and Business Owner, owning 20% or more must sign below. For all Non- Profit Organizations, all guarantors must be approved by Community Planning & Development

Business Name: _____

By: _____

Signature and Title Date

Guarantors:

_____

Signature and Title Date

_____

Signature and Title Date

_____

Signature and Title Date

_____

Signature and Title Date

_____

Signature and Title Date