



Hamilton County CARES Business Relief Grant

Eligibility

This program is offered pursuant to funding received by Hamilton County, a political subdivision of the State of Florida (the “County”), through the federal Coronavirus Relief Fund for State, Territorial, Local and Tribal Governments (the “Fund”), established under Section 601(a) of the Social Security Act, as added by Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). Funding will be made available to a limited number of businesses that meet specific requirements set by the Hamilton CARES Business Relief Fund Program (the “Program”) and specific priorities intended to advance economic development in Hamilton County. The Program provides grants for the recovery, stabilization, and expansion of small businesses. As used herein, the terms “You”, “Your” and “Applicant”, whether capitalized or not, shall all refer to the entity submitting this Application, as well as the authorized individual(s) signing this Application on behalf of the entity.

The grant is first come first serve. Applications will be accepted beginning on Tuesday, August 11, 2020. It will cease once the funds are depleted or no later than Thursday, October 15, 2020 at 4:30 PM.

Business can receive up to \$5,000.00

A business applicant that meets ALL of the following criteria qualifies:

- ✓ For-profit business only
Ineligible Businesses are non-profits, gambling institutions, multi-level organizations, real estate investment firms, and Adult Entertainment.
- ✓ Applicants must have been negatively impacted by the COVID-19 emergency.
- ✓ Applicants must be businesses with a principal location in Hamilton County that is legally operating within Hamilton County and the State of Florida since October 01, 2019
- ✓ Expect to operate for at least 12 months after grant award.
- ✓ Applicants expect to resume normal operations after the emergency guidelines are lifted.
- ✓ Commit to all of the following COVID-19 Safety Guidelines
 1. Practice social distancing
 2. Stay home when feeling sick
 3. Wear protective face covering
 4. Conduct health screenings
 5. Sanitize and wash hands frequently
 6. High-risk individuals should shelter and work from home when possible
 7. Temperature checks for all staff. No one allowed to work above 100.4
- ✓ **ALMOST THERE, IF ALL OF THE ABOVE CRITERIA APPLY, YOUR BUSINESS WILL QUALIFY FOR THE HAMILTON CARES BUSINESS RELIEF FUND PROGRAM AS LONG AS NONE OF THE FOLLOWING APPLY.**

Ineligibility criteria:

- Hamilton County firms that are a subsidiary or partially owned by a publicly traded company or a hedge fund. Gambling institutions, multi-level organizations, real estate investment firms (REITS), and adult entertainment.
- Companies with legal actions against or from the County, including code enforcement liens.
- Business owners that apply for Hamilton CARES Business Relief Fund grants on behalf of more than two businesses become ineligible for additional grants.
- Owners of home-based businesses in Hamilton County that are in the process of receiving a COVID-19 rent or mortgage assistance grant from the county do not qualify for the business grant program.



IF ANY OF THE INELEGIBILITY CRITERIA ABOVE APPLY, YOUR BUSINESS DOES NOT QUALIFY FOR THE HAMILTON CARES BUSINESS RELIEF FUND GRANT.

Once your eligibility is determined, You will need to submit the following documents:

- A copy or picture of each owner's photo ID
- A copy of an "active" state business registration from the Florida Division of Corporations.
- Go to this website <https://dos.myflorida.com/sunbiz/search/>, search by Entity Name using full legal business name, select listing with "active" status and attach most recent filing.
- A completed and signed IRS W-9 form. The Mailing Address must match your business registration and entries in the General Information section.
You may get a blank form on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
- Information to estimate your company's average monthly expenses before February 15, 2020. (2019 Income Tax Return)

Hamilton County is accepting applications for the Hamilton CARES Business Relief Fund. To verify eligibility, the application process requires the submittal of certain supporting documents that contain protected personal information. Please provide all supporting documents in a sealed envelope to assist in safeguarding your personal information. Once received, Hamilton County will exercise reasonable care when processing paper applications to lessen the possibility of an unauthorized disclosure of any protected personal information. All applications will be considered on a first-come, first-served basis.

The State of Florida has a broad public records law. Applications and supporting documents are public records which may be available to the public pursuant to a request for documents. There are only limited exceptions from disclosure of information within public records such as those for social security numbers. By submitting an application, you acknowledge, understand, and agree that if a request for public records that includes the applications is made, then your application and supporting documents will be disclosed without notice to you.

Accepted applications will be processed for direct payment via check through the mail to the Business owner.

Fund distribution will be reported to the IRS.

Hamilton County reserves the right to request how the funds that are awarded were spent. Your business may be required to provide access to such records as may be necessary to prevent fraud or ensure compliance with federal requirements.

The grant is first come first serve. Applications will be accepted beginning on Tuesday, August 11, 2020. It will cease once the funds are depleted or no later than Thursday, October 15, 2020 at 4:30 PM.

Applications will be processed from 8:30 a.m. – 4:30 p.m., Tuesday and Thursday.

You can call 386-855-3608 or 386-855-3609 for more information or for help applying. Call volumes will be higher than usual during the application window. Once your signed forms and residency documentation have been received, you will get a message confirming the status of your application. Upon approval, all payments will be mailed directly to the business owner.

Please note: Assistance requests will be processed as quickly as possible. Due to the widespread impact of the pandemic on our local community, we anticipate a high volume of requests. Please do not call to check on the status of your request as this will slow down our process of approving and distributing assistance.

You may submit your application by one of the following:

- 1. Drop off at the Hamilton County Coordinator's Office located in the Hamilton Co. Courthouse Annex at 1153 US Hwy 41 NW (old High School)**
- 2. Email to: hamiltoncares@hamiltoneoc.com**
- 3. Mail to: Hamilton County Board of County Commissioners**
Attn. HAMILTON Cares
1153 US Hwy 41 NW
Jasper, FL 32052
- 4. Upload through the Hamilton County Website at <https://hamiltoncountyfl.com/>**
Beginning Tuesday, August 11, 2020 at 08:30 am.

A. Contact

OWNER INFORMATION

A.1. Salutation	A.2. First Name:	A.3. Middle Name:	A.4. Last Name:	A.5. Social Security Number
A.6. Home Address		City	State	ZIP
A.7. Contact Phone		A.8. Email Address		

CO-OWNER'S INFORMATION

A.9. Salutation	A.10. First Name:	A.11. Middle Name:	A.12. Last Name:	A.13. Social Security Number
A.14. Home Address		City	State	ZIP
A.15. Contact Phone		A.16. Email Address		

B. Business Information

B.1. Legal Name of Business	B.2. Fictitious Business Name (Doing Business As)					
B.3. Federal Employer Identification Number (FEIN)	B.4. Business Entity (Circle what best applies)					
		<input type="checkbox"/> C-Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Self Employed	<input type="checkbox"/> S-Corp
B.5. Business Address	City	State	ZIP			
B.6. Business Phone	B.7. Business Email	B.8. What year was the business established?	B.9. Total Business Revenue in 2019			

B.10. Industry (check one)

<input type="checkbox"/> 11-Agriculture, Forestry, Fishing and Hunting	<input type="checkbox"/> 21-Mining, Quarrying, and Oil and Gas Extraction	<input type="checkbox"/> 22-Utilities	<input type="checkbox"/> 23-Construction
<input type="checkbox"/> 31-Manufacturing	<input type="checkbox"/> 32-Manufacturing	<input type="checkbox"/> 33-Manufacturing	<input type="checkbox"/> 42-Wholesale Trade
<input type="checkbox"/> 44-Retail Trade	<input type="checkbox"/> 45-Retail Trade	<input type="checkbox"/> 48-Transportation and Warehousing	
<input type="checkbox"/> 49-Transportation and Warehousing	<input type="checkbox"/> 51-Information	<input type="checkbox"/> 52-Finance and Insurance	<input type="checkbox"/> 55-Management of Companies and Enterprises
<input type="checkbox"/> 53-Real Estate and Rental and Leasing	<input type="checkbox"/> 54-Professional, Scientific, and Technical Services	<input type="checkbox"/> 61-Educational Services	<input type="checkbox"/> 72-Accommodation and Food Services
<input type="checkbox"/> 56-Administrative and Support and Waste Management and Remediation Services			
<input type="checkbox"/> 62-Health Care and Social Assistance	<input type="checkbox"/> 71-Arts, Entertainment, and Recreation		
<input type="checkbox"/> 81-Other Services. (exc. Public Admin)	<input type="checkbox"/> 92-Public Administration		

B.11. Please provide a description of the business and services/products offered:			
B.12. Is business ownership at least 51%: (Please check all that apply)			
<input type="checkbox"/> Minority owned	<input type="checkbox"/> Veteran owned	<input type="checkbox"/> Woman owned	
Applicant Level:	<input type="checkbox"/> Sole Proprietor/ Self Employed	<input type="checkbox"/> 2-9 Employees	<input type="checkbox"/> 10-50 Employees

C. Covid-19 Impact

Please provide the following information about the impact of COVID-19 on your business.

C.1. Description of Need:

Amount of financial grant you are applying for \$_____.

- The business was determined non-essential by Florida Governor's Executive Order (no need for a statement)
 Other (Please provide a brief statement regarding how COVID-19 has impacted your business.)

C.2. Financial Need: Please list your average monthly expenses prior to February 15, 2020 below. Enter zero where applicable.

Salaries/Benefits	
Commercial Mortgage Interest/ Commercial Lease	
Business Utilities	
All Other Business Expenses	

C.3. Have you applied for but not received any of the following benefits? (Please check all that apply)

- Paycheck Protection Program (PPP) funding Economic Injury Disaster Loan (EIDL) funding
 SBA Debt Relief program (Loan payment forgiveness) Other

C.4. Please describe how this grant will help your business maintain sustainable operations (for instance how many employees you will be able to retain or increase)

D. Required Documentation

The County has attempted to minimize the amount of documentation required for this Program application in an effort to expedite the process. In order to facilitate your application, we have listed the websites where you can find them below. Please be sure to print and include all required documents with this application.

- To get your State of Florida Business Filing or DBA/ Fictitious Name Registration go to this website: <https://dos.myflorida.com/sunbiz/search/>. Search your company name and save the document as a .pdf. You will need to attach the document to this application.
- Go to this website <https://www.irs.gov/pub/irs-pdf/fw9.pdf> to download and fill the IRS W-9 form for your business Employer Identification Number (EIN). Please make sure to print, sign, and scan before uploading using the link below.

Please check ALL that apply. Missing checks may cause a delay or declination.

- Information to estimate of your company's average monthly expenses before February 15, 2020. Such as a 2019 tax return.
- A copy or picture of each owner's State-issued driver's license or photo ID (may be a .pdf or a .jpeg file) ***Required**
- A copy of your State of Florida business filing or DBA/ fictitious name registration (if applicable). ***Required**
- A completed and signed IRS W-9 form. ***Required**

E. Owner(s) Acknowledgement and Affidavit

Please read each statement below. All applicants will need to sign acknowledging them.

Hamilton County and Resource Partners

The County will leverage the "Hamilton Cares Committee" to review and process your application in an effort to ensure prompt attention to all grant requests. You hereby acknowledge and agree to receive to have your application and related information processed by the Hamilton Cares members. On their part, each organization and its members will take reasonable steps to keep your information confidential to the extent allowed by law. Nothing herein shall create any cause of action by or on behalf of Applicant against the County or its officers, elected officials, employees, agents or representatives, including, without limitation, or any other agency identified above (collectively, the "County Parties"). The County Parties shall not be liable to Applicant for any damages of any kind or nature whatsoever arising out of or relating to the Program or this application, whether based in contract, common law, warranty, tort, strict liability, contribution, indemnity or otherwise Statement About The Small Business Administration and its resource partners

I understand that any information disclosed will be held in strict confidence. I waive all claims against Hamilton Cares personnel, and that of its Resource Partners and host organizations, arising from this assistance.

Required statement (please check one): YES / NO

F. Applicant(s) Certification

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and none of the County Parties, as defined above, will be liable to Applicant for such disclosure.

Social Security numbers are collected, maintained and reported by the County to be in compliance with IRS 1099 reporting requirements and are exempt from public records pursuant to Florida Statutes §119.071.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements, and applicant shall fully cooperate with the County or its agent and timely respond to any requests for such records. Without limiting the generality of the foregoing, the Applicant specifically acknowledges and agrees that, if awarded funds pursuant to this Application, the County, and any duly authorized agents or representatives of the County, including, without limitation, the Department of Inspector General of the Clerk of the Circuit Court, shall be provided access to all of the Applicant's records and supporting documentation which concern or relate to this Application at any and all times during normal business hours upon request. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

Owner Name	Owner Title	Owner Signature	Date
Co-Owner Name	Co-Owner Title	Co-Owner Signature	Date

Submit (Please read and mark all of the items below to acknowledge each statement)

Missing checks may cause a delay or grant declination.

- I (we) certify that I (we) have the authority to apply for this grant on behalf of the business described herein.
- I (we) certify that the business has been negatively impacted by the COVID-19 emergency as described herein.
- I (we) certify that the grant funds will be used for authorized business expenses only, in accordance with the requirements and restrictions set forth in Section 601(d) of the Social Security Act, as added by Section 5001 of the CARES Act, and not for household, personal, or consumer use.
- I (we) certify that the information contained in this application is true, complete, and correct to the best of my (our) knowledge.
- I (we) expect to resume normal business operations after the emergency guidelines are lifted.
- I (we) shall cooperate with the County or appropriate officials for grant auditing purposes, as further set forth and described above.
- I (we) understand that any willful misrepresentation on this Application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the County to receive a return of any funding provided hereunder, in addition to any other remedies it may have against Applicant at law or in equity.
- I (we) further understand that, pursuant to Section 92.525, Florida Statutes, a person who knowingly makes a false declaration thereunder is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Sections 775.082, 775.083 or 775.084, Florida Statutes.
- I (we) understand that failure to use any funding received pursuant to this Application in accordance with the requirements set forth herein or in Section 601(d) of the Social Security Act, as added by Section 5001 of the CARES Act, shall entitle the County to receive a return of such funding, in addition to any other remedies it may have against Applicant at law or in equity.
- I (we) understand that in the event this Application is printed, signed, and delivered to the County, or its designated agent, in hard copy format (by mail, courier service, hand delivery, or otherwise) and not submitted electronically, then the Applicant, by virtue of its physical signature, specifically authorizes and directs the County, or its designated agent, to electronically sign the Application on the Applicant's behalf, for purposes of the County's file tracking and retention system.

WARNING: Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within the jurisdiction. False information may result in civil liability, and/or in criminal penalties including, but not limited to, fine or imprisonment or both.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Owner Name	Owner Title	Owner Signature	Date
Co-Owner Name	Co-Owner Title	Co-Owner Signature	Date