

Small Business Stabilization Grant Program

Pre-Application

This form is being used to collect information regarding small businesses in Jacksonville that are in need of grant assistance. Please refer to the program details and forms listed online in order to assure eligibility for the program –

www.cityofjacksonville.net/CDBG/SmallBusinessStabilization

Please submit all Pre-applications and questions via email to Theresa Watson, Community Development Director, at twatson@cityofjacksonville.net. Please govern yourself according to the note at the bottom of this application.

Applicant Information:

First Name _____

Last Name _____

Title _____

Email _____

Phone _____

Legal Business Name _____

Fictitious Business Name (Doing Business As) _____

Eligibility

1. Applicants must be an existing small business, meaning they have been in business for at least two years and have at least two (2) but no more than twenty (20) employees, including the owner, at the time of application. Does your business meet this requirement? ___Yes ___No
2. Applicants must be a private for profit business that is legally operating within the city limits of Jacksonville. Non-profit entities are not eligible for small business funds. Does your business meet this requirement? ___Yes ___No
3. Applicants must have been in business at least two (2) years or more. Does your business meet this requirement? ___Yes ___No

IF YOU ANSWERED 'NO' TO EITHER OF THE ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE SMALL BUSINESS GRANT PRGRAM.

4. Based on the income limits listed below, please note whether you will qualify. Check all that apply:

___The Owner's household income (including all adults) is below the income limits established by HUD listed in the table below.

___At least 51% of the current employees are a member of a Low-to-Moderate Income household listed in the table below.

Household Size	1	2	3	4	5	6	7	8
Income	\$40,450	\$46,200	\$52,000	\$57,750	\$62,400	\$67,000	\$71,650	\$76,250

IF YOU DID NOT CHECK ANY BOX ABOVE, YOUR BUSINESS WILL NOT QUALIFY FOR THE SMALL BUSINESS GRANT PROGRAM.

Business Details

Federal Employer Identification Number (FEIN): _____

Dun & Bradstreet Number (DUNS): _____

Do you have a current City of Jacksonville Privilege License Yes No

Are you currently registered with SAM Yes No

ALL OF THE ABOVE ITEMS NEEDS TO BE OBTAINED BEFORE ANY MONIES IS FUNDED.

Main Business Address

Street Address _____

City/Town _____

State/Province _____

ZIP/Postal Code _____

Commercial location? Yes No

Date Business Started _____

Number of Current Employees (including owner): _____

Type of Industry _____

Description of primary product/services _____

Ownership (Check all that apply):

Locally-owned

Out of County owned

Out of State owned

Minority or Person of Color-owned

Women-owned

Annual Gross Business Revenue: _____

Current Outstanding Business Debt: _____

Please list

Date Debt Incurred	Debt Type (i.e. Loan, line of credit)	Source	Amount	Purpose/Use

Current Business Expenses per Month: (projected based on last 2 weeks of obligated expenses)

Monthly Lease/mortgage costs: _____

Monthly utility costs: _____

Monthly debt payments: _____

Monthly insurance costs: _____

Monthly payroll costs: _____

Monthly cost of goods: _____

TOTAL: _____

Current Business Revenue per Month: (projected based on last 2 weeks_

Funding Request

Amount of Grant Funds Requested: _____

In what ways, if any, has your business been impacted by COVID-19? Please describe.

What is your reason for seeking funding? What needs does your business currently have? Please describe. _____

Please explain your efforts in securing other public funding (i.e. Federal, State, municipal) for the needs described, especially any relating to the effects of COVID-19.

Please explain your efforts in exhausting private funding options (i.e. banks, credit unions) for the needs described, especially any relating to the effects of COVID-19. If private funding has not been pursued, please justify why private funding is not feasible for your business at this time. _____

Have you pursued other funding, whether public or private, for any other needs in the last year (including COVID-19)?

Please explain how paying your rent and/or utilities will aid in the support, stabilization or sustainability of your business. Include as detailed of information as possible regarding areas and amount of spending (i.e. payroll, equipment, training, etc.)_____

Please describe your 3-year plan for your business, including goals, growth, and sustainability._____

Please describe your business philosophy, experience level, and personal strengths/talents, and how those may guide your business through adversity._____

Is there anything else you would like us to know?

Are you or your business partner related to Jacksonville Mayor, any Jacksonville City Council Member, or Jacksonville Community Development Director? Yes No

If yes, who _____
relationship _____

Statement of Understanding

I certify that I have the authority to apply for this program on behalf of the business described herein.

I understand that I may be asked to provide additional information in order to process this application.

I certify that by submitting this form, I give the City of Jacksonville permission to contact me regarding my application, as well as to request additional documentation or information not yet referenced, for the purpose of determining eligibility for the program.

I understand that eligibility does not guarantee aid, and that funding is limited.

I understand that any willful misrepresentation on this statement could result in disqualification from program funding.

I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that incomplete applications will not be considered.

Printed Name of Owner/Authorized Signer

Date

Signature of Owner/Authorized Signer

Date

NOTE: This application is being provided in a fillable form, therefore all applications must be completed via a computer and submitted electronically. No other form of completion/submission will be accepted.