

## Liberty Small Business Assistance Grant Application

Business Name: \_\_\_\_\_

Federal Tax ID Number or Social Security: \_\_\_\_\_

FL Division of Corporations Document Number (sunbiz.org): \_\_\_\_\_

Majority Business Owner's First Name: \_\_\_\_\_

Majority Business Owner's Last Name: \_\_\_\_\_

Business Street Address (No PO Box): \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Business Owner's Phone Number: \_\_\_\_\_

Business Owner's Email: \_\_\_\_\_

Date Business was Established: \_\_\_\_\_

Number of full-time employees as of March 1st, 2020: \_\_\_\_\_

Average monthly revenue Jan-June 2019: \$ \_\_\_\_\_

Average monthly revenue Jan-June 2020: \$ \_\_\_\_\_

Please provide a brief description of your business:

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Has your business received funding, including grants or loans from other sources (i.e., Paycheck Protection Program (PPP), Economic Injury Disaster Loan (EIDL), PA COVID-19 Working Capital Access (CWCA), or PA Unemployment Assistance (PUA)) since March 1, 2020 relating to financial hardship resulting from COVID-19?

YES    NO

Has your business experienced the following? (Check all that apply)

- Temporary business closure or reduction of business operating hours
- Lost revenues due to social distancing or other COVID 19 controls
- Forced to furlough employees

Please summarize your current situation and how the COVID-19 crisis has impacted your business (e.g. impact to revenue, laying off employees, closure, etc.):

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Please list your projected use of grant funds for your business. (e.g. rent or commercial mortgage, insurance, personal protective equipment (PPE), technology, utilities, and other operating costs):

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**Disclosures:**

Is the organization, business, or a listed owner delinquent on any federal, state or local taxes or assessments; direct or guaranteed loans; leases; contracts; grants; child support payments; or any other obligations?

YES    NO

Does the organization, business, or a listed owner have any outstanding judgments, tax liens, pending bankruptcy proceedings, pending lawsuits against them, or criminal proceedings?

YES    NO

Does any owner, owner's spouse, or household member work for or serve in an official capacity for Liberty County or any other entity associated with the Office of CARES Act?

YES    NO

**\*Disclaimer** -Application for the Liberty Small Business Assistance Grant DOES NOT GUARANTEE award of funding. The total amount awarded will be based on availability of funds. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant, Business and/or its Owners.

**Certification (Initial Each)**

- \_\_\_\_\_ I/we acknowledge and agree that, to the fullest extent permitted by law, I shall forever Release, Hold Harmless, Discharge and Agree to Defend and Indemnify, the County of Liberty, FL from any liabilities, claims, demands, or causes of action that they may hereafter have, without limitation, for personal, bodily, or mental injuries, property damages, economic losses, attorney’s fees, or any other type of injury or damage arising out, resulting from, or in connection with, this application.
  
- \_\_\_\_\_ I/we acknowledge and agree the Terms & Conditions for this program.
  
- \_\_\_\_\_ I/we agree to provide additional documentation upon request to help verify the economic hardship suffered as a result of the COVID-19 emergency, including tax returns, financial statements, and other financial data.
  
- \_\_\_\_\_ I/we hereby attest and affirm that the information provided in this grant application is true and correct. I acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a crime for violating s. 837.06, Florida Statutes, punishable as provided in s. 775.082 or s. 775.083. Additionally, I acknowledge that other criminal charges may also apply if I obtain or cause others to obtain funds from this grant unlawfully.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please attach:**

- State of Florida active business registration from the Florida Division of Corporation showing the business is registered in Liberty County effective January 1, 2020, still in business as of March 1, 2020
- Copy of owner’s Driver’s License, state issued ID or passport
- A completed and signed IRS W-9 form. Find this form at: <https://www.irs.gov/forms-pubs/about-form-w-9>

**Must also provide any ONE of the following documents:**

- Florida Form RT-6 (from 1Q20)
- IRS FORM 941 (from 1Q20 or 4Q19)
- W2 or 1099 (less than 3 employees)
- FORM 944 (from 2019)
- Sole Proprietor Employee Certification Statement
- Partnership Certification Statement