The City of Clearwater has initially identified up to $4 million in emergency relief funds to support the small businesses hardest hit by the COVID-19 pandemic. Funds are available as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act federal stimulus package.

The City of Clearwater will provide emergency financial support through the Clearwater’s Back to Business Program for qualified small businesses that are negatively impacted by the COVID-19 pandemic due to orders to close or limit operations. This program is intended to help offset the significant, temporary loss of revenue to these qualified businesses during this pandemic, to assist businesses in retaining and paying employees, and to prepare businesses to return to full and profitable operation.

The program will offer a one-time grant of up to $2,000 to qualifying home-based businesses within the incorporated limits of the City of Clearwater to cover expenses such as employee wages, vendor bills and rent. Additionally, the city will provide access to and payment of certain professional services such as business counseling, accounting, legal, marketing, as well as web design and related web services which, together, may not exceed $1,000.

Regardless of whether a business is or is not eligible for this program, a business may still qualify for other existing funding programs. Visit www.myclearwater.com/COVID19 for a list of federal and state programs assisting businesses impacted by the COVID-19 pandemic.
Eligibility Overview

- Up to $2,000 for qualifying home-based, small businesses with a physical location in the city of Clearwater (1-25 full-time employees, or equivalent part-time employees, including the owner).
- Larger businesses and non-profits are not eligible.
- Funds can only be used to reimburse the cost of business interruption caused by required closures provided those costs are not paid by insurance or by another federal program. Such costs may include employee wages, vendors, rent or other business expenses.
- No reimbursement is required.
A. Eligibility

Applicant must check box to confirm that each statement is true for all questions. If any statement is not true, the business is not eligible.

Eligible Business Type

For descriptions of Eligible Business Types, please use the information below.

- “Food Service Establishments” as defined in Chapter 500, Florida Statutes, and “Public Food Service Establishments” as defined in Chapter 509, Florida Statutes.
- Bars, pubs and nightclubs as described in Governor’s Executive Order 20-68.
- Short-Term Lodging establishments and vacation rental management companies that collect and remit Tourist Development Tax.
- Places of public and private assembly covered under Section 2 of the “State of Florida & The City of Clearwater ‘Safer-at-Home’ Guidance” document.
- Non-essential businesses covered under Section 5 of the “State of Florida & The City of Clearwater ‘Safer-at-Home’ Guidance” document and not included above.
- If your business type is not listed in the ‘Safer-at-Home’ document, but you were ordered closed by the Pinellas County Sheriff’s Office or other authority, you may be eligible. Documentation of ordered closure is required.


☐ A.2. Business suffered economic damages from business interruption caused by COVID-19 exceeding $5,000 since March 1, 2020, excluding those covered by insurance or reimbursement from any federal program.

☐ A.3. Business employed 25 full-time equivalent employees or less (equivalent to 1,000 total average weekly hours for all employees) as of February 29, 2020.

Total average weekly hours for all employees (including owner)
Click or tap here to enter text.

☐ A.4. Business is physically located within the boundaries of The City of Clearwater, Florida.

☐ A.5. Business has been operating since at least November 1, 2019.

☐ A.7. Business is expected to be fully operational after local and state emergency guidelines are rolled back.

☐ A.8. Business is not a publicly traded company.

☐ A.9. Business does not have any current unpaid code enforcement liens and is not operating in violation of any state, federal or local laws.

☐ A.10. No owner, officer, partner, or principal actor of the business has a felony conviction for financial mismanagement within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

☐ A.11. Does your business qualify for assistance to low- to moderate income households?

Applicants may qualify if one or more of the following three criteria is met.

- The business owner’s total household income is below 80% of area median income (AMI); or
- The requested funding will allow the business to retain at least one employee whose total household income is below 80% of AMI; or
- The business serves a low- to moderate income area as defined by HUD (City staff will make this determination based partly on the location of the business).

80% of AMI is defined as total household income not exceeding the limits shown below:

<table>
<thead>
<tr>
<th># of people in the household</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not-to-exceed Income</td>
<td>37,450</td>
<td>42,800</td>
<td>48,150</td>
<td>53,500</td>
<td>57,800</td>
<td>62,100</td>
<td>66,350</td>
<td>70,650</td>
</tr>
</tbody>
</table>

IF YOU DID NOT CHECK BOX FOR ALL ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE CLEARWATER’S BACK TO BUSINESS PROGRAM.
B. General Information

Please provide the following information

B.1. Legal Name of Business (as shown in Line 1 of W-9)
Click or tap here to enter text.

B.2. DBA (as shown in Line 2 of W-9)
Click or tap here to enter text.

B.3. Principal Business Address
Click or tap here to enter text.

B.4. Business Website Address
Click or tap here to enter text.

B.5. Taxpayer ID (TIN) (if sole proprietorship, enter social security number of sole proprietor) (As shown in Part 1 of W-9)
Click or tap here to enter text.

B.6. Mailing Address for Grant check (As shown in Line 5 & 6 of W-9)
Click or tap here to enter text.

OWNER OR REPRESENTATIVE CONTACT INFORMATION

B.7. First Name
Click or tap here to enter text.

B.8. Last Name
Click or tap here to enter text.

B.9. Primary Phone
Click or tap here to enter text.

B.10. Primary Email
Click or tap here to enter text.

B.11. Business Phone
Click or tap here to enter text.

B.12. Date Business Established
Click or tap here to enter text.

B.13. Business Legal Entity Type (as shown in Line 3 of W-9)
Individual (Sole Proprietorship or single-owner LLC)  Click or tap here to enter text.
C. Use of Grant

Please provide the following information

C.1. Will you utilize Clearwater’s Back to Business Program to help with payroll/wages (including associated benefits)?
Click or tap here to enter text.

C.2. Will you utilize Clearwater’s Back to Business Program to help with mortgage/rent?
Click or tap here to enter text.

C.3. Will you utilize Clearwater’s Back to Business Program to help with pay vendors?
Click or tap here to enter text.

C.4. Will you utilize Clearwater’s Back to Business Program to help with other needs?
Click or tap here to enter text.

If other, please specify. If not, type N/A.
Click or tap here to enter text.
D. Required Documentation

E. Required Documentation

Application must include all documentation listed below. The application may not be approved if all required information is not provided in a legible form.

D.1. FOR MORE INFORMATION ABOUT REQUIRED DOCUMENTATION, PLEASE REFER TO THE TEXT BELOW.
Completed W-9 form for business. DBA, Tax ID Number (or Social Security Number for sole proprietor), and Mailing Address for Grant Check must match entries in General Information section.

D.2. Copy of "active" state business registration from Florida Division of Corporations

- Search by "Entity Name" here (use full legal business name), select listing with "Active" Status, and attach most recent filing as a screenshot; or
- If not required to register with Florida Division of Corporations, attach documentation showing the business was operating prior to March 1, 2020 and meets all regulatory requirements of the City of Clearwater.

D.3. Business Financials

- Individual (Sole Proprietors and individual/single-owner LLCs)
  o 2019 Schedule C (Form 1040) OR
  o If no 2019 Schedule C is available, provide 2018 Schedule C (Form 1040) and most recent Annual or Quarterly Balance Sheet or Profit & Loss Statement.
- Corporations (C-Corps, S-Corps, corporate Limited Liability Corporations (LLCs))
  o 2019 Corporation Income Tax Return (Form 1120 or Form 1120-S OR
  o If no 2019 tax return is available, provide 2018 tax return and Annual or Quarterly Balance Sheet or Profit & Loss Statement
- Partnerships
  o 2019 Return of Partnership Income (Form 1065) OR
  o If no 2019 tax return is available, provide 2018 tax return and Annual or Quarterly Balance Sheet or Profit & Loss Statement

D.4. W3 Summary, 1096 (from 2019) or IRS FORM 941 (from 1st quarter 2020 or, if not completed, 4th quarter 2019).

D.5. Updated and Current Municipal Business Tax Receipt (BTR), if applicable. Note that certain businesses are not required to file a BTR.

D.5. For Short-Term Lodging establishments and vacation rental management companies that collect and remit Tourist Development Tax, tourist development tax receipt or cancelled check for last monthly or quarterly payment made.
☐ W-9 Form *Required

☐ Active State Business Registration, or local business registration/license, or other documentation (please refer to the text above for documents needed for applicant) *Required

☐ Business Financials (applicable 2019 Tax Return or equivalent) (please refer to the text above for documents needed for applicant) *Required

☐ Staffing Documentation (W-3 Summary, 1096 OR 2019 IRS FORM 941) *Required

☐ Updated and Current Municipal Business Tax Receipt, if applicable (please refer to the text above for documents needed for applicant)

☐ Tourist Development Tax Documentation, if applicable (please refer to the text above for documents needed for applicant)

☐ Additional Documentation (may include printed, signed copy of application by business owner if online submission is being completed on his/her behalf, closure order if not listed in Section 5 of ‘Safer-at-Home’ Guidance Document, other documentation that may assist staff in completing its evaluation)
Applicant Certification

Please provide the following 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 the City will not be liable to Applicant for such disclosure.

Social security numbers are collected, maintained and reported by the City 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 City does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the City disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the business, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. 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 City 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. 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.

Applicant Name: Click or tap here to enter text.

Applicant Title: Click or tap here to enter text.

Signature

Date: Click or tap here to enter text.