



Lauderhill CARES Program
CHECKLIST
For Business Assistance

- Complete and sign application - must return with **original** signatures.
- Attach **COPIES** of **ALL** required documents listed below. Staff **cannot** make copies
- Incomplete Applications **cannot** be processed and will be returned

RENTAL ASSISTANCE PROGRAM – MANDATORY DOCUMENTS

Items listed below must be present at the time of submittal.

- A signed rental agreement or lease in the applicant's name.
- W-9 completed and signed by landlord

MORTGAGE ASSISTANCE PROGRAM - MANDATORY DOCUMENTS:

Items listed below must be present at the time of submittal.

- Statement from the lender for April 2020
- W-9 completed and signed by mortgage lender

WATER BILL ASSISTANCE PROGRAM - MANDATORY DOCUMENTS:

- Copy of the deed, for applicants with no mortgage note
- Copy of water bill for the month of April 2020

MANDATORY GENERAL REQUIREMENTS:

ALL three (3) categories below **MUST** be submitted with a completed application to qualify for a one (1) time grant award up to \$1,500 towards rental or mortgage payment; and/or up to \$200 towards your water and refuse payment. ***See examples below***

1. COVID-Related Documents:

- Completed Questionnaire attached to the application.
- Documentation of loss of income due to COVID-19
- Documentation of State, Federal, and/or all other funds received related to COVID-19
- Proof of DUNS number

2. Forms:

- Duplication of Benefits form completed and notarized for all business owner's and/or co-owner.
- Signed Notice of Collecting Social Security Number For Government Purpose for each business owner and co-owner
- Signed Public Disclosure Form signed by all business owners and co-owners
- Authorization for Release of Information Form signed by business owner and co-owner ONLY
- Conflict of Interest of Interest form completed by each business owner and/or co-owner.

3. Supporting Documents:

- Proof of active Certificate of Use (COU) or business license
- Water and refuse bill from City or County, if applying for utility assistance.
- Proof of FEIN, Tax ID, or Social Security Number. If social security, please provide a copy of each business owner's and co-owner's card.
- Valid driver's license or state identification card for **ALL** business owners and co-owners
- Two (2) most current Income Tax Return **with W/2's** for business or business owner – Note: **MANDATORY** must sign your Income Tax Return; **If** your return includes Schedule C (small business), then will also need audited or unaudited financial statement(s) of business; notarized statement or affidavit as to net income realized from the business during the previous 2 years

If you have any questions, please feel free to contact Housing Grant Division at (954) 714-2181.

EXAMPLE

If your rental or mortgage payment is \$800, you will only be awarded \$800.

If your rental or mortgage payment is \$1,850, you will only be awarded \$1,500.

If your water and refuse bill payment is \$175, you will only be awarded \$175.

If your water and refuse bill payment is \$475, you will only be awarded \$200.

City of Lauderdale CARES Business Application

Please Select

- Mortgage Assistance Rental/Lease Assistance
 Utility Bill Assistance for Business

Business Name _____

Business Address _____

Brief Description of Business _____

Business Type

Sole Proprietor Corporation S-Corporation LLC Partnership Other

If Other, please explain: _____

Business Designation

Essential Business NON-Essential Business

Business Contact

| | | |
|----------------------|-----------------------|----------------|
| | | |
| Primary Contact Name | Business Phone Number | Business Email |

For Profit Primary Business Owner

_____ _____
 Primary Business Owner's NAME Check if Resident Home Address

Non Profit Composition

Are at least 20% of your Board Members Lauderdale Residents? Yes No

| | NAME | ADDRESS |
|--|----------|---------|
| Non Profit Board Members And Executive Director | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| | 4. _____ | _____ |
| | 5. _____ | _____ |
| Executive Director: | _____ | _____ |

NOTE:

If there are additional Board Members please attach list.

**Federal EIN #,
Tax ID #, or
SSN**

DUNS #

If you do NOT
have a DUNS#
Must apply

A DUNS number is **FREE** and it is a mandatory requirement by CDBG for the Federal Funds you will be receiving . (This program does not require any additional purchases from Dun & Brandstreet).

To Apply: [Click here to request your D-U-N-S Number via the Web.](#) If one does not exist for your business location, it can be created within 1 business day.

**SAMS
Screen Print of
Your Active
Status**

1. Login to: sam.gov
2. At top of screen Click on "Check Status"
3. Enter either your DUNS number or Cage Code
4. Print Screen and Attach to this application

If you have
never registered
with SAMS

1. Login to sam.gov
2. Top right of screen click on: **Log in**
3. Top right of screen click on:

**Date Business
Established in
Lauderhill**

**City of Lauderdale
Certificate of
Use Number**

**Additional
Certifications**

MBE (Minority Business Enterprise)

WMBE (Womens Minority Business Enterprise)

**Annual Gross
Revenue (2019)**

\$

**Total Gross Revenue
this time Last year
(3-15-19 to 4-15-19)**

\$

**Total Gross
Revenue for
January 2020**

\$

**Total Gross
Revenue for
February 2020**

\$

**ACTUAL
Revenue for
3-15-2020 to
4-15-2020**

\$

**Payroll
Expenses for
March 2020**

\$

**Payroll
Expenses for
April 2020**

\$

Full-Time Employees as of 2-15-2020

Actual Number: _____

Part-Time Employees as of 2-15-2020

Actual Number: _____

Full-Time Employees as of 4-15-2020

Actual Number: _____

Part-Time Employees as of 4-15-2020

Actual Number: _____

Business that Rent/Lease Facility

Paid for March 2020
OR
Due for March 2020

Business that Owns Facility Mortgage Payment

Paid (Principal & Interest) March 2020
OR
Due (Principal & Interest) March 2020

Business Expenses & Supplies

Paid for March 2020
OR
Due for March 2020

Business Service Contracts

Paid March 2020
OR
Due March 2020

FP&L Bills

Paid for March 2020
OR
Due for March 2020

Water / Refuse Bills

Paid March 2020
OR
Due March 2020

Provide Brief Description how Business has been impacted by COVID-19

Provide Brief Narrative how this funding will benefit your business and the objective of this program.

CERTIFICATIONS

By signing below, I make the following certifications:

1. All answers and representations that are made in this application are true and accurate to the best of my knowledge.
2. Any grant funding received will be used for business operating purposes as specified in the grant award. I understand that if the funds are used for unauthorized purposes, I shall return those grant funds and further may be subject to criminal fraud charges or civil action.
3. Neither I nor any owner of my business is presently subject to an indictment or formal criminal charges, nor presently incarcerated
4. My business is current on all taxes dues to the City of Lauderhill and no liens are on record against my business for unpaid taxes.
5. I pledge my best efforts to resume fill operation on my business at the earliest possible to time and to retain or rehire employees as soon as practicable.
6. I agree and cooperate with the City of Lauderhill in any audit or business review upon request.
7. In understand that these records once provided to the City are public documents.

Printed Name

Signature of Authorized representative of the Business

Date

ACKNOWLEDGEMENT

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Signature of Authorized Representative/Owner

Print Name

Date

Signature of Co-Owner

Print Name

Date



DISCLOSURE STATEMENT IMPORTANT READ BEFORE SIGNING

The information provided is true and complete to the best of my/our knowledge to the disclosure of such information of purposes of income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. Applicant understands that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide any other documentation needed to verify eligibility.

Warning: Florida statue 817 provided that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and its punishable by fines and imprisonment provided under S775.082.775.83.

Applicant Signature Date Co-Applicant Signature Date

Agency Statement

Based on the income information provided by the business and upon proofs and documentation submitted, the business: (check one)

_____ Meets a National Objective and has received environmental clearance.

_____ Does NOT meets a National Objective and has NOT received environmental clearance.

Signature of The GRANT ADMINISTRATOR or His/Her Designated Representative:

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: _____



**Lauderhill CARES Program
HOUSING ASSISTANCE**

FALSE STATEMENTS DISCLOSURE AND ACKNOWLEDGEMENT

Federal Regulations provides that there are fines and imprisonment - \$10,000/5 years – fir anyone who makes false, factious, or fraudulent statement or entries in any matter within the jurisdiction of the Federal government (18 U.S.C. 1001).

Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

I/We have read, understand and acknowledge the above disclosure.

Print Name – Applicant

Sign Name - Applicant

Date

Print Name – Co-applicant

Sign Name – Co-applicant

Date

CONFLICT OF INTEREST DISCLOSURE FORM

Conflict of Interest Regulations: In accordance with 24 CFR 570.611(b)(c); 24 CFR 214.303(f); 2 CFR 200; FAC 67-37; FS 112 and 420; City HR-42; A person in a position of trust, direct interest, director, employee, officer, contractor, volunteer, agent of participating agency or the family member of any individual holding these positions shall not engage in activities that create a real or apparent conflict of interest.

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term "Conflict of Interest" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program.

Please mark the appropriate box for each question and complete the attachment if indicated.

| | | |
|-------------------|------------------|-----------------------|
| Applicant Name | Property Address | City, State, Zip Code |
| Co-Applicant Name | | |

1. Are you a Covered Employee?
 Yes (If Yes, please complete "Attachment")
 No

A "Covered Employee" is a current employee, agent, consultant or elected official or officer of any City agency.

2. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have an immediate family member (such as: spouse, domestic partner, child, stepchild, parent, stepparent, sibling, etc.) or any person who has business dealings or business ties to a **Covered Employee**?
 Yes (If Yes, please complete "Attachment")
 No
3. Do you, a family member, or any person who holds an ownership or financial interest in the property described above, have business dealings or business ties as an investor, owner, employee, realtor, lender, consultant, contractor, etc. that has a contractual relationship with the City of Lauderhill?
 Yes (If Yes, please complete "Attachment")
 No

Warning: knowingly and willingly making false or fraudulent statements to the City of Lauderhill may result in denial of assistance, civil penalties, and/or referral to law enforcement.

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the City of Lauderhill to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

Signature of Applicant

Signature of Co-Applicant

Conflict of Interest Attachment

If you answered **YES** to any question on the previous page, please complete the relevant section(s) below:

| | |
|--|---|
| Covered Employee's Name: | |
| Applicant's Relationship with the Covered Employee | <input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's family <input type="checkbox"/> Associated with an organization that employs or is about to employ Applicant <input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other: |
| Covered Employee's Relationship to the City of Lauderhill | <input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Elected official <input type="checkbox"/> Other: |

| |
|--|
| DESCRIBE RELATIONSHIPS CHECK ABOVE: |
|--|

| | |
|---|---|
| Name of Business: | |
| Applicant's Relationship with the Business | <input type="checkbox"/> Consultant or Advisor <input type="checkbox"/> Research Activities <input type="checkbox"/> Referrals <input type="checkbox"/> Realtor <input type="checkbox"/> Lender <input type="checkbox"/> Contractor <input type="checkbox"/> Other: |

Describe applicant or covered employee's business relationship with the City of Lauderhill for all checked boxes above to include disclosure of any type of complementation received if applicable:

Warning: knowingly and willingly making false or fraudulent statements to the City of Lauderhill may result in denial of assistance, civil penalties, and/or referral to law enforcement.

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the City of Lauderhill to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

Signature of Applicant

Signature of Co-Applicant

**NOTICE OF FEIN, TAX ID, OR SOCIAL SECURITY NUMBERS
FOR GOVERNMENT PURPOSES**

24 CFR Part 5 (General HUD Program Requirements; Waivers) §5.216 specifically states the following:

(b) Disclosure required of assistance applicants. Each assistance applicant must submit the following information to the City of Lauderhill when the assistance applicant's eligibility under the program involved is being determined.

- (1) The complete and accurate FEIN, Tax ID, or SSN assigned to the assistance applicant and to each member of the assistance applicant's business; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) Disclosure required of individual owner applicants. Each individual owner applicant must submit the following information to the City of Lauderhill when the individual owner applicant's eligibility under the program involved is being determined:

- (1) The complete and accurate FEIN, Tax ID or SSN assigned to the individual owner applicant and to each member of the individual owner applicant's business who will be obligated to pay the debt evidenced by the mortgage or loan documents; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The FEIN, Tax ID, or SSN is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and business owner(s) hereby agree to allow the City to use the FEIN, Tax ID, and SS number to verify the following information:

- Employment
- Unemployment
- Pension
- Benefits
- Social Security
- Assets
- Child support

This form must be completed and signed by the Authorized Representative of the business to be assisted

RECEIVED BY: _____
Print Name

DATE: _____

Signature

**GRANTS DIVISION
ECONOMIC DEVELOPMENT PROGRAM DISCLOSURES**

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance for supplying any information, I/we agree to hold harmless and indemnify City of Lauderhill, any agency, its offices, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City of Lauderhill does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to City of Lauderhill in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that City of Lauderhill does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City of Lauderhill, any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my /our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the City of Lauderhill.

Authorized Rep Signature

Date

Authorized Rep Printed Name

Co-Owner Signature

Date

Co-Owner Printed Name

**GRANTS DIVISION
LAUDERHILL CARES PROGRAMS**

DUPLICATION OF BENEFITS CERTIFICATION

(Please place a check mark in the appropriate box and circle 'I' or 'We' whichever applies)

I/We _____ hereby states that:

- I/We have **not received** any prior financial and/or insurance as a result of COVID-19.
- I/We **have received** funds from insurance company, FEMA, Small Business Administration, or any other agency/company for assistance with COVID-19 relief assistance.

1. Type of Assistance: _____ Source: _____ Amount: \$ _____

2. Type of Assistance: _____ Source: _____ Amount: \$ _____

I/We understand if I/we receive any other funds to assist with COVID relief assistance that:

- The funding received through CDBG CARES Act funding is in no way a duplication of any other benefits received.
- I/We will notify the Grants Division of said funds, and
- I/We hereby agree that any funds received from insurance company, FEMA, Small Business Administration or any other agency/company, will be used to reimburse the City the portion of the grant that was used to provide relief of the same item. If we have filed a claim with any of the stated agencies, we will provide copies of the Explanation of Benefits.

| | | |
|-----------------------------|-----------|------|
| Applicant's Printed Name | Signature | Date |
| Co-Applicant's Printed Name | Signature | Date |

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, **by means of** **physical presence** or **online notarization**, this _____ day of _____, 20____, by _____, as _____, who is personally known to me or who has produced _____ as identification.

Notary Signature: _____

Printed Name: _____

Notary Public, State of Florida at Large

My Commission Expires _____

Federal law prohibits any person, business concern, or other entity from receiving financial assistance with respect to any part of a loss resulting from a major disaster as to which he has received financial assistance under any other program or from insurance or any other source. Funds may not be used for activities reimbursable by or for which funds have been made available by homeowner insurance, FEMA, the Army Corps of Engineers, or any other organization. Applicants for assistance must certify that there will be NO DUPLICATION OF BENEFIT.

Subrecipients of Disaster Recovery funding must use this form when screening and qualifying applicants for housing and/or economic development assistance. A copy must be completed by each applicant and maintained in the applicant's case file along with documentation of any assistance previously provided (i.e., insurance claim that shows amount paid by the insurance company, FEMA claim, etc.).

The client file should also include evidence that applicant signed for release of information by FEMA, evidence of request for information sent to FEMA by local government, any FEMA responses or FEMA reports for that business or benefits paid. Grantees should first contact the Department to determine the availability of FEMA information.

Lauderhill CARES Business Assistance Grant Questionnaire

1. Does the business reside in city limits? Yes or No
2. Did you suffer a total business closure due to COVID-19? Yes or No
3. Do you have a City of Lauderhill Business Tax Receipt? Yes or No
4. What was the cause of your COVID-19 hardship? Select all that apply:
 - Complete closure
 - Reduced hours
 - Other: _____
5. Please provide you your contact information
 - a. Owner(s) Name: _____
 - b. Business name: _____
 - c. Address: _____
6. Is your business currently closed? Yes or No
7. Have you applied for federal assistance? Yes or No
8. Did you receive federal assistance? If yes, please select all forms of federal assistance received by all applicants:
 - Paycheck Protection Plan
 - EIDL Loan Advance
 - SBA Express Bridge Loans
 - SBA Debt Relief
 - Unemployment
 - Other
9. How much did you receive for each received? _____
10. Did you submit a monthly or quarterly sales report to the Dept. of Revenue? Yes or No
11. Did you reduce your business hours and/or layoff employees? Yes or No