

# DRAFT

## Program Overview

No data saved

Case Id: \*\*\*\*\*

Name: \*\*\*\*\*

Address: \*No Address Assigned

---

## Program Overview

---

Please provide the following information



Lee CARES

Small

Business  
Relaunch

Grant  
Application

### Program Overview

Lee County has identified \$25 million in emergency relief funds to support 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. Lee County will provide emergency financial support through the Lee CARES Relaunch Grant Program for qualified small businesses that have been negatively impacted by the COVID-19 pandemic due to orders to close or limit operations. This program is intended to help offset the unintended costs of reopening or relaunching a small business as a result of being determined non-essential per Governor Desantis' Safer at Home Executive Order.

The program will offer one-time \$5,000 relaunch grants to qualifying small businesses to cover expenses such as inventory, re-opening sanitation and safety supplies, signage, and insurance premiums. Relaunch grants are strictly limited to businesses located physically within Lee County. Funds can only be used to reimburse the costs of business interruption caused by required closures provided those costs are not paid by insurance or by another federal program. A business is only eligible for one relaunch grant per business.

Regardless of whether a business is or is not eligible for this program, it may still qualify for other funding programs. Visit [www.leegov.com/covid19](http://www.leegov.com/covid19) for a list of federal and state programs assisting businesses impacted by the COVID-19 pandemic.

### Eligibility Overview

- If an application is not totally complete and submitted with all required documents, it will be rejected and the Applicant can apply again
- \$5,000 for qualifying small businesses and not-for-profits with a physical commercial location in Lee County (1-25 full-time employees, or equivalent part-time employees, including the owner).
- Restaurants, bars and other non-essential businesses impacted by the local or state safer-at-home orders are eligible.

Printed on 5/22/2020

1 of 12

- Larger businesses (those with more than 25 employees as of March 1, 2020) and home-based businesses 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.
- No reimbursement is required.
- A business owner must be a Lee County resident.
- Non-profit organizations 501(c)(3) organizations who are by definition "charitable organizations" and were closed by the "Safer at home" order are eligible
- Other Non-profit entities are not eligible.

## A. Eligibility

No data saved

Case Id: 30152

Name: Zen Yoga - 2020/21

Address: \*No Address Assigned

---

### 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

Please specify the 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](#).
- Non-essential businesses are those not covered as essential services under Section 5 of ["Executive Order 20-91"](#)

☐ A.1. Business suffered from business interruption caused by the Safer at Home Executive Order resulting from the COVID-19 public health emergency.

☐ 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. NUMBER OF EMPLOYEES AS OF MARCH, 1 2020

Number of Full Time Employees as of March 1, 2020

Number of Part-Time Employees as of March 1, 2020

☐ A.4. Business is physically located within the boundaries of Lee County, Florida.

☐ A.5. Business is not a home-based business and occupies commercial space.

☐ A.6. Business has been operating since at least October 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 county, state or federal tax lien.
- ☐ A.10. Business does not have any current unpaid code enforcement liens and is not operating in violation of any state, federal or local laws.
- ☐ A.11. 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).



IF YOU DID NOT CHECK BOX FOR ALL ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE LEE CARES SMALL BUSINESS GRANT.

## B. General Information

No data saved

Case Id: 30152

Name: Zen Yoga - 2020/21

Address: \*No Address Assigned

---

### B. General Information

---

Please provide the following information

B.1. Legal Name of Business (as shown in Line 1 of W-9)

B.2. DBA (as shown in Line 2 of W-9)

B.3. Principal Business Address

B.4. Business Website Address

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

#### OWNER OR REPRESENTATIVE CONTACT INFORMATION

B.6. First Name

B.7. Last Name

B.8. Title

B.9. Primary Phone

B.10. Primary Email

B.11. Business Phone

B.12. Date Business Established

Printed on 5/22/2020

**B.13. Business Legal Entity Type (as shown in Line 3 of W-9)**



## C. Use of Grant

No data saved

Case Id: 30152

Name: Zen Yoga - 2020/21

Address: \*No Address Assigned

---

### C. Use of Grant

---

Please provide the following information

**C.1. Will you utilize the Lee CARES Small Business Relaunch Grant to help with preparing your business to open by replenishing inventory?**

**C.2. Will you utilize the Lee CARES Small Business Relaunch Grant to purchase the necessary supplies to follow CDC reopening business guidance?**

**C.3. Will you utilize the Lee CARES Small Business Relaunch Grant to help pay for expenses not supported in other State and Federal aid programs?**

**C.4. Will you utilize the Lee CARES Small Business Relaunch Grant to modify a business space for social distancing or to increase outdoor seating?**

**C.5. Will you utilize the Lee CARES Small Business Relaunch Grant to help with other needs?**

If YES please specify the other use. If NO, enter N/A

## D. Required Documentation

No data saved

Case Id: 30152

Name: Zen Yoga - 2020/21

Address: \*No Address Assigned

---

### D. Required Documentation

---

Please provide the following information

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

1. 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.

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 from Lee County or the municipality in which the business is located. Examples may include certification from the Florida Department of Business and Professional Regulation, certification from Department of Health, and business tax receipt from applicable jurisdiction.

3. Business Financials

- Individual (Sole Proprietors and individual/single-owner LLCs)
  - [2019 Schedule C \(Form 1040\)](#) **OR**
  - 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))
  - 2019 Corporation Income Tax Return ([Form 1120](#) or [Form 1120-S](#)) **OR**
  - If no 2019 tax return is available, provide 2018 tax return **and** Annual or Quarterly Balance Sheet or Profit & Loss Statement
- Partnerships
  - 2019 Return of Partnership Income ([Form 1065](#)) **OR**
  - If no 2019 tax return is available, provide 2018 tax return **and** Annual or Quarterly Balance Sheet or Profit & Loss Statement

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



proprietors may [complete and attach a certification](#) stating that business owner is the sole proprietor with no additional employees or subcontracted workers.

5. Updated and Current Lee County Business Tax receipt.

6. [Vendor Pay Form](#)

7. [ACH Form and copy of cancelled check](#)

8. For Non-Profit Organizations

- Non-profit organizations 501(c)(3) organizations who are by definition “charitable organizations” and receive funding primarily from private donors and governmental sources are eligible.
- Other 501(c) organizations are involved in lobbying activities and/or are supported primarily by member dues, rather than by sales of products or services are not eligible.
- Copy of [IRS Exemption Determination Letter](#)
- [Copy of 2019 IRS Form 990](#)

---

## Documentation

---

☐ W-9 Form **\*Required**

*\*\*No files uploaded*

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

*\*\*No files uploaded*

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

*\*\*No files uploaded*

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

*\*\*No files uploaded*

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

*\*\*No files uploaded*

☐ Vendor Pay Application **\*Required**

*\*\*No files uploaded*

☐ ACH Form and Cancelled Business Check **\*Required**

**\*\*No files uploaded**

☐ Proof of Residency - Business Owners driver's license showing Lee County Address **\*Required**

**\*\*No files uploaded**

☐ IRS Exemption Determination Letter

**\*\*No files uploaded**

☐ IRS Form 990

**\*\*No files uploaded**

☐ Additional Documentation (may include printed, signed copy of application by business owner if online submission is being completed on his/her behalf)

**\*\*No files uploaded**

## Applicant Certification

No data saved

Case Id: 30152

Name: Zen Yoga - 2020/21

Address: \*No Address Assigned

---

### Applicant Certification

---

Please provide the following information

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 County will not 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.

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 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. 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

Applicant Title

Signature

*\*\*Not signed*

Today's Date

