



Technical Assistance Training Session

WELCOME

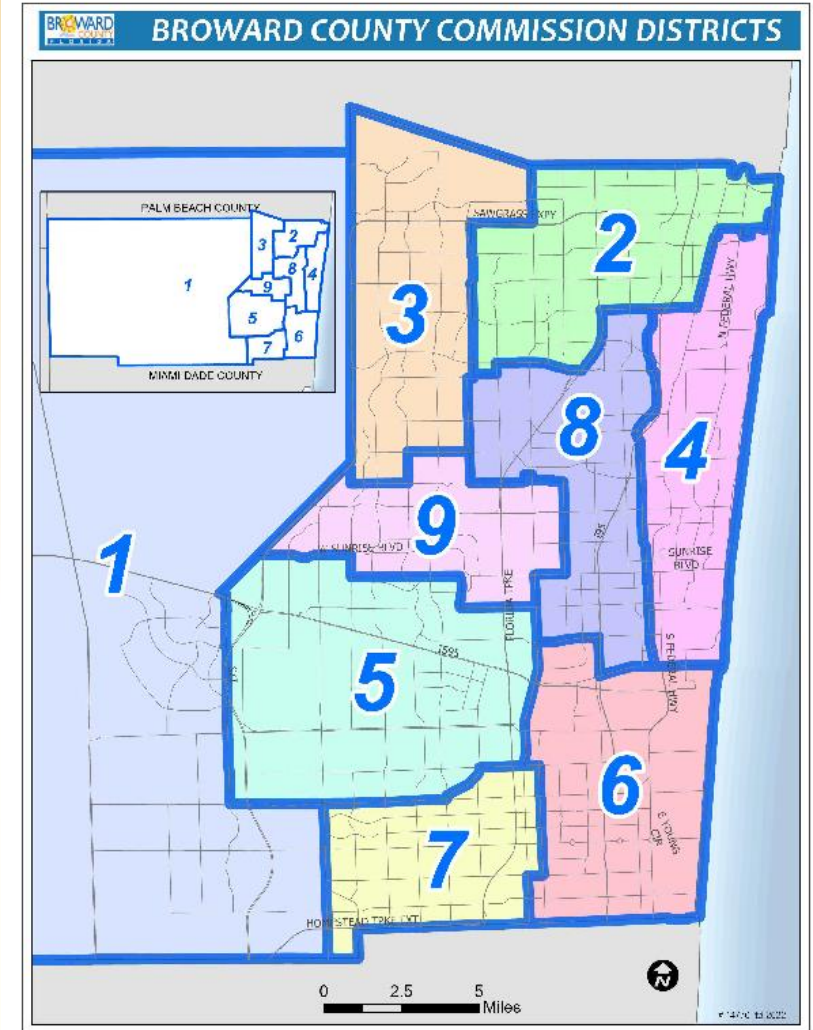
Maribel Feliciano
Assistant Director, OESBD



Program Information

- Goal - Help the smallest of the small businesses
- Assist with working capital to support general operations
- 11 grants per commission district
- First come, first served
- \$2,500 per grant
- Must submit eligible receipt(s) in excess of \$2,500*

* Grant of \$2,500 will be awarded and to ensure you have eligible receipts totaling \$2,500, it's recommended that receipts totaling more than \$2,500 are submitted.



Mark Cassidy, AICP

Mcassidy@broward.org

Program/Project Coordinator, Senior
Small Business Micro-Grant Program
Manager



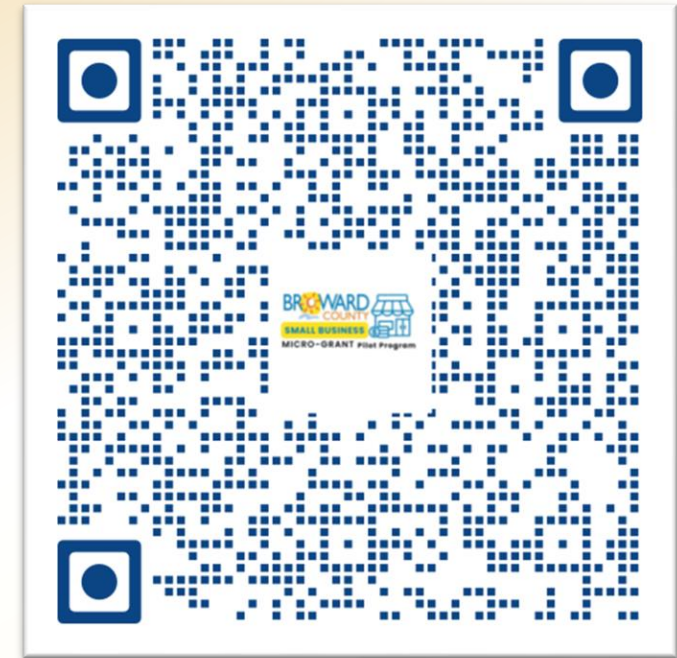
Agenda

- Eligibility Requirements
- Application Process
- Eligible and Prohibited Expenses
- Documents Required for Application
- Submitting Eligible Costs to be Reimbursed
- How to Apply – Application Portal
- Payment Process
- Frequently Asked Questions

Eligibility Requirements*

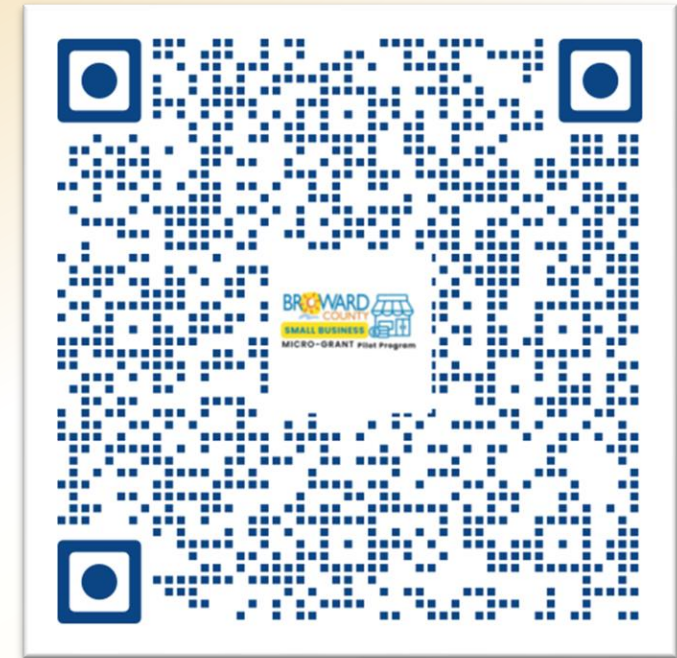
- Must be a Broward County business
- Have been in operations on or before October 1, 2022
- The Business is currently eligible (meaning they are NOT suspended or debarred) to contract with the federal, state, or local government to receive federal, state, or local grants or loans.
- Employs 10 employees or less (full time including business owner)
- Have business annual gross revenues of \$500,000 or less
- First-come, first-served

**For a complete list of eligibility requirements visit the [Small Business Micro-Grant Pilot Program website](#)*



Eligibility Requirements*

- The applicant(s) must be a majority owner or combined majority owners of the business (50% or more)
- Must be a for-profit business
- Must not be part of a national chain
- Grant eligibility will be based on the address of the business as reported in the application; the home address of a business owner will not be considered unless the business is operating as a home-based business (home-based businesses must submit copy of IRS Form 8829)
- One application per business, regardless of total eligible expenses.



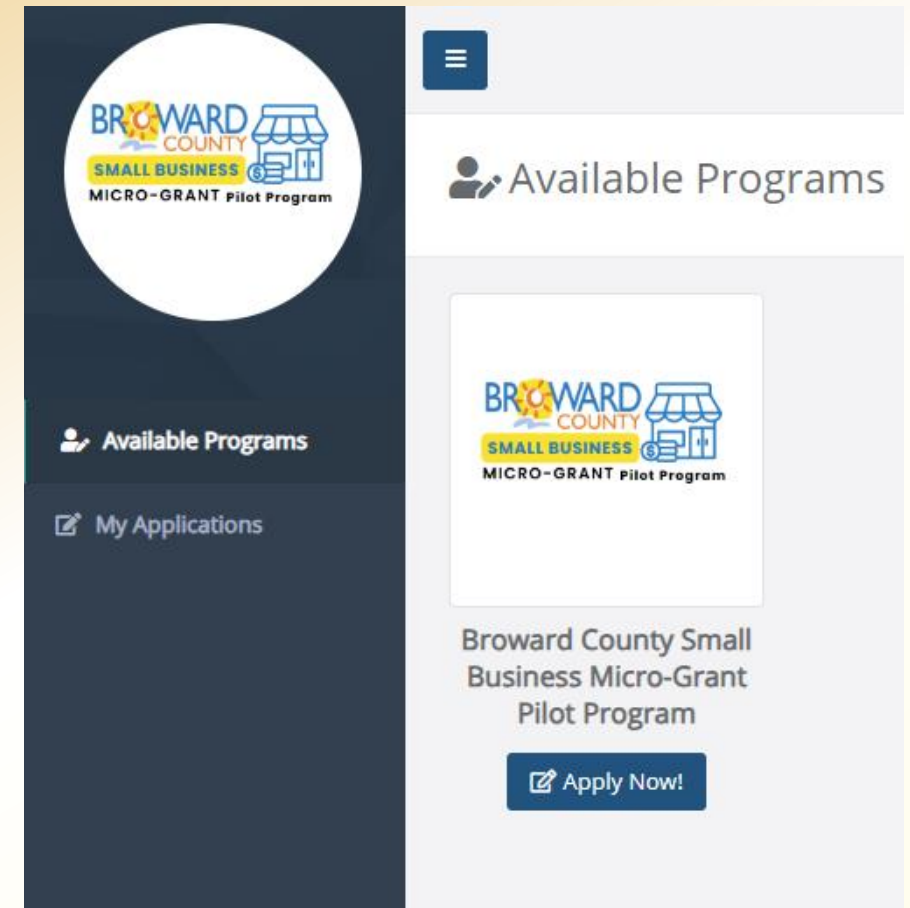
**For a complete list of eligibility requirements visit the [Small Business Micro-Grant Pilot Program website](#)*



Application Process

1. Gather all required documents
2. Create or open AccessBROWARD Account
3. Submit Application Online (link on OESBD website)
4. Applications will be submitted through the portal

Application Demonstration



Small Business Micro-Grant Pilot Program

Create your AccessBROWARD Account

<https://access.broward.org>

All application communications will go to
this email



AccessBROWARD

[Home](#) [Sign In](#) [Register](#) [Help](#)

Sign In

If you already have an account, please enter your email and password.

Email

Password

☐ Keep me signed in

[Forgot your password?](#)

[Sign In](#)

Don't have an AccessBROWARD
Account?
[Register here.](#)



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Stay Connected



AccessBROWARD

STEP 1: Register

HomeSign InRegisterHelp

Create a New Account

Complete the information below to create your account.

When you click *Create My Account*, you will receive an email with a link to confirm your registration. To ensure this email is not treated as spam and you receive the email, please add *no-reply@broward.org* to your email account contact list before you register.

Please note that passwords must be a minimum of 8 characters in length, contain at least one number, one uppercase letter, and one lowercase letter.

Email

Password

Reenter Password

Create My Account

STEP 2: Check email verification



STEP 3: AccessBROWARD

AccessBROWARD

Home Page

My AccessBROWARDAccount ProfileChange PasswordClose AccountHelp

My AccessBROWARD is your gateway to Broward County, Florida government services online. AccessBROWARD allows you to set up and manage your Broward County services in a secure environment, using a single account.


When you are signed into AccessBROWARD, you can access the following services:


- [Broward County eSubscriptions](#)
- [Lobbyist](#)
- [Bus Pass Purchase](#)
- [Water and Wastewater Services \(WWS\) ePay](#)
- [Small Business](#)
- [BC Commerce](#)



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When the Online Application Opens

Navigate to the Small Business Micro-Grant website to access the Micro-Grant Online Application *(not available yet)*:

<https://www.broward.org/econdev/Pages/small-business-micro-grant.aspx>



Broward County's Small Business Micro-Grant Pilot Program

Program Overview

The Office of Economic and Small Business Development (OESBD) administers a Small Business Micro-Grant Pilot Program to provide working capital for small businesses located within Broward County. The program is intended to assist the smallest of Broward businesses that need financial assistance. The application process will be online and qualified applications will be reviewed by OESBD. Qualifying applicants can apply for \$2,500 in reimbursable expenses for their small business for eligible expenses paid within 60 days prior to their application date.

Eligibility Requirements

- Business is currently eligible (meaning they are NOT suspended or debarred) to contract with the federal, state, or local government to receive federal, state, or local grants or loans.
- Registered with a Broward County Business License Tax Receipt
- Registered with a City Business License Tax Receipt
- Have been in operations on or before October 1, 2022
- Registered with State of Florida Division of Corporations
- Business Tax Filings must be current (must allow for 2022)
- Business Gross Annual Revenue of \$500,000 or less
- Business Employs 10 full-time people or less
- The applicant(s) must be a majority owner or combined majority owners of the business (50% or more)
- Must be a for-profit business
- Must not be part of a national chain
- Grant eligibility will be based on the address of the business as reported in the application; the home address of a business owner will not be considered unless the business is operating as a home-based business (home-based businesses must submit copy of IRS Form 8829)
- One application per business, regardless of total eligible expenses.

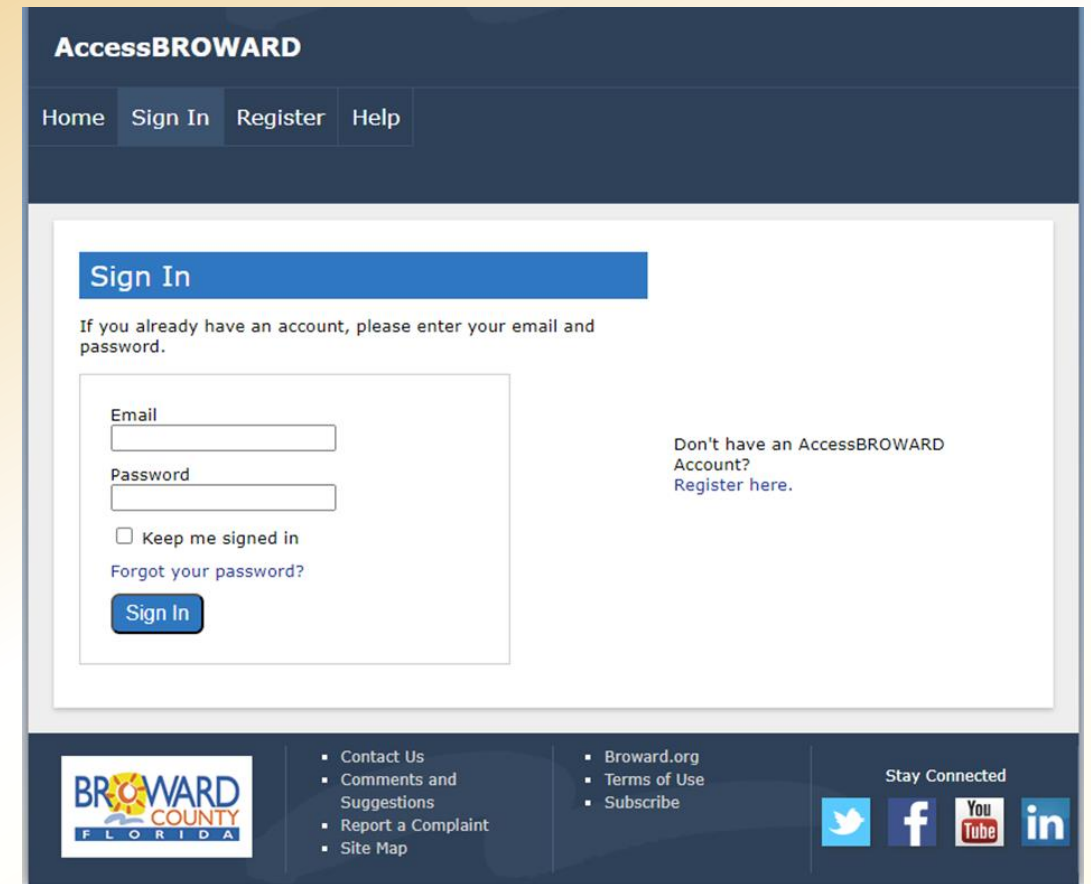
Eligible Expenses

- Purchase of Inventory and Supplies (excludes alcoholic beverages, cigarettes, tobacco, etc.)
- Business Equipment
- Payment of rent or mortgage of the commercial space (home-based businesses must submit copy of IRS Form 8829)
- Publicity, Marketing, and Advertising (signs, pamphlets, wall plaques, cornerstones, dedications, notices, flyers, brochures, news releases, media, packages, promotions, and/or stationery)
- Commercial Security Systems
- Commercial Liability Insurance
- Professional Services (services must be directly provided to the business, i.e. Legal Services in connection with operation of the business).

• Eligible expenses as identified above that were paid for with a credit card under the business name (All receipts MUST be under the business name)

When you click to access the Small Business Micro-Grant Online Application...it will take you to AccessBROWARD to log in.

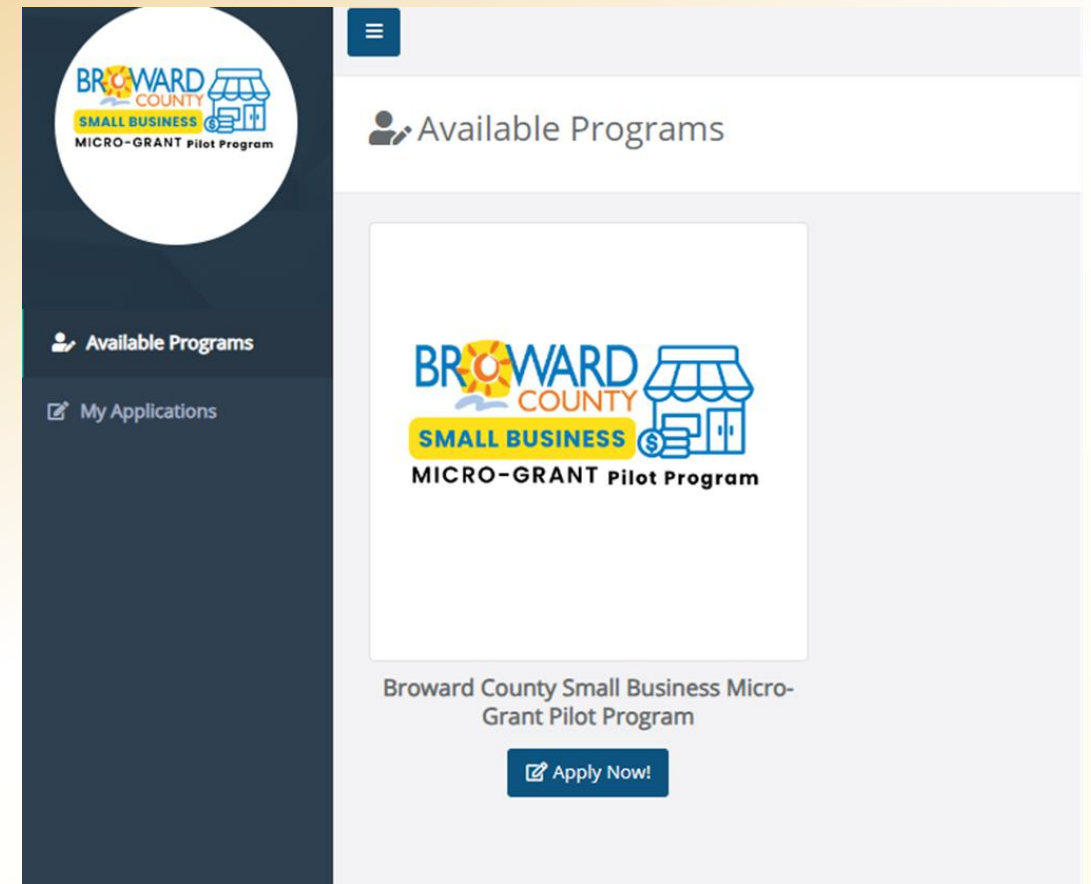
Type your email and password



The screenshot shows the AccessBROWARD login interface. At the top, there's a dark blue header with the 'AccessBROWARD' logo and navigation links: Home, Sign In, Register, and Help. The 'Sign In' link is highlighted. Below the header, there's a white box with a blue 'Sign In' title bar. Inside this box, a message states: 'If you already have an account, please enter your email and password.' There are two input fields for 'Email' and 'Password'. Below these fields is a checkbox labeled 'Keep me signed in' and a link 'Forgot your password?'. A blue 'Sign In' button is at the bottom of the form. To the right of the form, there's a link: 'Don't have an AccessBROWARD Account? Register here.' The footer of the page is dark blue and contains the Broward County Florida logo, a list of links (Contact Us, Comments and Suggestions, Report a Complaint, Site Map, Broward.org, Terms of Use, Subscribe), and social media icons for Twitter, Facebook, YouTube, and LinkedIn under the heading 'Stay Connected'.

Small Business Micro-Grant Online Application

- Click **Apply Now!** to submit application
- One application per business



Small Business Micro-Grant Pilot Program

Start Application Process:

- Section 1. Business Type
- Select if your company is For Profit or Non-Profit

Broward County Small Business Micro-Grant Pilot Program

Please have all the required documentation (<https://www.broward.org/econdev/Pages/small-business-micro-grant.aspx>) ready before completing the application. The person completing the application must own 50% or more of the business. Only for-profit businesses are eligible to apply.

Application Form

[↺ START OVER](#)

*** All Fields on The Form Are Required ***

Section I. Business Type

Select your business type and enter the corresponding information requested.

Date of Application: 4/11/2024

☐ For Profit ☐ Non-Profit

If you select Non-Profit

- **Not eligible**
- Click **Close** to close pop-up window
- If selected by mistake and the company is For-Profit, click **START OVER**
- For Profit status will be confirmed as part of the application review

The screenshot shows a web application interface. A white pop-up window is centered on the screen, displaying the message: "You selected that your business is currently nonprofit." Below this message, it states: "Based on your selection, you are not qualified for a Broward County Small Business Micro-Grant." An orange button labeled "Close" is positioned below the text. In the background, the "Application Form" is visible. It includes a "START OVER" button with a circular arrow icon. A red arrow points from the left towards this button. Below the button is a red-bordered box with the text "**** All Fields on The Form Are Required ****". The form itself is titled "Section I. Business Type" and contains the instruction: "Select your business type and enter the corresponding information requested." Below this, it shows "Date of Application: 5/14/2024" and two radio buttons: "For Profit" (unselected) and "Non-Profit" (selected).

You selected that your business is currently nonprofit.

Based on your selection, you are not qualified for a Broward County Small Business Micro-Grant.

Close

completing the application. The person completing the application must own 50% or more of the business. Only for-profit businesses are eligible to apply.

Application Form

START OVER

**** All Fields on The Form Are Required ****

Section I. Business Type

Select your business type and enter the corresponding information requested.

Date of Application: 5/14/2024

☐ For Profit ☒ Non-Profit

If you select For Profit

- Enter your TIN (EIN/SSN)
- The same TIN can't be used for multiple applications
- Enter your Broward County Local Business Tax Receipt Number

Application Form

START OVER

*** All Fields in The Form Are Required ***

Section I. Business Type

Select your business type and enter the corresponding information requested.
Date of Application: 3/6/2024

☒ For Profit ☐ Non-Profit

TIN (EIN/SSN)

Enter your Broward County Local Business Tax Receipt Number (To search for your number visit https://broward.county-taxes.com/public/search/business_tax)

Broward County Local Business Tax Receipt

Receipt # can be found in the
red box

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2023 THROUGH SEPTEMBER 30, 2024

Receipt #: 327-315394

Business Name:

Business Type: BUSINESS/FINANCIAL/CONSULTANT
(TALENT DVLPMNT CNSLTG)

Owner Name:

Business Opened: 04/16/2021

Business Location:

State/County/Cert/Reg:

Exemption Code:

Business Phone:

Rooms

Seats

Employees

Machines

Professionals

1

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

Receipt Fee 33.00

Packing/Processing/Canning Employees 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Receipt #WWW-

Paid 07/27/2023 33.00

If your TIN or Business Tax Receipt Number has already been used

See highlighted message

May re-enter if typed incorrectly



☒ Broward County Small Business Micro-Grant

The person completing the application must own 50% or more of the business. Only for-profit businesses are eligible to apply.

Application Form

[START OVER](#)

*** All Fields in Form Are Required ***

Section I. Business Information

Please enter your business information requested.
Select your business type and enter the corresponding information requested.

Date of Application: 1/16/2024

☒ For Profit ☐ Non-Profit

TIN (EIN/SSN)

888888888

WARNING: The EIN number you entered is already in use. Please contact OESBD at (954) 357-6400 for more information.

TIN (EIN/SSN)

Business Tax Receipt Number

Not Found!

The business tax receipt number entered does not match a current Broward County business tax receipt number.

[Close](#)

Small Business Micro-Grant Pilot Program

Section II. Business Information

- Grey boxes auto fill based on your Business Tax Number
- Fill in any applicable information in the white boxes
- Select most applicable Business Industry from the drop-down list

Section II. Business Information

Legal Name of Business (as shown in Line 1 of Form W-9)
1355 REAL ESTATE ASSOCI.

Fictitious Name, Trade Name, d/b/a (if any)

Business Address 1
1000 E HALLANDALE BCH I

Business Address 2

City
HALLANDALE

Zip Code
33009

State
FL

Business Phone
(954) 883-3700

Business Owner or Primary Contact
DENNIS MARKOW

Business Primary Contact Phone
(954) 357-8075

Business Primary Contact Email
Mcassidy@broward.org

Business Industry
Transportation and Warehousing

Section III. Qualifying Questions

- Answer all questions accurately
- All responses will be reviewed and confirmed by OESBD
- Automatically brought to next page if eligible

☒ Section III. Qualifying Questions

Please respond **Yes** or **No** to the following:

Is the business legally registered (as required by applicable law)?

☒ YES ☐ NO

Is the business up to date on tax payments/filings through 2022?

☒ YES ☐ NO

Section III. Qualifying Questions

- Answer all questions accurately
- All responses will be reviewed and confirmed by OESBD
- Automatically brought to next page if eligible

Does the business have annual gross revenues of \$500,000 or LESS?

☒ YES ☐ NO

Total Business Gross Revenue?

\$

555

Does the business employ 10 full-time people or LESS (including owners)?

☒ YES ☐ NO

Number of full-time employees (including owners)

10



Section III. Qualifying Questions

- Answer all questions accurately
- All responses will be reviewed and confirmed by OESBD
- Automatically brought to next page if eligible

Does the owner requesting the grant own 50% or more of the business?

☒ YES ☐ NO

Has the business been in operation for at least two years?

☒ YES ☐ NO

Is the business currently eligible (meaning it is not suspended nor debarred) to contract with the federal, state, or local government to receive federal, state, or local grants or loans?

☒ YES ☐ NO

Section III. Qualifying Questions

- If you select “No” you will see this message:
Not Eligible
- Click “Close” to submit your application
- Be careful! Answers cannot be changed once they are submitted

You selected that your business are not legally registered.


Based on your selection, you are not qualified for a Broward County Small Business Micro-Grant Pilot Program. Please review the eligibility requirements.

You can submit your responses by signing the bottom of the form and selecting the "SUBMIT APPLICATION" button.

Close

Section IV. Business Structure

- Select **Business Form**
- Complete **Business Ownership** - Add Business owner information
- If multiple owners and none greater than 50% ownership, include multiple owners to be at least 50% ownership

 Section V. Business Structure

Business Form

C-Corporation ▼

List all individuals with 50% or greater ownership stake in the Applicant Business:

[Complete your Business Ownership](#)

Business Form

--SELECT-- ▼

--SELECT--

Sole Proprietor

Partnership

C-Corporation

S-Corporation

Limited Liability Company (LLC)

Section IV. Business Structure

- Business Ownership
- Enter relevant information
- For informational purposes only
- Is not a consideration for application approval
- Applicants can select “Prefer Not to Answer” for gender and ethnicity information
- Click **Save**

Individual with 50% or greater ownership stake in the Applicant Business:

Title	First Name	Last Name
<input type="text" value="Mr"/>	<input type="text" value="John"/>	<input type="text" value="Smith"/>
Percentage of Ownership	Gender	Ethnicity
<input type="text" value="65"/>	<input type="text" value="Male"/>	<input type="text" value="Hispanic or Latino"/>
Address		Address 2
<input type="text" value="1 N University"/>		<input type="text"/>
City	Zip Code	
<input type="text" value="Plantation"/>	<input type="text" value="33324"/>	

Demographic Disclaimer

Questions regarding gender and ethnicity are used for informational purposes only and are NOT a consideration for application approval.

Save

Section IV. Business Structure

Business Ownership

- Once complete, the business owner is saved
- You can revise an entry by clicking the red trash icon to delete and resubmit


Section IV. Business Structure

Business Form

Partnership

List individuals with 50% or greater ownership.

Complete your Business Ownership

...	NAME	TITLE	% OF OWNERSHIP	GENDER	ETHNICITY	ADDRESS
	John Smith	Mr	65%	Male	Hispanic or Latino	1 N University Plantation, FL 33324

All Data: Business Ownership

Demographic Disclaimer

Questions regarding gender and ethnicity are used for informational purposes only and are NOT a consideration for application approval.

Section IV. Required Documentation*

1. W-9 Form
2. Most Recent Broward County Local Business License Tax Receipt (2023 or 2024)
3. Most Recent City Local Business License Tax Receipt (2023 or 2024)
4. Documentation of Active Status with the Florida Division of Corporations for at least two years (Sunbiz)
5. Federal Business Tax Returns (2022 or 2023)
6. Business Employment Documentation (Sole proprietors can submit the waiver – see template provided)
7. Government-issued identification
8. Complete, sign, and submit the Grant Terms and Conditions for Broward County Small Business Micro-Grant Pilot Program
9. Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date (totaling more than \$2,500). *ALL receipts or paid invoices MUST be under the business name.*

**For a complete list of the required documents and reimbursable expenses, please refer to the www.broward.org/econdev/Pages/small-business-micro-grant.aspx for additional information.*

Upload Required Documents

- Select document from drop-down
- Choose file to upload
- Click upload document

Documents Format and Size: Only .pdf, .doc, .docx, .jpg, .jpeg, .bmp, .tiff, and .png document formats are acceptable. Maximum individual file size: 25 MB.

Make sure you upload **ALL the required documents.**
Incomplete applications will not be eligible.

Upload Required Documents

Required Supporting Documentation

All documents must be submitted along with complete application. Please select the document to be uploaded from the drop-down list below and ensure at least the nine required documents are submitted.

1. W-9 Form
2. Broward County Local Business License Tax Receipt (2023 or 2024)
3. City Local Business License Tax Receipt (2023 or 2024)
4. Documentation of Active Status with the Florida Division of Corporations for at least two years
5. Federal Business Tax Returns (2022 or 2023)
6. Business Employment and Revenue Documentation
7. Government-issued identification
8. Micro-grant Program Agreement
9. Documentation of Eligible Reimbursable Paid Expenses Paid Within 60 Days Prior To Application Date

Support Documents

--SELECT--

Browse for Support Document

Choose File No file chosen

Upload Document

Required Documents

- Broward County Local Business License Tax Receipt
- Submit Most Recent
- Must be 2023 or 2024
- Go to:
<https://www.broward.org/RecordsTaxesTreasury/TaxesFees/Pages/LocalBusinessTaxes.aspx>

Small Business Micro-

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2023 THROUGH SEPTEMBER 30, 2024

Business Name:		Receipt #:	BUSINESS/FINANCIAL/CONSULTANT			
Owner Name:		Business Type:	(TALENT DVLPMNT CNSLTG)			
Business Location:		Business Opened:				
Business Phone:		State/County/Cert/Reg:				
		Exemption Code:				
Rooms	Seats	Employees	Machines	Professionals		
		1				
For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00
Receipt Fee			33.00			
Packing/Processing/Canning Employees			0.00			

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Receipt #WWW-
Paid 07/27/2023 33.00

^C
2023 - 2024


BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2023 THROUGH SEPTEMBER 30, 2024

Required Documents

- City Local Business Tax Receipt
- Submit Most Recent
- Must be 2023 or 2024
- Contact your city to acquire

	<p align="center">TOWN OF DAVIE</p> <p align="center">Local Business Tax Receipts</p> <p align="center">Effective Date: 1 [REDACTED]</p> <p align="center">Expiration Date: 9 [REDACTED]</p>	<p align="center">License Number</p> <p align="center">5</p>
<p>Business Name: [REDACTED] Business Phone: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>City, ST, Zip: Davie, FL, 33317</p>		
<p>License Type: Upholsterer</p> <p>DBA Name:</p> <p>Square Footage: 1000</p>		
<div></div>		
<p>Quantity</p> <p>1</p>	<p>License for</p> <p>Upholsterer</p>	<p>Business Tax Receipt fee</p> <p>\$98.49</p>

Required Documents

- Documentation of Active Status with the Florida Division of Corporations (Sunbiz) for at least two years
- EIN Number and Address must match application
- Submit PDF of Sunbiz page



DIVISION of

CORPORATIONS

an official State of Florida website

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

[Previous On List](#)
[Next On List](#)
[Return to List](#)

[Events](#)
[Name History](#)

Detail by Entity Name

Florida Profit Corporation
A CORP.

Filing Information

Document Number	
FEI/EIN Number	
Date Filed	09/08/1975
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	12/08/2022
Event Effective Date	NONE

Principal Address

Changed: 04/09/1990

Mailing Address

Changed: 01/16/2020

Registered Agent Name & Address

Name Changed: 12/08/2022

Address Changed: 03/31/2023

Officer/Director Detail

Name & Address

Title P	
---------	--

Title P

RAIL
FORT MYERS, FL 33912

Annual Reports

Report Year	Filed Date
2021	01/23/2021
2022	03/02/2022
2023	03/31/2023

Document Images

03/31/2023 -- ANNUAL REPORT	View image in PDF format
12/08/2022 -- Amendment	View image in PDF format
03/02/2022 -- ANNUAL REPORT	View image in PDF format
01/23/2021 -- ANNUAL REPORT	View image in PDF format

Required Documents

- 2023 Federal Business Tax Returns (First page)
- 2022 if 2023 not available
- Download from IRS.gov if not readily available
- EIN Number and contact information must match application
- Gross Revenue must match application
- Submit **ONE** of the following:
 - Sole Proprietorship: Form 1040, US individual income tax Return, sch. C, Profit or Loss from Business
 - Partnerships: Form 1065, U.S. Return of Partnership income. Schedule K-1, Partners Share of income. Deductions and Credits
 - Corporations: Form 1120. U.S. Corporation Income Tax Return

Required Documents

- Sole Proprietorship, form 1040 Schedule C:

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074
2023
Attachment
Sequence No. **09**

Name of proprietor _____ Social security number (SSN) _____

A Principal business or profession, including product or service (see instructions) _____ **B** Enter code from instructions _____

C Business name. If no separate business name, leave blank. _____ **D** Employer ID number (EIN) (see instr.) _____

E Business address (including suite or room no.) _____
City, town or post office, state, and ZIP code _____

F Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . . . ☐ Yes ☐ No

H If you started or acquired this business during 2023, check here . . . ☐ Yes ☐ No

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . ☐ Yes ☐ No

J If "Yes," did you or will you file required Form(s) 1099? . . . ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ☐ **1** _____

2 Returns and allowances . . . **2** _____

3 Subtract line 2 from line 1 . . . **3** _____

4 Cost of goods sold (from line 42) . . . **4** _____

5 Gross profit. Subtract line 4 from line 3 . . . **5** _____

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . **6** _____

7 Gross income. Add lines 5 and 6 . . . **7** _____

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising . . . **8** _____ **18** Office expense (see instructions) . . . **18** _____

9 Car and truck expenses (see instructions) . . . **9** _____ **19** Pension and profit-sharing plans . . . **19** _____

10 Commissions and fees . . . **10** _____ **20** Rent or lease (see instructions):

11 Contract labor (see instructions) . . . **11** _____ **a** Vehicles, machinery, and equipment . . . **20a** _____

12 Depletion . . . **12** _____ **b** Other business property . . . **20b** _____

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . **13** _____ **21** Repairs and maintenance . . . **21** _____

14 Employee benefit programs (other than on line 19) . . . **14** _____ **22** Supplies (not included in Part III) . . . **22** _____

15 Insurance (other than health) . . . **15** _____ **23** Taxes and licenses . . . **23** _____

16 Interest (see instructions): **24** Travel and meals:

a Mortgage (paid to banks, etc.) . . . **16a** _____ **a** Travel . . . **24a** _____

b Other . . . **16b** _____ **b** Deductible meals (see instructions) . . . **24b** _____

17 Legal and professional services . . . **17** _____ **25** Utilities . . . **25** _____

26 Wages (less employment credits) . . . **26** _____

27a Other expenses (from line 48) . . . **27a** _____

27b Energy efficient commercial bldgs deduction (attach Form 7205) . . . **27b** _____

28 Total expenses before expenses for business use of home. Add lines 8 through 27b . . . **28** _____

29 Tentative profit or (loss). Subtract line 28 from line 7 . . . **29** _____

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.
Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . **30** _____

31 Net profit or (loss). Subtract line 30 from line 29.
• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.
• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3.
• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P Schedule C (Form 1040) 2023

Small Business Micro-Grant Pilot Program

Required Documents

- Partnerships, Form 1065 and Schedule K-1:
- Include K-1 for all partners to exceed 50% of business ownership

Form 1065 U.S. Return of Partnership Income OMB No. 1545-0123

For calendar year 2023, or tax year beginning _____, 2023, ending _____, 20**23**

Go to www.irs.gov/Form1065 for instructions and the latest information.

A Principal business activity _____ Name of partnership _____ **D** Employer identification number _____

B Principal product or service _____ **Type or Print** Number, street, and room or suite no. If a P.O. box, see instructions. _____ **E** Date business started _____

C Business code number _____ City or town, state or province, country, and ZIP or foreign postal code _____ **F** Total assets (see instructions) _____

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

H Check accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify): _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: _____

J Check if Schedules C and M-3 are attached ☐

K Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 23 below. See instructions for more information.

	1a Gross receipts or sales	b Less returns and allowances	c Balance	1c
1				2
2	Cost of goods sold (attach Form 1125-A)			3
3	Gross profit. Subtract line 2 from line 1c			4
4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			5
5	Net farm profit (loss) (attach Schedule F (Form 1040))			6
6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			7
7	Other income (loss) (attach statement)			8
8	Total income (loss). Combine lines 3 through 7			9
9	Salaries and wages (other than to partners) (less employment credits)			10
10	Guaranteed payments to partners			11
11	Repairs and maintenance			12
12	Bad debts			13
13	Rent			14
14	Taxes and licenses			15
15	Interest (see instructions)			16a
16a	Depreciation (if required, attach Form 4562)			16b
16b	Less depreciation reported on Form 1125-A and elsewhere on return			17
17	Depletion (Do not deduct oil and gas depletion.)			18
18	Retirement plans, etc.			19
19	Employee benefit programs			20
20	Energy efficient commercial buildings deduction (attach Form 7205)			21
21	Other deductions (attach statement)			22
22	Total deductions. Add the amounts shown in the far right column for lines 9 through 21			23
23	Ordinary business income (loss). Subtract line 22 from line 8			24
24	Interest due under the look-back method—completed long-term contracts (attach Form 8697)			25
25	Interest due under the look-back method—income forecast method (attach Form 8866)			26
26	BBA AAR imputed underpayment (see instructions)			27
27	Other taxes (see instructions)			28
28	Total balance due. Add lines 24 through 27			29
29	Elective payment election amount from Form 3800			30
30	Payment (see instructions)			31
31	Amount owed. If the sum of line 29 and line 30 is smaller than line 28, enter amount owed			32
32	Overpayment. If the sum of line 29 and line 30 is larger than line 28, enter overpayment			

Income

Deductions (see instructions for limitations)

Tax and Payment

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member _____ Date _____

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____

Firm's name _____ Firm's EIN _____

Firm's address _____ Phone no. _____

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11390Z Form **1065** (2023)

Schedule K-1 (Form 1065) OMB No. 1545-0123

20**23**

Final K-1 ☐ Amended K-1 ☐

For calendar year 2023, or tax year beginning _____ / ____ / 2023 ending ____ / ____ / ____

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number _____

B Partnership's name, address, city, state, and ZIP code _____

C IRS center where partnership filed return: _____

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) _____

F Name, address, city, state, and ZIP code for partner entered in E. See instructions. _____

G ☐ General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 ☐ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____

I1 What type of entity is this partner? _____

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	%	%
Loss	%	%
Capital	%	%

Check if decrease is due to: ☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐

L **Partner's Capital Account Analysis**

Beginning capital account	\$
Capital contributed during the year	\$
Current year net income (loss)	\$
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$()
Ending capital account	\$

M Did the partner contribute property with a built-in gain (loss)? ☐ Yes ☐ No If "Yes," attach statement. See instructions.

N **Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	14 Self-employment earnings (loss)	
2 Net rental real estate income (loss)		
3 Other net rental income (loss)	15 Credits	
4a Guaranteed payments for services		
4b Guaranteed payments for capital	16 Schedule K-3 is attached if checked <input type="checkbox"/>	
4c Total guaranteed payments	17 Alternative minimum tax (AMT) items	
5 Interest income		
6a Ordinary dividends		
6b Qualified dividends	18 Tax-exempt income and nondeductible expenses	
6c Dividend equivalents		
7 Royalties		
8 Net short-term capital gain (loss)	19 Distributions	
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)	20 Other information	
9c Unrecaptured section 1250 gain		
10 Net section 1231 gain (loss)		
11 Other income (loss)		
12 Section 179 deduction	21 Foreign taxes paid or accrued	
13 Other deductions		

22 ☐ More than one activity for at-risk purposes*
23 ☐ More than one activity for passive activity purposes*
*See attached statement for additional information.

For IRS Use Only

For Paperwork Reduction Act Notice, see the Instructions for Form 1065. www.irs.gov/Form1065 Cat. No. 11394R Schedule K-1 (Form 1065) 2023

Required Documents

- Corporations, Form 1120

Form 1120 Department of the Treasury Internal Revenue Service		U.S. Corporation Income Tax Return For calendar year 2023 or tax year beginning _____, 2023, ending _____, 20____ Go to www.irs.gov/Form1120 for instructions and the latest information.		OMB No. 1545-0123 2023
A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return (attach Sch. PH) <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>		NAME OR PRINT Name _____ Number, street, and room or suite no. If a P.O. box, see instructions. _____ City or town, state or province, country, and ZIP or foreign postal code _____		B Employer identification number _____ C Date incorporated _____ D Total assets (see instructions) \$ _____
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change				
Income	1a	Gross receipts or sales	1a	
	b	Returns and allowances	1b	
	c	Balance. Subtract line 1b from line 1a	1c	
	2	Cost of goods sold (attach Form 1125-A)	2	
	3	Gross profit. Subtract line 2 from line 1c	3	
	4	Dividends and inclusions (Schedule C, line 23)	4	
	5	Interest	5	
	6	Gross rents	6	
	7	Gross royalties	7	
	8	Capital gain net income (attach Schedule D (Form 1120))	8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10	Other income (see instructions—attach statement)	10		
11	Total income. Add lines 3 through 10.		11	
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions—attach Form 1125-E)	12	
	13	Salaries and wages (less employment credits)	13	
	14	Repairs and maintenance	14	
	15	Bad debts	15	
	16	Rents	16	
	17	Taxes and licenses	17	
	18	Interest (see instructions)	18	
	19	Charitable contributions	19	
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	
	21	Depletion	21	
	22	Advertising	22	
	23	Pension, profit-sharing, etc., plans	23	
	24	Employee benefit programs	24	
	25	Energy efficient commercial buildings deduction (attach Form 7205)	25	
	26	Other deductions (attach statement)	26	
	27	Total deductions. Add lines 12 through 26	27	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.		28
29a	Net operating loss deduction (see instructions)	29a		
	Special deductions (Schedule C, line 24)	29b		
	Add lines 29a and 29b	29c		
Tax, Refundable Credits, and Payments	30	Taxable income. Subtract line 29c from line 28. See instructions	30	
	31	Total tax (Schedule J, Part I, line 11)	31	
	32	Reserved for future use	32	
	33	Total payments and credits (Schedule J, Part II, line 23)	33	
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34	
	35	Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35	
	36	Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36	
	37	Enter amount from line 36 you want: Credited to 2024 estimated tax Refunded	37	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Sign Here Signature of officer _____ Date _____ Title _____		May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	Firm's name		Firm's EIN	Check <input type="checkbox"/> if self-employed
	Firm's address		Phone no.	
For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11450Q Form 1120 (2023)				

Required Documents

- **Business Employment Documentation (sole proprietors must submit waiver – see template online)**
- EIN Number and contact information must match application
- Number of employees must match application
- Submit ONE of the following:
 - 2022 Employer's Quarterly Federal Tax Return (IRS Form 941)
 - 2022 FL Form RT6

Required Documents

- 2022 Employer's Quarterly Federal Tax Return (IRS Form 941)

941 for 2024: Employer's QUARTERLY Federal Tax Return
Form 941 (Rev. March 2024) Department of the Treasury — Internal Revenue Service

950124
OMB No. 1545-0029

Employer identification number (EIN) -
Name (not your trade name)
Trade name (if any)
Address
Number Street Suite or room number
City State ZIP code
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2024
(Check one.)
☐ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December
Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1

2 Wages, tips, and other compensation 2

3 Federal income tax withheld from wages, tips, and other compensation 3

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check here and go to line 6.

Column 1 Column 2

5a Taxable social security wages × 0.124 =

5b Taxable social security tips × 0.124 =

5c Taxable Medicare wages & tips × 0.029 =

5d Taxable wages & tips subject to Additional Medicare Tax withholding × 0.009 =

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d 5e

5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f

6 Total taxes before adjustments. Add lines 3, 5e, and 5f 6

7 Current quarter's adjustment for fractions of cents 7

8 Current quarter's adjustment for sick pay 8

9 Current quarter's adjustments for tips and group-term life insurance 9

10 Total taxes after adjustments. Combine lines 6 through 9 10

11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11


12 Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10 12

13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter 13

14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14

15 Overpayment. If line 13 is more than line 12, enter the difference Check one: ☐ Apply to next return. ☐ Send a refund.

You MUST complete both pages of Form 941 and SIGN it.
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 170012 Form 941 (Rev. 3-2024)



Florida Department of Revenue Employer's Quarterly Report

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

RT-6
R. 07/23
Rule 73B-10.037, F.A.C.
Effective XXXX
Page 1 of 2

QUARTER ENDING

DUE DATE

PENALTY AFTER DATE

TAX RATE

RT ACCOUNT NUMBER

Use black ink. Example A - Handwritten Example B - Typed

Do not make changes to the pre-printed information on this form. If changes are needed, visit floridarevenue.com/taxes/updateaccount to update your information.

If you do not have an account number, you are required to register (see instructions).

F.E.I. NUMBER

FOR OFFICIAL USE ONLY POSTMARK DATE

Reverse Side must be Completed

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

1st Month

2nd Month

3rd Month

2. Gross wages paid this quarter (Must total all pages)

3. Excess wages paid this quarter (See instructions)

4. Taxable wages paid this quarter (See instructions)

5. Tax due (Multiply Line 4 by Tax Rate)

6. Penalty due (See instructions)

7. Interest due (See instructions)

8. Installment fee (See instructions)

9a. Total amount due (See instructions)

9b. Amount Enclosed (See instructions)

If you are filing as a sole proprietor, is this for domestic (household) employment only?

Yes

No

RT-6

Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (section 443.171(5), Florida Statutes).

Signature	Title
Preparer's signature	Phone ()
Firm's name (or yours if self-employed)	Fax ()
Name	Preparer check if self-employed
Address	Preparer's SSN or PTIN
Address	FEIN
City/ST/ZIP	Preparer's phone number ()

Employer's Quarterly Report Payment Coupon

Florida Department of Revenue

COMPLETE and MAIL with your REPORT/PAYMENT. Please write your RT ACCOUNT NUMBER on check. Make check payable to: Florida U.C. Fund.

RT-6

RT ACCOUNT NO.

F.E.I. NUMBER

RT-6

GROSS WAGES (From Line 2 above.)

AMOUNT ENCLOSED (From Line 9b above.)

PAYMENT FOR QUARTER ENDING MM/YY

Check here if you are electing to pay tax due in installments.

Check here if you transmitted funds electronically.

RT-6

RT ACCOUNT NO.

F.E.I. NUMBER

Required Documents

Sole proprietors
Submit An
Employment
Documentation
waiver letter

Small Business Micro-Grant Pilot Program

Employment Documentation Waiver – Sole Proprietorship

To whom it may concern:

I __[applicant name]__, am the owner of __[business name]__, a sole proprietorship. As a sole proprietorship, __[business name]__ does not file tax documentation for employees, and therefore does not file IRS Form 941 or FL Form RT6. Please accept this letter in lieu of submitting IRS Form 941 or FL Form RT6.

Print Applicant Name: _____

Applicant Signature: _____

Required Documents

- Government-issued identification (**ONE** of the following):
 - Florida identification card issued by the Department of Highway Safety and Motor Vehicles - or
 - United States passport - or
 - Broward Community ID - or
 - Military identification - or
 - Florida driver's license

Required Documents

- Government-issued identification:
 - Florida identification card issued by the Department of Highway Safety and Motor Vehicles
 - Sample Image courtesy of www.flhsmv.gov



Required Documents

- Government-issued identification:
 - United States Passport
 - Sample Image courtesy of travel.state.gov



Required Documents

- Government-issued identification:
 - Broward Community ID
 - Image courtesy of www.browardlegalaid.org



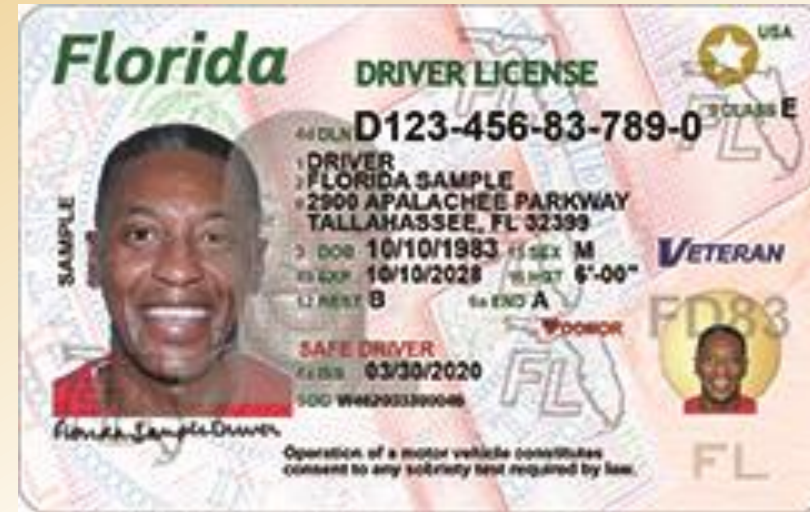
Required Documents

- Government-issued identification:
 - Military identification: reserve, active duty, retired, dependent, veteran
 - Sample image courtesy of U.S. Department of Defense www.defense.gov



Required Documents

- Government-issued identification:
 - Florida Driver's License
 - Sample image courtesy of www.flhsmv.gov



Required Documents

- Complete, sign, and submit the **Grant Terms and Conditions for Broward County Small Business Micro-Grant Pilot Program**
- Include **Exhibit A, Foreign Country of Concern Attestation**
- **Link to the document on the SB Micro-Grant Program website**

GRANT TERMS AND CONDITIONS FOR BROWARD COUNTY SMALL BUSINESS MICRO-GRANT PILOT PROGRAM

By signing below, Grantee acknowledges that execution of these Grant Terms does not constitute an offer or guarantee of a Grant Award. These Grant Terms shall only be effective if County issues a notice of Grant Award to Grantee.

GRANTEE

Grantee's Name

By: _____
Authorized Signer

Print Name and Title

_____ day of _____, 2024

Exhibit A Foreign Country of Concern Attestation

This form must be completed by an officer or representative of an entity entering into, renewing, or extending, a contract with a Governmental Entity for economic incentives. Capitalized terms used herein have the definitions ascribed in [Rule 60A-1.020, F.A.C.](#)

The entity identified below is not owned by the government of a Foreign Country of Concern, is not organized under the laws of nor has its Principal Place of Business in a Foreign Country of Concern, and the government of a Foreign Country of Concern does not have a Controlling Interest in the entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Printed Name:

Signature:

Date:

Required Documents

- **Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date**
- Submitted receipts must equal or be in excess of \$2,500 to ensure that \$2,500 will be considered for approval
- Receipts totaling less than \$2,500 will not be considered for approval
- Make sure all documents and application entries are legible
- All proof of payment must state company name. If company name is not on proof of payment, applicant must submit proof that the payment was made by the same company name as in the application
 - Proof may include a credit card or bank statement with the company name and account number that matches the receipt/invoice
- Recommended – in a separate document, outline each purchase and the corresponding eligible expense category

Required Documents


- **Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date**

Eligible expenses:

- Purchase of Inventory and Supplies (excludes alcoholic beverages, cigarettes, tobacco, etc.)
- Business Equipment
- Payment of rent or mortgage of the commercial space (home-based businesses must submit IRS Form 8829)
- Publicity, Marketing, and Advertising (signs, pamphlets, wall plaques, cornerstones, dedications, notices, flyers, brochures, news releases, media, packages, promotions, and/or stationery)
- Commercial Security Systems
- Commercial Liability Insurance
- Professional Services (services must be directly provided to the business, i.e., Legal Services in connection with operation of the business)
- Expenses paid for with a credit card under the business name

Required Documents

- Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date
- Purchase of Inventory and Supplies
- Need at least payment receipt. If payment receipt does not provide business name or purchase description, attach corresponding invoice
- Must include company name that matches name on application



COMPANY
NAME

Payment Receipt

Invoice to:

Name Angela Test

Address 34th Street, Happy Village
Malabon, Metro Manila, 1110
United States

Date Thursday, April 18, 2019

Payment Method Card

Products

	Quantity	Unit Price	Amount
Shampoo	1	10	10
Toothpaste	2	15	30
Soap	3	5	15
Total			55

VENDOR INVOICE

DETAILS

DATE: _____

INVOICE NO. _____

BILL TO

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

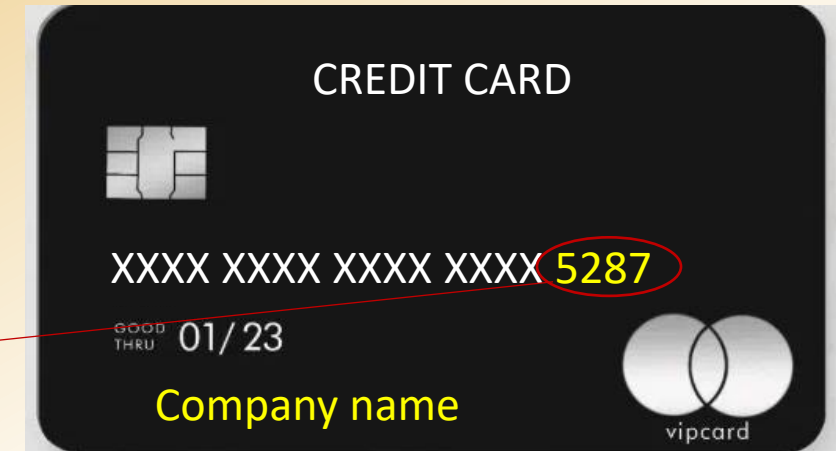
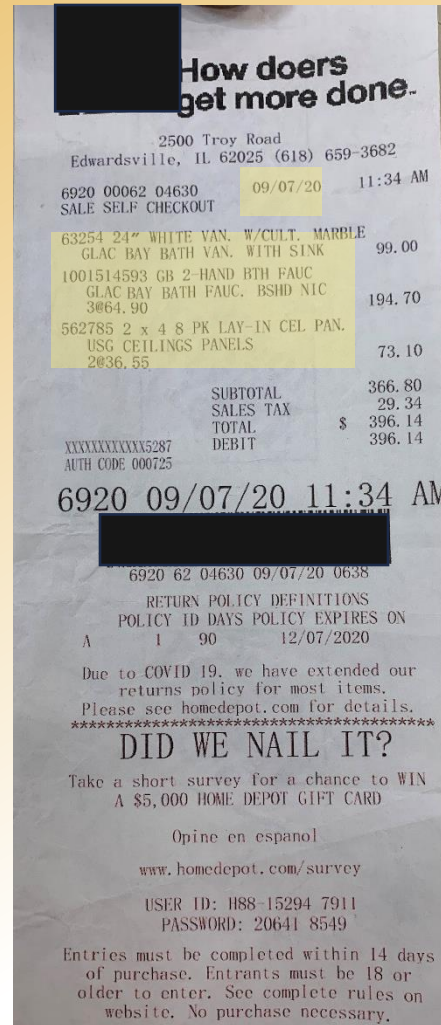
E-MAIL: _____

NOTES: _____

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT (\$)
SUBTOTAL			
DISCOUNT			
TAX / VAT			
TOTAL			

Required Documents


- Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date
- Business Equipment and other Expenses paid for with a credit card under the business name
- If receipt does not have company name, you must include an image of the card or account statement that demonstrates the payment was made by the company listed on the application.



Required Documents

- Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date
- Payment of rent or mortgage of the commercial space
- Mortgage statement showing payment
- Rent must be receipt, not a bank statement; can be requested from landlord
- Redact if necessary. Must include highlighted portions and match application.

Springside Mortgage DRAFT **Mortgage Statement**
Statement Date: 3/20/2012



Account Number 1234567

Payment Due Date 4/1/2012

Amount Due **\$1,829.71**

If payment is received after 4/15/12, pay \$1,989.71

Account Information		Current Payment Due	
Property Address	4700 Oak Ridge Ln Bethesda, MD 20814	Principal	\$386.46
Outstanding Principal	\$264,776.43	Interest	\$1,048.07
Maturity Date	September 2039	Escrow (for Taxes and Insurance)	\$235.18
Interest Rate (Until October 2012)	4.75%	Regular Monthly Payment	\$1,669.71
Prepayment Penalty (Until September 2014)	\$3,500.00	Total Fees Charged	\$160.00
		Total Amount Due	\$1,829.71

Contact Us	
By Phone:	1-800-555-1234
Online:	www.springsidemortgage.com
<small>See back for mailing addresses</small>	

Transaction Activity (2/20/2012 – 3/19/2012)			
Date	Description	Charges	Payments
3/16/12	Late Fee (charged because payment was received after 3/15/2012)	\$160.00	
3/17/12	Payment Received – Thank you		\$1,669.71

Past Payments Breakdown			
	Paid Last Month	Paid Year to Date	
Principal	\$384.93	\$1,150.25	
Interest	\$1,049.60	\$3,153.34	
Escrow (Taxes and Insurance)	\$235.18	\$705.54	
Fees	\$0.00	\$0.00	
Total	\$1,669.71	\$5,009.13	

Important Messages

If You Are Experiencing Financial Difficulty: If you would like mortgage counseling or assistance, you can find a list of counselors in your area on the U.S. Department of Housing and Urban Development's website at www.hud.gov. On the back of this page, we have also provided contact information for three state- or federally-approved counseling programs in your area.

We are pleased to have you as a Springside Mortgage customer. We are known throughout the country for the quality of our service and our dedication to providing financial security for our customers. We will do everything we can to make you feel at home, and to ensure you receive the friendly, professional service you deserve.

Rev. 1348D16

Rent Receipt

Date: _____

Receipt No.: _____

Tenant Name: _____

Property Address: _____ Unit No.: _____

City, State, Zip Code: _____

This receipt is to confirm that rent payment in the sum of \$_____ was received on _____ for the rental period from _____ to _____.

Payment was made by:

- Cash
- Personal check no. _____
- Cashier's check no. _____
- Money order
- Credit card
- PayPal
- Electronic transfer
- Other _____

[The balance due is \$_____.]

Thank you.

Landlord Signature _____

Landlord Name _____

Required Documents

- Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date
- Payment of rent or mortgage of the commercial space
- Home-based business: submit IRS Form 8829 in addition to rent/mortgage payment receipt


Form 8829 Department of the Treasury Internal Revenue Service		Expenses for Business Use of Your Home File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year. Go to www.irs.gov/Form8829 for instructions and the latest information.		OMB No. 1545-0074 2023 Attachment Sequence No. 176
Name(s) of proprietor(s)			Your social security number	

Part I Part of Your Home Used for Business				
1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1		
2	Total area of home	2		
3	Divide line 1 by line 2. Enter the result as a percentage	3		%
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.				
4	Multiply days used for daycare during year by hours used per day	4		hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5		hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6		
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7		%

Part II Figure Your Allowable Deduction				
8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.			8
See instructions for columns (a) and (b) before completing lines 9-22.				
		(a) Direct expenses	(b) Indirect expenses	
9	Casualty losses (see instructions)	9		
10	Deductible mortgage interest (see instructions)	10		
11	Real estate taxes (see instructions)	11		
12	Add lines 9, 10, and 11	12		
13	Multiply line 12, column (b), by line 7	13		
14	Add line 12, column (a), and line 13	14		
15	Subtract line 14 from line 8. If zero or less, enter -0-	15		
16	Excess mortgage interest (see instructions)	16		
17	Excess real estate taxes (see instructions)	17		
18	Insurance	18		
19	Rent	19		
20	Repairs and maintenance	20		
21	Utilities	21		
22	Other expenses (see instructions)	22		
23	Add lines 16 through 22	23		
24	Multiply line 23, column (b), by line 7	24		
25	Carryover of prior year operating expenses (see instructions)	25		
26	Add line 23, column (a), line 24, and line 25	26		
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27		
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28		
29	Excess casualty losses (see instructions)	29		
30	Depreciation of your home from line 42 below	30		
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31		
32	Add lines 29 through 31	32		
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33		

Required Documents

- Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date
- Publicity, Marketing, and Advertising
- Need at least payment receipt. If payment receipt does not provide business name or purchase description, attach corresponding invoice
- Must include company name that matches name on application



COMPANY NAME

Payment Receipt

Invoice to:

Name: Angela Test

Address: [Redacted]

Date: Thursday, April 18, 2019

Payment Method: Card

VENDOR INVOICE

DETAILS

DATE: [Redacted]

INVOICE NO. [Redacted]

Products

	Quantity	Unit Price	Amount
Shampoo	1	10	10
Toothpaste	2	15	30
Soap	3	5	15
Total			55

FROM

COMPANY: [Redacted]

ATTN: [Redacted]

ADDRESS: [Redacted]

CITY, STATE: [Redacted]

ZIP: [Redacted]

PHONE: [Redacted]

E-MAIL: [Redacted]

BILL TO

COMPANY: [Redacted]

ATTN: [Redacted]

ADDRESS: [Redacted]

CITY, STATE: [Redacted]

ZIP: [Redacted]

PHONE: [Redacted]

E-MAIL: [Redacted]


NOTES: [Redacted]

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT (\$)
[Redacted]			
SUBTOTAL			
DISCOUNT			
TAX / VAT			
TOTAL			

THANK YOU FOR YOUR BUSINESS

Required Documents

- Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date
- Commercial Security Systems
- Commercial Liability Insurance
- Need at least payment receipt. If payment receipt does not provide business name or purchase description, attach corresponding invoice
- Must include company name that matches name on application



COMPANY NAME

Payment Receipt

Invoice to:

Name: Angela Test

Address: [Redacted]

Date: Thursday, April 18, 2019

Payment Method: Card

VENDOR INVOICE

DETAILS

DATE: _____

INVOICE NO. _____

Products

	Quantity	Unit Price	Amount
Shampoo	1	10	10
Toothpaste	2	15	30
Soap	3	5	15
Total			55

FROM

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

BILL TO

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT (\$)

NOTES: _____

SUBTOTAL	
DISCOUNT	
TAX / VAT	
TOTAL	

THANK YOU FOR YOUR BUSINESS

Required Documents

- Documentation of Eligible Reimbursable Expenses Paid Within 60 Days Prior To Application Date
- Professional Services
- Services must be directly provided to the business, i.e. Legal Services in connection with operation of the business



COMPANY
NAME

Payment Receipt

Invoice to:

Name Angela Test

Address [Redacted]

Date Thursday, April 18, 2019

Payment Method Card

VENDOR INVOICE

DETAILS

DATE: _____

INVOICE NO. _____

Products

	Quantity	Unit Price	Amount
Shampoo	1	10	10
Toothpaste	2	15	30
Soap	3	5	15
Total			55

FROM

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

BILL TO

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT (\$)

NOTES: _____

SUBTOTAL


DISCOUNT

TAX / VAT

TOTAL

THANK YOU FOR YOUR BUSINESS

Uploaded Documents Are Listed Behind The Upload Documents Box:

...	NAME	TITLE	% OF OWNERSHIP	GENDER
	q q	q	66%	Female








All Data: Business Ownership

Demographic Disclaimer

Questions regarding gender and ethnicity are used for informational purposes only and are NOT

Section V. Required Supporting Documentation

Uploaded Documents

FILE	SIZE
 W-9 Form	85.5 KB
 Broward County Local Business License Tax Receipt	33.9 KB
 City Local Business License Tax Receipt	34.4 KB
 Federal Business Tax Returns	7.41 KB
 Business Employment and Revenue Documentation	33.9 KB
 Business Employment and Revenue Documentation	64.3 KB
 Government-issued identification	7.41 KB

7. Government-issued identification

8. Micro-grant Program Agreement

9. Documentation of Eligible Reimbursable Paid Expenses Paid Within 60 Days Prior To Application Date

Support Documents

--SELECT--

Browse for Support Document

Choose File No file chosen

Upload Document Close and Proceed to Next Section

Section VI. Certifications / Affirmations / Acknowledgments

- Read through, if agree, click “I attest to all of the following”

Section VI. Certifications / Affirmations / Acknowledgments

☐ I attest to all of the following:

Acknowledgments

I attest that I submitted receipts for eligible expenses along with supporting documentation as required by the Program, electronically through the application portal at <https://www.broward.org/econdev/Pages/small-business-micro-grant.aspx>.

I acknowledge eligible expenses

I acknowledge

I acknowledge not eligible.

I acknowledge income by the

I acknowledge records, included through the trip report of business

General in Broward County authority including transactions, and inspect the compliance with Inspector General Code, Section 2

Certifications and Affirmations

I certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate. I understand that knowingly making a false statement in this application may subject me to criminal prosecution and penalties in accordance with applicable law, including but not limited to, Chapter 817, Florida Statutes, and Chapter 47, United States Code, which may include up to five years' imprisonment and/or up to a \$250,000 fine.

I affirm that the award and payment of grant funds are subject to the sole and absolute discretion of the Broward County Board of County Commissioners without recourse. By submitting this application, I waive and all claims related to the Broward County Small Business Micro-Grant Pilot Program (Program) and specifically agree to indemnify and hold the County, its employees, officers, agents, and representatives harmless from any and all claims which may be in any way related to any Program award, payment, and/or denial.

I affirm that this grant will be utilized to support the ongoing operations for the applicant business.

I affirm that the tax documents are identical to those I have submitted to the Internal Revenue Service.

I attest that I am an owner of a for-profit applicant business and authorized by all other owner(s) of this business to apply to this Program on behalf of the business. I further affirm that I am authorized to bind the business to any terms pursuant to this grant application and that all other owner(s) of this business are in


Sign and Submit


- Type Full Name
- Confirm Date
- Check, “I’m not a robot”
- Click Submit Application
- Email confirmation will be sent to the email address provided


Applicant's Signature

Full Name

Date

 5/14/2024

 I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

Submit Application

Nadia Hankerson
nhankerson@broward.org
Business Manager, OESBD



Application Process

- Designated OESBD staff will review each submitted application to confirm eligibility requirements
- During this step, applications will appear in the portal under status, “Submitted”

The screenshot shows the 'My Applications Dashboard' for the Broward County Small Business Micro-Grant Pilot Program. The dashboard includes a sidebar with the program logo and navigation links for 'Available Programs' and 'My Applications'. The main content area features an 'Announcements' section with a message to go to 'Available Programs' to submit an application. Below this is a 'List' section showing a table of applications. The table has columns for 'APPLICATION', 'SUBMITTED ON', and 'STATUS'. A single application is listed with the status 'Submitted' highlighted in yellow. At the bottom, there are pagination controls showing 'Previous', '1', and 'Next'.

BROWARD COUNTY SMALL BUSINESS MICRO-GRANT Pilot Program

My Applications Dashboard

Announcements
Please go to Available Programs to submit the Small Business Micro-Grant Application.

List

Show 25 entries [Excel](#) [Print](#)

Showing 1 to 1 of 1 entries

...	APPLICATION	SUBMITTED ON	STATUS
view	Broward County Small Business Micro-Grant Pilot Program	5/14/2024 2:47:18 PM	Submitted

All Data - Applications In Records

[Previous](#) **1** [Next](#)

Application Process

- Approved applications will appear in the portal under status, “Approved” in the dashboard
- When the application is Approved by OESBD, the applicant will receive another email message notifying them of their successful grant application.

Payment Process

- The OESBD Administration Team will submit a payment request to the Accounting Division.
 - Status will be updated to “Payment in Process”
- Accounting will address check to the Business Name (Company) and mail to the address provided on the W-9
 - Status will be updated to “Payment Issued”
- Please allow up to 4 weeks for payment process

Frequently Asked Questions

- 1) *How will I be notified if I am selected?*
 - a. You will receive an Approval Email at the email address provided in your application.
- 2) *When would I receive payment?*
 - a. Once approved, payments are expected to be processed in approximately 4 weeks.
- 3) *How can I check the status of my application?*
 - a. Please call OESBD at (954) 357-6400
- 4) *Who can I contact with questions about the forms and required supporting documentation?*
 - a. Office of Economic and Small Business Development at (954) 357-6400.

Frequently Asked Questions

- 5) *Does the application come in Spanish and Haitian Creole?*
 - a. No
- 6) *Do you provide technical assistance in Spanish and Haitian Creole?*
 - a. Yes
- 7) *Based on the services that I provide, I'm not sure if my business is eligible to receive grant funding? Who can I contact to confirm if it is?*
 - a. Office of Economic and Small Business Development at (954) 357-6400
- 8) *What if I have no employees? It is just me. Could I still qualify for funding?*
 - a. Yes
- 9) *What dates will the application be open?*
 - a. The application will open the last week of May 2024.

Frequently Asked Questions

10) If I am missing one or more of the required documents as part of the application, am I still eligible for funding?

a. No, all required documentation must be submitted to qualify.

11) If I do not have a receipt, invoice, or other proof of payment, can I still receive funding?

a. No. Grant funds can only be approved for verifiable spending via invoice, receipt, or other proof of payment.

12) Is my business eligible?

a. Please review the eligibility requirements

13) What type of spending can I submit for funding?

a. Please review the eligible and prohibited expenses

For any other questions, you can reach out to OESBD at (954) 357-6400

Visit the Small Business Micro-Grant Program website for:

- Program Overview
- Eligibility Requirements
- Eligible Expenses
- Prohibited Expenses
- Required Documents
- Next workshop:
May 20, 2024 @ 1pm (in person)
- Frequently Asked Questions (FAQs)
- Link to create AccessBROWARD Account that is required to submit the Micro-Grant Online Application

www.broward.org/econdev/Pages/small-business-micro-grant.aspx

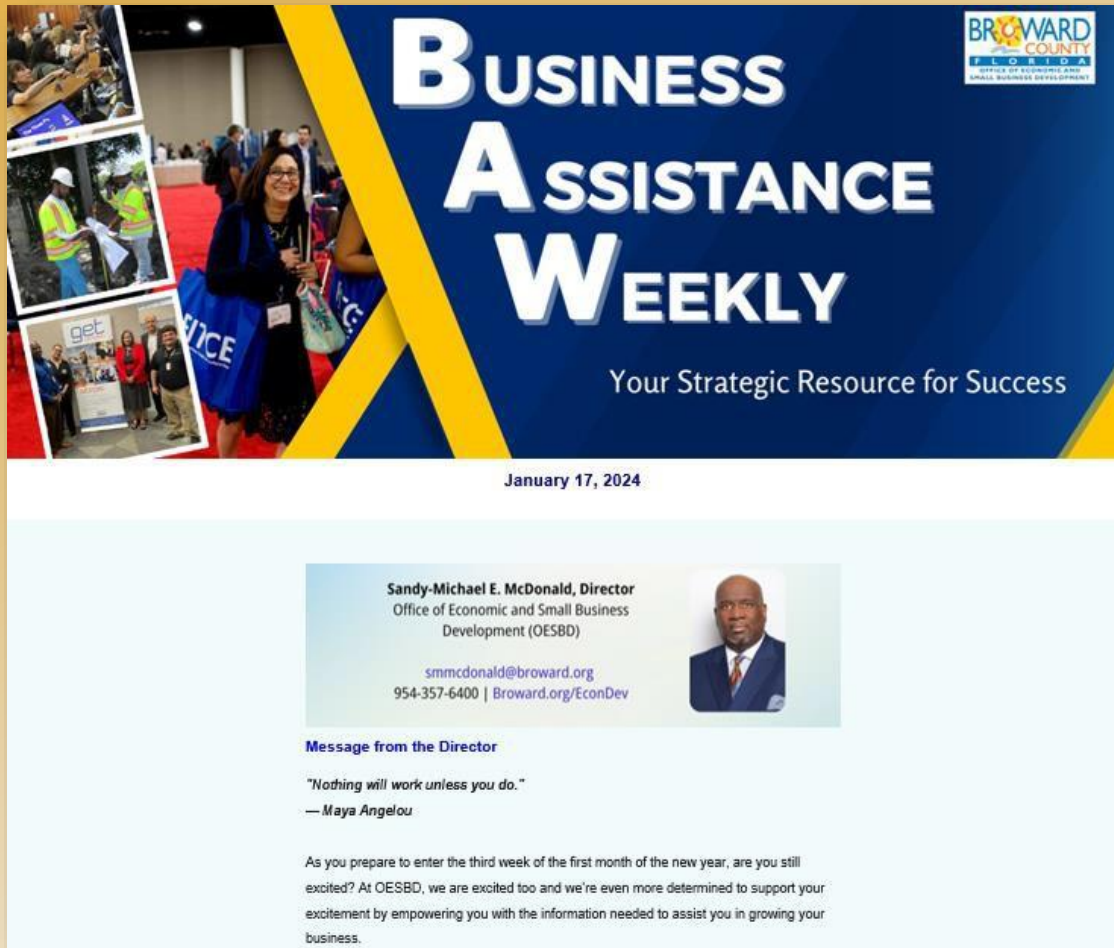


For more information call
our office at (954) 357-6400

Stay ENGAGED



SIGN UP to receive OESBD electronic communications - including the "BAW"



OESBD Weekly e-Newsletter

Stay Connected

Follow OESBD on Social Media



@BCOESBD



BrowardCountyOESBD



Q & A



Thank You!



115 S. Andrews Avenue, Room A-680
Fort Lauderdale, FL 33301
954-357-6400
Broward.org/EconDev