



# City of Destin Small Business COVID-19 Recovery Grant Application

Disaster Event: COVID-19

Application Period: Monday June 1, at 8:00am CDT to Friday, June 5 at 5:00pm CDT. Applications received outside this time frame will not be reviewed.

GRANT AMOUNT REQUESTED: <input type="checkbox"/> \$2,500	APPLICATION DATE:
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***In order to qualify, applicant must demonstrate a reduction in sales revenue of at least 25% due to the Coronavirus Pandemic and subsequent closures. You will be required to provide documentation supporting the losses claimed.***

Write or type a description of the economic loss you have suffered in the box below:

**ONLY ELIGIBLE AND COMPLETED APPLICATIONS WITH  
REQUIRED SUPPORTING DOCUMENTATION WILL BE ACCEPTED.**

**PLEASE READ ENTIRE FORM BEFORE SUBMITTING**

The only accepted method to submit the completed grant application and supporting documents is via email with documents in PDF format to: [destincovidgrant@gmail.com](mailto:destincovidgrant@gmail.com). Use "Destin Grant" as the subject.

All recipients must be registered clients of the Florida SBDC at UWF. The no-charge application can be completed at SBDC.UWF.edu. Select "REQUEST CONSULTING SERVICES" to register. Only those with a registered and active email with the SBDC will receive communication regarding the status of the grant program as it becomes available and deemed necessary by the SBDC and program partners.

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Please note that applying for this grant does not preclude you from applying for the SBA Economic Injury Disaster Loan (EIDL) or other Federal Assistance. Further, grant awardees will not be required to use these grant proceeds to repay a portion of those loans.

## SECTION I. APPLICATION SIGNATURE

The undersigned, by signature on this document, verifies that information contained herein and, in all attachments, and all supporting documents and materials are true and complete, that I/we have authority to apply for this grant on behalf of the business, and intend to use the grant proceeds for the business recovery and continuation purposes.

The undersigned understands that the grant review committees of this grant program may request further documentation and information from the applicant or co-applicants for purposes limited to this application, and hereby authorized such investigation.

### APPLICANT(S) SIGNATURE(S)

#### APPLICANT 1 (13A)

Print Name

Signature

Date

#### APPLICANT 2 (13B)

Print Name

Signature

Date

#### APPLICANT 3 (13C)

Print Name

Signature

Date

#### APPLICANT 4 (13D)

Print Name

Signature

Date

## SECTION II. ELIGIBILITY

### YOUR BUSINESS MUST :

- Be a for-profit, privately held small business that maintains a place of business inside the City of Destin City Limits established on, or before January 1, 2019. (Verified by Sunbiz - <http://dos.myflorida.com/sunbiz/search>).
- Have been profitable prior to the COVID-19 disaster as indicated on financial documents.
- Have a demonstrated reduction in sales revenues of 25% or greater due to the loss of business related to COVID-19.
- Provide written justification of economic loss or injury caused as a result of the declared disaster, e.g. sales or income from a previous year compared to current period. Provide documentation of a reduction of sales revenues.
- Hold a current business tax receipt allowing for the legal operation of business within Destin.
- Be a small business with no more than 20 employees at the time of the disaster.\*\*

\*\*Employees are defined as individuals who receive paid wages or salary which employment taxes (e.g. FICA, FUTA) and income taxes are withdrawn and remitted to the IRS, as evidenced by business tax returns filed, i.e. IRS Form 940, Employer's Annual Federal Tax Return, IRS Form 941, Employer's Quarterly Federal Tax Return or IRS Form W-3, Transmittal of Wage and Tax Statements. For purposes of eligibility, independent contractors (also known as 1099 employees) qualify as employees for this grant program.



**ALL OF THE ABOVE MUST BE TRUE TO BE ELIGIBLE FOR THIS PROGRAM.**

### INELIGIBLE BUSINESSES:

1. A business deriving more than one-third of gross annual revenue from legal gambling activities.
2. A business engaged in any illegal activity.
3. A business that presents live performances of an indecent sexual nature or derive directly or indirectly more than 2.5 percent of gross revenues through the sales of products and services, or the presentation of any depictions or displays, of an indecent sexual nature.
4. A business that has a primary purpose of facilitating polyamorous relationships.
5. Hot tub facilities.
6. Escort services.

**INELIGIBLE BUSINESSES DO NOT QUALIFY FOR THIS LOAN PROGRAM.**



## SECTION III. REQUIRED APPLICANT DOCUMENTATION

### REQUIRED LOAN APPLICATION DOCUMENTS:

- Completed and signed application.
- Section II of this application form completed and signed by individual(s) who, individually or collectively, own fifty-one percent (51%) or more of the equity of the business, as shown on the businesses tax statements. Preference may be provided to business owners who reside in Okaloosa County.
- A copy of each individual's driver's license or US Passport must be provided for identity verification purposes.
- Business tax returns for 2019. If the 2019 tax returns have not been filed then you must provide the 2018 business tax returns along with the 2019 business year-end profit and loss statement.
- Comparative financial statements. Please provide 2019 profit and loss statements and 2020 profit and loss statements from the time period for which the business was impacted by COVID-19. In the absence of the P&L, applicant can submit QuickBooks reports or point-of-sale reports in order to show economic impact.
- Employer forms W3 (2019) or 941 (Q4 2019) or 1099s showing number of employees.



### COLLECT ALL REQUIRED SUPPORTING DOCUMENTS BEFORE COMPLETING APPLICATION.

APPLICANT MAY VOLUNTARILY PROVIDE ADDITIONAL INFORMATION THAT WILL ADD CONTEXT AND ASSIST THE GRANT COMMITTEE IN MAKING AN INFORMED LOAN DECISION. ADDITIONAL INFORMATION MAY INCLUDE:

- Year-end financial statements or tax returns for 2019.
- Interim financial statements (profit & loss) for the current year-to-date.
- Additional filing requirements providing monthly sales figures indicating a loss of business.
- Any other helpful information to indicate need or loss of sales revenues due to COVID-19

ADDITIONAL INFORMATION MAY BE REQUESTED BY THE GRANT COMMITTEE TO DETERMINE A GRANT DECISION. IF REQUESTED, PLEASE PROVIDE ADDITIONAL INFORMATION WITHIN 7 DAYS OF THE REQUEST.

COMPLETED Grant applications will be sent to the grant review committee in the order they are received. *Incomplete applications are not considered received and will not be sent to the grant committee.*

**Each applicant OR business can receive only one Destin Small Business Recovery COVID-19 Grant.**

**If the applicant OR business has received the Northwest Florida Small Business COVID-19 Grant, Santa Rosa County Small Business COVID-19 Grant, Fort Walton Beach Small Business Grant, Escambia County Small Business COVID-19 Grant or Okaloosa County Grant they will not be eligible for the City of Destin Small Business Recovery COVID-19 Grant.**

If you receive the grant, the check will be made to the business entity name for deposit. UWF will mail the check to the grant recipient.

By signature of this application the applicant(s) agree that should you receive the grant applicant(s) name, the business name, grant amount, demographic information, and other relevant information will be shared with internal and external stakeholders.

By signature of this application the applicant(s) assert not to hold the Florida SBDC or any member of the grant review committees, liable should you not receive the grant.

## SECTION IV. APPLICATION FORM

**1. ORGANIZATION TYPE:**

- Sole Proprietorship     
  Partnership     
  Corporation     
  S-Corporation  
 Limited Liability Company     
 Other: \_\_\_\_\_

**2. BUSINESSES LEGAL NAME: (verified by Sunbiz.org)**

\_\_\_\_\_

**3. TRADE NAME: (if different than legal name)**

\_\_\_\_\_

**4. EIN (EMPLOYER IDENTIFICATION NUMBER):**

\_\_\_\_\_

\_\_\_\_\_

**5. MAILING ADDRESS:**

Number, Street, and/or Post Office Box: \_\_\_\_\_

City	County	State	Zip Code
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**6. BUSINESS PROPERTY ADDRESS(ES)**

Number and Street \_\_\_\_\_

**DO YOU:**

- Own     Lease

City <b>DESTIN</b>	County <b>OKALOOSA</b>	State	Zip + 4
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**7. PRIMARY BUSINESS ACTIVITY:**

\_\_\_\_\_

**8. NUMBER OF PRE-DISASTER EMPLOYEES (NOT FTE)**

\_\_\_\_\_

**9. DATE BUSINESS ESTABLISHED: (MM/YYYY)**

\_\_\_\_\_

**10. BUSINESS FINANCIAL SUMMARY**

	2019 (year end)	Jan-Apr (2019)	Jan-Apr (2020)
Gross Sales Revenues			
Total Employment Expense (Schedule C line 26 / 1120S Line 7 + 8)			
Total Profit or Loss for Period			

**11. AMOUNT OF ESTIMATED LOSS:**

<input type="checkbox"/> Loss of Sales: \$ _____	<input type="checkbox"/> Inventory: \$ _____
<input type="checkbox"/> Other: \$ _____	

**12. INSURANCE COVERAGE (IF ANY)**

Coverage Type:     Business Interruption Insurance  
                           Other

Name of Insurance Company and Agent:

Phone Number of Insurance Agent:

**13. OWNERS:** (must include all the following information)

**Application must include the following information for the individual(s) who, individually or collectively, own at least fifty-one percent (51%) of the equity of the business, as evidenced by the businesses tax statements.**

**(A) OWNER APPLICANT 1:** (if less than 51% owner, additional owner applicant(s) are needed)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
Social Security Number	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		City		State	Zip

**(B) OWNER APPLICANT 2:** (if applicant 1 is less than 51% owner)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
Social Security Number	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		City		State	Zip

**(C) OWNER APPLICANT 3:** (if applicants 1 and 2 are less than 51% owner)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
Social Security Number	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		City		State	Zip

**(D) OWNER APPLICANT 4:** (if applicants 1 - 3 are less than 51% owner)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
Social Security Number	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		City		State	Zip

\* Total of all owners listed must be equal to or greater than 51% of total business ownership. Attach additional sheet if needed.

**14. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.**

**Name and Address of Representative (please include the individual name and their company)**

_____ Signature of Individual	_____ Print Individual Name
_____ Name of Company	_____ Phone Number (include Area Code)
_____ Street Address	_____ City, State, Zip

Unless the NO box is checked, I give permission to discuss any portion of this application with the representative listed above. NO

[END OF APPLICATION]