Lake CARES Small Business Assistance Grant Program

Frequently Asked Questions, Samples, and How-To Guides

Relating to both For-Profit Applications and Non-Profit Applications

Prepared by: Agency for Economic Prosperity
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### FREQUENTLY ASKED QUESTIONS (FAQs)

**General Questions**

1. **How is the Lake CARES Small Business Assistance Grant amount determined?**
   The business assistance grants are determined by the number of employees and are awarded on a first come first serve basis, based upon the eligibility, the accuracy and the completeness of the application.
   - Qualifying Self-Employed individuals/Sole Proprietors will receive $2000.
   - Qualifying businesses with 2-9 employees will receive $5,000.
   - Qualifying businesses with 10-25 employees will receive $7,500.
   - Qualifying 501(c)(3) non-profits with no more than 25 employees will receive $5,000.
   - Qualifying Chambers of Commerce with no more than 25 employees will receive $5,000.

2. **What are the For-Profit Business Eligibility requirements of the business assistance grant?**
   - a. Business had 25 or fewer FTE* employees, including the owner, as of January 1, 2020.
   - b. Business has been negatively impacted by the COVID-19 emergency.
   - c. Business has a physical location in Lake County that was legally operating prior to January 1, 2020.
   - d. Business can demonstrate ongoing operations within Lake County through February 15, 2020.
   - e. Business expects to continue/resume operations after all State Executive Orders restrictions are lifted.
   - f. Business is not a subsidiary or partially owned by a publicly traded company or a hedge fund.
   - g. Business does not have any legal actions against or from Lake County or its municipalities, including code enforcement liens.
   - h. 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).
   - i. Business is not operating in violation of any state, federal or local laws.
   - j. Business was determined to be a non-essential business affected by State of Florida Safer-at-Home executive orders and/or was mandated to close or reduce operating capacity.
3. **What are the Non-Profit Eligibility requirements of the business assistance grant?**
   a. Organization is a Non-profit 501(c)(3) or Chamber of Commerce.
   b. Organization has 25 or less FTE* employees, including owner, as of January 1, 2020.
   c. Organization has been negatively impacted due to the COVID-19 emergency.
   d. Organization has a physical location in Lake County that was legally operating within Lake County and the State of Florida prior to January 1, 2020.
   e. Organization expects to continue/resume operations after all State Executive Orders restrictions are lifted.
   f. Organization is not a subsidiary of another organization.
   g. Organization does not have any legal actions against or from Lake County or its municipalities, including code enforcement liens.
   h. No owner, officer, partner, or principal actor of the organization 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).
   i. Organization is not operating in violation of any state, federal or local laws.

4. **Will there be grant funding available for a company that has more than 25 FTE* employees?**
   If additional funding becomes available, the Lake County Board of County Commissioners (LCBCC) has the option to develop future programs. Also, if program eligibility changes in relation to number for FTE* employees, an announcement will be made accordingly. **NOTE: If there are more than 25 employees, but some are not full-time, the entity may still qualify. Review FTE definition and see #42 for details.**

* A full-time equivalent (FTE) is a way for employers to measure how many full-time employees they have, along with the number of part-time employees that can be translated into full-time terms. For the purposes of the application, full-time is based off of a 40-hour work week. Your FTE number = (Total number of hours worked by part-time employees per week / 40) + The number of full-time employees you have.

5. **How can I stay informed about the application availability?**
   When the application is open and available, “Apply Now” will appear under “Businesses Start Here” at [https://www.elevatelake.com/reopen#cares](https://www.elevatelake.com/reopen#cares). However, to prepare for the application process and receive email notifications of application availability, please visit [https://elevatelake-lakecares.submittable.com/submit](https://elevatelake-lakecares.submittable.com/submit) and complete the following steps:
   1. Click “Submit”
   2. Create an account in Submittable OR, if you already have an account with Submittable, Sign In
   3. Complete AND Submit the Lake CARES Small Business Assistance Grant Program Notifications Sign-Up Form
6. What is the timeline to apply?
The program is available 08/17/20 and will run until the funds are exhausted.

7. Do I need to pay the money back?
This is a grant program not a loan, therefore the funds DO NOT need to be paid back.

8. How soon will I receive the business assistance grant funds?
The application will be reviewed for completion and eligibility. If approved, the application will be submitted for payment approval and disbursement. The timing will be dependent upon the accuracy and completeness of the application, the review and response time if any issues or omissions occur within the application, and the number of applications being processed in the workflow (capacity).

9. Is there a list of what expenses are allowed under the business assistance grant funds?
The program is designed to help businesses with authorized business expenses; grant funds should not be used for household, personal, or consumer use. Refer to Section 601(d) of the Social Security Act and Section 5001 of the CARES Act for additional details about authorized business expenses.

10. What happens when all the business assistance grant program funding is awarded?
Lake County designed the program to give temporary assistance to small businesses negatively impacted by COVID-19. If additional funding becomes available, the Lake County Board of County Commissioners (LCBCC) has the option to expand the existing program or develop new future programs.

11. How do I get assistance to apply for the business assistance grant?
- A Call Center (352-268-9299) is available Monday-Friday, 8:30 a.m. – 4:00 p.m. to assist you.
- Visit www.reopenlake.com, click on “CARES Act Programs” (Green bar across the top), then, click on “Start Here” under “Businesses”.

12. What other resources are available to my business?
Economic Development Organizations and Chambers of Commerce throughout the county are working around the clock with state and federal partners to monitor the changing legislation and business resources. Elevate Lake has compiled information on its business resources web page. To learn more visit: http://www.elevatelake.com/COVID-19

13. Is the amount of the grant enough to help our local businesses?
The program is meant to serve as temporary support for small businesses negatively impacted by the COVID-19 pandemic and the goal is to help as many small businesses in Lake County as possible. We will continue to work with state and federal partners to help our local businesses.
14. What else is Lake County and its resource partners doing to support small businesses during the pandemic?
Local Chambers of Commerce and other business resource partners have established initiatives to encourage residents to support local businesses while practicing social distancing to minimize the spread of COVID-19.

15. How do I find out the status of my application?
Because the first step in the application process is to create an account in the online application platform called “Submittable”, you can log into that account to check the status of your application at any time. Also, applicants can visit the Submittable Resource Center at: https://www.submittable.com/help/submitter/

16. Is the online application available in any languages other than English?
The online application will be available in Spanish.

17. I am a sole proprietor business and the only person working in my business. Does that disqualify me from this grant?
Self-employed individuals that are properly registered with the State of Florida (when required) or, at a minimum, hold a Business Tax Receipt (issued by a Lake County and a Lake County municipality, if applicable) are eligible to apply for the $2,000 grant as long as all other criteria are met. (See documentation requirements.) Additionally, self-employed individuals do not have to submit payroll information.

18. My small business operates a franchise, do I qualify for the grant program?
Yes, as long as the franchise has a physical location in Lake County and meets all other eligibility criteria.

19. I have more than one business; May I apply for each of my businesses?
Lake CARES Small Business Assistance Grant Program allows an owner to apply for multiple businesses as follows:
• For-Profit Self-Employed/Sole Proprietor – Only One Application
• For-Profit Corporation** (C-Corp & S-Corp) – Maximum of Three Applications
• For-Profit Limited Liability Company** (LLC) – Maximum of Three Applications
• For-Profit Partnership** (General or Limited) – Maximum of Three Applications
• Non-Profit 501(c)(3) – Only One Application
• Non-Profit Chamber of Commerce – Only One Application

** Owners of For-Profit Corporations, LLCs, or Partnerships who are interested in applying for more than one business should:
Step 1: Complete & submit one application
Step 2: Email: grant@elevatelake.com for details, requirements, and assistance with additional applications.
20. I own several small businesses, are all my businesses eligible for the grant program? Owners with multiple businesses may apply for a maximum of three (3) grants. However, Sole Proprietors may only apply for one entity, if they use their social security number as their business tax ID.

21. How do I indicate that my business was negatively impacted by the COVID-19 emergency? If your business was determined to be non-essential by Florida Governor’s Executive Orders and/or was mandated to close or reduce operating capacity, you automatically qualify, as long as you meet all other requirements. (See application for more details.)

22. I am contesting a code violation or currently have a pending legal matter with Lake County. Do I qualify for the program? Individuals or organizations with legal actions against or from Lake County or its municipalities, including code enforcement liens are not eligible for the grant program.

23. What is the definition of “employee” for this program?
- An employee is defined as an individual who receives a paid wage 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.
- Independent contractors or subcontractors (who receive IRS Form 1099s) may not be counted as employees for eligibility. A company that solely employs independent contractors qualifies as a self-employed applicant for this program.

24. What payroll information is required for organizations that have 2 to 25 employees? One of the following forms is sufficient proof of employee count:
- IRS Form 941 (Employer’s Quarterly Federal Tax Return) for 4th Quarter of 2019
- IRS Form 943 (Employer’s Annual Federal Tax Return for Agricultural Employees) for 2019

25. I have applied but have not been approved or did not receive funding for PPP or EIDL. Do I qualify for the grant? Yes, eligibility for the Lake CARES Small Business Assistance Grant Program is not affected by the status of the Paycheck Protection Program (PPP), the Economic Injury Disaster Loan (EIDL), or any other COVID-19-related funding or benefit.

26. I received a small amount after I applied for the Economic Injury Disaster Loan (EIDL). Do I qualify for the grant? Yes, eligibility for the Lake CARES Small Business Assistance Grant Program is not affected by the status of the Paycheck Protection Program (PPP), the Economic Injury Disaster Loan (EIDL), or any other COVID-19-related funding or benefit.
27. Although I intend for my business to be open again, the doors are currently closed. Does this disqualify me for the business assistance grant?
   Having your doors closed currently does not disqualify you for the program, so long as your business can resume normal operations after the emergency guidelines are lifted.

28. I am applying for the Lake CARES Business Assistance Grant. May I apply for the Lake County Housing CARES Act Funding too?
   Yes, you are eligible to also apply for the individual/ household grant as long as you or your household meets the eligibility criteria.

29. Am I eligible to apply if I live in another County, but my business is physically located in Lake County?
   Yes, one of the eligibility requirements is that an entity has a physical location in Lake County that was legally operating prior to January 1, 2020.

30. How do I know if my business is a publicly traded company?
   Visit the U.S. Securities and Exchange Commission’s Filings & Forms webpage.

31. Why am I not qualified for the grant?
   Lake County understands that the impact of the COVID-19 pandemic is widespread. Refer to Eligibility Requirements to determine if your entity meets the criteria. If additional funding becomes available, the Lake County Board of County Commissioners (LCBCC) has the option to develop future programs. Also, if program eligibility changes, an announcement will be made accordingly.

32. I do not have a computer; how can I apply for the grant?
   At this time, the application for the Lake CARES Small Business Assistance Grant Program are only being taken online. We recommend that you go to a public library or reach out to a trusted confidant who may be able to give you computer access. As you prepare to make your online application, refer to Question 37 of the FAQ. The Call Center (352-268-9299) is open Monday-Friday, 8:30 a.m. – 4:00 p.m. to assist you as you complete the application.

33. How much funding is allocated to the business grant program?
   Lake County is currently allocating up to $15.5 million in emergency relief to support small businesses, non-profits, and Chambers of Commerce located in the County that have been negatively impacted by the COVID-19 pandemic. Funds are available as part of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act federal stimulus package.
34. How is the $15.5 million allocated between For-Profit Businesses and Non-Profits?
Lake County is currently allocating up to $12 million toward for-profit businesses and $3.5 million toward 501(c)(3) non-profits and Chambers of Commerce.

APPLICATION PREPARATION & APPLICATION QUESTIONS

35. What is the first step to apply for the business assistance grant?
The Lake CARES Small Business Assistance Grant Program will use the web-based application platform called “Submittable”. The application will launch on 8/17/2020 at noon.
- Interested parties can go to: www.reopenlake.com
- Then, click on “CARES Act Program” on the green bar across the top
- Then, Click “Start Here” under Businesses
- Then, Click “Apply Now” for Lake CARES Small Business Assistance Grant Program
  - Applicants will need to create an account in Submittable (or to sign in, if you already have an account).
- If the application has not been opened, you will be able to sign up for notifications by clicking “Pre-Register Now” or by going to: https://elevatelake-lakecares.submittable.com/submit

36. How do I get assistance to apply for the business assistance grant?
- A Call Center (352-268-9299) is open Monday-Friday, 8:30 a.m. – 4:00 p.m. to assist you.
- Visit www.reopenLake.com, click on “CARES Act Programs” (Green bar across the top), then, click on “Start Here” under “Businesses”.

37. What should I have ready before I start the application?
a. Documentation Required to Upload
1. For a For-Profit Business:
   - A Completed IRS Form W-9
   - The following, as applicable:
     - Most recent State of Florida business filing Annual Report
     - DBA/Fictitious Name registration
     - Most recent County Business Tax Receipt and/or City Business Tax Receipt
     - 2019 IRS Form 1040 – Schedule C
     - IRS Form 941 (Q4 2019) or IRS Form 943 (Annual 2019) for business paying wages
   - Driver’s License Copy for each applicant (front only)
2. For a Non-Profit Business:
   1. A Completed IRS Form W-9
   2. A copy of IRS 501(c)(3) determination letter or other IRS recognition document
   3. The following, as applicable:
      • Most recent State of Florida business filing Annual Report
      • DBA/Fictitious Name registration
      • Most recent County Business Tax Receipt and/or City Business Tax Receipt
      • IRS Form 941 (Q4 2019) or IRS Form 943 (Annual 2019) for organizations paying wages
   4. Driver’s License Copy for each application contact (front only)
   b. If your entity has 2 or more employees, you will need
      1. Quantity of Full-Time Employees (Full-Time is 40 hours or more)
      2. Total number of average hours worked by all the part-time employees
   c. Average Monthly Net Income (Prior to 2/15/2020)
   d. Average Monthly Net Income (From 2/15/2020 to Current)

38. How do I know which industry to select?
   The application contains a drop-down menu of industries. The numerical digits below are the first two digits in the NAICS (North American Industry Classification System). In the grant application, you will be able to select from the following list:
   11 – Agriculture, Forestry, Fishing and Hunting
   21 – Mining, Quarrying, Oil and Gas Extraction
   22 – Construction
   31-33 – Manufacturing
   42 – Wholesale Trade
   44-45 – Retail Trade
   48-49 – Transportation and Warehousing
   51 – Information
   52 – Finance and Insurance
   53 – Real Estate and Rental and Leasing
   54 – Professional, Scientific and Technical Services
   55 – Management of Companies and Enterprises
   56 – Administrative, Support, Waste Management and Remediation Services
   61 – Educational Services
   62 – Health Care and Social Assistance
   71 – Arts, Entertainment, and Recreation
   72 – Accommodation and Food Services
   81 – Other Services (Personal)

   The following site has a list of industry titles and codes if you would like additional information:  https://www-naics-com/search/
39. Why does the application ask for “Industry” and “Additional Industry Information”?
   Due to program eligibility requirements, only certain businesses are eligible for grant funds. “Additional Industry Information” helps provide critical information to determine if your business meets that criteria. Below is the current list of eligible business:
   - Retail
   - Non-essential Medical Procedure Providers
   - Gyms / Fitness Centers
   - Movie Theaters, Concert Halls, Event Venue
   - Bowling Centers and Arcades
   - Bars, Pubs, Nightclubs
   - Restaurants
   - Vacation Rental Owners
   - Cosmetology, Barber Shops, and Nail Salons
   - Tattoo and Body Piercing, Acupuncture, Tanning, Massage Service
   - Theme Park / Tourism Attraction

40. My business is not on the “Additional Industry Information” list above. Am I still eligible?
   If your business does not fit into the list, applicants may select “Other” at the bottom of the list on the application. By selecting “Other”, the applicant will be given the opportunity to describe the business and industry type in 50 characters or less.

41. What is an FTE (Full-Time Equivalent) employee?
   - **Definition:** FTE refers to a unit of measurement equivalent to one employee who works 40 hours per week or more.
   - **Calculator:** There is a calculator in the application to help you calculate the FTE total. (See next page for screenshot and sample)
   - **Explanation:**
     - Each employee that on average, worked more than 40 hours a week for one week, counts as one FTE.
     - One employee cannot be greater than one FTE — overtime does not apply.
     - Part-time employees
       1. Part-time employee is an employee who did not work more than 40 hours on average.
       2. Add the total hours for all part-time employees together.
       3. Divide by 40 and round to the nearest tenth to get your FTE calculation.
       4. For example, if you have 3 employees who consistently worked 20 hours a week, altogether they would count as 1.5 FTE.
     - Then, add full-time FTE and your part-time FTE to get your total FTE figure.
Screenshot from application of the FTE Calculator:

<table>
<thead>
<tr>
<th>Total number of hours worked by part-time employees per week</th>
<th>Typical full-time work week hours</th>
<th>Total number of full-time employees</th>
<th>Your FTE Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Sample Scenario:
Company has three employees:
- Total Full-Time Employees: 1 (named Jane)
- Total Part-Time Employees: 2 (named John and Bob)
  - Jane works 45 hours per week.
  - John works 20 hours per week.
  - Bob works 30 hours per week.

Steps to use the calculator:
A. Add part-time hours: \(20 + 30 = 50\)
B. Enter part-time hours total in the 1st block.
C. Total number of full-time employees: \(1\)
D. Enter full-time employees in the 3rd block.
E. The calculator will automatically do the calculation to show “Your FTE Number”

42. I am Self-Employed, how do I complete the Full-Time Equivalent Calculator?
For “Total number of hours worked by part-time employees, per week” = leave blank
For “Total number of full-time employees” = use 1

43. How do I estimate my average monthly business expenses or COVID-19 Impact?
You will need to show two amounts:
(1) Average Monthly Net Income Prior to 2/15/2020
(2) Average Monthly Net Income From 2/15/2020 to Current Date

You may have a monthly profit and loss statement available for each category above that can provide those amounts, or here are two options to calculate the amounts.

**Option 1:** Average Monthly Net Income can be calculated:
- Average Monthly Revenue
- Average Monthly Cost of Goods Sold
- Average Monthly Expenses

  Average Monthly Net Income

**Option 2:** Average Monthly Net Income can be calculated:
- Average Monthly Revenue
- Average Monthly Total Expenses

  Average Monthly Net Income
44. Where can I find the following documents to submit with the application?
   b. Most Recent State of Florida business filing Annual Report: See Question 45 for instructions
   c. DBA / Fictitious Name Registration: See Question 46 for instructions
   d. Most Recent Business Tax Receipt
      i. 2019 (or most recent) County Business Tax Receipt: If your business does not have a copy, See Question 47 for instructions
      ii. 2019 (or most recent) Municipal (City/Town) Business Tax Receipt: If your business does not have a copy, contact the City/Town where you paid the Tax
   e. Schedule C of 2019 IRS Form 1040: Obtain from your business records (ONLY applicable for Sole Proprietors)
   f. Copy of Driver’s License (for each contact) (front only)
   g. ONLY for entities with 2 to 25 full-time equivalents (FTE)
      i. IRS Form 941 (IRS Form 941 (Employer’s Quarterly Federal Tax Return for Quarter 4 of 2019)
      ii. IRS Form 943 (Employer’s Annual Federal Tax Return for Agricultural Employees) for 2019
   h. Non-Profits: IRS 501(c)(3) Determination Letter or other IRS recognition document: Obtain from your business records

45. How do I obtain the most recent State of Florida business filing Annual Report for my business?
   Your business’s Annual Report can be found on [www.sunbiz.org](http://www.sunbiz.org).
   
   1. Go to: [http://search.sunbiz.org/Inquiry/CorporationSearch/ByName](http://search.sunbiz.org/Inquiry/CorporationSearch/ByName)
   2. Enter your organization’s name in the search box. Click “Search Now”
   3. Select your Entity Name in Entity Name List.
   4. Scroll down to “Document Images” and select “View Image in PDF Format” of most recent Annual Report to download.
   5. Save your download
   6. Upload the saved file in the application portal at the appropriate location.
46. How do I obtain a copy of my DBA / Fictitious Name Registration?

1. Go to: [http://dos.sunbiz.org/ficinam.html](http://dos.sunbiz.org/ficinam.html)
2. Enter your organization’s name in the search box. Click “Search”
3. Select your Entity Name in Entity Name List.
4. Scroll down to “Document Images” and select “View Image in PDF Format” of the Fictitious Name Filing
5. Click “Click here to view your image”
6. Save your download
7. Upload the saved file in the application portal at the appropriate location.

47. How do I obtain a copy of my Lake County Business Tax receipt?

2. Enter your organization’s name in the search box. Click “Search”
3. Select your Entity Name from the List.
4. Click “print this page” (or, you could take a screenshot)
5. Print as a .pdf to save (or save your screenshot)
6. Upload the saved file in the application portal at the appropriate location.

48. What is the website for the IRS Form W-9?


49. What information do I have to fill out on the IRS Form W-9?

All businesses are required to fill out items 1, 3, 4, 5, and 6. Item 2 is required only when applicable and item 7 is not required. Instructions for IRS Form W-9 can be found at: [https://www.irs.gov/pub/irs-pdf/iw9.pdf](https://www.irs.gov/pub/irs-pdf/iw9.pdf)
50. If my application is fully approved, how will the funds be disbursed to my business?
Lake County will send a check via United States Postal Service to the Legal Business Name entered on the application at the Mailing Address provided in Section F of the online application.

51. Am I able to save and come back to my application?
Yes, the online application can be saved to be completed later. The online platform, called “Submittable” requires you to create an account before you can start the application. So, if you save the application, you can return to the application by signing into your “Submittable” account at a later time.

52. What is the review process?
Your application and attached documents will be evaluated for program eligibility and completeness. This process will include a verification process to confirm validity of the information provided. Applicants will be notified by email when a decision has been made on your application.

53. What if my application is incomplete?
Grants will be awarded to qualified business and organizations on a first come first serve basis, based upon the eligibility, the accuracy and the completeness of the application. So, an incomplete application will cause a delay in the review process which may be impacted by depletion of funds. Until programs funds have been depleted, if your application is determined to be incomplete upon initial review, your application will be forwarded onto a next-level reviewer who will reach out via email to address incompleteness. In order to be awarded a grant, the issue(s) and/or missing information would need to be submitted, reviewed, and approved before the allocated funding is depleted.

54. Where can I go for assistance with “Submittable”?
There are two option available:

   a. Visit the Submittable Resource Center at:  
      https://www.submittable.com/help/submitter/

   b. For the Submittable Customer Support Team, email support@submittable.com
Application
Selecting the Appropriate Application

“Apply Now” goes to:  https://elevatelake-lakecares.submittable.com/submit

Step 1:
Applicant will select appropriate application.

Welcome to the Lake CARES Small Business Assistance Grant Program portal.

As a part of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act federal stimulus package, Lake County is allocating up to $15.5 million in emergency relief to help support local businesses. 501(c)(3) Non-profits and Chambers of Commerce with a commercial presence within the County that have been negatively impacted by the COVID-19 pandemic. Qualifying businesses may be eligible to receive a one-time grant to help them recover from the negative financial consequences resulting from the pandemic and is available on a first come first serve basis for accurate and complete applications.

The Lake CARES Act Helpline is (352) 268-9299 and is available Monday through Friday from 8:30 a.m. to 4:00 p.m. to answer questions applicants may have. Applicants may also email grant@elevatelake.com with questions about the program and someone from the Grant Administrative Team will respond to all inquiries.

Eligible small businesses and non-profit organizations can visit https://www.elevatelake.com/reopencares to review eligibility criteria and required documentation.

If you have any technical questions about Submittable, please contact the Submittable Support team at submittable.com/contact/

Lake CARES For-Profit Small Business Assistance Grant Program Application

Lake CARES Non-Profit Small Business Assistance Grant Program Application

** There will also be Spanish applications available from which to choose.
Step 2: Submittable

a. If user DOES NOT have an Account with “Submittable”, Click “Create Your Account” (See Step 2B)

b. If user DOES have an Account with “Submittable”, Click “Have An Account? Sign In” (See Ste 2C)

On the “Welcome” page, enter:
- Email
- Password
- Create Password
- First Name
- Last Name

Click the blue “Sign Up” button

On the “Welcome back” page, enter:
- Email
- Password

Click the blue “Sign In” button
For-Profit Application
For-Profit Business Assistance Grant Application

A. Grant Eligibility Requirement Section

Lake County is allocating up to $12 million in emergency relief to support local businesses within the County that have been negatively impacted by the COVID-19 pandemic. Funds are available as part of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act federal stimulus package. As a part of that relief, the County is offering emergency financial support through the Lake CARES Small Business Assistance Grant Program on a first come first serve basis to qualifying businesses with accurate and complete applications. Qualifying businesses may be eligible to receive a one-time grant of $2,000 for self-employed or sole-proprietors, $5,000 for businesses that have 2 to 9 full-time equivalent employees or 37,500 for businesses that have between 10 and 25 full-time equivalent employees to help them recover from the negative financial consequences resulting from the COVID-19 pandemic.

1. Legal Business Name *

The business name supplied here will be utilized as the payee information for any potential future payment if deemed eligible and a grant is awarded.

Note, for questions 2-11 help determine eligibility. If applicant answer no or false, message will show ineligible

#A.1 - If Grant is awarded, check will be written to “Legal Business Name”. (** Note, (1) this field should match name on match required documents. (2) Self-Employed/Sole Proprietors should use their first and last name as it appears on their 1040 Schedule C or other filings.

2. Applicant business had 25 or fewer full-time equivalent (FTE) employees, including the owner, as of January 1, 2020. *

☐ Yes
☐ No

NOTE: A full-time equivalent (FTE) is a way for employers to measure how many full-time employees they have, along with the number of part-time employees that can be translated into full-time terms. For the purposes of this application, full-time is based on a 40-hour work week. Your FTE number = (Total number of hours worked by part-time employees per week / 40) + The number of full-time employees you have

#A.2 - FTE Details - remember, applicant could have more than 25 employees if some are part-time. Either do FTE calculation now, or wait until Section C.12

3. Applicant business has been negatively impacted by the COVID-19 emergency. *

☐ Yes
☐ No

#A.3 – If applicant asks for our interpretation: we cannot advise applicants on how to answer the questions, they will need to rely on their own opinion because they will be certifying that all the statements in the application are true and correct.

4. Applicant business has a physical location in Lake County that was operating legally within Lake County and the State of Florida prior to January 1, 2020. *

☐ Yes
☐ No

#A.4 – Business are not required to be “brick and mortar” businesses which means, a home-based Lake County business could qualify, but it is dependent on meeting all of the eligibility criteria and upon receipt of a complete and accurate

5. Applicant business can demonstrate ongoing operations within Lake County and the State of Florida through February 15, 2020. *

☐ Yes
☐ No

#A.5 – If applicant asks for our interpretation: we cannot advise applicants on how to answer the questions, they will need to rely on their own opinion because they will be certifying that all the statements in the application are true and correct.

6. Applicant business expects to continue/resume operations after all State Executive Orders restrictions are lifted. *

☐ Yes
☐ No

#A.6 – If applicant asks for our interpretation: we cannot advise applicants on how to answer the questions, they will need to rely on their own opinion because they will be certifying that all the statements in the application are true and correct.

7. Applicant business is NOT a subsidiary or partially owned by a publicly traded company or a hedge fund. *

☐ True
☐ False

#A.7 – Applicant will probably know if they are a subsidiary or partially owned by a publicly traded company or hedge fund. But, they are welcome to: Visit the U.S. Securities and Exchange Commission’s Filings & Forms webpage
8. Applicant business does NOT have any legal actions against or from Lake County or its municipalities, including code enforcement liens. *

   ○ True
   ○ False

A.8 – Self-explanatory. Reminder, near the end of the application, applicants are required to certify that information provided is true and correct.

9. 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). *

   ○ True
   ○ False

A.9 – Self-explanatory. Reminder, near the end of the application, applicants are required to certify that information provided is true and correct.

10. Business is NOT operating in violation of any state, federal or local laws. *

   ○ True
   ○ False

A.10 – Self-explanatory. Reminder, near the end of the application, applicants are required to certify that information provided is true and correct.

11. Applicant business was determined to be a non-essential business affected by State of Florida Safer-at-Home executive orders and/or was mandated to close or reduce operating capacity. *

   ○ Yes
   ○ No

A.11 – Applicant will probably know if they were determined to be non-essential. Application Questions C.9 and C.10 provide an opportunity for the applicant to select their industry and select additional industry information. This information relates to the non-essential Safer-at-Home orders.

B. Contact Information

1. Name of applicant business authorized

   Primary Contact (Owner, CEO, President or Executive Director) *

   First Name

   Last Name

2. Primary Contact Email Address *

   email@example.com

3. Primary Contact Phone Number *

4. Is there a Secondary Contact (Co-Owner) that is authorized to act on behalf of the applicant business regarding this application? *

   ○ Yes
   ○ No

B.4. If “Yes”, fields will open additional fields to provide secondary contact details.
C. Business Information

1. Fictitious Business Name (Doing Business As - DBA) if different than Legal Business Name.

2. Entity Type *
   - Select from dropdown:
     - C-Corp
     - LLC (not single member)
     - Partnership
     - S-Corp
     - Self-Employed / Sole Proprietor / Single Member LLC

4. Business Address
   Address Line 1 *
   - Physical Address Only, No P.O. Box.
   Address Line 2

C.3 Opens:
   - Provide FEIN (Federal Employer Identification Number) – NO DASHES
   - Provide SSN (Social Security Number) – NO DASHES

#C.4 – Must be Physical Lake County Address (No P.O. Box and not mailing address.)

5. Business Phone Number *

6. Business Email Address *
   - email@example.com

7. Business Website (Optional)
   - example.com

8. What year was the business established? *
   - #C.8 – Must be 2019 or prior to meet program eligibility requirements.
9. Industry *

Select...

- 11 – Agriculture, Forestry, Fishing and Hunting
- 21 – Mining, Quarrying, Oil and Gas Extraction
- 22 – Utilities
- 23 – Construction
- 31-33 – Manufacturing
- 42 – Wholesale Trade
- 44-45 – Retail Trade
- 48-49 – Transportation and Warehousing
- 51 – Information
- 52 – Finance and Insurance
- 53 – Real Estate and Rental and Leasing
- 54 – Professional, Scientific and Technical Services
- 55 – Management of Companies and Enterprises
- 56 – Administrative, Support, Waste Management and Remediation Services
- 61 – Educational Services
- 62 – Health Care and Social Assistance
- 71 – Arts, Entertainment, and Recreation
- 72 – Accommodation and Food Services
- 81 – Other Services (Personal)

TIP: There is a bar along the right side of the dropdown window in the application that will reveal the bottom of the list.

C.9 – Applicants will select their industry from a dropdown list.
(The numbers in the drop down correspond with their NAICS code. Some businesses may have or know their NAICS code)

10. Additional Industry Information *

Select...

- Retail
- Non-essential Medical Procedure Provider
- Gyms / Fitness Centers
- Movie Theaters, Concert Halls, Event Venue
- Bowling Centers and Arcades
- Bars, Pubs, Nightclubs
- Restaurants
- Vacation Rental Owner
- Cosmetology, Barber Shops and Nail Salons
- Tattoo and Body Piercing, Acupuncture, Tanning, Massage Services
- Theme Park/ Tourism Attraction

Other

TIP: There is a bar along the right side of the dropdown window in the application that will reveal the bottom of the list.

C.10 – Applicants will select their “Additional Industry Information” from a dropdown list.

This list was provided from the County Attorney’s Office and includes the non-essential business types that are currently eligible.

If an applicant does not feel his/her business fits into the available items, he/she can select “Other”.

If Applicant selects “Other”, Question 10.A. will open so the Applicant can provide brief description (Limit: 50 characters) of the business and industry.

• Selecting “other” is an indicator that the business may not have deemed non-essential. However, applications with “Other” selected and #C.10A completed will be reviewed on an individual basis. #10.A. is shown here:

10.A. If your business is not represented, please describe your business and industry type:
11. Applicant Level *

- Self-Employed/ Sole Proprietorship (1 FTE)
- 2-9 Full-Time Equivalent Employees
- 10-25 Full-Time Equivalent Employees

NOTE: A full-time equivalent (FTE) is a way for employers to measure how many full-time employees they have, along with the number of part-time employees that can be translated into full-time terms. For the purposes of this application, full-time is based on a 40-hour work week. Your FTE number = (Total number of hours worked by part-time employees per week / 40) * The number of full-time employees you have.

# C.12 will be hidden unless Applicant selects the following options in #11:
- 2-9 Full-Time Equivalent Employees
- 10-25 Full-Time Equivalent Employees

12. Full-Time Equivalent Calculator *

<table>
<thead>
<tr>
<th>Total number of hours worked by part-time employees per week</th>
<th>Typical full-time work week hours</th>
<th>Total number of full-time employees</th>
<th>Your FTE Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

For an example of how to fill out the Full-Time Equivalent Calculator, see #41 on the “Frequently Asked Questions”.

D. COVID-19 Impact

1. I certify that the applicant business was determined to be a non-essential business by Florida Governor’s Executive Order and/or was mandated to close or reduce operating capacity.

2. Financial Loss Verification and Determination of Need *

<table>
<thead>
<tr>
<th>Requested Information From Applicant Business/Organization</th>
<th>Figure in Dollars</th>
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<tr>
<td>Average Monthly Net Income Prior to 2/15/2020</td>
<td></td>
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<td>Average Monthly Net Income From 2/15/2020 to Current Date</td>
<td></td>
</tr>
<tr>
<td>Difference in Average Monthly Net Income</td>
<td>0</td>
</tr>
</tbody>
</table>


# D.2 You may have a monthly profit and loss statement available for each category above that can provide those amounts, or here are two options to calculate the amounts.

Option 1: Average Monthly Net Income can be calculated:
- Average Monthly Revenue
- Average Monthly Cost of Goods Sold
- Average Monthly Expenses
  
- Average Monthly Net Income

Option 2: Average Monthly Net Income can be calculated:
- Average Monthly Revenue
- Average Monthly Total Expenses
  
- Average Monthly Net Income
4. Has the applicant business applied for and received any of the following benefits? This question is for Informational purposes only and does not affect your eligibility for this program. (Please check all that apply)*

- Paycheck Protection Program (PPP) Funding
- Economic Injury Disaster Loan (EIDL) Funding
- SBA Debt Relief Program (Loan Payment Forgiveness)
- Other
- None

# D.4 – More than one may be selected.

5. Please select all applicable options for how your business will utilize this funding to assist in maintaining sustainable operations (For instance - what are the biggest unmet needs you will utilize these funds for such as employee wages, rent, utilities etc.)*

- Rent/Lease
- Utility Payments
- Employee Salaries/Wages
- Personal Protective Equipment
- Other

# D.5 – More than one may be selected.

E. Required Documentation

1. Is the applicant business claiming 2 to 25 full-time equivalent (FTE) employees as of 1/1/2020? *

- Yes
- No

# E.1 – If select “Yes”, # E.1A will appear so Applicant can upload either IRS Form 941 (Quarter 4 of 2019) or 943 (Annual 2019)

IRS Form W-9 can be filled out at this location: https://www.irs.gov/pub/irs-pdf/fw9.pdf
(See Frequently Asked Questions #44 for more details.)

2. Please upload a completed and signed IRS Form W-9.*

Only 1 file may be attached here.

3. Does your business have a Fictitious Business Name (Doing Business As - DBA)? *

- Yes
- No

# E.3 – If select “Yes”, # E.3A will appear so Applicant can upload DBA/Fictitious Name Registration

** Also, note, if they select yes and upload, they should also have already completed #C.1

4. Please provide a copy of your State of Florida business filing (Annual Report). If your business is not required by law to file with the State of Florida, please upload a copy of your most recent applicable County or City Business Tax Receipt, or your 2019 IRS Form 1040 – Schedule C.*

Choose File

Select up to 3 files to attach. No files have been attached yet. You may add 3 more files.
Acceptable file types: csv, doc, docx, odt, pdf, txt, wps, gif, jpg, jpeg, png, svg, tif, tiff

Note: If a Self-Employed/Sole Proprietor has not filed 2019 taxes, it is acceptable to use the 2018 Schedule C.

Choose File

Up to 3 files may be attached here.

# E.4 – Applicant should upload as many forms as they have from this list:
- State of Florida business filing (Annual Report)
- County Business Tax Receipt (BTR) or City Business Tax Receipt
- 2019 IRS Form 1040 – Schedule C

*Note, having the BTR in addition to the other documents streamlines our review.
If two contacts on application, both IDs should be uploaded.

Up to 2 files may be attached here.

If Grant Funds are Awarded, **Clerk’s Office will:**

1. write the check to:
   Legal Business Name (from #A.1)

2. mail the check:
   Mailing Address (Section #F)

Please double check both sections of the application to confirm the information provided is correctly spelled.
Applicants have two statements to read, acknowledge, and accept.

H. Applicant(s) Certification

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and none of the County Parties, as defined above, will 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 Section 819.071(8), Florida Statutes.

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 applicable 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.

The County is authorized to make all the inquiries deemed 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, and applicant shall fully cooperate with the County or its agent and timely respond to any requests for such records. Without limiting the generality of the foregoing, the Applicant specifically acknowledges and agrees that, if extended funds pursuant to this Application, the County, and any duly authorized agents or representatives of the County, including, without limitation, the Division of Inspector General of the Clerk of the Circuit Court and Comptroller, shall be provided access to all of the Applicant's records and supporting documentation which concern or relate to this Application at any and all times during normal business hours upon request.

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.

I acknowledge and accept the above statement.

I. Applicant Acknowledgement and Verification

Please read and mark all of the items below to acknowledge/verify each statement. Missing checks may cause a delay or grant declination.

Applicants have 9 statements to read and "click" to acknowledge / verify each statement

1. I (we) certify that I (we) have the authority to apply for this grant on behalf of the business described herein.

2. I (we) certify that the business has been negatively impacted by the COVID-19 emergency as described herein

3. I (we) certify that the grant funds will be used for authorized business expenses only, in accordance with the requirements and restrictions set forth in Section 601(d) of the Social Security Act, and Section 5001 of the CARES Act, and not for household, personal, or consumer use.

4. I (we) certify that the information contained in this application is true, complete, and correct to the best of my (our) knowledge.
To SIGN the application, Applicant will type his/her FULL LEGAL NAME in the Signature Line.

Applicant will select the date he/she is signing and submitting the application.

Applicant will have the opportunity to read the “Under penalties of perjury” statement to verify that the information in the application is true and correct. If applicant agrees with the statement, he/she will “click” on the box.

Tip: It is recommended that applicants review the application for completeness and accuracy BEFORE clicking “Submit Form”.

Grant Funds will be awarded on a first come first serve basis for complete and accurate application to qualifying businesses or organizations.

Therefore, submitting an application that contains errors or incomplete information or missing attachments will delay the review process.

Submitted applications will be reviewed in the order in which they are received. (Errors and incomplete applications will delay the review process. When program funds are fully allocated, any application still under review will not be able to be funded.)
### A. Grant Eligibility

Lake County is allocating up to $3.5 million in emergency relief to support local non-profits and Chambers of Commerce within the County that have been negatively impacted by the COVID-19 pandemic. Funds are available as part of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act federal stimulus package. As a part of that relief, the County is offering emergency financial support through the Lake CARES Small Business Assistance Grant Program on a first come first serve basis to qualifying organizations with accurate and complete applications. Qualifying non-profits and Chambers of Commerce may be eligible to receive a one-time grant of $5,000 for organizations that have 25 full-time equivalent employees or less to help them recover from the negative financial consequences resulting from the COVID-19 pandemic.

#### 1. Legal Business/Organization Name *

The business/organization name supplied here will be utilized as the payee information for any potential future payment if deemed eligible and a grant is awarded.

#### 2. Applicant organization had 25 or fewer full-time equivalent (FTE) employees, including the owner, as of January 1, 2020. *

- **Yes**
- **No**

FTE Details - remember, applicant could have more than 25 employees if some are part-time. Either do FTE calculation now, or wait until Section C.12

#### 3. Applicant organization has been negatively impacted by the COVID-19 emergency. *

- **Yes**
- **No**

If applicant asks for our interpretation: we cannot advise applicants on how to answer the questions, they will need to rely on their own opinion because they will be certifying that all the statements in the application are true and correct.

#### 4. Applicant organization has a physical location in Lake County that was operating legally within Lake County and the State of Florida prior to January 1, 2020. *

- **Yes**
- **No**

Organization are not required to be “brick and mortar” organizations which means, a home-based Lake County organization could qualify, but it is dependent on meeting all of the eligibility criteria and upon receipt of a complete and accurate application that includes all of the required documentation.

#### 5. Applicant organization can demonstrate ongoing operations within Lake County and the State of Florida through February 15, 2020. *

- **Yes**
- **No**

If applicant asks for our interpretation: we cannot advise applicants on how to answer the questions, they will need to rely on their own opinion because they will be certifying that all the statements in the application are true and correct.

#### 6. Applicant organization expects to continue/resume operations after all State of Florida Executive Orders restrictions are lifted. *

- **Yes**
- **No**

If applicant asks for our interpretation: we cannot advise applicants on how to answer the questions, they will need to rely on their own opinion because they will be certifying that all the statements in the application are true and correct.

#### 7. Applicant organization is NOT a subsidiary of another organization. *

- **True**
- **False**

Definition of “subsidiary company” - a company that is completely or partially owned by another company
The answer you have provided does not meet the current minimum eligibility requirements for this grant program.

Please double check and verify that your answer is correct. Verify eligibility requirements at www.regenlake.com

8. Applicant organization does NOT have any legal actions against or from Lake County or its municipalities, including code enforcement liens. *
   - True
   - False
   
   #A.8 – Self-explanatory. Reminder, near the end of the application, applicants are required to certify that information provided is true and correct.

9. No owner, officer, partner, or principal actor of the organization 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). *
   - True
   - False
   
   #A.9 – Self-explanatory. Reminder, near the end of the application, applicants are required to certify that information provided is true and correct.

10. Organization is NOT operating in violation of any state, federal or local laws. *
    - True
    - False
    
    #A.10 – Self-explanatory. Reminder, near the end of the application, applicants are required to certify that information provided is true and correct.

11. Applicant organization is a 501(c)(3) or a Chamber of Commerce? *
    - Yes
    - No
    
    #A.11 – Only 501(c)(3) organizations and Chambers of Commerce are eligible for the Non-Profit Small Business Assistance Grant Program at this time.

B. Contact Information

1. Name of applicant organization authorized: Primary Contact (Owner, CEO, President or Executive Director) *
   
   First Name
   
   Last Name
   

2. Primary Contact Email Address *
   
   email@example.com
   

3. Primary Contact Phone Number *
   
   

4. Is there a Secondary Contact (Co-Owner) that is authorized to act on behalf of the applicant organization regarding this application? *
   - Yes
   - No
   
   #B.4. If “Yes”, fields will open additional fields to provide secondary contact details.
C. Business/Organization Information

1. Fictitious Business Name (Doing Business As - DBA) if different than Legal Business/Organization Name.

#C.1. Should have DBA/Fictitious Name Registration to upload in E.4.

2. Provide the applicant organization Federal Employment Identification Number (FEIN). *

*No DASHES, symbols, or spaces.

The tax identification number entered here should match the tax identification number used in your Federal Income Tax Return. This would also be the tax identification number you provide in the required IRS Form W-9 and State of Florida filings.

#C.2. Do Not use DASHES, Symbols, or spaces, only digits of the FEIN

3. Entity Type *

Select...

#C.3. Dropdown will have applicant select either:

- 501(c)(3)
- Chamber of Commerce

4. Organization Address

Address Line 1 *

Physical Address Only. No P.O. Box.

Address Line 2

City *

State (Please use capitalized two letter abbreviation), Province, or Region *

Zip or Postal Code *

5. Organization Phone Number *

6. Organization Email Address *

email@example.com

7. Organization Website (Optional)

example.com
8. What year was the organization established? *

# C.8 – Must be 2019 or prior to meet program eligibility requirements.

9. Please provide a brief description of the organization, its mission and the services offered. *

10. Applicant certifies that the organization had 25 or fewer full-time equivalent (FTE) employees, including the owner, * as of January 1, 2020.

A full-time equivalent (FTE) is a way for employers to measure how many full-time employees they have, along with the number of part-time employees that can be translated into full-time terms. For the purposes of this application, full-time is based off of a 40-hour work week. Your FTE number = (Total number of hours worked by part-time employees per week / 40) + The number of full-time employees you have. Please see the Full-Time Equivalent Calculator below.

11. Full-Time Equivalent Calculator *

<table>
<thead>
<tr>
<th>Total number of hours worked by part-time employees per week</th>
<th>Typical full-time work week</th>
<th>Total number of full-time employees</th>
<th>Your FTE Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

D. COVID-19 Impact

1. Description of Need (Please choose one) *

- The applicant organization was determined non-essential by Florida Governor’s Executive Order and/or was mandated to close or reduce operating capacity (no need for a statement)
- Other (Please provide a brief statement in 1A below)

2. Financial Loss Verification and Determination of Need *

<table>
<thead>
<tr>
<th>Requested Information From Applicant Business/Organization</th>
<th>Figure in Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Monthly Net Income Prior to 2/15/2020</td>
<td></td>
</tr>
<tr>
<td>Average Monthly Net Income From 2/15/2020 to Current Date</td>
<td></td>
</tr>
<tr>
<td>Difference in Average Monthly Net Income</td>
<td>0</td>
</tr>
</tbody>
</table>

As numbers are entered on the chart, this field automatically calculates.

# D.2 You may have a monthly profit and loss statement available for each category above that can provide those amounts, or here are two options to calculate the amounts.

**Option 1:** Average Monthly Net Income can be calculated:
- Average Monthly Revenue
- Average Monthly Cost of Goods Sold
- Average Monthly Expenses

Average Monthly Net Income

**Option 2:** Average Monthly Net Income can be calculated:
- Average Monthly Revenue
- Average Monthly Total Expenses

Average Monthly Net Income
3. Has the applicant organization applied for and received any of the following benefits? This question is for informational purposes only and does not affect your eligibility for this program. (Please check all that apply) *

- Paycheck Protection Program (PPP) Funding
- Economic Injury Disaster Loan (EIDL) Funding
- SBA Debt Relief Program (Loan Payment Forgiveness)
- Other
- None

# D.3 – More than one may be selected.

4. Please select all applicable options for how your organization will utilize this funding to assist in maintaining sustainable operations (For instance - what are the biggest unmet needs you will utilize these funds for such as employees, rent, utilities etc.) *

- Rent/Lease
- Utility Payments
- Employee Salaries/Wages
- Personal Protective Equipment
- Other

# D.4 – More than one may be selected.

E. Required Documentation

1. Is the applicant organization claiming 2 to 25 full-time equivalent (FTE) employees as of 1/1/2020? *

- Yes
- No

# E.1 – If select "Yes", # E.1A will appear so Applicant can upload either IRS Form 941 (Quarter 4 of 2019) or 943 (Annual 2019)

2. Please upload a completed and signed IRS Form W-9. *

Only 1 file may be attached here.

IRS Form W-9 can be filled out at this location: https://www.irs.gov/pub/irs-pdf/fw9.pdf
(See Frequently Asked Questions #44 for more details.)

3. Please provide a copy of your IRS 501(c)(3) determination letter or other IRS recognition document if you are a Chamber of Commerce. *

Only 1 file may be attached here.

4. Does your organization have a Fictitious Business Name (Doing Business As - DBA)? *

- Yes
- No

# E.4 – If select “Yes”, # E.3A will appear so Applicant can upload DBA/Fictitious Name Registration

** Also, note, if they select yes and upload, they should also have already completed #C.1
5. Please provide a copy of your State of Florida business filing (Annual Report). If your business is not required by law to file with the State of Florida, please upload a copy of your most recent applicable County or City Business Tax Receipt.

# E.5 – Applicant should upload **as many forms as** they have from this list:
- State of Florida business filing (Annual Report)
- County Business Tax Receipt (BTR) or City Business Tax Receipt

*Note, having the BTR in addition to the other documents streamlines our review.

6. Please provide a copy or picture of each owner’s State-issued driver’s license or photo ID (front only).

If two contacts on application, both IDs should be uploaded.

---

**F. Mailing Address**

For the purposes of this application and program, please provide a valid mailing address for the applicant business/organization. The address provided in this section will be utilized to send the grant check to, if the applicant business/organization is awarded funding. Please ensure all spelling is correct. The check will be made out to the business/organization name provided under “Legal Business Name” at the beginning of this application.

- **First Name** *
- **Last Name** *
- **Address Line 1** *
- **Address Line 2**
- **City** *
- **State (Please use capitalized two letter abbreviation), Province, or Region** *
- **Zip or Postal Code** *
- **Country** *

If Grant Funds are Awarded, **Clerk’s Office will:**

1. write the check to:
   Legal Business / Organization Name (from #A.1)
2. mail the check:
   Mailing Address (Section #F)

Please double check both sections of the application to confirm the information provided is correctly spelled.
Applicants have two statements to read, acknowledge, and accept.

I acknowledge and accept the above statement.

H. Applicant(s) Certification

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and none of the County Parties, as defined above, will 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 Section 119.071 (5), Florida Statutes.

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 applicable 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.

The County is authorized to make all the inquiries deemed 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, and applicant shall fully cooperate with the County or its agent and timely respond to any requests for such records. Without limiting the generality of the foregoing, the Applicant specifically acknowledges and agrees that, if awarded funds pursuant to this Application, the County, and any duly authorized agents or representatives of the County, including, without limitation, the Division of Inspector General of the Clerk of the Circuit Court and Comptroller, shall be provided access to all of the Applicant’s records and supporting documentation which concern or relate to this Application at any and all times during normal business hours upon request.

I acknowledge and accept the above statement.

Applicants have 9 statements to read and “click” to acknowledge / verify each statement

I. Applicant Acknowledgement and Verification

Please read and mark all of the items below to acknowledge/verify each statement. Missing checks may cause a delay or grant declination.

- 1. I (we) certify that I (we) have the authority to apply for this grant on behalf of the business described herein.

- 2. I (we) certify that the business has been negatively impacted by the COVID-19 emergency as described herein.

- 3. I (we) certify that the grant funds will be used for authorized business expenses only, in accordance with the requirements and restrictions set forth in Section 601(d) of the Social Security Act, and Section 5001 of the CARES Act, and not for household, personal, or consumer use.

- 4. I (we) certify that the information contained in this application is true, complete, and correct to the best of my (our) knowledge.
5. I (we) expect to resume business operations after the emergency guidelines are lifted.*

6. I (we) shall cooperate with the County or appropriate officials for grant auditing purposes, as further set forth and described above.

7. I (we) understand that any willful misrepresentation on this Application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the County to receive a return of any funding provided hereunder, in addition to any other remedies it may have against Applicant at law or in equity.

8. I (we) further understand that, pursuant to Section 92.525, Florida Statutes, a person who knowingly makes a false declaration thereunder is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Sections 775.082, 775.083 or 775.084, Florida Statutes.

9. I (we) understand that failure to use any funding received pursuant to this Application in accordance with the requirements set forth herein or in Section 601(d) of the Social Security Act, or by Section 5001 of the CARES Act, shall entitle the County to receive a return of such funding, in addition to any other remedies it may have against Applicant at law or in equity.

J. Signature and Certification

To SIGN the application, Applicant will type his/her FULL LEGAL NAME in the Signature Line

Applicant will select the date he/she is signing and submitting the application

Applicant will have the opportunity to read the “Under penalties of perjury” statement to verify that the information in the application is true and correct. If applicant agrees with the statement, he/she will “click” on the box.

Under penalties of perjury, I declare that I have read the foregoing application or supplemental documentation and the facts stated in it are true and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Tip: It is recommended that applicants review the application for completeness and accuracy BEFORE clicking “Submit Form”.

Grant Funds will be awarded on a first come first serve basis for complete and accurate application to qualifying businesses or organizations.

Therefore, submitting an application that contains errors or incomplete information or missing attachments will delay the review process.

Submitted applications will be reviewed in the order in which they are received. (Errors and incomplete applications will delay the review process. When program funds are fully allocated, any application still under review will not be able to be funded.)
After applicant clicks “Submit Form”

- If nothing happens (meaning if applicant’s screen does not change):
  - Applicant neglected to complete all of the required fields.
  - Applicant should scroll up to find all of the red error messages and complete those fields. Two examples are shown below:

  Last Name
  
  The last name field is required.

  2. Provide the applicant organization Federal Employment Identification Number (FEIN). *

  The 2. provide the applicant organization federal employment identification number (fein), field is required.

  Limit: 9 characters

- After Applicant fixes the error messages and he/she is sure the applicant is complete and accurate, he can click again.

After all the required fields have been completed when applicant clicks “Submit Form”

- Two things should happen

  #1 Screen will show:

  ![Success message]

  #2 Email will be sent to the email address used to Sign In to Submittable:

  **Subject line:** Your Lake CARES Small Business Assistance Grant Application has been received

  Dear [SubmitterFirstName] [SubmitterLastName],

  Thank you for applying for the Lake CARES Small Business Assistance Grant. You can log into your Submittable account to monitor your application status as it progresses through the workflow process.

  Also, if a reviewer has a question about your application or is in need of additional information, the reviewer will communicate with you through the Submittable platform. So, keep an eye on the email address that you used to create your Submittable account for questions and notifications.

  If you have any questions, please contact the Lake CARES Call Center at (352) 268-9299 or visit http://www.elevatelake.com/reopen.

  Sincerely,
  Grant Administrative Team
Stages after Application Submission

Timeframe / Timeline
The Lake CARES Administrative Team and its partners will work to process applications in a timely fashion. Since the review process relies on many factors, such as the number of applications received, completeness and accuracy of an application, promptness of applicants to respond with missing or incomplete information, it is impossible to provide a timeframe.

The Lake CARES Administrative Team, its partners, and reviewers will work as efficiently as possible to help support area businesses, 501(c)(3) entities, and Chambers of Commerce. Please remember that applicants can go into their Submittable watch for status changes.

Confirmation Email
An automatic message is generated by Submittable to the applicant. (All messages generated by Submittable send an email to the email address that the applicant used to create the Submittable account. Often, from the email, applicants can click on a link (black bar) in the email to be taken directly to Submittable to view the application. --- Applicant may need to sign into their account.)

Application Review Process
Lake County is currently allocating relief to support Lake County businesses, 501(c)(3) entities, and Chambers of Commerce that have been negatively impacted by the COVID-19 pandemic. Notable items about the Lake CARES Small Business Assistance Grant Program are:

- Grant funds are awarded on a first come first serve basis for complete and accurate applications. Applications will be reviewed and evaluated based on program eligibility criteria in as timely a fashion as possible.

- An incomplete application, missing attachments, and errors in the application will delay the review process and may prevent recommendation for grant award.

- The result may be that Lake CARES Small Business Assistance Grant Program funds are allocated before an application can be processed and/or recommendation for grant award.

Phase 1 Review
Application and required documentation are evaluated by Phase 1 reviewer.

Phase 2 Review
This process includes oversight of Phase 1 Review and confirmation of eligibility, completeness, and documentation.
Determination

Denial or Recommendation:

--- Denial of Eligibility
An application that does not meet eligibility criteria will be denied. (*If eligibility criteria changes in the future, applicants who were denied due to eligibility will be notified.*)

--- Recommendation for Grant Award
An application that meets all eligibility criteria will be recommended for grant award and forwarded to the Lake County Clerk’s Office.

Confirmation by Clerk
Applications recommended for grant award will be forwarded to the Lake County Clerk’s Office.

Grant Awarded
After fully approved, grant funds will be disbursed via check and mailed to:
- Legal Business Name (provided on the 1st line of the Application)
- Full Mailing Address (provided in Section F of the Application)

Applicants can check the application status

You can check the status of your submissions by signing in to your Submittable account. If you do not remember your password, you can reset it. Once you are in your Submittable account, the submission status label will appear to the left of your submission (shown below).

Submissions are marked with one of seven statuses:
- **Received**: Your submission has been successfully sent to the organization and is in queue or being printed and read outside the Submittable system.
- **In-Progress**: Your submission has been received and additionally handled in some way, e.g., assigned, commented on, etc.
- **Declined**: Your submission has been declined.
- **Accepted**: Your submission has been accepted.
- **Completed**: Your submission has been processed and is no longer being considered. (Note: Some organizations prefer to use this status instead of “Withdrawn” for situations like large, public contests, in which, for example, they’ve publicly announced the winners online and would prefer not to “Decline” the remaining submissions.)
- **Withdrawn**: Your submission has been withdrawn from consideration.
- **Editable**: Your submission is open for editing.
Sample Documents

IRS Form W-9

Reviewers will look at the following portions of this form to verify the following matches the information in the application:

(Form can be found at: https://www.irs.gov/pub/irs-pdf/fw9.pdf)

<table>
<thead>
<tr>
<th>Field Label or Description</th>
<th>Application Field</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 1 (Name)</td>
<td>Legal Business Name</td>
<td>Question A. 1.</td>
</tr>
<tr>
<td>Box 3 (Type of Entity)</td>
<td>Entity Type</td>
<td>Question C. 2.</td>
</tr>
<tr>
<td>Part I (SSN or EIN)</td>
<td>Social Security Number (SSN) or Federal Employer ID Number (FEIN)</td>
<td>Question C. 3.</td>
</tr>
<tr>
<td>Box 5 &amp; 6 (Address)</td>
<td>Mailing Address</td>
<td>Question F</td>
</tr>
</tbody>
</table>
State of Florida business filing Annual Report

Reviewers will look at the following portions of this form to verify the following matches the information in the application:

<table>
<thead>
<tr>
<th>Field Label or Description</th>
<th>Application Field</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>FILED</td>
<td>(Is this date within 12 months of today?)</td>
<td>n/a</td>
</tr>
<tr>
<td>Entity Name</td>
<td>Legal Business Name</td>
<td>Question A. 1.</td>
</tr>
<tr>
<td>Current Principal Place of Business</td>
<td>Business Address</td>
<td>Question C. 4.</td>
</tr>
<tr>
<td>Current Mailing Address</td>
<td>Mailing Address</td>
<td>Question F</td>
</tr>
<tr>
<td>FEI Number</td>
<td>Federal Employer ID Number (FEIN)</td>
<td>Question C. 3.</td>
</tr>
</tbody>
</table>

![Image of the form with filled details]
DBA / Fictitious Name Registration

Reviewers will look at the following portions of this form to verify the following matches the information in the application:

<table>
<thead>
<tr>
<th>Field Label or Description</th>
<th>Application Field</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fictitious Name</td>
<td>Fictitious Business Name (Doing Business As – DBA)</td>
<td>Question C. 1.</td>
</tr>
</tbody>
</table>

NOTE: Form headings and format may vary slightly.
County Business Tax Receipt / City Business Tax Receipt

Reviewers will look at the following portions of this form to verify the following matches the information in the application

<table>
<thead>
<tr>
<th>Field Label or Description</th>
<th>Application Field</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity Name</td>
<td>Legal Business Name</td>
<td>Question A. 1.</td>
</tr>
<tr>
<td>Current Mailing Address</td>
<td>Mailing Address</td>
<td>Question F</td>
</tr>
<tr>
<td>Paid Date</td>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Note** – It is also acceptable to use a printout or screenshots from the Office of Tax Collector website – See details under:

> “Guides: How to Find”
> “County Business Tax Receipt (BTR)
IRS Form 1040 – Schedule C

Reviewers will look at the following portions of this form to verify the following matches the information in the application:

<table>
<thead>
<tr>
<th>Field Label or Description</th>
<th>Application Field</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of proprietor</td>
<td>Legal Business Name</td>
<td>Question A. 1.</td>
</tr>
<tr>
<td>Social Security Number (SSN)</td>
<td>Social Security Number (SSN) or Federal Employer ID Number (FEIN)</td>
<td>Question C. 3.</td>
</tr>
<tr>
<td>Box E - Business Address</td>
<td>Business Address</td>
<td>Question C. 4. (verifies business existed prior to 1/1/2020)</td>
</tr>
</tbody>
</table>
IRS Form 941

Reviewers will look at the following portions of this form to verify the following matches the information in the application

<table>
<thead>
<tr>
<th>Field Label or Description</th>
<th>Application Field</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of proprietor</td>
<td>Legal Business Name</td>
<td>Question A. 1.</td>
</tr>
<tr>
<td>Employer Identification Number (EIN)</td>
<td>Federal Employer ID Number (FEIN)</td>
<td>Question C. 3.</td>
</tr>
<tr>
<td>Box E - Business Address</td>
<td>Business Address</td>
<td>Question C. 4.</td>
</tr>
<tr>
<td>Part 1. 1. – Number of employees</td>
<td>Full-Time Equivalent Employees (FTEs)</td>
<td>Question C. 12.</td>
</tr>
<tr>
<td>Year (4th Qtr 2019)</td>
<td>(verifies business existed prior to 1/1/2020)</td>
<td>n/a</td>
</tr>
</tbody>
</table>
IRS Form 943

Reviewers will look at the following portions of this form to verify the following matches the information in the application

<table>
<thead>
<tr>
<th>Field Label or Description</th>
<th>Application Field</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Legal Business Name</td>
<td>Question A. 1.</td>
</tr>
<tr>
<td>Employer Identification Number (EIN)</td>
<td>Federal Employer ID Number (FEIN)</td>
<td>Question C. 3.</td>
</tr>
<tr>
<td>Part 1. 1. – Number of employees</td>
<td>Full-Time Equivalent Employees (FTEs)</td>
<td>Question C. 12.</td>
</tr>
<tr>
<td>Year</td>
<td>(verifies business existed prior to 1/1/2020)</td>
<td>n/a</td>
</tr>
</tbody>
</table>
IRS Letter of Determination – 501(c)(3)

Reviewers will look at the following portions of this document to verify the following matches the information in the application

<table>
<thead>
<tr>
<th>Section or Description</th>
<th>Application Field</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>(verifies entity existed prior to 1/1/2020)</td>
<td>n/a</td>
</tr>
<tr>
<td>Name</td>
<td>Legal Business Name</td>
<td>Question A. 1.</td>
</tr>
<tr>
<td>Federal Identification Number</td>
<td>Federal Employer ID Number (FEIN)</td>
<td>Question C. 2.</td>
</tr>
<tr>
<td>Type of Non-Profit Entity</td>
<td>Entity Type</td>
<td>Question C. 3.</td>
</tr>
</tbody>
</table>

Only two types of non-profit entities are currently eligible for Non-Profit Grant Program:
- 501(c)(3)
- Chambers of Commerce

Note for Chambers of Commerce: For Application Question E.3, a Chamber of Commerce should upload a document that shows the IRS recognizes the entity as a Chamber of Commerce. This document should contain the IRS clearly referring to the entity as a Chamber of Commerce, or it could show that the Chamber of Commerce is a 501(c)(3) or a 501(c)(6). **Note:** No other 501(c)(6) entities are eligibility for grant funds under the current eligibility criteria.
Guides: How to Find
State of Florida business filing Annual Report (Sunbiz.org)

1. Go to: http://search.sunbiz.org/Inquiry/CorporationSearch/ByName

2. Enter your organization’s name in the search box. Click “Search Now”

3. Select your Corporate Name in Entity Name List.
4. Scroll down to “Document Images” and select “View Image in PDF Format” of most recent Annual Report to download.

### Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Report Type</th>
<th>View Image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/10/2020</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/23/2019</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/12/2018</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
1. Go to: http://dos.sunbiz.org/ficinam.html

2. Enter your organization’s name in the search box. Click “Search”

3. Select your Corporate Name in Entity Name List.
4. Scroll down to “Document Images” and select “View Image in PDF Format” of the Fictitious Name Filing

5. Click “Click here to view your image”

6. Save your download to upload later in the application portal.
County Business Tax Receipt (BTR)


2. Enter Name into the Search Field and click “Search”

3. Click on the correct Business name from the list provided.

4. Click on “Print this Page”, save as a .pdf to upload into your application.

Sample Company
000001578
5/15/2005
Groveland
123 Sample Lane
Groveland, FL 34736

Sample Company
P.O. Box 000
Groveland, FL 34736

M.E. Sample
456 Sample Lane
Mount Dora, FL
Eligibility Criteria & Required Documentation

For-Profits

Lake County is currently allocating up to $12 million in emergency relief to support local businesses with a commercial presence within the County that have been negatively impacted by the COVID-19 pandemic. Funds are available as part of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act federal stimulus package. As a part of that relief, the County is offering emergency financial support through the Lake CARES Small Business Assistance Grant Program on a first come first serve basis for complete and accurate applications. Qualifying businesses may be eligible to receive a one-time grant of $2,000 for self-employed or sole-proprietors, $5,000 for businesses that have 2 to 9 full-time equivalent employees or $7,500 for businesses that have between 10 and 25 full-time equivalent employees to help them recover from the negative financial consequences resulting from the COVID-19 pandemic.

For-Profit Business Eligibility

- Business had 25 or fewer FTE* employees, including the owner, as of January 1, 2020.
- Business has been negatively impacted by the COVID-19 emergency.
- Business has a physical location in Lake County that is legally operating prior to January 1, 2020.
- Business can demonstrate ongoing operations within Lake County through February 15, 2020.
- Business expects to continue/resume operations after all State Executive Orders restrictions are lifted.
- Business is not a subsidiary or partially owned by a publicly traded company or a hedge fund.
- Business does not have any legal actions against or from Lake County or its municipalities, including code enforcement liens.
- 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).
- Business is not operating in violation of any state, federal or local laws.
- Business was determined to be a non-essential business affected by State of Florida Safer-at-Home executive orders and/or was mandated to close or reduce operating capacity.

Documentation Required to Upload

1. A Completed IRS Form W-9
2. The following, as applicable:
   - Most recent State of Florida business filing Annual Report
   - DBA/Fictitious Name registration
   - Most recent County Business Tax Receipt and/or City Business Tax Receipt
   - 2019 IRS Form 1040 – Schedule C
   - IRS Form 941 (Q4 2019) or IRS Form 943 (Annual 2019) for business paying wages
3. Driver’s License Copy for each applicant (front only)
Non-Profits

Lake County is currently allocating up to $3.5 million in emergency relief to support local non-profits and Chambers of Commerce with a presence within the County that have been negatively impacted by the COVID-19 pandemic. Funds are available as part of the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act federal stimulus package. As a part of that relief, the County is offering emergency financial support through the Lake CARES Small Business Assistance Grant Program on a first come first serve basis for complete and accurate applications. Qualifying non-profits and Chambers of Commerce may be eligible to receive a one-time grant of $5,000 for organizations that have 25 employees or less to help them recover from the negative financial consequences resulting from the COVID19 pandemic.

Non-Profit Eligibility

- Organization is a Non-profit 501(c)(3) or Chamber of Commerce.
- Organization has 25 or less FTE* employees, including owner, as of January 1, 2020.
- Organization has been negatively impacted due to the COVID-19 emergency.
- Organization has a physical location in Lake County that is legally operating within Lake County and the State of Florida prior to January 1, 2020.
- Organization expects to continue/resume operations after all State Executive Orders restrictions are lifted.
- Organization is not a subsidiary of another organization.
- Organization does not have any legal actions against or from Lake County or its municipalities, including code enforcement liens.
- No owner, officer, partner, or principal actor of the organization 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).
- Organization is not operating in violation of any state, federal or local laws.

Documentation Required to Upload

1. A Completed IRS Form W-9
2. A copy of IRS 501(c)(3) determination letter or other IRS recognition document
3. The following, as applicable:
   • Most recent State of Florida business filing Annual Report
   • DBA/Fictitious Name registration
   • Most recent County Business Tax Receipt and/or City Business Tax Receipt
   • IRS Form 941 (Q4 2019) or IRS Form 943 (Annual 2019) for organizations paying wages
4. Driver’s License Copy for each applicant (front only)