



Phase II Lake CARES Business Assistance Grant Program

# Frequently Asked Questions, Samples, and How-To Guides

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

Update 9.22

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9-22-2020

## Contents

Frequently Asked Questions (FAQs) .....	4
GENERAL QUESTIONS .....	4
1. How is the Lake CARES Small Business Assistance Grant amount determined? .....	4
2. What are the For-Profit Business Eligibility requirements of the business assistance grant? .....	4
3. What are the Non-Profit Eligibility requirements of the business assistance grant? .....	5
<b>4. Item Deleted: N/A for Phase II and beyond .....</b>	<b>5</b>
<b>5. May an IRS Form 1099-MISC be submitted instead of an IRS Form 1040 - Schedule C for self-employed individuals? .....</b>	<b>5</b>
6. What is the timeline to apply? .....	5
7. Do I need to pay the money back? .....	6
8. How soon will I receive the business assistance grant funds? .....	6
9. Is there a list of what expenses are allowed under the business assistance grant funds? .....	6
10. What happens when all the business assistance grant program funding is awarded? .....	6
11. How do I get assistance to apply for the business assistance grant? .....	6
12. What other resources are available to my business? .....	6
13. Is the amount of the grant enough to help our local businesses? .....	6
14. What else is Lake County and its resource partners doing to support small businesses during the pandemic? .....	7
15. How do I find out the status of my application? .....	7
16. Is the online application available in any languages other than English? .....	7
17. I am a sole proprietor business and the only person working in my business. Does that disqualify me from this grant? .....	7
18. My small business operates a franchise, do I qualify for the grant program? .....	7
19. I have more than one business; May I apply for each of my businesses? .....	8
20. I own several small businesses, are all my businesses eligible for the grant program? .....	8
21. How do I indicate that my business was negatively impacted by the COVID-19 emergency? .....	8
22. I am contesting a code violation or currently have a pending legal matter with Lake County. Do I qualify for the program? .....	8
23. What is the definition of “employee” for this program? .....	8
24. What payroll information is required for organizations that have 2 <b>or more</b> employees? .....	9
25. I have applied but have not been approved or did not receive funding for PPP or EIDL. Do I qualify for the grant? .....	9
26. I received a small amount after I applied for the Economic Injury Disaster Loan (EIDL). Do I qualify for the grant? .....	9

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?.....	9
28.	I am applying for the Lake CARES Business Assistance Grant. May I apply for the Lake County Housing CARES Act Funding too?.....	9
29.	Am I eligible to apply if I live in another County, but my business is physically located in Lake County?.....	9
30.	How do I know if my business is a publicly traded company?.....	9
31.	Why am I not qualified for the grant? .....	9
32.	I do not have a computer; how can I apply for the grant? .....	10
33.	How much funding is allocated to the business grant program? .....	10
34.	How is the \$15.5 million allocated between For-Profit Businesses and Non-Profits? .....	10
	APPLICATION PREPARATION & APPLICATION QUESTIONS.....	10
35.	What is the first step to apply for the business assistance grant? .....	10
36.	How do I get assistance to apply for the business assistance grant? .....	10
37.	What should I have ready before I start the application? .....	11
38.	How do I know which industry to select? .....	12
39.	What are the options under “Additional Industry Information”? .....	13
40.	My business is not on the “Additional Industry Information” list above. Am I still eligible? .....	13
41.	What is an FTE (Full-Time Equivalent) employee?.....	13
42.	I am Self-Employed, how do I complete the Full-Time Equivalent Calculator?.....	14
43.	How do I estimate my average monthly business expenses or COVID-19 Impact? .....	14
44.	Where can I find the following documents to submit with the application? .....	15
45.	How do I obtain the most recent State of Florida business filing Annual Report for my business?.....	15
46.	How do I obtain a copy of my DBA / Fictitious Name Registration? .....	16
47.	How do I obtain a copy of my Lake County Business Tax receipt?.....	16
48.	What is the website for the IRS Form W-9?.....	16
49.	What information do I have to fill out on the IRS Form W-9? .....	16
50.	If my application is fully approved, how will the funds be disbursed to my business?.....	17
51.	Am I able to save and come back to my application?.....	17
52.	What is the review process? .....	17
53.	What if my application is incomplete? .....	17
54.	Where can I go for assistance with “Submittable”? .....	17
	Application.....	18

Selecting the Appropriate Application.....	18
For-Profit Application.....	20
Non-Profit Application .....	29
Stages after Application Submission.....	38
Timeframe / Timeline .....	38
Confirmation Email .....	38
Application Review Process .....	38
Phase 1 Review .....	38
Phase 2 Review .....	38
Determination.....	39
--- Denial of Eligibility.....	39
--- Recommendation for Grant Award.....	39
Confirmation by Clerk .....	39
Grant Awarded.....	39
Applicants can check the application status.....	39
Sample Documents .....	40
IRS Form W-9 .....	40
State of Florida business filing Annual Report.....	41
DBA / Fictitious Name Registration .....	42
County Business Tax Receipt / City Business Tax Receipt.....	43
IRS Form 1040 – Schedule C.....	44
IRS Form 941 .....	45
IRS Form 943 .....	46
IRS Letter of Determination – 501(c)(3).....	47
Guides: How to Find.....	48
State of Florida business filing Annual Report (Sunbiz.org).....	48
DBA / Fictitious Name Registration (Sunbiz.org) .....	50
County Business Tax Receipt (BTR) .....	52
Determination Letter Search on IRS.gov [501(c)(3)].....	52
Eligibility Criteria & Required Documentation.....	54
For-Profits .....	54
Non-Profits.....	55



## Frequently Asked Questions (FAQs)

(as of 8/15/2020)

(updated as of 9/8/2020)

(updated as of 9/16/2020)

(updated as of 9/22/2020)

### 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.

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- Qualifying Self-Employed individuals/Sole Proprietors will receive \$4,000.
- Qualifying businesses with 2-9 FTE\* employees will receive \$10,000.
- Qualifying businesses with 10-25 FTE\* employees will receive \$15,000.
- **Qualifying businesses with 26-50 FTE\* employees will receive \$20,000.**
- **Qualifying businesses with more than 50 FTE\* employees will receive \$30,000.**
- Qualifying 501(c)(3) non-profits will receive \$10,000.
- Qualifying Chambers of Commerce will receive \$10,000.

#### 2. What are the For-Profit Business Eligibility requirements of the business assistance grant?

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- a. Business **was in operation prior to February 15, 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 **within Lake County and the State of Florida prior to February 15, 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. **Item Deleted: Essential and Non-Essential Businesses may apply.**

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3. What are the Non-Profit Eligibility requirements of the business assistance grant?

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- a. Organization is a Non-profit 501(c)(3) or Chamber of Commerce.
- b. Organization **was in operation prior to February 15, 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 **February 15, 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.

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4. **Item Deleted: N/A for Phase II and beyond**

\* 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 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.

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NOTE: For the purpose of this program, “full-time equivalents (FTE) 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 1099's) may not be counted as employees for eligibility. A company that solely employs independent contractors qualifies as a self-employed applicant for this program.

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5. **May an IRS Form 1099-MISC be submitted instead of an IRS Form 1040 - Schedule C for self-employed individuals?**

An IRS Form 1099-MISC may be an acceptable alternative to an IRS Form 1040 Scheduled C as a required document. When a 1099-MISC is submitted as an alternative, the Grant Administrative Team may reach out to the applicant to provide additional information, if needed.

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6. What is the timeline to apply?

Applications will remain open until 9.28.2020 at 5 pm.

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 and organizations 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](http://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/>



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**Once logged in:**

- **There is a circle with your initials in the upper right corner, click on the down arrow beside that circle**
- **Click on “Submissions”**
- **The rectangle to the left of the application number provides the status.**
- **You can view more details by clicking on the application # (TIP: If you signed up for an email notification prior to 8/17/2020, you can disregard that #, because the notification is NOT connected to your application.)**



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16. Is the online application available in any languages other than English?

**No, the online application is only available in English. However, for additional assistance please reach out to the Call Center at 352-268-9299.**

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 **\$4,000** grant as long as all other criteria are met. (See documentation requirements.) Additionally, self-employed individuals do not have to submit payroll information.



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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](mailto: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.**



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24. What payroll information is required for organizations that have 2 **or more** employees?  
One of the following forms is sufficient proof of employee count:

- IRS Form 941 (Employer's Quarterly Federal Tax Return) for 4<sup>th</sup> 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 **February 15, 2020**.



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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. **Please note, if an applicant fails to provide the required document and required verification that the applicant business or entity meets program eligibility, the application will not qualify.**



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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 this 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”.

- Interested parties can go to: [www.reopenlake.com](http://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).
- A direct link to the list of applications is:  
<https://elevatelake-lakecares.submittable.com/submit>



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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](http://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 (This can be found and completed at: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- The following, as applicable:
  - Most recent State of Florida business filing Annual Report (This can be found by searching your entity at: <http://search.sunbiz.org/Inquiry/CorporationSearch/ByName>)
  - DBA/Fictitious Name registration (This can be found by searching your entity at: <http://dos.sunbiz.org/ficinam.html>)
  - Most recent County Business Tax Receipt and/or City Business Tax Receipt (This can be found by searching your entity at: <https://www.laketax.com/tax-search>)
  - 2019 IRS Form 1040 – Schedule C (Schedule C is part of your personal tax return) (Note, IRS Form 1099-MISC may be an approved alternative)
  - IRS Form 941 (Q4 2019) or IRS Form 943 (Annual 2019) for business paying wages (This is a form that companies who withhold payroll taxes use to report the federal tax withholdings each quarter of each year.)
- Driver's License Copy for each applicant (front only) (If you have more than one applicant, please provide a driver's license copy for all applicants.)



2. For a Non-Profit Business:



1. A Completed IRS Form W-9 (This can be found and completed at: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
2. A copy of IRS 501(c)(3) determination letter or other IRS recognition document ((If your entity does not have this on file, you can try to find it on irs.gov at: <https://apps.irs.gov/app/eos/>)
3. The following, as applicable:
  - Most recent State of Florida business filing Annual Report (This can be found by searching your entity at: <http://search.sunbiz.org/Inquiry/CorporationSearch/ByName>)
  - DBA/Fictitious Name registration (This can be found by searching your entity at: <http://dos.sunbiz.org/ficinam.html>)
  - Most recent County Business Tax Receipt and/or City Business Tax Receipt (This can be found by searching your entity at: <https://www.laketax.com/tax-search>)
  - IRS Form 941 (Q4 2019) or IRS Form 943 (Annual 2019) for organizations paying wages (This is a form that companies who

**withhold payroll taxes use to report the federal tax withholdings each quarter of each year.)**

**4. Driver's License Copy for each application contact (front only) (If you have more than one applicant, please provide a driver's license copy for all applicants.)**

- 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 – 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)

The following site has a list of industry titles and codes if you would like additional information: <https://www.naics.com/search/>

### 39. What are the options under “Additional Industry Information”?

“Additional Industry Information” helps provide additional information about your business. 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
- **Other (If “Other” is selected, a pop-up window will require that you provide a brief description about your business industry.)**



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### 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:**

Total number of hours worked by part-time employees per week	Typical full-time work week hours	Total number of full-time employees	Your FTE Number
	40		0

**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.

Total number of hours worked by part-time employees per week	Typical full-time work week hours	Total number of full-time employees	Your FTE Number
50	40	1	2.25

Steps to use the calculator:

- Add part-time hours:  $20 + 30 = 50$
- Enter **part-time hours total** in the 1<sup>st</sup> block.
- Total number of full-time employees: **1**
- Enter **full-time employees** in the 3<sup>rd</sup> block.
- 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:

- Average Monthly Net Income Prior to 2/15/2020
- 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?

- a. IRS Form W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- 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) (**Note, IRS Form 1099-MISC may be an approved alternative**)
- f. Copy of Driver's License (for each contact) (front only)
- g. ONLY for entities with 2 or more 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 or search <https://apps.irs.gov/app/eos/>



Update 9.8



Update 9.8



Update 9.8

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>
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>
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?

1. Go to: <https://lake.county-taxes.com/public>
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?

<https://www.irs.gov/pub/irs-pdf/fw9.pdf> - Be sure to sign and upload the completed form.

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. **Remember to complete Part I and to sign and date the form prior to submission.** Instructions for IRS Form W-9 can be found at:

<https://www.irs.gov/pub/irs-pdf/iw9.pdf> - **The information completed on the w-9 should match the information that the applicant uses to complete their business tax forms each year.**



Update 9.8

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 options 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](mailto:support@submittable.com)

# Application

## Selecting the Appropriate Application

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



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](mailto: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/reopen#cares> 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/](https://submittable.com/contact/).

**Step 1:**  
Applicant  
will select  
appropriate  
application.



### Phase II Lake CARES For-Profit Business Assistance Grant Program Application

Ends on September 28, 2020 (in 5 days)

More ▾

Submit

For-Profit

### Phase II Lake CARES Non-Profit Business Assistance Grant Program Application

Ends on September 28, 2020 (in 5 days)

More ▾

Submit

Non-Profit

## Step 2: Submittable

- If user DOES NOT have an Account with “Submittable”, Click **“Create Your Account”** (See Step 2B)
- If user DOES have an Account with “Submittable”, Click **“Have An Account? Sign In”** (See Ste 2C)

A screenshot of the Submittable "Sign Up" page. The header is the same as the previous screenshot. Below the header, there are tabs for "Sign Up" (selected) and "Sign In". The main heading is "Welcome!" with the sub-heading "Create your free Submittable account to get started." There are input fields for "Email", "Password", "Confirm Password", "First name", and "Last name". A blue "Sign Up" button is at the bottom.

On the “Welcome” page, enter:

- Email
- Password
- Create Password
- First Name
- Last Name

Click the blue **“Sign Up”** button

A screenshot of the Submittable "Sign In" page. The header is the same as the previous screenshot. Below the header, there are tabs for "Sign Up" and "Sign In" (selected). The main heading is "Welcome back!" with the sub-heading "Sign in to your Submittable account." There are input fields for "Email" and "Password", and a "Forgot?" link. There are three buttons: "Sign In" (blue), "Sign in with Facebook" (dark blue), and "Sign in with Google" (blue with Google logo).

On the “Welcome back” page, enter:

- Email
- Password

Click the blue **“Sign In”** button

**Tip: Do Not Click "Submit" until you have made it to the date and signature lines.**

### Phase II 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 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 between \$2,000 and \$10,000 to help them recover from the negative financial consequences resulting from the COVID-19 pandemic.

1. Legal Business Name (same as on your tax filings). \*

#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 AND Line 1 on the W-9 (2) Self-Employed/Sole Proprietors should use their first and last name as it appears on their 1040 Schedule C or other filings.]

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.

2. Applicant business was in operation prior to January 1, 2020. \*

- Yes
- No

#A.2 – This is an eligibility requirement. Required documentation provided in Section E of the application will be used to verify this answer.

Update 9.8

Note, for questions 2-10 help determine eligibility. If applicant answer no or false, message will show ineligible.

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

Update 9.22

Businesses that started operations after January 1, 2020 and BEFORE February 15, 2020 are now eligible.

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

Sample ineligibility message for "no" or "false" answers for Questions A.2-A.10

 **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.reopenlake.com](http://www.reopenlake.com)

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.

## B. Contact Information

1. Name of applicant business authorized  \*

First Name

Last Name

2. Primary Contact Email Address \*

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.

#C.1. Should have DBA/Fictitious Name Registration to upload in E.3.

2. Entity Type \*

#C.2 Select from dropdown:  
- Self-Employed, Sole Proprietor, or any business entity using SSN for tax purposes.  
- C-Corp, S-Corp, LLC, Partnership, or any business entity using FEIN for tax purposes

#C.3 Opens:  
Provide SSN (Social Security Number) – NO DASHES



4. Business Address

Address Line 1 \*

Physical Address Only. No P.O. Box.

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



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

Address Line 2

City \*

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

Zip or Postal Code \*

5. Business Phone Number \*

6. Business Email Address \*

7. Business Website (Optional)

8. What year was the business established? \*

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

9. Industry \*

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

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)

# 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)

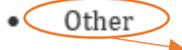
10. Additional Industry Information \*

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

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

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



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:

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

## 11. Applicant Level \*

- 0-1 Full-Time Equivalent Employee
- 2-9 Full-Time Equivalent Employees
- 10-50 Full-Time Equivalent Employees
- 50+ 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.

**TIP: Only use numbers in the FTE Calculator - No words, letters, or other characters.**



# C.12 will be hidden unless Applicant selects the following options in #11:

- 2-9 Full-Time Equivalent Employees
- 10-50 Full-Time Equivalent Employees
- 50+ Full-Time Equivalent Employees

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

## 12. Full-Time Equivalent Calculator \*

Total number of hours worked by part-time employees per week	Typical full-time work week hours	Total number of full-time employees	Your FTE Number
	40		0

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. COVID-19 Impact Certification \*



- I certify that the applicant business was determined to be an ESSENTIAL business but was adversely affected either directly or indirectly by Governor's Executive Orders or other factors due to the COVID-19 Emergency.
- 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 \*

**TIP: Only use numbers in the Determination of Need. No dollar signs (\$), no commas, no dashes, no words.**

Requested Information From Applicant Business/Organization	Figure in Dollars
Average Monthly Net Income Prior to 2/15/2020	
Average Monthly Net Income From 2/15/2020 to Current Date	
Difference in Average Monthly Net Income	0

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

Average Monthly Revenue - Average Monthly Cost of Goods Sold - Average Monthly Expenses = Average Monthly Net Income OR Average Monthly Total Revenues - Average Monthly Total Expenses = Average Monthly Net Income

# 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.

- 2A. Applicant agrees and understands that applicant must provide any and all documentation relied upon to make the income determination set forth in this section if requested by any duly authorized agent of the County. Failure to provide this documentation may result in repayment of the funds or legal action if warranted.



### 3. Please provide a brief statement regarding how COVID-19 has negatively impacted your specific business:

**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.

**TIP: For the purpose of this program, “full-time equivalents (FTE) 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 1099's) MAY NOT BE counted as employees for eligibility. A company that solely employs independent contractors qualifies as a self-employed applicant for this program.**

E. Required Documentation

1. Is the applicant business claiming 2 or more 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. \*

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 & #49 for more details.)

Only 1 file may be attached here. Choose File

**TIP: The information completed on the W-9 should match the information that the applicant uses to complete their business tax forms.**

Upload a file. No files have been attached yet.  
Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff  
For the most recent W-9 form, visit: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

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 any of the following documents that you have: Your State of Florida Division of Corporations 2019 Annual Report, State of Florida Department of Revenue 2019 Florida Annual Resale Certificate for Sales Tax, 2019 County or City Business Tax Receipt, or your 2019 IRS Form 1040 - Schedule C. (a 1099 may be an approved alternative to your 1040 - Schedule C form). \*



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

Select up to 4 files to attach. No files have been attached yet. You may add 4 more files.  
Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Up to 4 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, IRS Form 1099-MISC may be an approved alternative)

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



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

5. Please provide a copy or picture of each owner's State-issued driver's license or photo ID (front only). \*

Choose File

Up to 2 files may be attached here.

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Front side only. Back side not needed.

#### F. Mailing Address

For the purposes of this application and program, please provide a valid mailing address for the applicant business. The address provided in this section will be utilized to send the grant check to, if the applicant business is awarded funding. Please ensure all spelling is correct. The check will be made out to the business 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 \*

Limit: 16 characters

Country \*

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.

### G. Owner(s) Acknowledgement and Affidavit

The County will leverage local and regional resources to review and process your application in an effort to ensure prompt attention to all grant requests. These partners include Lake County Agency for Economic Prosperity, local Municipalities, local Chambers of Commerce, business support organizations, and the Service Core of Retired Executives (SCORE) and/ or the Small Business Development Centers (SBDC), among others. You hereby acknowledge and agree to have your application and related information processed by professional members of these organizations. On their part, each organization and its members will take reasonable steps to keep your information confidential to the extent allowed by law. Nothing herein shall create any cause of action by or on behalf of Applicant against the County or its officers, elected officials, employees, agents or representatives, including, without limitation, Agency for Economic Prosperity, SBDC, SCORE, or any other agency identified above (collectively, the "County Parties"). The County Parties shall not be liable to Applicant for any damages of any kind or nature whatsoever arising out of or relating to the Program or this application, whether based in contract, common law, warranty, tort, strict liability, contribution, indemnity or otherwise.

**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.

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. \*

- 5. I (we) expect to resume normal 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

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

Full legal name

Date \* 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.*

Applications can be saved along the way.

Applicants can sign into their Submittable account to finish a saved application at a later time.

**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.)**

# Non-Profit Application

**Tip: Do Not Click "Submit" until you have made it to the date and signature lines.**

## Phase II NON-PROFIT Organization Assistance Grant Application

### 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 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 to help them recover from the negative financial consequences resulting from the COVID-19 pandemic.

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

#A.1 - If Grant is awarded, check will be written to "Legal Business/Organization Name". (\*\* Note, this field should match name on match required documents AND Line 1 on the W-9.)

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.

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

#### 2. Applicant organization was in operation as of January 1, 2020. \*

- Yes
- No



#A.2 - This is an eligibility requirement. Required documentation provided in Section E of the application will be used to verify this answer.

#### 3. Applicant organization 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 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

#A.4 – 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

#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 organization expects to continue/resume operations after all State of Florida 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 organization is NOT a subsidiary of another organization. \*

- True
- False

#A.7 – Applicant will probably know if they are a subsidiary of another organization.  
Definition of "subsidiary company" - a company that is completely or partially owned by another company

Sample ineligibility message for "no" or "false" answers for Questions A.2-A.11

 **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.reopenlake.com](http://www.reopenlake.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 \***

**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). \*

Limit: 9 characters

\*No DASHES, symbols, or spaces.

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

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.\*

3. Entity Type \*

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

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

4. Organization Address

Address Line 1 \* # C.4 – Must be Physical Lake County Address (No P.O. Box and not mailing address.)

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 \*

7. Organization Website (Optional)

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. \*

Limit: 500 characters

10. Applicant certifies that the organization was in operation prior to January 1, 2020 with ongoing operations through February 15, 2020 and, if currently closed, that the organization expects to continue/resume operations after all State of Florida Executive Orders restrictions are lifted. \*



11. Full-Time Equivalent Calculator \*

**TIP: Only use numbers in the FTE Calculator - No words, letters, or other characters. Only numbers**

Total number of hours worked by part-time employees per week	Typical full-time work week hours	Total number of full-time employees	Your FTE Number
	40		0

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

**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)

1A. Please provide a brief statement regarding how COVID-19 has negatively impacted your organization (loss of revenue source, events cancelled etc.): \*

2. Financial Loss Verification and Determination of Need \*

Requested Information From Applicant Business/Organization	Figure in Dollars
Average Monthly Net Income Prior to 2/15/2020	
Average Monthly Net Income From 2/15/2020 to Current Date	
Difference in Average Monthly Net Income	0

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

Average Monthly Revenue – Average Monthly Cost of Goods Sold – Average Monthly Expenses = Average Monthly Net Income OR Average Monthly Total Revenues - Average Monthly Total Expenses = Average Monthly Net Income

**TIP: Only use numbers in the Determination of Need. No dollar signs (\$), no commas, no dashes, no words.**

# 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

**2A.** Applicant agrees and understands that applicant must provide any and all documentation relied upon to make the income determination set forth in this section if requested by any duly authorized agent of the County. Failure to provide this documentation may result in repayment of the funds or legal action if warranted. \*



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.1.A 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. \*

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 & #49 for more details.)

Only 1 file may be attached here.

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

For the most recent W-9 form, visit: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

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.

Choose File

Most 501(c)(3) Determination Letters can be found here:  
<https://apps.irs.gov/app/eos/>

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

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

- Yes
- No

# E.4 – If select “Yes”, # E.3.A 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. \*

Up to 3 files may be attached here.

Choose File

# 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.**

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, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

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

Up to 2 files may be attached here.

Choose File

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

Select up to 2 files to attach. No files have been attached yet. You may add 2 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Front side only. Back side not needed.

## 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 \*

Limit: 16 characters

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.

### G. Owner(s) Acknowledgement and Affidavit

The County will leverage local and regional resources to review and process your application in an effort to ensure prompt attention to all grant requests. These partners include Lake County Agency for Economic Prosperity, local Municipalities, local Chambers of Commerce, business support organizations, and the Service Core of Retired Executives (SCORE) and/ or the Small Business Development Centers (SBDC), among others. You hereby acknowledge and agree to have your application and related information processed by professional members of these organizations. On their part, each organization and its members will take reasonable steps to keep your information confidential to the extent allowed by law. Nothing herein shall create any cause of action by or on behalf of Applicant against the County or its officers, elected officials, employees, agents or representatives, including, without limitation, Agency for Economic Prosperity, SBDC, SCORE, or any other agency identified above (collectively, the "County Parties"). The County Parties shall not be liable to Applicant for any damages of any kind or nature whatsoever arising out of or relating to the Program or this application, whether based in contract, common law, warranty, tort, strict liability, contribution, indemnity or otherwise.

I acknowledge and accept the above statement. \*

**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 §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

Signature \*

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

Full legal name

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

Date \*

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.

Save Draft

Submit Form

Applications can be saved along the way.

Applicants can sign into their Submittable account to finish a saved application at a later time.

**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"

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

**1** The last name field is required.

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

**1** 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

Submit Form

again.

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

- Two things should happen

Submit Form

#1 Screen will show:



#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 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 1<sup>st</sup> 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).

Received

Declined

In-Progress

Accepted

### 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.

Read our help article for [more information on submission statuses](#).



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: **Search:** <http://search.sunbiz.org/Inquiry/CorporationSearch/ByName>

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

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# [REDACTED] **FILED**  
Jun 10, 2020  
Secretary of State

**Entity Name** Corporation Name 1

**Current Principal Place of Business:**  
123 Sample Street, Sample City, FL, 55555

**Current Mailing Address:**  
123 Sample Street, Sample City, FL, 55555

**FEI Number:** [REDACTED] **Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**  
Last Name, First Name  
123 Sample Street, Sample City, FL, 55555

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** [REDACTED] 06/10/2020  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

<p><b>Title</b> PRESIDENT</p> <p><b>Name</b> Last Name, First Name</p> <p><b>Address</b> 123 Sample Street, Sample City, FL, 55555</p>	<p><b>Title</b> CEO</p> <p><b>Name</b> Last Name, First Name</p> <p><b>Address</b> 123 Sample Street, Sample City, FL, 55555</p>
<p><b>Title</b> PAST PRESIDENT</p> <p><b>Name</b> Last Name, First Name</p> <p><b>Address</b> 123 Sample Street, Sample City, FL, 55555</p>	<p><b>Title</b> SECRETARY</p> <p><b>Name</b> Last Name, First Name</p> <p><b>Address</b> 123 Sample Street, Sample City, FL, 55555</p>
<p><b>Title</b> TREASURER</p> <p><b>Name</b> Last Name, First Name</p> <p><b>Address</b> 123 Sample Street, Sample City, FL, 55555</p>	<p><b>Title</b> VP</p> <p><b>Name</b> Last Name, First Name</p> <p><b>Address</b> 123 Sample Street, Sample City, FL, 55555</p>

DBA / Fictitious Name Registration

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

**Search online:** <http://dos.sunbiz.org/ficinam.html>

Field Label or Description	Application Field	Section
Fictitious Name	Fictitious Business Name (Doing Business As – DBA)	Question C. 1.

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**G1700003XXXX**

**APPLICATION FOR RENEWAL OF FICTITIOUS NAME REGISTRATION# G1200003XXXX**

**Fictitious Name:** ABC COMPANY

**Current Mailing Address:**

123 RAINBOW RD.  
CLERMONT, FL 34711

**Current County of Principal Place of Business:**

LAKE

**Current FEI Number:**

12-3456789

**Current Owner(s):**

Document #: P980000XXXX ( ) Delete  
FEI #: XX-4000000XX

**New Mailing Address:**

**New County of Principal Place of Business:**

**New FEI Number:**

**Additions/Changes to Owner(s):**

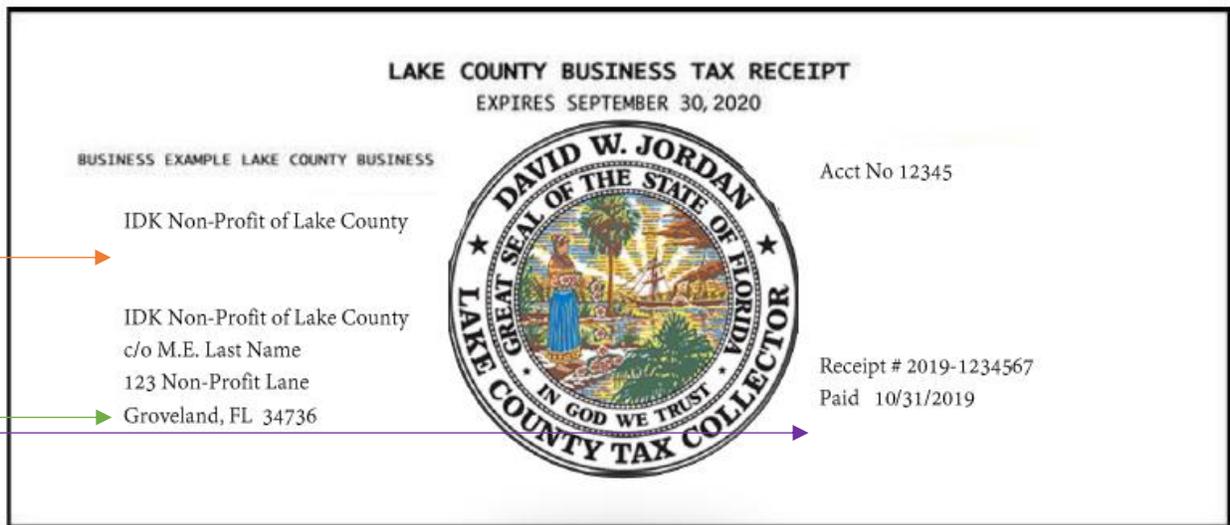
Document #: P980000XXXX (X) Change ( ) Addition  
FEI #: XX3XXXXXX

**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: [Search online: https://www.laketax.com/tax-search](https://www.laketax.com/tax-search)

Field Label or Description	Application Field	Section
Entity Name	Legal Business Name	Question A. 1.
Current Mailing Address	Mailing Address	Question F
Paid Date		n/a



**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

Field Label or Description	Application Field	Section
Name of proprietor	Legal Business Name	Question A. 1.
Social Security Number (SSN)	Social Security Number (SSN) or Federal Employer ID Number (FEIN)	Question C. 3.
Box E - Business Address	Business Address	Question C. 4.
Year = 2019	(verifies business existed prior to 1/1/2020)	n/a

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2019**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. 09

Name of proprietor \_\_\_\_\_ Social security number (SSN) \_\_\_\_\_

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

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

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

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . . . . .  Yes  No

**H** If you started or acquired this business during 2019, check here . . . . .

**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**J** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	1	
2	Returns and allowances . . . . .	2	
3	Subtract line 2 from line 1 . . . . .	3	
4	Cost of goods sold (from line 42) . . . . .	4	
5	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	5	

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

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

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return** (Rev. January 2019) Department of the Treasury – Internal Revenue Service

950117  
OMB No. 1545-0029

Employer identification number (EIN) 1 2 - 1 2 1 2 1 2 1

Name (not your trade name) IDK Non-Profit of Lake County

Trade name (if any)

Address 123 Non-Profit Lane  
Number Street Suite or room number

Groveland FL 34736  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2019**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

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

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 5

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

Field Label or Description	Application Field	Section
Name	Legal Business Name	Question A. 1.
Employer Identification Number (EIN)	Federal Employer ID Number (FEIN)	Question C. 3.
Part 1. 1. – Number of employees	Full-Time Equivalent Employees (FTEs)	Question C. 12.
Year	(verifies business existed prior to 1/1/2020)	n/a



Form **943** **Employer's Annual Federal Tax Return for Agricultural Employees** OMB No. 1545-0035

Department of the Treasury Internal Revenue Service **2019**

▶ Go to [www.irs.gov/Form943](http://www.irs.gov/Form943) for instructions and the latest information.

Type or Print

Name (as distinguished from trade name)

Employer identification number (EIN)

Trade name, if any

Address (number and street)

City or town, state or province, country, and ZIP or foreign postal code

If you don't have to file returns in the future, check here

If address is different from prior return, check here.

<b>1</b>	<b>Number of agricultural employees employed in the pay period that includes March 12, 2019 . . . ▶</b>	<b>1</b>	<input type="text"/>
2	Total wages subject to social security tax . . . . .	2	<input type="text"/>
3	Social security tax (multiply line 2 by 12.4% (0.124)) . . . . .	3	<input type="text"/>
4	Total wages subject to Medicare tax . . . . .	4	<input type="text"/>
5	Medicare tax (multiply line 4 by 2.9% (0.029)) . . . . .	5	<input type="text"/>
6	Total wages subject to Additional Medicare Tax withholding . . . . .	6	<input type="text"/>
7	Additional Medicare Tax withholding (multiply line 6 by 0.9% (0.009)) . . . . .	7	<input type="text"/>



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

[Search online: https://apps.irs.gov/app/eos/](https://apps.irs.gov/app/eos/)

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

Internal Revenue Service

Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201

Date: May 8, 2004

Person to Contact:  
Ms. Customer Service

IDK Non-Profit of Lake County  
123 Non-Profit Lane  
Groveland, FL 34736

Federal Identification Number:  
12-1212121

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

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"



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

**Search for Corporations, Limited Liability Companies, Limited Partnerships, and Trademarks by Name**

Entity Name:

3. Select your Corporate Name in Entity Name List.



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

[Next List](#) Tavares Chamber of Commerce

Corporate Name	Document Number	Status
Corporation Name 1	001 Document Number	Active
Corporation Name 2	002 Document Number	Active

4. Scroll down to “Document Images” and select “View Image in PDF Format” of most recent Annual Report to download.

### **Document Images**

<a href="#">06/10/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/12/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

## DBA / Fictitious Name Registration (Sunbiz.org)

1. Go to: <http://dos.sunbiz.org/ficinam.html>
2. Enter your organization's name in the search box. Click "Search"



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

### Search for a Fictitious Name by Name

Name:

3. Select your Corporate Name in Entity Name List.

[Previous List](#)   [Next List](#)

Fictitious Name Search

Submit

## Fictitious Name List

Fictitious Name	Address	City	State	County	Status
Sample Name 1	Sample Address	Sample City	FL	MULTIPLE	E
Sample Name 2	Sample Address	Sample City	FL	LAKE	E
Sample Name 3	Sample Address	Sample City	FL	LAKE	A
Sample Name 4	Sample Address	Sample City	FL	LAKE	A

- Scroll down to “Document Images” and select “View Image in PDF Format” of the Fictitious Name Filing

### Document Images

[-- Fictitious Name Filing](#)

View image in PDF format

- Click “Click here to view your image”

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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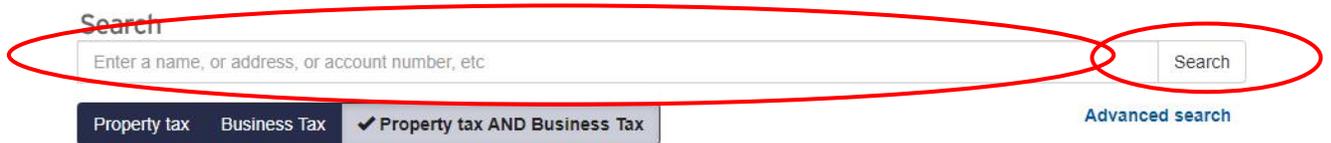
[Return to Detail Screen](#)

[Click here to view your image](#)

- Save your download to upload later in the application portal.

## County Business Tax Receipt (BTR)

1. Go to: <https://lake.county-taxes.com/public>
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

The screenshot displays the "2020 Details — Business Tax Account" for "CENTRAL FLORIDA, L.L.C." (Sample Company). The page shows a navigation bar with "Print this page" circled in red. Below the header, there are tabs for "Account details" and "Account history". A year selector shows "2020" selected, with other years (2019, 2018, 2017, 2008) and "Paid" status indicators. The main content area lists account details:

Account number:	000001578
Business start date:	5/15/2005
Physical business location:	Groveland
Business address:	123 Sample Lane Groveland, FL 34736
Mailing address:	Sample Company P.O. Box 000 Groveland, FL 34736
Owner(s)	M.E. Sample 456 Sample Lane Mount Dora, FL

# Determination Letter Search on IRS.gov [501(c)(3)]



1. Go to: <https://apps.irs.gov/app/eos/>
2. "Select Database" as "Determination Letters" AND "Search By" – Either Employer Identification Number OR Organization Name

A screenshot of the IRS website's "Tax Exempt Organization Search" page. The page has a dark blue header with the IRS logo. Below the header is a navigation bar with tabs for "File", "Pay", "Refunds", and "Credits & Deductions". The main content area shows a breadcrumb trail: "Home > Charities and Non-Profits > Search for Charities > Tax Exempt Organization Search". The title "Tax Exempt Organization Search" is prominently displayed. Below the title are two dropdown menus: "Select Database" and "Search By". The "Select Database" dropdown is set to "Determination Letters" and is circled in purple. The "Search By" dropdown is set to "Organization Name" and is circled in red. Below these dropdowns are two buttons: "Search" (blue) and "Reset" (white with blue border).

3. Enter your organization's EIN OR name in the search box. Click "Search"

A screenshot of the IRS website's "Tax Exempt Organization Search" page, showing the search form. The "Search Term" field is highlighted in blue and contains the text "Enter EIN Number". The "Search" button is circled in green. The "Search By" dropdown is set to "Organization Name". The "Search Term" dropdown is also set to "Organization Name". The "Search" button is circled in green.A close-up screenshot of the "Search Term" field. The dropdown menu is set to "Organization Name" and the text input field contains "Enter Organization Name".

4. Click on your Entity Name
5. Click on "Determination Letter" – The letter will automatically download.

## Determination Letter ⓘ

A favorable determination letter is issued by the IRS if an organization meets the requirements for tax-exempt sta

Determination Letter: [Determination Letter](#)

# Eligibility Criteria & Required Documentation

## For-Profits

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 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 between **\$4,000 and \$30,000** to help them recover from the negative financial consequences resulting from the COVID-19 pandemic.



Update 9.8



Update 9.22

### For-Profit Business Eligibility



Update 9.22



Update 9.22

- Business was in operation prior to **February 15, 2020**.
- Business has been negatively impacted by the COVID-19 emergency.
- Business has a physical location in Lake County that was operating legally within Lake County and the State of Florida prior to **February 15, 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.

### 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 (**Note, IRS Form 1099-MISC may be an approved alternative**)
  - 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)



Update 9.8

## Non-Profits

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 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 **\$10,000** to help them recover from the negative financial consequences resulting from the COVID-19 pandemic.



Update 9.8



Update 9.16

### Non-Profit Eligibility



Update 9.22



Update 9.22

- Organization is a Non-profit 501(c)(3) or Chamber of Commerce.
- Organization was in operation prior to **February 15, 2020**.
- Organization has been negatively impacted due to the COVID-19 emergency.
- Organization has a physical location in Lake County that was legally operating within Lake County and the State of Florida prior to **February 15, 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)