



## **A. PURPOSE**

This application guide should be used as a tool to help applicants complete the application process and ensure all the required information is submitted. Please do not submit your application unless you have all of the required documentation. Incomplete applications will automatically be rejected.

## **B. APPLICATION**

### **1. Business/Contractor FEIN:**

1.1. Applicants must have a Federal Employer Identification Number and that number must be registered and valid with the Florida Division of Corporations. CSSF will verify if a business is active in Sunbiz.

### **2. Business Legal Name:**

2.1. Please enter the official name of your business or organization as registered with the State of Florida.

### **3. Authorized Business Representative:**

3.1. Please enter the name of the individual that is responsible for operating the business.

### **4. North American Industry Classification System (NAISC) Code:**

4.1. Please enter the NAISC code that identifies the type of business or organization that you have.

4.2. NAISC Codes can be found at <https://www.naics.com/search/>

### **5. Address:**

5.1. Please enter the complete address where the business is located.

5.2. A working telephone number must be included.

5.3. A working e-mail address must also be included and it should be the address of the contact person or someone that will be able to respond to correspondence in a timely manner. Failure to respond to communication attempts will result in your application being denied.

### **6. D/B/A**

6.1. Please enter common name of the business.

**7. Amount of Funds requested:**

7.1. Use the pull down menu to select the category under which you are applying for reimbursement. The category selected should match the number of employees that are listed on your 941 or RT-6. This is the maximum amount of reimbursement you can qualify for.

**8. Number of employees:**

8.1. List the current number of W-2 employees that you employ. Do not include any 1099 independent contractors. Only list employees that you are paying payroll taxes on.

**9. Number of Affected Workers:**

9.1. List the number of employees that could have been affected if you would have to lay off personnel.

**10. Average Hourly Wage of Affected Workers:**

10.1. List the average hourly wage of those workers who would have possibly been laid off.

**11. Is the Business Affected by COVID-19?**

11.1. Select Yes or No?

11.2. If you select yes, describe in detail how your business or organization has been affected.

**12. Background:**

12.1. Provide a brief background of your company or organization.

**13. Layoff Aversion Plan:**

13.1. Describe in detail what measures you took to avoid laying off personnel. This is a reimbursable grant so you must have already completed the actions that you are describing in this section.

**14. List Pre-Layoff Services Provided:** for each line item enter an amount and a justification for that line item.

14.1. Remote Access Tools. List here any computers, software, work table, Point of Sales Systems or other items purchased that provides an opportunity for your business to continue to operate remotely.

Tools for onsite sales. List any items that you purchased that allows your business to comply with social distancing requirements. Examples include face shields, sanitizer, gloves, sneeze guards or other personal protection equipment. Temporary projects such as outdoor seating are allowable, however expansion of a business,



purchasing vehicles, and upgrading air conditioning and ventilations systems are considered capitalization and are **NOT** allowable. Normal business operational expenses are **NOT** allowable. CSSF will make the final determination on what is allowable and what is capitalization.

14.3 Staff wages/benefits to support layoff aversion. This box is only for business who were approved and participated in the Short-Term Compensation Program. You must have proof of your participation in the program to use this box. All other forms of staff payroll are NOT allowable.

14.4 Other. Use this block for all other expenses that you wish to claim but are unsure if they fit in any of the above categories.

14.5 Grand Total. Total up all of the receipts that you are submitting for reimbursement. Enter that total in this box.

14.6 Upload your receipts. Applicants will need to combine all receipts into one document. Below is a sample summary sheet for your expenses. Utilize this sheet to organize your expenses and ensure you include proof of payment for all invoices/quotes. Examples of valid proof of payment include a cancelled check (front and back) or a credit card statement that shows the vendors name and the amount charged to the card. Payments must be completed before the application is submitted. \*Please note that the transaction amounts should match the invoice that is being submitted. \* Payments made through PayPal, CashApp and Zelle must have the accompanying bank statement showing the transaction was completed and made to the **VENDOR**. Documents are limited to 10 megabytes maximum size.

<b>Company Name</b>					<b>Email</b>
<b>Name of Applicant</b>					<b>Phone Number</b>
<b>Date Expense Incurred (March 9 or later)</b>	<b>Date Expense Paid</b>	<b>Method of Payment (Must be paid in full)</b>	<b>Item Description</b>	<b>Vendor</b>	<b>Dollar Amount Paid (include tax where applicable)</b>
<b>Total Amount Requested</b>					0

## 15. Required Documentation

- 15.1. Copies of last two (2) completed business tax returns - 2017, 2018, 2019 and/or Schedule C (Form 1040, Profit or Loss from Business statement). Home generated statements will not be accepted; only official IRS form Schedule C will be accepted. Combine both years into one document and upload the single document. Maximum size is 10 Megabytes.
- 15.2. Copy of IRS 941 or the Florida Department of Revenue Employer's Quarterly Report (RT-6) for fourth quarter 2019, 1<sup>st</sup> quarter 2020 or 2<sup>nd</sup> quarter 2020. A business must have a minimum of 3 employees (not including 1099's) and a maximum of 50. Businesses that are a part of a Professional Employer Organization (PEO) will need to submit a letter from their PEO that clearly states the **number** of employees. The letter must be on company letterhead and provide a point of contact for verification purposes. Businesses must have been active in Sunbiz for the past two years. Business must remain active throughout the application period to remain eligible for reimbursement.
- 15.3. Copy of current lease, mortgage/deed, or certificate of home use. Documentation must be official; home generated or hand written notes/agreements will not be accepted.
- 15.4. A copy of the businesses W9. Applicant will need to submit a current, signed copy of the businesses W9. If the application is approved, the reimbursement will be mailed to the legal address on the W9. CSSF will not be responsible for incorrect addresses or lost mail.
- 15.5. Nonprofit applicants will need to submit a Local/State/Federal grant application's Statement of Work detailing previous or current grant relationships in working with the following groups:
  - Ex-offenders;
  - Homeless individuals, including homeless children and youths;
  - Youth offenders/youth at risk of court involvement/youth involved in the juvenile justice system;
  - Individuals with disabilities, including youth with disabilities;
  - and Migrant and seasonal farmworkers.

Nonprofit organizations that are not receiving any grants will need to demonstrate their relationship with one of the aforementioned groups, examples include Memorandums of Understanding or similar agreements.

**Note:** All associated costs must comply with the cost principles contained in 2 CFR 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards. CSSF will make the final decision on all reimbursements and allowable expenses.