

**CITY OF MARGATE  
COMMUNITY REDEVELOPMENT AGENCY DISTRICT (MCRA)**

**2020 Emergency Reimbursement Grant Application for  
Small Businesses Impacted by COVID-19**

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The MCRA will provide up to \$\_\_\_\_\_ dollars reimbursement **limited to storefront businesses** located within the **MCRA Redevelopment District** with 1-15 employees.

*(map attached or may use website business location verification within the Margate Community Redevelopment Agency District. [\(link to be inserted\)](#))*

The reimbursement grant is limited to commercial rent/mortgage and/or utility payments based upon the March 2020 billing period. Utility payments are limited to Margate Utilities, FPL, FPU and Solid Waste and Recycling Services) based upon the March 2020 billing period. All rent/mortgage and utility payments must be current through March 2020.

**DROP OFF LOCATION:** Development Services Department at 901 NW 66<sup>th</sup> Avenue, Margate FL 33063. Only Fully Completed Applications with supporting documentation as outlined below, will be reviewed.

**DROP OFF HOURS:** Monday-Friday between 9:00a.m. and 5:00p.m.

**DEADLINE:** Applications will be accepted between May 4, 2020 and May 15, 2020

**MCRA - CONTACT:** For questions, please call or email Business Development Coordinator, Paul Robinson at (954) 954-884-3687 or [probinson@margatefl.com](mailto:probinson@margatefl.com) or [cra@margatefl.com](mailto:cra@margatefl.com)

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**MCRA AVAILABLE FUNDING:** \$100,000 set aside as follows:

- \$25,000 for Resident-owned Margate storefront businesses
- \$25,000 for Minority-owned or Veteran-owned Margate storefront businesses
- \$50,000 for all other Margate storefront businesses
- Accepting applications between May 4, 2020 and May 15, 2020 while funding is available.

**BUSINESSES EXCLUDED:** *(pending CRA)*

- Non-Conforming Businesses
  - Excludes CRA Property Owned Tenants
  - Excludes previous CRA Grant Recipients
  - Franchise or Chain Business
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**PLEASE FILL OUT THE BELOW APPLICATION (pages 2-3) AND PROVIDE DOCUMENTS LISTED ON PAGE 3.**

**APPLICATION (pages 2-3):**

1. BUSINESS NAME:
2. STOREFRONT Street Address: Margate, FL, Zip Code:
3. BUSINESS TYPE/DESCRIPTION:
4. MARGATE BUSINESS TAX RECEIPT NUMBER:
5. EMPLOYER IDENTIFICATION NUMBER / Social Security No.:  
*(as shown on attached W-9)*
6. BUSINESS OWNER(S) HOME ADDRESS:  
  
AUTHORIZED BUSINESS REPRESENTATIVE NAME:  
Title: U.S. Veteran - yes or no:  
Street Address: City/State/Zip Code:  
Email: Phone/cell:  
  
First Name, Middle Initial, Last Name:  
Title: U.S. Veteran - yes or no:  
Street Address: City/State/Zip Code:  
Email: Phone/cell:
7. BUSINESS IN OPERATION SIX (6) MONTHS OR MORE - Yes or No:
8. NUMBER OF CURRENT EMPLOYEES (1-15 INCLUDING OWNER):  
Full Time:            Part-time:            Independent Contractors:
9. NUMBER OF STAFF EMPLOYED PRIOR TO THE COVID-19 SHUT-DOWN (March 30, 2020 as provided in State of Florida Executive Order 20-89):
10. CURRENT (through March 2020) ON COMMERCIAL RENT/MORTGAGE - Yes or No:  
*(for which applying for reimbursement)*
11. CURRENT (through March 2020) ON UTILITIES - Yes or No:  
*(for which applying for reimbursement)*
12. OUTSTANDING CITY OF MARGATE LIENS - Yes or No:
13. OUTSTANDING CODE ENFORCEMENT VIOLATIONS - Yes or No:
14. OUTSTANDING LEGAL JUDGMENTS AGAINST THE BUSINESS – Yes or No:

**GRANT REIMBURSEMENT AMOUNT REQUESTING: \$\_\_\_\_\_ TOTAL**

**Total shall not exceed \$\_\_\_\_\_**

- + Business Rent/Mortgage: \$ \_\_\_\_\_
- + Margate Utility: \$ \_\_\_\_\_
- + Florida Power and Light,: \$ \_\_\_\_\_
- + Florida Public Utility bills: \$ \_\_\_\_\_

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**DOCUMENTS REQUIRED WITH GRANT APPLICATION: place a  for items provided.**

- 1) Current Margate Business Tax Receipt
- 2) Bank Statement(s), credit card statement(s) and/or other documents showing business rent/mortgage and/or utilities paid in full (through March 2020)
- 3) Documents evidencing number of employees (FT, PT, and Independent Contractors) such as IRS Form 941, IRS Form 1096 and/or other payroll records
- 4) Completed IRS Form W-9
- 5) Deed evidencing ownership of property, and current mortgage statement, or current Business Lease or Broward County Property Appraiser's Property Record Page
- 6) Documentation showing proof of payment of 2019 Ad Valorem Property Taxes
- 7) Utility Bill(s) for March 2020 and April 2020
- 8) Document(s) indicating business owner residency in Margate (household utility bill, tax notice, household lease, etc.), if applicable
- 9) Document(s) indicating business owner is a United States Veteran (Florida Department of Management Certification of Veteran-owned Business Enterprise- VBE, or DD 214, DD 215 Forms, etc.), if applicable
- 10) MBE, or certification from Broward County, if applicable

**INCOMPLETE APPLICATIONS WILL BE REJECTED!**  
**RESUBMITTALS WILL BE ACCEPTED AS NEW APPLICATIONS**  
**FOR PURPOSES OF ADMINISTERING THIS PROGRAM ON A**  
**FIRST COME, FIRST SERVED BASIS.**

**Certification by Applicant**

By signing and submitting this application , I affirm that I have received, reviewed, understand and will comply with all of the requirements of the Margate CRA 2020 **Emergency Reimbursement Grant for Small Businesses in Margate CRA District Impacted by COVID-19.** In addition, I affirm that I have provided a fully complete application with all of the required attachments, and that failure to provide the information received is grounds for rejection of my application. The CRA reserves the right to reject certain aspects of the application, if necessary.

In addition, I, the undersigned, being a principal of the business applying for funding assistance from the Margate Community Redevelopment Agency, hereby certify that the business represented herein is a legally operating business in the City of Margate Community Redevelopment Area.

I understand that this application is not a guarantee of assistance. Should my application be approved, I understand that I am committing to complying with all grant requirements. I agree to maintain a valid Margate business tax receipt at all times.

**Please note that the Margate CRA is a public agency. As such, the MCRA is governed by Section 119.07, et.seq., Florida Statutes, the “Florida Public Records Law.” Any documents provided by the Applicant may be subject to production by the MCRA, upon receipt of a public records request, subject to any exemptions provided by Florida Law.**

I understand that I should consult with my tax advisor on any potential tax obligations resulting from the receipt of the grant funds.

If the MCRA becomes aware or obtains knowledge that any information provided by the Applicant is false, the MCRA shall pursue all legal remedies to obtain reimbursement of the funds provided.

The MCRA reserves the right to make any changes to the Grant Program at any time and to request additional information needed to confirm the grant application.

Once a completed application is submitted, it may take up to 3 weeks for reimbursement checks to be mailed. Reimbursement checks will be mailed to the address listed on the W-9 submitted with application.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN CONJUNCTION WITH THIS APPLICATION IS TRUE AND ACCURATE:

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Sign and Print Name

**To Be Completed by MCRA Staff**

Date/Time Received by MCRA Staff: \_\_\_\_\_

Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Application approved: \_\_\_\_\_

Yes/No                      Date                      Signature and Print Name