



Baker CARES Grant Funding For Small Business & Non-Profits

Baker CARES Small Business and Non-Profit Grants will assist local businesses and non-profits that have incurred losses due to the COVID-19 pandemic and the resulting statewide orders to curb the spread of the virus.

Funds may be used to offset impacts from required closures and/or limits based on statewide orders and additional cost related to social distancing and sanitizing.

\$700,000 has been allotted for small business and non-profit grants and will be awarded on a first come basis.

Deadline to apply for a Small Business and Non-Profit Grant is September 30, 2020.

Eligibility Overview

To be eligible a business or non-profit must:

- Provide a P&L for March & April of 2019 and March & April of 2020.
- Have a current Baker County / City of Macclenny business license or Florida Division of Corporation registration.
- Provide a copy of state unemployment tax form (RT-6) for the first quarter of 2020 to show number of employees.
- Certify that grant funds will only be used for business expenses.
- Certify that the business plans to resume normal operations as soon as possible.
- Certify that no portion of the grant funds will be used for lobbying or to try to influence legislation in any way.
- Provide a Completed & Signed W-9.
- Provide a copy of photo I.D.



In Addition:

Self-employed individuals must:

- Provide 2019 tax return to show income from business activities.

Non-Profits must provide:

- Proof of IRS Non-Profit designation.

Grants Available

\$2000 for non-profits located in Baker County that can demonstrate that the non-profit incurred a loss due to COVID-19.

\$2,500 for self-employed Baker County residents who can demonstrate that they incurred a loss due to COVID-19.

\$5,000 for qualifying businesses with a physical location in Baker County that have 1-9 full time employees or the equivalent part-time employees, including the owner, and can demonstrate that the business incurred a loss due to COVID-19.

\$7,500 for qualifying businesses with a physical location in Baker County that have 10-25 full time employees or the equivalent part-time employees, including the owner, and can demonstrate that the business incurred a loss due to COVID-19.

All information submitted to apply for these governmental grant funds may become public information and is subject to audit by the federal, state and local authorities.

Baker County has contracted with the Chamber of Commerce to receive and process the grant applications. Membership in the Chamber is not required to apply.

For additional information or to schedule an appointment, please contact the Chamber of Commerce at 904-259-6433 or by email hsands@bakerchamberfl.com or bjensks@bakerchamberfl.com or dregister@bakerchamberfl.com



Baker CARES Small Business & Non-Profit Grants Application

Business / Non-Profit Name _____

Owner / Representative Name _____

EIN / SSN # _____

Business Address _____

Mailing Address _____

Business Phone _____ **Cell Phone** _____

Does business / non-profit have a physical location in Baker County? Yes___ No___

Was business / non-profit operating prior to March 1, 2020? Yes___ No___

Has business / non-profit incurred a loss due to COVID-19? Yes___ No___

Number of employees ___ Number of employees prior to March 1, 2020 ___



I Certify That: (please initial each)

_____ I have the authority to apply for this grant on behalf of the business or non-profit.

_____ All grant funds received will only be used for business expenses.

_____ The business or non-profit plans to resume normal operation as soon as possible.

_____ No portion of the grant funds will be used for lobbying or to try to influence legislation in any way.

Please Provide:

- A P&L for March & April of 2019 and March & April of 2020
- A current Baker County / City of Macclenny business license or a Florida Division of Corporation registration
- State unemployment tax filing (Form RT-6) for first quarter of 2020
- A Completed & Signed Form W-9
- A copy of photo I.D.

In addition:

Self-Employed individuals please provide a copy of:

- 2019 tax return to show income from business activities

Non-Profit Please Provide:

- Proof of IRS Non-Profit designation



I understand that all information submitted to apply for these governmental grant funds may become public information and is subject to audit by the federal, state and local authorities.

To the best of my knowledge, I certify all information provided as part of this grant application is true and accurate.

Print Name _____

Signature _____

Date _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by
_____.

(Seal)

Signature of Notary Public

Print, Type/Stamp Name of Notary

Personally known: _____
OR Produced Identification: _____
Type of Identification Produced: _____

Business Name

Business Address

Period _____ *to* _____

Profit & Loss Statement

Income	
Sales	
Services	
Other Income	
Total Income	
Expenses	
Accounting	
Advertising	
Assets - Small	
Bank Charges	
Depreciation	
Electricity	
Hire of Equipment	
Insurance	
Interest	
Motor Vehicle	
Office Supplies	
Postage & Printing	
Rent	
Repairs & Maintenance	
Stationery	
Subscriptions	
Telephone	
Training / Seminars	
Wages & Oncosts	
Total Expenses	
Profit / (Loss)	

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)	Social security number				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	OR Employer identification number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Attachment A - CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned sub-recipient, _____, certifies, to the best of his or her knowledge that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence any officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. Sec. 1352 (as amended by the Lobbying Disclosure Act of 119). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The sub-recipient, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, sub-recipient understands and agrees that the provisions of 31 U.S.C. Sec. 3801 *et seq.* apply to his certification and disclosure, if any.

By: _____

Signature: _____

Title: _____

Date: _____