

Minority/Women Entrepreneur Business Assistance Program (MEBA)



APPLICATION CHECKLIST

All items on the checklist are required to submit your application. Incomplete applications cannot be accepted.

- A. **Application** (Including General Information, Business and Financial Information, Release Form, and Application Signature)
- B. **Business Plan** - Must include ALL of the following information:
- Business Concept** - Describe your product(s) or service(s) and opportunities for these within your local trading area
 - Customer** - Who is your target customer (demographic, geographic and psychographic description)
 - Competition** - Competitors within your trading area, your points of differentiation
 - Industry** - Describe any regulatory issues affecting the industry
 - Management Team** - Leaders, managers, and workers - describe relevant industry experience or education
 - Marketing Strategies** - How will you promote your business and reach your target customers
 - Financial Projections** - Five years of forecasted revenues and expenditures
 - Financing** - List sources and amounts of financing
 - Cost Management** - Methods for keeping costs balanced with income
 - Staffing and Alliances** - Description of staff necessary to operate the business and methods for hiring
 - Measurable Benchmarks for Success** - Goals and milestones defined to measure success
- C. **Resume of Owner(s) and/or Partner(s)** plus relevant management staff with industry experience
- D. **Business Entity Documentation** (State of Florida: Fictitious Name + Advertisement; Incorporation Documents; City of Orlando Business Tax Receipt; Orange County Business Tax Receipt; PLUS others as required per the State of Florida)
- E. **Lease Agreement or Signed Letter of Intent/Ownership or Mortgage Documentation**
- F. **Detailed Description of Expenditures in the Categories of Funds Requested**
- Capital Equipment Relocation/Expansion Costs
 - Rent Abatement Marketing Assistance
- G. **Estimate of Construction Costs, Start-up or Marketing Costs** (as applicable)
- Contractor's quotes (if requesting funds for remodeling, renovation, etc.)
 - Specification sheets for fixtures, displays, point of sale systems, security systems, or other capital improvements/investments (if proposed)
 - Detailed promotion plan (if requesting marketing assistance) and vendor quotes for projected advertising/promotion buys
- H. **Financial Statements (for existing businesses)** - Including: Income Statement, Balance Sheet and Cash Flow Statement for three (3) years or (if in business less than one year) three (3) consecutive quarters
- I. **Two (2) Years Federal Tax Returns - Both Business and Personal**
- J. **Independent Contractor Agreements** (if applicable)
- K. **Proof of minimum 10% capital or financing** (bank statements)

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GENERAL INFORMATION

APPLICANT INFORMATION

NAME _____

TITLE _____

MAILING ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

MAIN CONTACT PERSON

NAME _____

TITLE _____

MAILING ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

BUSINESS LOCATION

ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

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BUSINESS INFORMATION

BUSINESS NAME (AS FILED WITH THE STATE OF FLORIDA) _____

Must attach documents from State of Florida. (Fictitious name, Incorporation document, etc)

BUSINESS ADDRESS _____

PHONE NUMBER _____ **FAX NUMBER** _____

TYPE OF BUSINESS

FEDERAL TAX I.D. NUMEBER _____

BUSINESS ENTITY

_____ **SOLE PROPRIETORSHIP** _____ **PARTNERSHIP** _____ **LIMITED LIABILITY CORPORATION**

_____ **CORPORATION** _____ **OTHER:** _____

IF BUSINESS IS A CORPORATION:

CITY AND STATE OF INCORPORATION _____

DATE INCORPORATED _____

IF A SUBSIDIARY, NAME OF PARENT COMPANY _____

BUSINESS LOCATION

TOTAL NUMBER OF EXISTING JOBS _____ **NUMBER OF EXISTING FULL TIME JOBS** _____

NUMBER OF PROPOSED NEW FULL-TIME JOBS _____

NUMBER OF PROPOSED NEW PART-TIME JOBS _____

AVERAGE WAGE (EXCLUDING BENEFITS) _____

WHAT IS YOUR BACKGROUND OR EXPERIENCE IN THIS INDUSTRY? _____

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FINANCIAL INFORMATION

WHAT IS YOUR PERSONAL FINANCIAL INVESTMENT IN THE BUSINESS? _____

Must submit proof of at least 10% investment into the Expansion/Relocation and/or Start-Up Costs identified above (financial contributions may be shown via bank account statement, letter of credit, line of credit, etc.)

FUNDS REQUESTED

DETAILED DESCRIPTIONS FOR EACH CATEGORY (IF REQUESTED) ARE REQUIRED.

_____ Capital Equipment	\$ _____
_____ Rent Abatement	\$ _____ (\$ _____ per month for _____ months)
_____ Relocation/Expansion Costs	\$ _____
_____ Marketing Assistance	\$ _____
Total Expansion/Relocations and/or Start-Up Costs*	\$ _____
*Total must match itemized amounts (above) and documentation	
Applicant's Minimum 10% Investment	\$ _____
TOTAL GRANT AMOUNT REQUESTED	\$ _____ (Total cannot exceed \$40,000)

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DO YOU PERSONALLY OR DOES YOUR BUSINESS ENTITY OWN OR HAVE INTEREST IN ANY REAL ESTATE IN ORANGE COUNTY?

YES NO

IF YES, PLEASE LIST THE ADDRESS(ES) AND INCLUDE IF THEY ARE COMMERCIAL OR RESIDENTIAL

HAVE YOU RECEIVED FUNDING OR HAVE ANY APPLICATIONS PENDING FOR FUNDING ASSISTANCE FROM THE CITY OF ORLANDO?

YES NO

IF YES, PLEASE PROVIDE DESCRIPTIONS AND AMOUNTS _____

HAVE YOU EVER BEEN CONVICTED OR PLED *NOLO CONTENDERE* TO ANY CRIMES?

IF YES, PLEASE PROVIDE DATES AND DESCRIBE EACH OCCURRENCE _____

A criminal background check is required for the MEBA Program. Please note that a criminal background may disqualify the Applicant from MEBA Program funding.

HAVE YOU WORKED WITH, OR ARE YOU CURRENTLY WORKING WITH, A TECHNICAL ASSISTANCE PROVIDER OR LOCAL ECONOMIC DEVELOPMENT ORGANIZATION?

YES NO

IF YES, PLEASE LIST THE PROVIDER _____

(Examples: SCORE, SBDC, BBIF, HBIF, etc.)

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APPLICATION SIGNATURE

The Applicant, _____, assures that the information submitted as part of this application package, as well as any subsequent information submitted for review by MEBA Staff, the MEBA Advisory Board, the CRA Advisory Board, and the CRA is true and correct and agrees to comply with all MEBA Program Guidelines. Falsification or omission of information will result in rejection of the application. In addition, you may be subject to prosecution under Orlando City Code Section 43.16, False Information. The Downtown Orlando Community Redevelopment Agency maintains the right to request any additional information needed to process this Application. As provided by the MEBA Program Guidelines, a MEBA Business Consultant may review each application and/or provide a recommendation to the reviewing Boards and Commissions.

If the Applicant is awarded funding from the MEBA program, the Applicant agrees that if there is a breach of any condition or provision, or whenever deemed to be in the best interest of the Downtown Orlando Community Redevelopment Agency or the City of Orlando, the Community Redevelopment Agency has the right to terminate the Agreement. The Community Redevelopment Agency reserves the right to review and audit any and all financial records or any other records having to do with this Agreement at any time. In case of a default in terms of the Agreement, the Applicant may be responsible for repayment of MEBA funds.

Your signature below authorizes the City of Orlando to request criminal background checks from local, state, and federal agencies. Please note that a criminal background check is conducted on every applicant and that review of this application is contingent upon satisfactory completion of a criminal background check.

Also, all information and documentation submitted, including this application and attachments, is deemed public record under the Florida Public Records Law, Chapter 119 of the Florida Statutes.

Applicant Signature: _____ Date: _____

Social Security Number: _____ Email: _____