



## City of Fort Myers Community Redevelopment Agency Microenterprise Emergency Loan Program

### A. Eligibility Requirements

Since the pandemic first began, COVID-19 has had a devastating impact on the Fort Myers small business community. Recognizing the need to provide temporary assistance to the small businesses located within the Cleveland, Dr. Martin Luther King Jr. and Downtown redevelopment areas, the Fort Myers Community Redevelopment Agency (the “CRA”) created this Microenterprise Emergency Loan Program. This Loan Program is a first-come, first-served program intended to provide much needed assistance to a limited number of businesses meeting the eligibility criteria described below.

1. Applicants must be a private business that is legally operating within the boundaries of either the Cleveland, Dr. Martin Luther King, Jr. Blvd. or Downtown redevelopment areas within the City of Fort Myers, Florida. [Please click [here](#) to determine whether your business is located in an eligible area]. Does your business meet this requirement?  
 Yes  No
2. The business must have a minimum of two (2) employees but not more than ten (10) employees, including the owner(s), at the time of application. Does your business meet this requirement?  
 Yes  No
3. The business must have been in existence for at least two years from the date this application is completed. Does your business meet this requirement?  
 Yes  No
4. The business must be current with all city, county, state and federal obligations, including taxes. Does your business meet this requirement?  
 Yes  No
5. The business must be current with all city, county, state and federal licenses. Does your business meet this requirement?  
 Yes  No
6. The business must be able to show a demonstratable loss due to COVID-19 (i.e. revenue reduction in in any quarter relative to that same quarter a year later). Does your business meet this requirement?  
 Yes  No
7. The business owner must be open to the option of working one-on-one with a business counselor, if the recommendation is made. Would the business meet this condition if it were recommended?  
 Yes  No



**IF YOU CHECKED “NO” IN ANY BOX ABOVE, YOUR BUSINESS DOES NOT QUALIFY  
FOR THE MICROENTRPRISE EMERGENCY LOAN PROGRAM**



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**B. Contact Information**

Owner's Name:	
Owner's Telephone:	
Owner's Email:	
Alternate Contact's Name and Title:	
Alternate Contact Phone:	
Alternate Contact Email:	

**C. Applicant Information**

Legal Name of Business:	
Fictitious Name of Business (if applicable):	
Date Business Established:	
Federal Employment ID Number (FEIN):	
Business Type [i.e. LLC, S-Corp, C-Corp, Sole Proprietor]:	
Business Address:	
Owner #1 Name:	
Owner #1 Address:	
Owner #1 Mobile Phone:	
Owner #1 Email:	
Owner #2 Name:	
Owner #2 Address:	
Owner #2 Mobile Phone:	
Owner #2 Email:	
Briefly describe what your business does:	



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Has the business or its owner(s) ever been subjected to criminal or civil fines and penalties including city code violations and regulatory violations and penalties?

Yes  No (If "Yes" please provide explanation below.)

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Does the business qualify as woman owned?  Yes  No Does the business qualify as minority owned?  Yes  No Do you certify that the business and any owner of a 20% or greater interest are current on all tax liabilities current?  Yes  No (If "No" please provide explanation below.)

Has the business or any owner of 20% or greater interest in the business ever declared bankruptcy?

Yes  No (If "Yes" please provide explanation below.)

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**Describe how the COVID-19 pandemic has affected your business.**

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**D. Applicant Information**

Employee Name	Employee Title	Type of Employee (FT/PT)	Annual Wage	Will Funding Be Used to Retain Employee? (Yes/No)

List all owners of 20% or greater interest in borrowing entity and percentage of ownership

Principal/Owner Name	Ownership Percentage



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### E. Required Documentation

Please provide copies of the following documents:

- ◇ Proof of Revenue Reduction-- Borrowers must have experienced a revenue reduction in any quarter relative to the same quarter a year earlier. For proof of revenue reduction, a borrower must provide a narrative describing how COVID-19 impacted their business and documentation such as: quarterly tax statements, gross receipts, sales tax reports, banks, or income statements.
- ◇ Completed and signed application
- ◇ Business tax returns for last two years (including Schedule C or K-1, if applicable)
- ◇ Copies of all licenses and permits necessary to operate
- ◇ Articles of Organization/Incorporation, if applicable
- ◇ Certificate of Corporate Existence (or printout from [www.Sunbiz.org](http://www.Sunbiz.org) showing organization is current)
- ◇ Evidence of Sole Proprietorship/Ownership (attach Schedule C), if applicable
- ◇ Payroll documentation such as Quarterly 941 or Annual 940 payroll tax reports OR Payroll reports (exclude any personal identifying information such as SSN or ID information) for the three-months prior to the date of the application showing gross wages for each employee, including officer(s) if paid W-2 wages and total of all health insurance premiums paid by the company owner(s) under a group health plan for that same period.
- ◇ Bank statements for business bank account for last three months
- ◇ Business General Liability Insurance
- ◇ Authorization to Release Background Information
- ◇ If leasing as opposed to owning property, will need to submit a copy of current executed lease agreement under business' name. The address of the property listed on the lease agreement must be located within the designated area shown on the map in Appendix A
- ◇ Copy of government identification (i.e. drivers license, passport, etc.)
- ◇ W-9 Form, Completed and signed

**This Loan Program is being administered by Catalyst Community Capital, Inc. Please contact Leigh Scrabis, the Program Manager, with any questions about the application or documentation. She may be reached at [leigh@catalystcd.com](mailto:leigh@catalystcd.com) or 239.209.4283.**



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**F. Certification Statements and Signature**

- I certify that I have the authority to apply for this grant on behalf of the business described herein.
- I certify that the business was in operation two years prior to the date of this Application and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- I understand that should my business be approved for a Micro-Enterprise Emergency Loan that , in order for my loan to be forgiven, I will need to provide information such as invoices and proof of payment (i.e. credit card receipts/statements, bank statements, front and back of canceled checks, etc.) to document that loan funds were spent on eligible expenses.
- I understand that should my business be approved for a Microenterprise Emergency Loan that should my borrowing needs change from the categories originally requested in the loan application that I will need to request in writing a change of use for funds.
- I certify that the grant will be used for business purposes only and not for household, personal, or consumer usage.
- I certify that the information contained in this application is true, complete and correct to the best of my knowledge. I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.
- I agree that the electronic signature below is the legal equivalent of my manual signature on this Application.

Signature \_\_\_\_\_

**G. Submitting Application**

Please submit your application and required documentation directly to the Fort Myers Community Redevelopment Agency for consideration. The package may be hand delivered or mailed to:

Fort Myers CRA  
1400 Jackson St., Suite 102  
Fort Myers, FL 33901

Attention: Renee Turbeville