QUINCYCRA
Quincy Community Redevelopment Agency

SMALL BUSINESS ASSISTANCE GRANT PROGRAM

Purpose: The purpose of this program is to provide Small Business Assistance for repairs on buildings, acquisition of production materials or lease-hold improvements to eligible small businesses spaces. Applications will be accepted on October 9, 2025 through the closing date of October 27, 2025 at 5:00pm. Applications may be picked up at the Quincy City Hall located at 404 W. Jefferson Street.

Eligibility Requirements: In order to qualify for grant assistance from the CRA, the recipient must satisfy all the following requirements:

1. Must be located in the Quincy CRA District.
2. Must have a current business license with the City of Quincy and be Quincy Utilities customer.
3. Must be located in Historic Downtown or primary commercial corridors of Highway 90 or Highway 267.
4. Must be located in "brick and mortar" store-front or commercial facility.
5. May be a for profit corporation located within the boundary of the targeted area and registered with the Florida Division of Corporations.
6. The business must have been in operation prior to September 1, 2025.
7. Have at least one employee but fewer than 50 employees.
8. Pledge in good faith to remain in business for at least 1-year following the receipt of the CRA Small Business Assistance Grant Program grant funding.
9. For eligibility consideration, Applicants must provide listing of all grant funds received from the QCRA, City of Quincy or Gadsden County within the past 13 months.

Eligible Uses: Signage, equipment and appliances, building repairs (including leasehold), production (raw) materials or ingredients, parking space enhancements or reimbursement of assets purchased subsequent to grant award. No individual business will be awarded more than $10,000.

Selection Criteria:

- Must submit completed application and all requested supporting documents.
- All awards are contingent upon funding availability. CRA Small Business Assistance grant recipients will be selected solely on the eligibility requirements above and available funding. Each grant applicant will be screened for compliance with the eligibility requirements on an objective and nondiscriminatory basis by CRA staff or other persons designated by the CRA Manager.
- Approved capital improvements eligible under the grant will be paid directly to contractor selected by the applicant or reimbursed with proof of payment to licensed contractor.
- Each grant recipient will be required to provide CRA with a certification document attesting that the grant was used in a manner consistent with the terms of the grant program. All information submitted may be subject to Public Records Laws unless there is a statutory exemption.
- If business closes, or for any misuse, unconfirmed use or undisclosed use of funds will result in the full repayment of grant.
- Recipients of this grant award will not be considered for any new grant from the QCRA offered during FY 2025-26.

1. ORGANIZATION TYPE:
   ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ S-Corporation ☐ LLC

2. BUSINESS NAME: _____

3. EIN (Employer Identification Number): _____

4. MAILING ADDRESS: _____

   City / State / Zip Code _____

5. BUSINESS PROPERTY STREET ADDRESS: _____

   City / State / Zip Code _____

6. DO YOU ☐ Own ☐ Lease

7. PRIMARY BUSINESS ACTIVITY: _____

8. NUMBER OF FTE/EMPLOYEES _____

9. DATE BUSINESS ESTABLISHED (MM/YYYY) _____

   (Provide copy of Quincy Business license)

10. INSURANCE COVERAGE (If Any)

    Coverage Type: Business Interruption Insurance ____ (yes/no)

    Other _____

    Name of Insurance Company and Agent: _____

    Phone Number of Insurance Agent: _____

11. OWNER(S): (must include all of the following information)

Application must include the following information for the individual(s) who, individually or collectively own at least 51% of the equity of the business, as evidenced by the business tax returns.

OWNER APPLICANT #1 (if owns less than 51%, additional owner applicant(s) are needed)

Full legal name _____ Title/office_____ % Owned ____

Email address _____ Phone Number _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ US Citizen (Y/N) _____

OWNER APPLICANT #2

Full legal name _____ Title/office_____ % Owned _____

Email address _____ Phone Number _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ US Citizen (Y/N) _____

12. OTHER GRANTS RECEIVED IN PAST 5 YEARS (excluding COVID relief)

    1.
    2.
    3.
    4.
    5.

13. PROPOSED USE OF GRANT FUNDS (provide written estimates or quote from vendors)

    _____ Renovations/Repairs of Exterior

    _____ Renovations/Repairs Interior

    _____ Inventory, Equipment, Appliance and/or Production Materials

    _____ Signage

    _____ Other(list behind this page)

- **Proof of funds use must be provided within 90 days of receiving grant. Acceptable proof would be dated receipts from vendors used which describe service or product purchased.**
- **Grant funds cannot be used to pay salaries or payoff previous debt.**
- **Grant funds must not be used for illegal purchases or activities.**
- **Business must remain in continuous operation for 1-year after grant award.**

*Submitted by:*_____ *Date:*_____