



Dennis C. Moss

Miami-Dade County Commissioner, District 9  
Mom And Pop Small Business Grant Program

### **Application**

***Please submit 1 original completed application marked ORIGINAL  
and 1 copy completed application marked COPY.  
We suggest you keep a copy for your records.***

## ***Attention Business Owners***

### **Mom and Pop Small Business Grant Program For Miami-Dade County District 9**

### **Grant Money Available! Up to \$5,000 Per Business**

Applications available  
**January 23, 2012 through February 7, 2012**

**PICK UP APPLICATIONS AT:**  
**Commissioner Dennis C. Moss's District Office**  
**Attn: Dallas Manuel**

District North Office  
10710 SW 211 Street, Suite 206  
Miami, FL 33189  
Phone: 305-234-4938

District South Office  
1634 NW 6 Avenue  
Florida City, FL 33034  
Phone 305-245-4420

Or

Neighbors And Neighbors Association (NANA)  
180 NW 62 Street  
Miami, FL 33150

Applications online at [www.miamidade.gov/district09](http://www.miamidade.gov/district09)

**There will be a mandatory information/workshop meeting explaining the application and requirements held on Tuesday, February 7, 2012, 6:00 p.m. at the South Dade Government Center at 10710 SW 211 Street, Suite 203.**

**Please be on time!**

Completed applications will be accepted from Feb. 7 – Feb. 10, 2012 by 5:00 pm  
Hand deliver application to District North Office, 10710 SW 211 St., Suite 206  
No late applications will be accepted!

For additional information contact: Lawanza Finney 305-756-0605  
**Neighbors And Neighbors Association (NANA)**

**Please submit 1 original completed application marked ORIGINAL  
and 1 copy completed application marked COPY.  
We suggest you keep a copy also, for your records!**

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# MOM AND POP SMALL BUSINESS GRANT PROGRAM

## Brief Description

The Mom And Pop Small Business Grant Program was created in 1999 to provide financial and technical assistance to selected small businesses that are approved for funding. This program has allowed small owned and operated businesses the opportunity to interact with local government under favorable conditions, and this relationship will ultimately bridge the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients. Funding can be used to purchase equipment, supplies, advertising/marketing, inventory, building liability insurance, security systems, professional services, and to make minor renovations.
- Technical assistance is made available to small businesses in order to create a better working and business environment, promote economic development opportunities, educate owners about various county-funded programs and projects, form/foster better working relationships among small business owners, retain and eventually create more jobs, offer the necessary training that small business owners so desperately need to become more efficient and competitive, etc.

The program has grown each year and is now being offered countywide. As a result, we recognize that the needs of each district are different and our goal is to address this diversity. In order to receive the correct guidelines to be considered for funding, you must apply in the district where your business is located. To locate your district, please call 311 or visit [www.miamidade.gov/commiss](http://www.miamidade.gov/commiss) and click on "Who is my Commissioner?" enter your business address and submit. **Applications and start date for each district may differ, therefore, please be sure to pick up the appropriate application.**

## Mom and Pop Small Business Grant Program Miami-Dade County District 9

### FY 2011-2012 Guidelines

**Commissioner Dennis C. Moss Mom and Pop Small Business Grant Program is offering grant applications for small business owners.**

**All businesses must be located in District 9 and meet the following eligible criteria:**

- Submit one original application marked original, and one copy marked copy, of the completed application with all requested documentation.
- Provide proof that the business has been operating for the past 1 year. (example: any old License, State Corporations, Sales Tax, or utility bill), proof must be in business name (include copy only).
- Must submit a current Local Business Tax receipt (Miami-Dade County Occupational License) or paid receipt. Business name on application must match one on license (include copy only). **If license not required by Miami-Dade County, applicant must provide written proof from Tax Collector's Department.**
- City License if business is located in a municipality or paid receipt (City within the County) (include copy only).
- Application must be typed or handwritten only.
- A printed copy of your **active** State of Florida Corporation OR Fictitious Name if business is incorporated (sunbiz.org).
- Must submit outside picture of business location (building, home office, or work vehicle).
- Provide copy of picture ID (driver's license, Florida ID, or Immigration card).
- A physical address is required. No P.O Box as mailing address allowed.
- Home – base businesses can apply.
- Elected officials and Government Board Appointees must get written approval stating no conflict of interest from the Miami-Dade County Commission on Ethics.
- If you have a DUNS # (Data Universal Numbering System), please list it on Section A of the Application Form. (To obtain a DUNS # please call 1.866.705.5711 or visit <http://fedgov.dnb.com/webform>. This number is issued at NO COST.)
- Businesses that complete job creation forms are required to create a new job. If a new job is NOT created, businesses are required to return all used funding.
- Businesses located in the NRSA (Neighborhood Revitalization Strategy Area) will be given special consideration.
- The Selection Committee has the right to request additional information, accept, or reject any and all applications.
- **Must attend mandatory information meeting Tuesday, February 7, 2012 6:00pm at South Dade Government Center**

#### **AUTOMATIC DISQUALIFICATION:**

- If your business received funding in the past.
- Must not be part of a national chain.
- Businesses that relocate out of the district during the process.
- Applications will not be accepted after deadline.
- Must not have delinquent loan with Miami-Dade County or a County funded agency.
- Non-profit agencies can not apply.
- Cannot have more than seven (7) fulltime employees (2 part-time will count as 1 fulltime).

**PLEASE BE AWARE OF THE FOLLOWING:****Mandatory Information Meeting**

All businesses that are applying for funding must attend a meeting, which will explain the program requirements. Please be prepared to stay at least 2 hours, all questions will be answered at that time. Attending the preliminary meeting does not guarantee that you will receive funding.

Tuesday February 7, 2012, 6:00 p.m.

South Dade Government Center, 10710 SW 211 Street, Room 203

**PLEASE BE ON TIME**

**We recommend that you do not complete the application before the above meeting.**

**ELIGIBLE USE OF FUNDING:**

- Inventory / Supplies
- Business Equipment
- Marketing / Advertising
- Commercial Liability Insurance
- Minor Interior / Exterior Renovations
- Security System
- Work Vehicle (pick up truck or cargo van)
- Professional Services

**INELIGIBLE USE OF FUNDING:**

- Rent / Lease or Mortgage
- Rental Deposits
- Late Payment Fees
- Purchase of Alcohol, Tobacco or Medicine
- Salaries
- Debts
- Utility Bills
- And any and all others not listed in the eligible use above.

**FY 2011-2012  
Applications Forms  
Mom and Pop Small Business Grant Program**

Date: \_\_\_\_\_

**A. Identifying Data**

Business Name	
Business Address	
City & Zip Code	
Business Phone and Fax #	
Email Address	
Type of Business	
Owner or President Name	
Owner or President Home Address	
City & Zip Code	
Are you Female Head of Household?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Race Ethnicity (circle one)	White Black Asian American Indian Hispanic Other _____
Family Size (circle one)	1 2 3 4 5 6 7 8 9 10 Other # _____
Owner or President Total Household Gross Income for Last Year	\$ _____

<p>If you have a Data Universal Numbering System number, known as a DUNS number at the time of application please provide.</p> <p><b>If not, this 9 digit number will be REQUIRED by this program if your business is selected for funding.</b></p>	<p align="center">_____</p> <p align="center">Print DUNS Number Here</p>
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**B. Amount Requested**

<b>Funding Request Amount</b>	<b>\$</b> _____
-------------------------------	-----------------

**C. BUSINESS INFORMATION**

1. Describe your Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What kind of service or goods does your business offer to the community? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What goals do you have for your business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Briefly describe how the funds, if awarded, will be used to help grow your business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List the names and titles of your Management Team and their years of experience your company's field:

<u>NAME</u>	<u>TITLE</u>	<u>YEARS OF EXPERIENCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Business owners are required to provide the following information:

1. How long have you been in business? Number of years \_\_\_\_\_ months \_\_\_\_\_
  
2. Have you received Mom and Pop funding in the past?      Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Are you or any of the shareholders employed by Miami-Dade County?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what department? \_\_\_\_\_
  
4. Do you have a past due loan with the County or any County funded Department or agency?      Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, with whom? \_\_\_\_\_
  
5. Would you be willing to participate in any offered business workshop training?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
6. If awarded the full amount allowed by the program, knowing that the funding can not be used for salaries/payroll, would you still be able to create a new job?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Will the new job be full-time?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete forms pages 14-15 and submit with the application.

**E.**

**Current Employee Roster**

7. Number of employees? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ None: \_\_\_\_\_

8. Please provide the following information regarding your current employees(s):

Employee Name	Previously employed prior to hiring (Y or N)	Date of Hire	*Job Title	Full Time (FT) or Part Time (PT)	Family Household Size	**Demographics

\*Job Title      Officials and Managers, Technicians, Craft Works (Skilled), Labor (Unskilled), Sales Professional, Office and Clerical, Operative (Semi-Skilled), Service Workers

\*\*Demographics    W-White    B-Black    A-Asian    AI-American Indian    H-Hispanic    O-Other

I hereby certify that the information provided is true and correct. I further acknowledge that the information is subject to verification by authorized government officials.

CERTIFICATION: \_\_\_\_\_  
Owner or President

DATE CERTIFIED: \_\_\_\_\_

Please add separate pages, if needed.



## Request for Opinion from Ethics Commission Acquiring Financial Interest

I, \_\_\_\_\_, the owner or president of  
(Owner or President Name)

\_\_\_\_\_, whose business address is  
(Business Name)

\_\_\_\_\_,  
(Business Address, City, State, Zip)

Are you currently an employee of Miami Dade County? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what Department? \_\_\_\_\_

I am being considered for funding through the Mom and Pop Small Business Grant Program and request the clearance from the Ethics Commission. Please review my request and forward to Neighbors And Neighbors Association, Inc. to the attention of Leroy Jones, Executive Director, 180 NW 62<sup>nd</sup> St., Miami, FL 33150 or fax (305) 756-6008. Thank you in advance for your attention to this very important matter.

**This page must be fully completed**

# Certification Regarding Lobbying

## Certification for Contracts, Grants – Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, 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 any 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 an 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 prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty for no less than \$10,000 and not more than \$100,000 for each such failure.

BY: \_\_\_\_\_  
(Print business name & owner's name)

NAME: \_\_\_\_\_  
(Signature of owner)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a)**  
**FLORIDA STATUTES ON PUBLIC ENTITY CRIMES**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATS**

1. This form statement is submitted to Miami-Dade County

by \_\_\_\_\_  
(Print individual's name and title)

for \_\_\_\_\_  
(Print name of business submitting sworn statement)

whose business address is \_\_\_\_\_  
(Address, City, State, Zip Code)

and if applicable its Federal Employer Identification Number (FEIN) is \_\_\_\_\_. If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

---

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to an directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to any bid or contract for goods or services to be provided to public entity or agency or political subdivision of any other conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "Affiliate" as defined in paragraph 287.133(1)(a), **Florida Statutes**, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States within the legal power to enter into a binding contract and which bids or applies to bid on contracts of the provision of goods or entity. The term "person" includes those, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

\_\_\_\_\_ Neither the entity submitting sworn statement, not any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity had been charged with and convicted of a public entity crime subsequent to July 1, 1989, **AND** (please indicate which additional statement applies.)

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED I PARAGRAPH 1(ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OR THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 28.017 FLORIDA STATUTES FOR A CATEGROY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

\_\_\_\_\_  
(Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known \_\_\_\_\_

Or produced identification \_\_\_\_\_ Notary Public-State of \_\_\_\_\_

\_\_\_\_\_ My commission expires \_\_\_\_\_

(Type or Identification)

\_\_\_\_\_  
(Printed, typed or stamped commissioned name of notary public)

# CRIMINAL RECORD AFFIDAVIT

The individual, officer, director, president or entity entering into a contract or receiving funding from the County has \_\_\_\_\_ has not \_\_\_\_\_ as of the date of this affidavit been convicted of a felony during the past ten (10) years.

\_\_\_\_\_  
(Printed Name of Business)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Print Owner or President Name)

**STATE OF FLORIDA**

**COUNTY OF MIAMI DADE**

**The a foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_,**

**20\_\_\_, by \_\_\_\_\_ on behalf of \_\_\_\_\_**  
(Signature) (Business Name)

**who is personally known to me or has produced \_\_\_\_\_, as identification**

**Notary Signature:** \_\_\_\_\_

**Type or Print Name:** \_\_\_\_\_

**Notary Seal:** \_\_\_\_\_

### AFFIDAVIT OF FINANCIAL AND CONFLICT OF INTEREST

1. Do you have any past due financial obligations with Miami-Dade County?

	YES	NO
Single Family House Loans	_____	_____
Multi-Family Housing Rehab	_____	_____
CDBG Commercial Loan Project	_____	_____
U.S. HUD Funded Programs	_____	_____
Other (liens, fines, loans, Occupational licenses, etc.)	_____	_____

If YES, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you a relative of or do you have any business or financial interest with any elected Miami-Dade County official, Miami-Dade County Employee, or Member of Miami-Dade County Advisory Boards?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any false information provided on this affidavit will be reason for rejection and disqualification of your project-funding request to Miami-Dade County.

The answers to the foregoing questions are correctly stated to the best of my knowledge and belief.

By \_\_\_\_\_ Date \_\_\_\_\_  
(Print Name)

SUBSCRIBED AND SWORN TO (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

By \_\_\_\_\_ He/She is personally know to me or has presented  
(Signature)

\_\_\_\_\_ as identification.  
(Type of Identification)

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Serial Number)

\_\_\_\_\_  
(Print or Stamp of Notary)

\_\_\_\_\_  
(Expiration Date)

Notary Public- Stamp of \_\_\_\_\_  
(State)

Notary Seal

**The following pages are to  
be completed and  
submitted ONLY if your  
business will be able to  
create a new job**

## AGREEMENT

### FINANCIAL ASSISTANCE/TECHNICAL ASSISTANCE SERVICES FOR THE CREATION OF JOB(S)

In order to receive the various forms of financial/Technical Assistance available through NANA, businesses must enter into an Agreement to make “available” and to “document” the job creation for the benefit of low-and moderate income residents resulting from the technical assistance and/or financial assistance provided to your business.

Through this Agreement, you are committing your business operating under the name of \_\_\_\_\_ to:

- 1) make available 51% of the resulting jobs to low- and moderate-income individuals;
- 2) provide a list of the job titles of the permanent jobs expected to be created, which will be available to low/moderate-income individuals, which jobs require special skills or education, and which are part-time, if any;
- 3) provide a description of steps to be taken by your business to ensure that low- and moderate-income individuals receive first consideration for the jobs created;
- 4) maintain a list of permanent jobs filled, available to low- and moderate-income individuals, and a brief description of the hiring process; and
- 5) complete an annual report of all jobs created with names, income status, position titles, healthcare benefits, if any, and whether persons hired were unemployed at the time of hiring.

The applicant signing below understands the information in this Agreement, understands that NANA will not provide all the assistance requested by your business until this Agreement is executed.

\_\_\_\_\_  
Signature of Applicant Agreed By

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Duns Number-Required/Mandatory**  
(To obtain a DUNS #, Please call 1-866-705-5711)

\_\_\_\_\_  
Leroy Jones, Neighbors And Neighbors Association, Inc.

\_\_\_\_\_  
Date

**JOB COMPLIANCE FORM**

**STATE OF FLORIDA )**

**COUNTY OF MIAMI-DADE )**

Being duly sworn, on my oath declares: That, I, \_\_\_\_\_ agree to create one new full-time or part-time job for a low to moderate income person if awarded the maximum amount under the Mom And Pop Small Business Grant Program within six months of my receipt of such award. If I fail to create the required new job within the agreed upon time period I will be in non-compliance and will be required to pay the entire amount of the grant back to Miami-Dade County.

IN WITNESS WHEREOF, I, \_\_\_\_\_, the undersigned Owner of \_\_\_\_\_, have signed this **JOB COMPLIANCE FORM** on this \_\_\_\_\_ day of \_\_\_\_\_, 2012, and acknowledged the same to be my act.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2012 by \_\_\_\_\_, who personally appeared  
Signature

before me at the time of notarization, and who is personally known to me or who produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

SIGN: \_\_\_\_\_

PRINT: \_\_\_\_\_

STATE OF FLORIDA AT LARGE

## APPLICATION CHECKLIST

ALL DOCUMENTS MUST BE INCLUDED IN EACH ORIGINAL  
AND COPIED APPLICATION.

- One original completed application, marked original, and one copy of the completed application marked copy and all required documentation.
- Copy of the Miami-Dade County: Local business Tax Receipt (Occupational License) or Paid Receipt. **If license not required by Miami-Dade County must provide written proof from Tax Collector's Department.**
- Print active State Corporation if incorporated, or State Fictitious Name.
- Copy of the City License if business if located in a municipality (City within the County).
- Picture of business location (building, home office or work vehicle)
- Picture ID (Driver's License, Florida ID or Immigration Card)
- Provide proof that the business has been operating for at least 1 year. (Example: any old license, state corporations, sales tax, or utility bill) Proof must be in business name (include copy only).
- Elected officials and Government Board Appointees must get written approval stating no conflict of interest from Miami-Dade County Commission on Ethics.
- **If applicable**, enclose completed new job creation agreement and job compliance form to reimburse the funding if a new job is not created, within six (6) months after receiving funding.
- **If you have a DUNS number at the time of application**, provide your Data Universal Numbering System number (DUNS number).

N.A.N.A may request additional information to determine application qualification.

**My signature below indicates that I have read this document and fully understand its contents.**

***The information submitted on this document is true to the best of my knowledge.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date