



A NEW DAY.

City of Jacksonville, Florida

Donna Deegan, Mayor

Office of Economic Development
117 West Duval Street, Suite 250
Jacksonville, FL 32202
(904) 255-5444

ELIGIBILITY CRITERIA

- Grant allocation of up to \$2,000 per veteran entrepreneur
- Attend and complete mandatory small business education course
- Residence and business must be located in Duval County
- Business must be established for a minimum of 6 months
- Funds may be used to assist with the development and growth of an eligible business
- Grant funds shall be disbursed on a reimbursement basis, following receipt of paid invoices and proof of payment

APPLICATION REQUIREMENTS

Please Be Advised that under Florida's Public Record's Laws any information sent to the City of Jacksonville is considered a public record and is subject to disclosure under these laws, except for statutorily express exemptions. Any information deemed confidential and exempt from this law will be redacted.

1. Prior to submission of the application, the business must register with the City's online procurement system. Go to [Jacksonville.gov - Supplier Portal](https://www.jacksonville.gov/procurement) 1-Cloud Supplier Portal and follow the registration procedures completely.
2. Valid driver license confirming Duval County residency
3. A copy of the veteran's DD Form 214 which must state an honorable discharge or other than honorable discharge
4. Business Annual Report confirming Duval County location and minimum of 6 months in operation
5. Asset purchase receipt not to exceed 180 days prior to application date
6. Certificate of completion in entrepreneurship, business operations, or finance management from an approved education provider

VETERANS ENTREPRENEURSHIP GRANT PROGRAM
APPLICATION

Funding is subject to availability.

(Please type or print legibly.)

I. APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Number _____

II. BUSINESS INFORMATION

Name _____ EIN# _____

Owner's Name _____

Property Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____

ARE YOU A VETERAN?: ____ Yes ____ No

If yes, what branch of service? _____

TYPE OF LEGAL ENTITY:

() Sole Proprietorship () Partnership/Joint Venture () Corporation () Limited Liability Corporation

STATE OF INCORPORATION (if applicable) _____

DATE COMPANY ESTABLISHED _____ **NUMBER OF YEARS IN BUSINESS** _____

III. PROOF OF PURCHASE

Please specify costs for purchased items as categorized below.

| Description of Purchases | Amount |
|--------------------------|--------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total | \$ |

Total Program Funding Requested \$ _____

Have you received any grant or loan funding assistance from the City of Jacksonville in the past five years? _____ Yes _____ No

If yes, please provide descriptions and amounts received:

IV. SIGNATURES

The undersigned warrants that the information contained in this application (and any supplemental information) is, to the best of my knowledge, true and correct. The undersigned further understands that the use of this information is only for consideration of the Veterans Entrepreneurship Grant Program. I acknowledge that I have received, read and will comply with the guidelines of this program. The undersigned grants authorization to verify any answers contained herein.

If the Grant is approved, the undersigned warrants that they have the matching funds available to complete the project as envisioned in the application. The undersigned understands and agrees that all information furnished in connection with this application for the Veterans Entrepreneurship Grant Program involves the use of public funds as such may be made public pursuant to the statutes of the United States of America, the State of Florida and the City of Jacksonville, Florida.

Applicant/Business Owner Signature _____ Date _____

Print Name _____