

CITY OF MINNEOLA

Minneola CARES Resident Supplemental Assistance Microgrant Application

Funding Application Deadline – November 09, 2020 at 5:00 P.M. E.S.T.

Notes: Applications will not be accepted or processed if received after the deadline due to grant timing restraints. Post marked applications received after the deadline will not be considered for an award. Incomplete applications will not be considered for an award. Applications must be filed by the head of household. Awards are limited to one per household. Applicants must have been full-time residents of Minneola since March 01, 2020 until the end of the grant period of December 01, 2020 to qualify. This funding is being made available by the federal government, State of Florida, and Lake County. The City of Minneola reserves the right to reject any or all applications for cause or for no cause at any time.

Applicant Information

Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Date of Birth: _____ Driver License Number: _____

Number of People in your Household: _____. Please list their names below:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Qualifying Questions

Please answer the following qualifying questions:

1. Were you a full-time resident, from March 01, 2020, through the current period? _____

2. Are you the head of household? _____

3. Were you, or anyone living in your household, negatively impacted by COVID-19? _____

4. If yes to question three above, did you or someone living in your household, experience a change in employment due to COVID-19? If yes, please select from among the following choices. Check all that apply.

Furloughed

Laid Off

Reduced Hours

Accepted a Job Paying Less or with Less Hours due to Furlough, Layoff, or Reduction of Hours from Previous Job Due to COVID-19

Other (please explain): _____

5. If yes to question four above, did you, or anyone living in your household, experience any difficulties paying bills or increases in costs due to COVID-19? If yes, please select from among the following choices and check all that apply.

Behind on House Payments or Rent Payments

Behind on Utility Payments (water, electricity, gas, etc.)

Behind on Payments for Things Required for Work (car, car insurance, computer, internet, etc.)

Increased Medical Expenses for Testing or Treatment

Increased Work or Student Expenses to Attend Work or School from Home (purchased a computer, purchased a camera, purchased or increased internet bandwidth, etc.)

Increased Costs for childcare or eldercare.

Increased Costs for P.P.E. (facemasks, face shields, hand sanitizer, gloves, surface cleaner, etc.)

Increased Costs for Food and Other Supplies (had food delivered, etc.)

Other (please explain): _____

Documentation

Please provide a copy of your driver license or state issued I.D. along with your most recent utility bill and submit the copies with your completed application.

Self-Certification, Acknowledgement, and Indemnification

I swear or affirm that the information in this application is true and correct to the best of my knowledge and belief. I attest to having documentation to support the losses claimed in this form, agree to maintain those records for a period of no less than five years after receipt of the funds, and agree to provide these records to government auditors upon request. I understand that this grant is limited to one per household and hereby certify that I am the head of household, have been a full-time resident of the City of Minneola continuously since March 01, 2020 through the application period, experienced a negative financial impact as a result of COVID-19, have not received any federal, state, or county reimbursements for the additional expenses claimed in the application, and have completed the 2020 U.S. Census. I understand information contained in this application is a public record and subject to public records disclosure. Further, I release, hold harmless, and waive my right to all claims against the City of Minneola, its officers, employees, and agents for all claims that may arise from this grant process. I agree to refund the grant money, within ninety (90) days from the date of the request, if any of the information contained in this application is found to be incorrect or if the federal, state, or county government requests the funds be returned for any reason.

Applicant Signature

Date

CITY OF MINNEOLA USE ONLY BELOW THIS LINE

Application Received On: _____
Date & Time

Application Received By: _____
Printed Name

Application Reviewed By: _____
Printed Name

Applicant Recommended for Award: _____
Yes or No

Award Method: _____
Check or Card

Check or Card Number: _____
Date

Award Distribution Date: _____

Other: _____