

**BLACK BUSINESS LOAN PROGRAM**

**APPLICATION**

**FOR**

**RECERTIFICATION AS A  
RECIPIENT OF FUNDS**

**Form DEO/CD 7102-2**

**All applications must be submitted by the end  
of the Application Period as  
defined by Rule 73C-1.001, F.A.C.**

## Florida Department of Economic Opportunity (Department)

The Florida Department of Economic Opportunity's mission is to promote economic prosperity for all Floridians and businesses through successful workforce, community, and economic development strategies. The Department strives to support economic development projects, capital investment and infrastructure opportunities that advance Florida in achieving its vision. The Department combines the state's economic, workforce and community development efforts helping to expedite economic development projects to fuel job creation in competitive communities.

### Certification

The Department certifies on an annual basis entities seeking funds to participate in providing loans, loan guarantees, or investments in black business enterprises pursuant to the Florida Black Business Investment Act.

If the Black Business Loan Program is appropriated funds in a fiscal year, the Department will distribute an equal amount of the appropriation, calculated as the total annual appropriation divided by the total number of program recipients certified that fiscal year.

### Eligibility

An **Existing Recipient** (certified by the Department for the previous year) must:

- Be a corporation registered in the state.
- Submit to the Department a financial audit performed by an independent certified public accountant for the most recently completed fiscal year.
- Maintain books and records in accordance with generally accepted accounting principles.
- Comply with s. 215.97, F.S.
- Meet the provisions of ss. 288.707-288.714, the terms of the contract between the Recipient and the Department, and any other applicable state or federal laws.

## Application Overview

Use this form to apply for certification as a recipient of funds under the Black Business Loan Program established by Section 288.7102, Florida Statutes. Before completing the application, read all of the guidelines and instructions carefully. Contact the Department's Agreement Manager if you have any questions about the application.

The application and certification process is governed by Rule Chapter 73C-1 of the Florida Administrative Code, which is available at [www.flrules.org](http://www.flrules.org). As set forth in Rule 73C-1.001, the following definitions apply to the application and certification process.

**“Act”** means the Florida Black Business Investment Act, Sections 288.7102 through 288.714, F.S.

**“Applicant”** means a corporation registered in Florida that seeks certification or recertification to become a Recipient or a New Recipient of funds appropriated by the Legislature for the purpose of providing loans, loan guarantees, or investments, in black business enterprises under the Program.

**“Application”** means the standard “Application for Certification as a Recipient of Funds or an Application for Recertification as a Recipient of Funds under the Black Business Loan Program” [form DEO/CD 7102-1 (6/14) & form DEO/CD 7102-2 (6/14)].

**“Application Period”** means the annual period during which an Applicant may submit an Application to the Department, which shall be May 1 through June 1 (or the next business day if June 1 is a Saturday, Sunday, or legal holiday) of each year .

**“Certified Applicant”** means an Applicant that has received notice from the Department certifying that the Applicant is qualified to receive an award of funds under Program.

**“Department”** means the Florida Department of Economic Opportunity, whose address is 107 East Madison Street, Tallahassee, Florida, 32399.

**“Existing Recipient”** means an Applicant that was a Recipient during the fiscal year immediately preceding the submittal of its Application for Recertification, Form DEO/CD 7102-2.

**“New Recipient”** means an Applicant that was not a Recipient during the fiscal year immediately preceding the submission of its Application for Certification, Form DEO/CD 7102-1.

**“Program”** means the Black Business Loan Program as established in sections 288.7094 through 288.714, F.S.

**“Recipient”** is a Certified Applicant that has entered into an agreement with the Department to receive Program Funds under the Program.

## Instructions for Preparing the Application

The Department intends these instructions to guide an Applicant in preparing and submitting its Application. For clarity, where reasonably possible the instructions take the active voice and imperative form, addressed to an Applicant. When a sentence lacks a subject, the Applicant is the intended actor. For example, “Prepare the Application...” means “The Applicant shall prepare the Application.” In these instructions, the terms “you” or “your” refers to the Applicant.

Prepare the Application using this form, supplemented with the additional information requested in this form. Use 8.5” x 11” sized white paper and a minimum of twelve-point font size. Organize the Application materials behind sequentially numbered tabbed sections as follows, in a three-ring notebook (for more information on submitting the Application, see the instructions on page 6 or contact the Department’s Agreement Manager if you have any questions about the application).

### Tab Section

### Contents

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| 1 | <u>Contact Information:</u> In the form provided within this document, referenced as Exhibit A hereto, complete and print Exhibit A, indicate your name and FEIN and the contact person(s) name, title, firm name, address, telephone number, facsimile number and email address of all persons whom you wish to receive notices in relation to the Application. |
| 2 | <u>Transmittal Letter:</u> In the included form, reference as Exhibit B hereto, communicate the specified information. Your duly authorized official or representative shall sign the letter in blue ink.  |
| 3 | <u>Business Status:</u> Document by sending a copy of your current registration and authorization to operate as a business in Florida. Obtain this information from the Department of State, Division of Corporations (see <a href="http://www.sunbiz.org">www.sunbiz.org</a> ).   |
| 4 | <u>Financial Statements:</u> Include your financial statements for your most recently completed fiscal year, audited by a certified public accountant in accordance with Generally Accepted Accounting Principles.   |

If the statements are filed with a public regulatory body and available electronically, provide a link (URL) to the statements along with paper copies. Financial statements include: opinion letter (auditor’s report); balance sheet; income statement; statement of changes in cash flow; and footnotes.

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| 5 | <u>Other Information:</u> Include here, with full explanation, any qualifications or exceptions you take to the representations and certifications contained in the form Transmittal Letter (Exhibit B hereto). Disclose here the name of any Applicant officer, director, board member, or employee who is also an employee of the State of Florida or any of its agencies or boards. If you claim any exemptions from the public records law, provide the specific statutory authority for such exemption and specifically identify those portions of the Application that you claim are exempt. |
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**THE DEPARTMENT WILL REVIEW ALL DATA SUBMITTED AND RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION AND TO MAKE INDEPENDENT INQUIRIES TO VERIFY THE INFORMATION AND TO OBTAIN ADDITIONAL INFORMATION IF NECESSARY AND APPROPRIATE. RESERVATION OF THIS RIGHT DOES NOT RELIEVE YOU OF THE DUTY TO SUBMIT A COMPLETE APPLICATION.**

**Instructions for Submitting the Application**

Submit the Application during the Application Period. The Department will not accept Applications submitted before or after the Application Period.

Submit one (1) original and two (2) copies of the Application in loose-leaf three rings binders contained in a sealed package. On the outside of the package, clearly mark “APPLICATION FOR RECERTIFICATION AS A RECIPIENT OF FUNDS.”

Submit the package to:

**Black Business Loan Program  
Florida Department of Economic Opportunity  
Division of Community Development  
107 East Madison Street, MSC 160  
Tallahassee, FL 32399**

The Department may reject any Application not submitted in the manner specified. The Department reserves the right to seek clarifications or request any information deemed necessary for proper evaluation of Applications. Failure to provide requested information may result in rejection of the Application.

**Exhibit A – Contact Information**

[Include behind Tab 1 of the Application]

**Name of Applicant:** \_\_\_\_\_

**Federal Employer  
Identification Number (FEIN):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Person**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_

**Fax:** (\_\_\_\_) \_\_\_\_\_

**Exhibit B – Transmittal Letter**  
[Include behind Tab 2 of the Application.]

Applicant:

Date:

Mr. Stacy Bouie  
Florida Department of Economic Opportunity  
Division of Community Development  
107 East Madison Street, MSC 160  
Tallahassee, FL 32399

Re: Application for Recertification as a Recipient of Funds under the Black Business Loan Program

The undersigned (“Applicant”) submits this application (“Application”) pursuant to Rule 73C-1.002, F.A.C., seeking certification as a recipient of funds under the Black Business Loan Program. Initially capitalized terms not otherwise defined herein shall have the meanings set forth in Rule 73C-1.001.

If certified as a Recipient, Applicant intends to service the following area: \_\_\_\_\_  
*[Identify each county in the intended area or, if statewide, indicate “statewide”].*

Our Application, submitted in the original and two (2) copies bound in loose-leaf form in three-ring notebooks, consists of the following applicable tabbed sections:

- Tab 1 Contact Information
- Tab 2 Transmittal Letter (this letter)
- Tab 3 Business Status
- Tab 4 Financial Statements
- Tab 5 Other Information

Applicant understands that article 1, section 24, of the Florida Constitution guarantees every person access to all public records, and that section 119.011, F.S., provides a broad definition of public record. As such, the Application is a public record unless exempt by law. If Applicant claims any part of the Application is exempt from the public records law, Applicant has explained the basis for the claimed exemption in the material included behind Tab 7, and Applicant has clearly marked all documents it claims are exempt.

Applicant certifies that it has read and understands the Act and its implementing regulations in Chapter 73C-1 of the Florida Administrative Code, including the form of Agreement. If certified as a Recipient, Applicant hereby agrees to sign and be legally bound by the terms of the Agreement (check one box and initial):

Yes             No

(initial here: \_\_\_\_\_ )

If you chose “No”, provide an explanation as to why:

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Applicant understands that the award of financial assistance under the Program is also subject to Chapter 112, F.S., which governs ethics and conflicts of interest. Except as otherwise disclosed and explained in the material included behind Tab 7, Applicant hereby certifies that none of its officers, directors, employees, or agents is employed by the State of Florida or any of its agencies or boards (check one box and initial):

Yes             Yes, with qualification in Tab 5

Does not certify

(initial here: \_\_\_\_\_ )

Applicant hereby certifies that, within the past three (3) years, neither it nor any affiliate has been placed on the convicted vendor list pursuant to section 287.133, F.S., or on the discriminatory vendor list pursuant to section 287.134, F.S., and further certifies that, except as otherwise disclosed and explained in the material included behind Tab 7, neither the Applicant nor its affiliates, directors, officers, or employees have been or are currently under investigation by any governmental authority and have not been convicted or had a civil judgment rendered against them in any jurisdiction for any act involving or relating to a federal, state, local, or other public contract (check one box and initial):

Yes             Yes, with qualification in Tab 5

Does not certify

(initial here: \_\_\_\_\_ )



Applicant understands that all information it provides, and representations it makes, are material and important and will be relied upon by the Department in evaluating the Application, in determining whether to certify the Applicant as a Recipient, and in entering into the Agreement. Applicant understands and agrees that any misstatement shall be treated as fraudulent concealment from the Department of the true facts relating to submission of the Application. A misrepresentation shall be grounds for rejecting the Application and shall be punishable under law, including, but not limited to, Section 817.03 of the Florida Statutes. Applicant hereby certifies that all information included in the Application is true and correct  
(check one box and initial):

Yes             No

(initial here: \_\_\_\_\_ )

If you chose “No”, provide an explanation as to why:

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The undersigned warrants that he or she is duly authorized to submit the Application on behalf of Applicant and to bind Applicant to its terms.

Sincerely,

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(Applicant Name)

By: \_\_\_\_\_  
(Signature)

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(Type or Print Name)

As: \_\_\_\_\_  
(Type or Print Title)