

City of Tampa Entrepreneur Microgrants Program

General Guidelines

This document serves as your initial screening tool and provides the eligibility guidelines for the HUD CDBG-funded Entrepreneur Microgrants. This is an income-based program, and all applicants must meet specific City and federal CDBG requirements and submit all required documentation at the time of application to be considered. Please note that submission of this referral does not guarantee final approval. All referrals must be submitted by September 15, 2026.

Currently Available Microgrants

Grant Type	Award Amount	Business Maturity	Grant Details
BASE	\$1,500	Under 12 Months	The Business Assistance for Startup Establishment (BASE) Grant assists entrepreneurs ignite early-stage ownership.
STEP	\$3,000	12+ Months	The Stabilization and Technical Expansion Program Grant supports long-term stability for established microenterprises.
SCALE	<u>Standard</u> Up to \$10,000 <u>Fresh Food Initiative*</u> Up to \$15,000	Any stage	The Supporting Capital Access for Local Enterprises Grant bridges the gap for entrepreneurs seeking commercial microloans. The grant pays 90% of the owner’s required loan contribution (up to 20% of total loan) and the owner is responsible for the remaining 10% of the contribution. *Businesses improving food access in Low- and Moderate-Income (LMI) neighborhoods.

Use of Funds

Entrepreneur Microgrants provide flexible funding to support small businesses. These funds are specifically designed to help you establish, stabilize, or expand your business. Use the list below to understand how these funds can and cannot be used:

Eligible	Ineligible
<u>Working Capital:</u> Funds for daily operations (i.e. payroll, insurance, and utility payments).	<u>Personal Use:</u> Rent/mortgage for home-based businesses and all personal or household expenses are excluded.
<u>Inventory & Supplies:</u> Purchasing raw materials, stock for resale, or essential business supplies.	<u>Debt Repayment:</u> Repaying existing debt or costs incurred before the grant award.
<u>Equipment & Fixed Assets:</u> Buying machinery, IT hardware, furniture, or specialized tools.	<u>Ineligible Organization Types:</u> Nonprofits or other government organizations.
<u>Rent/Lease Payments:</u> Assistance for commercial locations.	<u>Political/Religious Activities:</u> Funding is prohibited for partisan or sectarian purposes.
<u>Marketing Services:</u> Website design, social media management, and brand development.	<u>Construction/Renovation:</u> Excludes real property improvements as they trigger complex federal labor.
<u>Operational Support:</u> Legal advice, accounting services, and technological upgrades.	

"Cost Reasonableness"

HUD requires proof that the grant isn't overpaying for goods (market value) or paying for ineligible expenses.

- Provide formal quotes or estimates for any eligible expenses at the time of application.
- Proof of payment totaling the grant amount must be submitted within 90 days of receiving the grant funds.

Unique Entity ID (UEI) & Compliance

Registration for a SAM.gov Unique Entity ID (UEI) ("Financial Assistance Awards Only") and verification that the business is not on the federal "Debarred" list. Federal funds cannot be awarded to debarred entities. Registration Link: <https://sam.gov/entity-registration> (select "Financial Assistance Awards Only")

Eligibility Requirements:

Eligibility and other required information must be documented, evaluated and determined prior to receiving an Entrepreneur Microgrant.

Business Size:

- Microenterprise can only have five or fewer employees (full-time equivalents), including the owner(s).
- If there is more than one owner, and each owner is part of a separate family, then each owner must complete a separate application. At least 51% of all owners must be LMI.

Business Location:

- The microenterprise must be located or operate within Tampa city limits. [Click here for the Tampa City Limits interactive map](#). If your business address does not have a 'T' prefix in the city interactive map, you are unfortunately ineligible for this grant program.

Low- and Moderate-Income (LMI) Benefit:

- LMI Limited Clientele: Eligibility is based on the owner(s) annual income. We use HUD's standard 'Part 5' method to calculate your household (family) income. [Click here for the current HUD Income Limits Chart](#) to determine if the LMI income criteria, 80% AMI or below, is met. (*State: Florida | County: Hillsborough*). Please note that source documentation will be required for income and assets at the time of application for compliance.
- LMI Area Benefit: Eligibility is based on the business location and service area. Business must provide goods or services to all residents in a mostly residential area, where at least 51% of the residents are LMI persons. Please contact the City of Tampa's Small Business Navigator to determine if your business meets the Area Benefit eligibility criteria at: www.tampa.gov/SBN

Technical Assistance (TA):

Entrepreneurs must complete TA that supports entrepreneurial success, business sustainability, and produce a business plan or strategy document before receiving a referral from a city-funded organization or approved partner as of July 1, 2025.

Reporting:

- Pre-Award data collected: Demographic information, number of owners, number of FTE employees.
- Post-Award: Applicants must agree to provide proof of use if requested by COT and/or HUD.
- Impact tracking: Complete Impact Tracking Form which collects general business-related follow-up information every six (6) months for up to two (2) years.

Conflict of Interest:

All City of Tampa employees are ineligible for the Microgrant. At the time of application, applicants must disclose if they are a COT employee or have family/business ties to city officials involved in the CDBG program.

Duplication of Benefits:

A duplication of benefits analysis will be conducted to determine if other direct benefit funding related to the microenterprise has been received from Federal, State or Local entities.

City of Tampa Entrepreneur Microgrants Program

Referral Form

Applicant:

Name: _____

Phone: _____ Email: _____

Eligibility to be based on:

Owner's Income (family annual income at or below 80% AMI)

Business Location

Microenterprise:

Business Legal Name: _____

DBA Name (if applicable): _____ UEI Number: _____

Address: _____

Which stage best describes your business? Operational < 12 months Operational ≥ 12 months

Number of business owners: _____ Number of FTE employees: _____

Brief description of the industry they are in: _____

Grant Request & Use:

Select the grant type you wish to apply for: BASE STEP SCALE

Purpose: Establishment Stabilization Expansion

Intended Use: _____

Applicant Certification:

I, the undersigned, certify that the information provided in this referral form is accurate and complete to the best of my knowledge. I authorize the City and its representatives to conduct a review of this information to determine my preliminary eligibility for the CDBG Entrepreneur Microgrant Program.

Applicant signature: _____

Date: _____

Referring Agency Certification

Referring Agency: _____

Has a business plan or strategy document been completed? No Yes, date completed: _____

Specify the TA categories received, the total hours and the date completed:

Business Essentials Hours: _____ Date Completed: _____

Financial & Compliance Hours: _____ Date Completed: _____

Growth & Strategy Hours: _____ Date Completed: _____

Entity Development Hours: _____ Date Completed: _____

Strategic Connections Hours: _____ Date Completed: _____

Investment Opportunities Hours: _____ Date Completed: _____

Financial Resources Hours: _____ Date Completed: _____

Professional Mentoring Hours: _____ Date Completed: _____

Strategic Advice Hours: _____ Date Completed: _____

Sustained Growth Hours: _____ Date Completed: _____

Other (please specify below) Hours: _____ Date Completed: _____

Total TA hours completed: _____

I, the undersigned, certify that this applicant has successfully completed technical assistance services through our agency in accordance with the requirements effective July 1, 2025.

Signature of Authorized Representative: _____

Date: _____

Printed Name: _____

Title: _____