



2020 Best of Cooper City Cooper City CARES Small Business Support Program

Rules & Guidelines

Benefits of Program: The purpose of this program is to support small businesses by encouraging patronage through the underwriting of a \$30 discount to be used at each participating establishment. Businesses that participate in this program will also be promoted through the City's social media, website and email communications.

Registration: Participation is limited to Cooper City Small Businesses only. Proof of business location and copy of a current LBTR is required. Complete registration forms must be submitted by **FRIDAY, OCTOBER 16TH, 2020 5:00pm**. Applications may be turned in to the City Clerk's Office Monday-Friday 8:00am-5:00pm 9090 SW 50th Place, Cooper City, FL 33328.

Eligibility: This program is Cooper City Small Businesses with 30 or fewer employees. Businesses agreeing to participate in the program will honor City Distributed Coupons for \$30 off a product or service. Coupons must be redeemed during the program period, from November 1st - 15th to be eligible for reimbursement through the program.

Coupon Usage: Coupons are valued at \$30 each. Multiple coupons may not be used on the same transaction and are not redeemable for cash. Coupons may be used during the program period November 1st - 15th. Businesses must keep the redeemed coupons to turn in with the completed check request form and applicable transaction receipts. Businesses approved to participate in the program will receive coupons to distribute to their customers between October 26th and October 31st.

Reimbursement: In order to be reimbursed, a completed check request form must be submitted with each redeemed coupon and the applicable individual receipt stapled. Coupons without receipts attached to them will not be eligible for reimbursement. Reimbursement forms will be accepted no later than November 20th at 5:00pm. Checks will be issued no later than December 10th.



2020 Best of Cooper City Cooper City CARES Small Business Support Program APPLICATION

Name of Business: _____

Address: _____

Hours of Operation: _____

Phone Number: _____ # of Employees: _____

Contact Person: _____

Email: _____

Please attach a copy of your Cooper City Business Tax and W-9.

Waiver of Liability

As a participant in the City of Cooper City (the "City") Small Business Support Program (the "Program"), I hereby voluntarily assume the risk of any and all loss (including, but not limited, to financial loss), injury or damage to myself or my property which in any way arises out of my participation in the Program; or in which said loss, injury or damage is sustained while participating in the Program. Further, I do hereby hold the City, its agents, servants, officers and employees, harmless and waive any claim against the City and its agents, servants, officers and employees, arising from said loss, injury or damage and do covenant not to sue City or its agents, servants, officers and employees, thereon, regardless of whether such loss, injury or damage is caused in whole or in part by the negligence of City or by the negligence of the agents, servants, officers or employees of the City.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Participant Signature: _____ Name (Print): _____

Witnessed By: _____

Print/Electronic Media Release

I hereby give my permission to the City of Cooper City to take, use and display photographic or digital images of me or my child, which may be posted on the City's Internet website or forwarded to newspapers and other publications in which the photograph or digital image would be associated with the City of Cooper City, Florida.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Participant/Parent/Guardian Signature: _____ Witnessed By: _____

Official Use Only

- Form is complete, signed and witnessed.
- Confirm Business Location (Cooper City LBTR). Confirm that address and phone numbers are correct.

Employee Name: _____ Date: _____



**2020 Best of Cooper City
Cooper City CARES
Small Business Support Program
Check Request Form**

*To be turned in to City Clerk's office
9090 SW 50th Place, Cooper City, FL 33328
November 16th - 20th by 5:00pm*

Name of Business: _____

Mailing Address: _____

Phone Number: _____

of Coupons Turning in: _____ X \$30.00 = _____
(Total reimbursement amount)

All Coupons Attached

Receipts Attached for each Coupon

Reimbursement: To be reimbursed, a completed check request form must be turned in along with each coupon and individual receipt stapled to each coupon. Coupons without receipts attached to them will not be eligible for reimbursement. Reimbursement forms will be accepted no later than November 20th at 5:00pm. Checks will be issued no later than December 10th.

I understand that reimbursement of this incentive comes from the City of Cooper City courtesy of the CARES Act funding. I affirm that I have honored each coupon received and submitted.

I am requesting reimbursement for only the discounts that I have issued in conjunction with the 2020 Best of Cooper City, Cooper City CARES Small Business Support Program by the November 20th deadline, consistent with the parameters of the program as set forth by the Cooper City CARES Act Small Business Task Force and agreed upon by submission of my application to the program.

Print Name

Signature

