

## **United City of Yorkville COVID Grant Application**

This application is for businesses to apply for COVID relief grants. Businesses are eligible, based on need, to apply for up to \$20,000 in grants in the following categories:

- Rental Assistance (\$5,000 max)
- Restart grants (\$5,000 max)
- Restaurant Operations Grant (\$5,000 max)
- Business support grant (\$10,000 max)

Applications will be accepted from Thursday, December 10 through 4:30 p.m. Wednesday, December 23. Applications will be processed based on their ability to meet the grant criteria and the availability of grant funds. Only complete applications will be processed.

The grant funds are provided through the Local CURE Economic Support program. Applicants must meet the criteria set forth by the Department of Commerce and Economic Opportunity in order to be eligible.

Business types excluded from this program based on DCEO requirements are:

- a private club or business that limits membership for reasons other than capacity;
- a government-owned business entity (except for businesses owned or controlled by a Native American tribe);
- a business that derives at least 33% of its gross annual revenue from legal gambling activities, unless, subject to the Department's approval, the business is a restaurant with gaming terminals;
- a business engaged in pyramid sales, in which a participant's primary incentive is based on the sales made by an ever-increasing number of participants; and
- payday lenders

Businesses are ineligible for funding through this program if it:

- is delinquent on payment of any State of Illinois tax obligation;
- is engaged in a business that is unlawful under Illinois or federal law;
- has already received assistance, or notice of award of assistance, under the BIG Program;
- is on the federal System for Award Management excluded parties list; or
- does not meet any other eligibility criteria within this application.

The City reserves the right to request additional information and documentation from applicants to complete the grant review.

Completing this application does not guarantee an award, and the City reserves the right to reject any and all applicants.

To submit your application or if you have further questions or concerns, please contact Erin Willrett, Administrator for the United City of Yorkville, at <a href="mailto:ewillrett@yorkville.il.us">ewillrett@yorkville.il.us</a>.

Please email all applications and supplemental information to Erin Willrett at ewillrett@yorkville.il.us.

Please read through the terms and conditions prior to submitting an application.

| <b>Basic Information</b>  |   |                   |
|---|---|-------------------|
| Business Name: *  |   |                   |
| Address: *  |   |                   |
| City <b>Business Phone:</b> *   | State Business Website:   | Zip Code          |
| Applicant Name: *   |   |                   |
| Relationship to the business: *   | First   | Last              |
| Primary Contact Email: *  | Primary Cont  | act Phone: *      |
| What is your key business activ<br>Consider what products you offer<br>consist of, etc. | rity: *<br>; who your customers are, what your day-to   | o-day operations  |
|   |   |                   |
| Beginning the process of opening  | peginning the process of opening prior to must be supported by a rental agreement, but the business had and emic. | building permits, |

No

Number of years the business or business location has been operating:  $\ast$ 

Yes

Years

2

| Program | Elig | ibi | lity |
|---------|------|-----|------|
|         |      |     |      |

Applicants must meet certain eligibility established by the Department of Commerce and Economic Opportunity.

| Are you a private club or k                            | ousiness that limits | membership for reasons other than capacity?               |
|--|----------------------|---|
| Yes  | No                   |   |
| Are you a government-own                               | ned business entity  | ?   |
| Yes  | No                   |   |
| Do you derive at least 33%                             | of your gross ann    | ual revenues from legal gambling activities?              |
| Yes  | No                   |   |
| Is your business engaged in sales made by an ever-incr |                      | which the primary incentive is based on the participants? |
| Yes  | No                   |   |
| Are you delinquent on pay                              | ment of any State    | of Illinois tax obligation?                               |
| Yes  | No                   |   |
| Is your business on the Fed                            | deral System for A   | ward Management excluded parties list?                    |
| Yes  | No                   |   |
| <b>Business Formation an</b>                           | d Ownership In       | terest  |
| Nature of the business (che                            | eck one):            |   |
| Natural Person / Sole                                  | e Proprietorship     | Limited Liability Company                                 |
| Joint Venture  |                      | Corporation   |
| Partnership  |                      | Other:  |
| <b>Business EIN *</b>                                  |                      |   |

### **Disclosure of Ownership Interest**

If the Business is anything other than a natural person/sole proprietorship, please identify by name and address each person or entity that is a 5% owner/shareholder of the Business in the case of corporations, limited liability companies, partnerships, and other similar entities; a joint venturer in the case of a joint venture; or who otherwise has any proprietary interest, interest in profits and losses, or other right to control the Business in any way.

| First and Last Name | Address | Interest |
|---------------------|---------|----------|
|                     |         |          |
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|                     |         |          |
|                     |         |          |

Prior to 3/13/2020 what was the total number of employees at this location? \*

**Employees** 

Number of full-time equivalents prior to 3/13/2020? \*

Employees

Prior to 3/13/2020, what were your hours and days of business operation? \*

## **Impact of COVID-19**

Briefly explain the impact of COVID-19 to your business: \*

*Include any applicable reduction in hours, lost inventory, reduced employee hours, lay-offs, etc.* 

What is the current number of employees at this location? \*

**Employees** 

How many full-time equivalents does this location currently employ? \*

**Employees** 

### After 3/13/2020, what were your hours and days of business operation? \*

### Have you applied for financial assistance from any other programs? \*

Note which Federal, State, local, or other financial assistance programs to which you have already applied. Select from the drop-down menu. If you selected Other, please enter the grant name in the box.

| Yes     | No |         |              |                 |
|---------|----|---------|--------------|-----------------|
|         |    |         | Received     |                 |
| Program |    | Applied | <b>Funds</b> | Total Granted * |
|         |    |         |              |                 |
|         |    |         |              |                 |
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|         |    |         |              |                 |

If you have been approved for financial assistance from Federal, State or other sources, explain how each source has been used: \*

### **United City of Yorkville COVID Grant**

Please read through the terms and conditions of each applicable grant prior to submitting an application.

### **Rent Assistance Grant Terms and Conditions**

This program is designed to assist small businesses struggling to pay rent because of a temporary business closure or because of substantially reduced revenue due to the COVID-19 pandemic.

- Eligible businesses may apply for up to 50% of two months of lease payments, or up to \$5,000, whichever is less; or, 50% of one month of lease payments, up to \$2,500, whichever is less
- The loan is retroactive to rent costs from March 13 through December 30, 2020.
- Applicants must have entered into the lease agreement prior to March 13th, 2020

### Applicants must provide:

- A signed "Landlord Certification" that states the applicant is in good standing and held a lease during the period for which grant funding is requested.
- Evidence of reduced hours or business closure due to the pandemic
- Evidence that the business can pay the remainder of the rent payment owed
- Required Certification and Signature for all parties with an ownership interest in the business exceeding 20%

### **Restart Grant Terms and Conditions**

This program is designed to assist small businesses re-open or ramp-up business operations after a temporary closure or substantially reduced hours due to the COVID-19 pandemic.

The grant provides up to \$5,000 in working capital for costs that allowed the business to re-open, such as purchase of inventory, early payroll costs, business improvements necessary for compliance with DCEO guidelines, marketing expenditures related to reopening, etc.

The grant may not be used for capital costs, such as the purchase of equipment or improvements to the business's location beyond those required for DCEO COVID mitigation guidelines.

The grant is eligible to reimburse expenditures made between March 1 and December 30, 2020.

In order to be eligible, applicants must:

- Be in good standing with the City.
- Have been in operation or in the process of formally opening a business as demonstrated by rent agreement, building permits or similar, prior to March 1, 2020.
- Demonstrate reduced hours or closure due to the pandemic, beginning on March 13th
- Provide detailed list of costs incurred for which the grant will be used.
- Provide a narrative what was necessary to restart business after the quarantine period and how it has adapted since.
- Required Certification and Signature for all parties with an ownership interest in the business exceeding 20%.

### **Restaurant Operations Grant Terms and Conditions**

This program is designed to assist restaurants who have incurred additional costs associated with continuing operations in compliance with DCEO and IDPH guidance.

The grant provides up to \$5,000 in reimbursements for costs that include expanding outdoor dining, establishing carry-out procedures, certain marketing expenditures, investments necessary for contactless ordering, increased costs of carryout supplies and similar items.

The grant may not be used for capital costs, such as the purchase of equipment or improvements to the business's location beyond those required for DCEO COVID mitigation guidelines.

The grant is eligible to reimburse expenditures made between March 1 and December 30, 2020.

In order to be eligible, applicants must:

- Be in good standing with the City.
- Have been in operation or in the process of formally opening a business as demonstrated by rent agreement, building permits or similar, prior to March 1, 2020.
- Demonstrate reduced hours or closure due to the pandemic.
- Provide detailed list of costs incurred for which the grant will be used.
- Provide a narrative what was necessary to adapt to COVID mitigation measures related to the restaurant industry.
- Required Certification and Signature for all parties with an ownership interest in the business exceeding 20%.

### **Business Support Grant Terms and Conditions**

This program is designed to support businesses whose revenues have been impacted by COVID-19, especially those caused by business closure or reduced operations.

The grant provides up to \$10,000 to replace lost revenues not otherwise offset by the grants provided above. The funds received from this program must be used to support continued operations, employment of personnel, used to pay off lines of credit utilized as a result of the pandemic, or otherwise reinvested into the business. Priority for this funding will be given to businesses independently owned and operated, and that meet the SBA criteria for small business.

The grant may not be used for capital costs, such as the purchase of equipment or improvements to the business's location beyond those required for DCEO COVID mitigation guidelines.

The grant is eligible to reimburse expenditures made between March 1 and December 30, 2020.

In order to be eligible, applicants must:

- Be in good standing with the City.
- Have been in operation or in the process of formally opening a business as demonstrated by rent agreement, building permits or similar, prior to March 1, 2020.
- Demonstrate reduced hours or closure due to the pandemic.

- Demonstrate lost revenue and one year of revenue projections.
- Provide detailed list of costs incurred for which the grant will be used.
- Provide a narrative how the business was impacted by the pandemic and associated closures.
- Required Certification and Signature for all parties with an ownership interest in the business exceeding 20%.

### For which type(s) of City grant are you applying? (select all that apply) \*

Total funding request cannot exceed \$20,000. Please check each of the programs for which you intend to apply for funds.

Applicants are only required to submit applications and supporting documentation for the grants to which they are applying.

- Rent Assistance Grant
- Restart Grant
- Restaurant Operations Grant
- Business Support Grant

## **Rent Assistance Grant Application**

Note, all Rent Assistance Grant applications are required to submit a completed Landlord Certification form (attached) with application.

| Certification form (atte  | ichea) wiin application.   |
|---|--|
| Rental Assistance Gra   | ant requested, up to \$5,000.  |
| What is your current that you do not need t   | monthly rent after deducting rent credits offered by your landlord to repay?   |
| If awarded the grant,   | how will you meet the remainder of your monthly lease payments?  |
|   |  |
| COVID-19 restriction<br>Explain how you will n<br>narrative should accommeeting the obligations | neet existing operational costs and ongoing debt obligations. This npany the Operational Projection Form, which includes the cost of |
|   |  |
|   |  |
| Have you attached a   | completed copy of the required Landlord Certification Form? *  |
| Yes   | No   |

|  | Landlord Certification          | ation Letter                 |                     |  |
|--|---------------------------------|------------------------------|---------------------|--|
| I,, ce   | ertify that(business)           | is a tenant at the pr        | operty located at   |  |
|  | in which I have a<br>(full/par. | ownership interest.          | is                  |  |
| (address)  | (full/par                       | tial)                        | (Name of applicant) |  |
| a primary or frequent contact w  | ith whom I have discussed ma    | atters related to the busine | ess's tenancy. With |  |
| the exception of any delays or delinquencies caused by the COVID-19 crisis, applicant has a demonstrated pattern of fully paying rent on time. The applicant is otherwise in good standing per the terms of the lease, which has a term that expires  I certify that my answers are true and complete to the best of my knowledge. |                                 |                              |                     |  |
| Printed name:  |                                 |                              |                     |  |
| Signature:   |                                 |                              |                     |  |
| Date:  |                                 |                              |                     |  |

## **Restart Grant Application**

Note, all Restart Grant applications are required to submit a completed Restart Loan Cost Detail form (attached) with application.

| Restart grant amount requested, up to \$5,000. *  Please outline below how your business operations needed to be modified to comply with COVID-19 mitigation protocols. |  |  |  |
|---|--|--|--|
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|   |  |  |  |
| Have you attached a completed copy of the Restart Loan Costs Detail? *  |  |  |  |

No

Yes

## **Restaurant Operations Grant Application**

Note, all Restaurant Operations Grant applications are required to submit a completed Restaurant Operations Cost Detail form (attached) with application.

| Restaurant Operations grant amount requested, up to \$5,000.   |  |  |
|--|--|--|
| Please explain what costs were incurred for the restaurant operations in order to comply with DCEO requirements. |  |  |
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|  |  |  |
|  |  |  |
| Have you attached a completed conv of the Restaurant Operations Costs Detail? *                                  |  |  |

Yes No

## **Business Support Grant Application**

Note, all Restart Grant applications are required to submit a completed Restart Loan Cost Detail form (attached) with application.

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|--------|----------|------------|----------|------------|------------|----------|
| Please | describe | the impact | of COVID | -19 on vou | r business | revenue. |

Business Support Grant amount requested, up to \$10,000.

### Please attach documentation to support loss of revenue.

Evidence of lost revenue may include canceled contracts, profit and loss statements, or other applicable documentation.

### Have you attached all applicable documentation of lost revenue?

Yes No I have no supporting documents

## **Applicant Certification and Signature**

#### I represent that:

- (1) I am not barred from doing business with local, state, or federal agencies, either in my name or in the name of any business entity;
- (2) I have not been charged with any local, state, or federal crimes involving dishonesty, including but not limited to, theft, embezzlement, or fraud;
- (3) I am not engaged in any activity that is illegal under local, state, or federal law;
- (4) I am currently in compliance with all required City licenses, registrations, payments owed, and code provisions of the City (unless otherwise temporarily allowed by the City Mayor's executive orders);
- (5) I am a citizen or permanent resident of the United States of America;
- (6) All funds received through the COVID Grant programs will be used exclusively for the business-related purposes set forth in this application;
- (7) The Agent is duly authorized to execute and file this Application, thereby binding the Applicant as set forth herein;
- (8) The Applicant is a business that is registered, and in good standing with and authorized to do business in the State of Illinois; and,

**I authorize** the United City of Yorkville and its agents to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for the COVID Grant programs.

### I certify that:

- (1) I understand and agree that financial records submitted pursuant to this application may be subject to release per the Illinois Freedom of Information Act (5 ILCS 140/1 et seq.). I have clearly marked any information contained within this application that I believe is exempt from disclosure as a "trade secret" pursuant to Section 7(g) of the FOIA. (The Village will redact any "personal information" as authorized by Section 7c of the FOIA before releasing documents requested through the FOIA).
- (2) I certify that all information submitted in and with this application is true and complete to the best of my knowledge, including my representations and authorizations above.

(3) I understand that completing this application does not guarantee an award and that the United City of Yorkville reserves the right to reject any and all applicants.

Prior to distribution of grant funds that may be approved, the owner(s) and/or authorized representative(s) will be required to complete the United City of Yorkville COVID Business Grant Program agreement. Failure to enter into an agreement will make the business ineligible for the grant funds.

# Please review the United City of Yorkville Business Grant Program Agreement before signing.

If there are other persons which own at least 20% of the applicant business, they must all sign and submit the applicant certification and signature form.

| Applicant Signature | Date |
|---------------------|------|
| Applicant Signature | Date |
| Applicant Signature | Date |
| Applicant Signature | Date |