



City of Washington Business Sustainability Grant Program

In response to the Coronavirus Disease 2019 (COVID-19) pandemic, the City of Washington has partnered with the State of Illinois Department of Commerce and Economic Opportunity to create the Business Sustainability Grant Program to assist impacted business owners who operate particular commercial businesses within the boundaries of the City of Washington.

Grant awards are offered as a reimbursement in an amount not to exceed \$5,000.00 of total verified eligible commercial expenses for lease, mortgage, or utility payments incurred on or from March 1, 2020 – November 30, 2020. Applicants must demonstrate a decrease of 25% in sales or receipts compared to 2019 for the month(s) submitted for reimbursement.

All applications are reviewed by the City on a first-come, first-served basis and approved subject to the availability of funds as authorized by the Department of Commerce and Economic Opportunity **through December 23, 2020.**

All required information to verify eligibility must be submitted to the City of Washington with the grant application.

For more information, please contact Jon Oliphant, Planning & Development Director, at 309-444-1135 or joliphant@ci.washington.il.us.

The immediate goal of the **Washington Business Sustainability Grant Program** (the “Program”) is to provide economic support to impacted business owners located within the City of Washington. To be funded, impacted business owners must have an approved application and have signed the Application Certification Agreement.

The grant application includes a repayment obligation if businesses are found to be ineligible for funds.

Applications for the Program will be accepted through December 23, 2020, or until funding is exhausted.

The Program uses funding from the Department of Commerce and Economic Opportunity’s Economic Support Payments Grant Program to provide support to impacted business owners who have suffered from economic loss and hardship. All impacted business owners are invited to apply for a Program grant at the rate of one (1) grant per impacted business owner subject to verification of eligible commercial expenses, availability of funds, and approval of the City. Each grant awarded to an impacted business owner through application to the grant program shall be on a first-come, first served basis, and limited to a single, lump-sum maximum reimbursement of up to Five-Thousand and 00/100 Dollars (\$5,000.00) of eligible commercial expenses on or from March 1, 2020—November 30, 2020.

Expenses previously reimbursed by any other emergency reimbursement program will be ineligible.

Definition of Terms

Impacted Business Owner: A commercial business owner operating an eligible business demonstrating economic loss and hardship attributable to COVID-19 who had occupied a site and commenced commercial activities on or before December 31, 2019.

Eligible business: A legal bakery, bar, caterer, or restaurant business enterprise licensed by the State of Illinois eligible for financial assistance under DCEO’s Local Cure Economic Support Program Grant Program, section 601(a) of the Social Security Act as added by section 5001 of the CARES Act, or other federal legislation addressing the COVID-19 emergency. These businesses will be identified by SIC Codes of 5461 (“Retail Bakeries”), 5812 (“Eating Places”), 5813 (“Drinking Places”), or 5999 (“Miscellaneous Retail Stores”). *Please note: Private clubs or businesses that restrict membership; government-owned businesses, except those owned by a Native American tribe; businesses that derive more than 33% of their gross annual revenue from gambling activities (except restaurants with gaming terminals that are approved by DCEO); businesses engaged in pyramid sales; and payday lenders are not eligible businesses under the program regulations.*

Economic loss and hardship: A decrease in monthly sales or receipts of at least 25% when compared to the same month(s) in 2019.

Eligible commercial expenses: Lease, mortgage, or utility payments for a commercial location within the boundaries of the City of Washington incurred on or from March 1, 2020–November 30, 2020. Expenses previously reimbursed by CARES funding, Local CURES funding, City funding, or any other emergency response program are not eligible for reimbursement.

Utility: Water, electric, gas, waste disposal, sanitation, telephone, and/or internet services.

The application procedure is as follows:

1. Complete the Program application, including all required attachments or supplemental information, and submit to City Hall or via the City website (www.ci.washington.il.us). Should City Hall continue to be closed to the general public as a result of COVID-19, applications and supporting information should be placed in an envelope and dropped off in the water drop-off box on the west side of the building. All applications will be reviewed and approved or denied by consent of the City of Washington staff, which shall constitute City Council approval.
2. Applicants must provide documentation of all expenses requested for reimbursement. Charges must be incurred on or from March 1, 2020—November 30, 2020. Requests for lease reimbursements must be accompanied by a written lease agreement. Requests for mortgage reimbursements must be accompanied by a copy of the mortgage statement from the financial institution holding the mortgage lien. Requests for utility reimbursements must include all invoices for the original charges.
3. Applicants must provide proof of payment for all requested reimbursements. Proof of payment includes copies of cancelled checks, copies of bank statements, and copies of credit card statements.
4. Applicants must include a current copy of their State of Illinois business registration/IBT Number. [NOTE: Not all businesses require a license issued by the State of Illinois. However, any business that issues payroll checks to employees must register with the Illinois Department of Revenue for an Illinois Business Tax Number (“IBT” No.).]
5. Applicants must provide proof of tax filings and payments for the preceding 12 months.
6. Applicants must provide a profit and loss, or other accounting statement, showing a decrease in revenues of at least 25% from 2019 to 2020 for any month(s) reimbursements are requested.
7. Applicants must sign and return a copy of the City’s Applicant Certification.
8. The impacted business owner’s business location must be located at an address within the boundaries of the City of Washington.
9. The impacted business owner’s commercial activities must have been in operation as of December 31, 2019, at a location within the City of Washington.
10. The grant award shall be paid to the impacted business owner by the City within no later than January 31, 2021, following verification of the application and eligible project costs.
11. The impacted business must not be on the System for Award Management excluded parties list.
12. If the City rejects an application, a written explanation will be provided to the applicant. The applicant may then revise and resubmit the application for a second review.

Application**All fields must be completed.**

Business Name: _____

Business Owner(s) Name(s): _____

Business Site Address: _____

Business Mailing Address: _____

Daytime Business Phone: _____ Cell Phone: _____

Email Address: _____

Preferred contact method for questions about this application (select one):

☐ Business phone☐ Cell phone☐ Email

Property Tax ID # _____ FEIN: _____

Type of Business (select one) ☐ Bakery ☐ Bar ☐ Caterer ☐ Restaurant**Requested reimbursements:**☐ Lease Payment(s) \$ _____

Monthly Lease Payment: \$ _____ Month(s) covered: _____

☐ Mortgage Payment(s) \$ _____

Monthly Lease Payment: \$ _____ Month(s) covered: _____

☐ Utility Payment(s) \$ _____☐ Gas \$ _____ Month(s) covered: _____☐ Electric \$ _____ Month(s) covered: _____☐ Water \$ _____ Month(s) covered: _____☐ Telephone \$ _____ Month(s) covered: _____☐ Internet \$ _____ Month(s) covered: _____☐ Waste Disposal \$ _____ Month(s) covered: _____☐ Sanitation \$ _____ Month(s) covered: _____**Total Amount of Grant Request: \$ _____****NOTE: All grant awards are limited to \$5,000 of total verified eligible commercial expenses incurred by the impacted business owner from March 1, 2020–November 30, 2020.**All grants awarded through the **Washington Business Sustainability Grant Program** (the “Program”) shall be for eligible commercial expenses during month(s) of documented economic loss and hardship on or from March 1, 2020—

November 30, 2020. Grants are approved and paid on a *first-come, first-served* basis, subject to the availability of funds and the approval of the City through December 23, 2020.

Please read the following requirements carefully.

ADDITIONAL REQUIREMENTS:

1. Only site addresses that are occupied and operated by the impacted business owner located within the City of Washington are eligible for the Program. Site eligibility may be confirmed by contacting the City of Washington.
2. Impacted business owners may only receive Program grants one time for eligible commercial expenses incurred for the site on or from March 1, 2020—November 30, 2020.
3. The maximum Program grant amount for each business site approved for the Program shall not exceed the total verified eligible costs up to a total of Five-Thousand and 00/100 Dollars (\$5,000.00) per impacted business owner as identified by the Federal Employer Identification Number.
4. Impacted business owners applying for lease reimbursement(s) must, in advance of receiving Program grant funds: a) provide a copy of a written lease in effect for reimbursement month(s), b) submit proof of payment of the amount owed to the site's Landlord for each month for which the applicant is seeking reimbursement of lease payments in an amount equal to or greater than the grant amount approved for the impacted business owner by the City; and c) verify the impacted business owner does not owe any outstanding debts or fines payable to the City of Washington, the State of Illinois, or any other local, state, or federal agency.
5. Impacted business owners applying for mortgage reimbursement(s) must, in advance of receiving Program grant funds: a) provide a copy of a written mortgage statement(s) from the financial institution which holds the site's mortgage lien from the reimbursement month(s), b) submit proof of payment of the amount owed to the mortgage lien holder for each month for which the applicant is seeking reimbursement of mortgage payments in an amount equal to or greater than the grant amount approved for the impacted business owner by the City; and c) verify the impacted business owner does not owe any outstanding debts or fines payable to the City of Washington, the State of Illinois, or any other local, state, or federal agency.
6. Impacted business owners applying for utility reimbursement(s) must, in advance of receiving Program grant funds: a) provide a copy of a written utility billings from the reimbursement month(s), b) submit proof of payment of the amount owed to the utility company for each month for which the applicant is seeking reimbursement of utility payments in an amount equal to or greater than the grant amount approved for the impacted business owner by the City; and c) verify the impacted business owner does not owe any outstanding debts or fines payable to the City of Washington, the State of Illinois, or any other local, state, or federal agency.
7. All Program grants awarded through the Program shall be paid to the impacted business owner for the specified site address by the City of Washington no later than January 31, 2021, following grant approval.
8. The City's obligation hereunder to award Program grant funds for eligible commercial expenses is a limited obligation to be paid solely based on awarded funding from the DCEO Economic Support Payments Grant Program and is subject to the availability of such funds.
9. All impacted business owners receiving Program grant funds must be in compliance with all City Codes, State laws, and State funding requirements.
10. The City of Washington reserves the right to approve Program grant funds only to those impacted business owners engaged in commercial activities found by the City to be compliant with the requirements of this Program. The rights and obligations of the impacted business owner under this Program application shall not be assignable.

Applicant Certification

The undersigned, individually and on behalf of the business entity for which this application is submitted ("Applicant"), hereby acknowledges and accepts all of the terms and conditions provided for herein, and further certifies and warrants that to the best of his/her knowledge, the information contained in and attached to this Application is true, correct and complete and the business for which this application is submitted was open and operating as of December 31, 2019. Nothing contained in this Application shall be construed by the City or the impacted business owner or any third person to create the relationship of a partnership, agency, or joint venture between the City and the Applicant. The City is authorized to make all the inquiries deemed necessary to verify the accuracy of the information contained herein. Additionally, Applicant agrees that in the event funds are provided pursuant to this Application, the City or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. I certify that the funding will be used for business purposes only and not for household, personal, or consumer usage. I hereby certify that I have read the eligibility requirements, that the business identified below is eligible for the grant and that I will fully comply with all grant requirements as stated in the Local CURE Program (14 Ill. Adm. Code 700.10 through 700.110 and 20 ILCS 605/605-1045), the CARES Act (15 U.S.C. § 9001 *et seq.*) and the related guidance published by the U.S. Department of the Treasury. I understand that I may be asked to provide additional information in order to process this Application. I understand that eligibility does not guarantee aid, and that funding is limited. I understand that any willful misrepresentation on this statement could result in disqualification from program funding. I certify any funds requested/received will not be a duplication of benefits. I certify I have not received any public sources of funds to cover expenses for which I am requesting funds. The Applicant hereby acknowledges that, in executing this Application, the Applicant has had the opportunity to seek the advice of independent legal counsel and has read and understood all the terms and provisions of the Program. Subject to City approval (*Appendix A*), this Program Application shall become a binding Agreement. The undersigned hereby warrants that he/she has full authority to execute this Application on behalf of the entity for which they are signing.

Prior to submittal, please verify that the following documents are available and included with the application:

State business license:	yes	no	n/a	Copy of lease:	yes	no	n/a
FEIN verified as valid:	yes	no		Copy of lease payments:	yes	no	n/a
Tax filings included:	yes	no		Copy of mortgage:	yes	no	n/a
Profit/Loss statement certifying a decrease in revenues of at least 25% from 2019-2020:	yes	no		Copy of mortgage payments:	yes	no	n/a
				Copy of utility bills:	yes	no	n/a
				Copy of utility bill payments:	yes	no	n/a

Applicant Signature: _____ Date: _____

Print Name: _____ Title: _____

Entity/Business Name: _____

Privacy Protection Assertion:

_____ Check here if you assert the following: "Pursuant to Section 7(g) of the Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)). I hereby assert that the following information submitted with this application constitutes commercial or financial information that I am filing under a claim that this information is proprietary, privileged or confidential and that disclosure of such information would cause competitive hardship to my business." This assertion applies to:

Please note: Signatures, Federal Employer ID Numbers or Social Security Numbers, tax return information, direct deposit routing numbers, signed W-9s and copies of driver's licenses and IDs are not subject to Disclosure under the Illinois Freedom of Information Act.

Continue to page 7 to submit the application.

GRANT AWARD COMPLIANCE

As a subrecipient and recipient of a grant award, you must remain in compliance with the terms and certifications set forth below. Please review the below items carefully, as your business and its representatives shall warrant that all material facts presented are accurate. If your business is unable to provide this assurance, it is ineligible to receive an Award under this Program.

1. I shall use the subaward for eligible losses exclusively for costs and losses incurred due to the business interruption or other adverse conditions caused by the Coronavirus Disease 2019 (COVID-19) pandemic, as established by the Department and the U.S. Department of the Treasury and further detailed by the City's program.
2. I will comply with all relevant laws and regulations concerning non-discrimination.
3. I will not pay appropriated funds to any person for influencing or attempting to influence an officer or employee of federal, State or local government, or an employee of a member of any federal, State or local government in connection with the awarding of any State and federal contract, the making of any State and federal grant, the making of any State and federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any State and federal contract, grant, loan or cooperative agreement.
4. I will prohibit employees, contractors, and subcontractors from using their positions for a purpose that constitutes or presents an appearance of personal or organizational conflict of interests or personal gain.
5. I will take all practical steps to remain viable, solvent, and in operation. Additionally, the subrecipient attests that the subrecipient has not taken any material steps to dissolve the subrecipient, permanently cease operations, or sell substantially all of its assets in 2020.
6. I will hold harmless the United States, State of Illinois, City of Washington and all their agents and employees, from and against all claims, damages, losses, and expenses arising out of or resulting from the approval of work, regardless whether such claim, damage, loss or expense is entirely or in part by these agencies. I understand that the release of all information by the Department and the Grantee, in any manner, is hereby authorized whether such information is of record, and I hereby release all persons, agencies, firms, companies, and entities, from any damages resulting from such information.
7. I acknowledge the Illinois False Claims Act (740 ILCS 175/1, et seq.) applies to this certification, and any false claims or representations made by the subrecipient or its authorized representative in connection with the Program may subject the subrecipient or its authorized representative to liability under the Illinois False Claims Act and other applicable law.
8. I shall maintain for five (5) years from the date of submission of the final expenditure report, adequate books, all financial records and, supporting documents, statistical records, and all other records pertinent to this Award, adequate to comply with guidance provided by the U.S. Department of the Treasury labeled "Memorandum for Coronavirus Relief Fund Recipients" dated July 2, 2020, and the minimum requirements of 2 CFR 200.333. If any litigation, claim or audit is started before the expiration of the retention period, the records must be retained until all litigation, claims or audit exceptions involving the records have been resolved and final action taken.

As a subrecipient of grant funds, I certify and agree to all the statements checked above.

Printed Name: _____ Date: _____

Signature: _____

APPENDIX A
City of Washington
Business Sustainability Grant Program

(For Use by the City of Washington, Illinois)

Business Name: _____

Business Site Address: _____

Business Mailing Address: _____

Contact info: _____

Date application received by the City of Washington: ____ / ____ / 2020 by _____

Admin:

Application signed: ☐ yes ☐ no
 Certification signed: ☐ yes ☐ no
 State business license: ☐ yes ☐ no
 FEIN verified as valid: ☐ yes ☐ no
 Tax filings included: ☐ yes ☐ no
 Copy of lease: ☐ yes ☐ no
 Copy of mortgage: ☐ yes ☐ no
 Copy of utility bills: ☐ yes ☐ no
 Eligible business: ☐ yes ☐ no

Finance:

Tax filings paid: ☐ yes ☐ no
 Verified did not receive BIG funding: ☐ yes ☐ no
 Verified did not receive other funding: ☐ yes ☐ no
 Verified costs not reimbursed by City: ☐ yes ☐ no
 Verified revenue decrease of at least 25%: ☐ yes ☐ no
 Verified applicable bills: ☐ yes ☐ no
 Verified proof of payment of all requests: ☐ yes ☐ no
 Verified grant total: ☐ yes ☐ no

Request Verified as Eligible Commercial Expense: ☐ Yes ☐ No (reason: _____)

Recommended by City Staff: ☐ Yes, date: ____ / ____ / 2020 ☐ No (reason: _____)

Grant approved by City: ☐ Yes _____ ☐ No (reason: *see attached letter of denial*)

APPROVED: _____ Date ____ / ____ / 2020

Planning & Development Director, City of Washington

ATTEST: _____ Date: ____ / ____ / 2020

City Clerk, City of Washington

GRANT AWARD AMOUNT: \$ _____

City grant payment issued to applicant on ____ / ____ / 2020

Check No. _____