

RECOVERY FASTER

BUSINESS RECOVERY - GRANT PROGRAM PROGRAM DESCRIPTION

Our Business Recovery Grant Program provides reimbursement grants for businesses negatively impacted by COVID. Business may apply for grants in three strategic areas: sustainability, capacity building, and transformation. Key elements include:

- Maximum grant up to \$15,000 for businesses (hotels up to \$25,000) per round (total 2 rounds).
- Grants of \$5,000 each for sustainability, capacity building, and transformation.
- Grants limited to limited to a) revenue loss, b) three months of costs, or c) maximum grant.
- “Qualified Business” must meet the “eligibility criteria” (see below).

To be eligible for this grant business must meet the following criteria:

- a. Located in the City of Peoria,
- b. Demonstrate a revenue loss from 2019 to 2020, due to COVID-19,
- c. Prove “eligible expenditures” (3 to 6 consecutive months) between March 1 to Dec 30, not to include expenses previously covered by grants/loans (PPP, EIDL, CDBG, EDA, etc)
- d. Not have received a Business Interruption Grant (BIG) from State on IL, and
- e. Comply with all federal, state, and local regulations.

Before you apply please see the list of required documents in the attached “Applicant Checklist”.

Business may apply for initial grants and potential future rounds of funding.

You can apply “On-line” for a GRANT [here](#).

You can download the application [here](#).

You can ***RECOVERY FASTER*** be stacking or combining grants and loans. However, funds cannot be used towards expenditures previously covered by other loans/grants such as PPP, EIDL, EDA, CDBG, or BIG.

Please let us know if you have any questions, we’ll be glad to help.

City of Peoria
Economic Development Department
419 Fulton Street
Peoria, IL 61602
309-494-8640 - economicdevelopment@peoriagov.org

BUSINESS RECOVERY GRANT PROGRAM APPLICANT CHECKLIST

Status Date: _____

To prepare for this grant application, Applicant should take note of the following documents needed for submission. You can apply a) on-line, b) complete an electronic copy, or c) complete a hard copy.

A. Application Forms – The following forms will need to be completed

1. _____ Grant Application Request
2. _____ Grant General Requirements
3. _____ Grant Eligibility Certification
4. _____ Grant Eligible Expenses
5. _____ Grant Required Documents
6. _____ Grant Award Compliance
7. _____ Request for Tax ID No. – Form W-9

B. General Information

1. _____ Business License to operate in City - Certifications, Registration , *if applicable*
2. _____ Documents on COVID-19 grant/loans (PPP, EIDL, BIG), *if applicable*

C. Demonstration of Revenue or Income Loss (Year over Year)

1. _____ 2019 Tax Return
2. _____ 2020 Income Statement - Year to Date
3. _____ Bank Statements in 2019 and 2020 - (three same consecutive months)
4. _____ Demonstration of Employment Loss (Year over Year)
5. _____ 2019 - No. of Employees - (date between April - Sep)
6. _____ 2020 - No. of Employees - (same day of previous year)
7. _____ 2019 Payroll Expense Report - Annual
8. _____ 2020 Payroll Expense Report - Year to Date

D. Proof of "SUSTAINABILITY" - Actual/Budgeted Expenses*

(3 to 6 consecutive months between Mar 1 and Dec 30)

1. _____ Business Rent/Mortgage - Statement/Receipt
2. _____ Business Utilities - Statement/Receipt
3. _____ Business Payroll - Statement/Receipt
4. _____ Business Loan/Lease - Statement/Receipts

E. Proof of "CAPACITY BUILDING" Actual/Budget Expenses* (Mar 1 to Dec 30)

1. _____ Actual Expenses Related to Dine-Out/Expansion of Operations
2. _____ Proposed Budgeted Expenses Related to Dine-Out/Expansion Operations

F. Proof of "TRANSFORMATION" Actual/Budget Expenses* (Mar 1 to Dec 30)

1. _____ Actual Expenses Related to Business/Technology Transformation
2. _____ Proposed Budgeted Expenses Related to Business/Technology Transformation

* See "Eligible Costs/Expenses" before submitting Proof of Payments

I understand I will need to submit the required documents listed above for consideration of a grant.

Print Name

Signature

Date

BUSINESS RECOVERY GRANT PROGRAM

PROGRAM APPLICATION (Apply on-line [here](#) or obtain materials [here](#))

Businesses may apply for grants up to \$15,000 to \$25,000 under three strategic areas—sustainability, capacity building, and/or transformation.

Any business within the City of Peoria who can **a)** demonstrate a revenue loss between March 1 to Dec 30 due to COVID-19, **b)** is a Qualifying business, and **c)** submits the required documents may receive grant funds to reimburse for expenditures.

Grant funds may be used for: a) reimbursement of past expenses, or b) future expenses, if they occur between March 1 to December 30, 2020.

**You can apply On-Line [here](#) at www.GrowPeoria.com; or
or Complete the attached application forms listed below.**

1. Grant Application Request
2. Grant General Requirements
3. Grant Eligibility Certification
4. Grant Eligible Expenses
5. Grant Required Documents
6. Grant Award Compliance
7. Request for Tax ID No. – Form W-9 (separate doc)



BUSINESS RECOVERY GRANT PROGRAM

Grant Application Request

PART I: Client Information and Financial Assistance

3. Name (Name of the person completing the form/representative of the business)		4. Email	
5. Telephone Primary _____ Secondary _____		6. Fax	
7. Street Address/PO Box (give business address if currently in business)		8. City	9. State
		10. Zip	+4

What is your GRANT request?

11. Business Sustainability Grant? _____ (up to \$5,000)
Business Capacity Building Grant? _____ (up to \$5,000)
Business Transformation Grant? _____ (up to \$5,000)

TOTAL GRANT REQUEST? _____ (combined \$15,000)

GRANT REQUEST FOR HOTELS? _____ (up to \$25,000)

Does your request meet the following criteria?

12. General Guidelines? Yes ___ No ___
Eligibility Certification? Yes ___ No ___
Eligible Expenses? Yes ___ No ___
Documents Required? Yes ___ No ___

Have you received other grants/loans? Yes ___ No ___

PART II: Client Information (to be completed by all Clients)

14. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Veteran Status <input type="checkbox"/> No military, Reserve, or National Guard service <input type="checkbox"/> Veteran <input type="checkbox"/> Member of the Reserve <input type="checkbox"/> Member of the National Guard <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Spouse of Military Member			
19. How did you learn about BRG Program? (Mark all that apply) <input type="checkbox"/> SBDC <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Lender <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Business Owner <input type="checkbox"/> Television/Radio <input type="checkbox"/> Other (please indicate website) _____			
20a. Are you currently in business? Yes ___ No ___ 20b. If yes, are you currently exporting? Yes ___ No ___			

PART III: Business Information

21. Name of Business	Full Address	Phone
22. Type of Business (choose primary category) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Construction Retail <input type="checkbox"/> Trade <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Other Services		
23. Business Ownership – What percentage of your business is male or female owned? _____% Male _____% Female	24. Date Business Started? (MM/YYYY)	25. Do you conduct business online? Yes ___ No ___
26a. Are you a home based business Yes ___ No ___ 26b. Are you 8(a) certified? Yes ___ No ___		
27a. Total No. of Employees Current _____ Last Year _____ Full-Time _____ Part-Time _____	28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____ 28b. What has been your estimated losses due to COVID-19? _____	29. What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____
30. What other business assistance or counseling are you seeking? (Choose primary category) <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Technology/Computers <input type="checkbox"/> Business Plan <input type="checkbox"/> Customer Relations <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Franchising <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade <input type="checkbox"/> Tax Planning		
Describe specific assistance requested in the space provided. _____ _____ _____		

Print Name

Signature

Date



BUSINESS RECOVERY GRANT PROGRAM GENERAL REQUIREMENTS

Businesses must meet the following requirements to be eligible the Peoria Business Recovery Grant (BRG) Program. A more detailed list of compliances are itemized in the States Certifications and Requirements, found [here](#). Additional program materials for the City’s BRG Program is available [here](#).

- 1) Must be an independently owned and operated for-profit corporation or limited liability corporation, partnership, or sole proprietorship authorized to conduct business in the State of Illinois.
- 2) Must have been operating three months prior to March 1, 2020, or since Dec 1, 2019.
- 3) Must have had less than \$20 million in gross operating revenue in calendar year 2019, or a prorated amount if in operation for less than a year prior to March 2020.
- 4) Must have experienced net operating losses since March 21, 2020.
- 5) Must have been closed or had reduced operations due to government orders, public health guidelines, or depressed consumer demand during the COVID 19 pandemic.
- 6) Must have complied with all relevant laws, regulations, and executive orders from the State and federal government, including the social distancing guidelines as promulgated by the Executive Orders of the Illinois Governor.
- 7) Must not be a business type or status listed below:
 - a. independent contractors or freelance workers that do not operate a sole proprietorship;
 - b. child care providers that are eligible for [Child Care Restoration Grants](#) (this includes all licensed child care providers; license-exempt child care providers that meet other eligibility guidelines are eligible to apply);
 - c. a private club or business that limits membership for reasons other than capacity;
 - d. a business primarily engaged in speculative activities that develop profits from fluctuations in price rather than through normal course of trade;
 - e. a business that earns more than a quarter of its annual net revenue from lending activities, unless the business is a non-bank or non-bank holding company certified as a Community Development Financial Institution (CDFI);
 - f. a business that derives at least 33% of its gross annual revenue from legal gambling activities;
 - g. a business engaged in pyramid sales, where a participant's primary incentive is based on the sales made by an ever-increasing number of participants;
 - h. a business engaged in activities that are prohibited by federal law or applicable law in the jurisdiction where the business is located or conducted. (Included in these activities is the production, servicing, or distribution of otherwise legal products that are to be used in connection with an illegal activity, such as selling drug paraphernalia or operating a motel that knowingly permits illegal prostitution);
 - i. ~~a business that derives a majority of its income as an owner of real property that leases that property to a tenant or tenants under a lease agreement;~~
 - j. a business principally engaged in teaching, instructing, counseling, or indoctrinating religion or religious beliefs, whether in a religious or secular setting;
 - k. a government-owned business entity (except for businesses owned or controlled by a Native American tribe);
 - l. a business primarily engaged in political or lobbying activities;
 - m. a business that manufactures or sells at wholesale, tobacco products, liquor or that manufactures or sells firearms at wholesale or retail;
 - n. a night club or strip club;
 - o. an employment agency;
 - p. a pawn shop;
 - q. a liquor store;
 - r. a storage facility or trailer-storage yard or junk yard;
 - s. an establishment similar to any enumerated above; or
 - t. a business in which a majority owner has a financial or familial connection to a director, principal shareholder or leadership member of the City of Peoria.
 - u. a status in which business is delinquent of IL tax obligations; is on the federal system of award “excluded parties” list, or had received assistance/notice of award from BIG program

I have reviewed and attest that I my business meets the above general requirements.



BUSINESS RECOVERY GRANT PROGRAM GRANT ELIGIBILITY CERTIFICATION

As an applicant and potential beneficiary of this grant, your Business (“subrecipient”) is required to meet the eligibility requirements listed below. Additionally, you shall adhere to the terms and procedures established by the Grantee within the ES Program, the CARES Act, and the US Dept. of the Treasury guidance (available [here](#)), including the Department’s administrative rules (available [here](#)).

1. I am independently owned and operated business, am not dominant in my industry, and employ at least one employee as of March 1, 2020.
2. I have incurred eligible costs and losses due to a business interruption caused by COVID-19 that is equal to or greater than the value of the subaward.
3. I will/have provided documents true and accurate in all material respects, including the ACH Authorization and Agreement, the IRS Form W-9; and understand funds will be transferred via ACH.
4. I have the legal authority to apply for federal, State and local assistance, and that the subrecipient will comply with the established requirements of this subaward.
5. I have complied and will continue to comply with all relevant laws, regulations, and executive orders from the State and federal government, including the social distancing guidelines as promulgated by the Executive Orders of the Illinois Governor.
6. I have and will continue operate and maintain the facility in accordance with the minimum standards as may be required or prescribed by any applicable federal, State, and local agencies for the maintenance and operation of such facilities.
7. I have and will continue to comply, as applicable, with the provisions of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), the Davis-Bacon Act (40 U.S.C. 276a-276-1), the Drug-Free Workplace Act of 1988 (44 CFR, Part 17, Subpart F), the Fair Labor Standards Act (29 U.S.C. 201), and the Illinois Prevailing Wage Act (820 ILCS 130/1).
8. I am not presently suspended, debarred, proposed for debarment, or declared ineligible by any State or Federal department or agency, and will not enter into a contract with a contractor who is on any federal or state debarred contractor list.
9. I have no lawsuits, claims, suits, proceedings or investigations pending, to the knowledge of the subrecipient and its authorized representative, threatened against or affecting the subrecipient (or its officers and directors) in respect of the assets or the subrecipient nor, to the knowledge of the subrecipient and its authorized representative, is there any basis for any of the same, and there is no lawsuit, suit or proceeding pending in which the subrecipient is the plaintiff or claimant which relates to the subrecipient or its assets.
10. I have no action, suit or proceeding pending or, to the knowledge of the subrecipient or its authorized representative, threatened which questions the legality or propriety of the transactions contemplated by this Agreement.
11. I have not received any notice of any investigation conducted or charges, complaints or actions brought by the State of Illinois or any governmental body within the State of Illinois regarding the Business or its officers and directors.
12. I nor officers and directors have received any notice that it is the subject of any criminal investigations or charges.

As an applicant and potential subrecipient of grant funds I certify and agree to all the statements checked above.

Print Name

Signature

Date



BUSINESS RECOVERY GRANT PROGRAM

ELIGIBLE EXPENSES

Eligible use of grant funds from the Business Recovery Grant Program are limited to “Qualify Business” costs and losses incurred, due to the COVID-19 pandemic (March 1 to Dec 30, 2020). Grant proceeds may be used in any of three strategy areas—sustainability, capacity building, and/or transformation, so long as documentation for such expenditures are provided and validated.

BUSINESS SUSTAINABILITY

- Reimbursing costs and losses such as inventory and equipment (including Personal Protective Equipment and other supplies to promote health and safety)
- Compensation (including salaries, wages, tips, paid leave, and group healthcare benefits)
- Rent, mortgage, insurance premiums, and utilities
- Payment of principal and interest on business loans (excluding EIDL and PPP loans)
- Lease payments
- Professional services procured (including the design and construction of environments necessary to promote physical and social distancing and cleaning and disinfecting services)

BUSINESS CAPACITY BUILDING

- Cost associated in providing delivery services, either (internally or 3rd party)
 - Dine-Out expenditures may include but not limited to barriers, tent, planters, tables, chairs, lighting, and heating equipment
 - Out-Door venues expenditures may include, but not limited to hiring entertainers, staging, sound equipment to host out-door venue.
- Purchase or lease of equipment to establish or expand outdoor operations.
 - Dine-Out expenditures may include but not limited to barriers, tent, planters, tables, chairs, lighting, and heating equipment
 - Out-Door venues expenditures may include, but not limited to staging, sound equipment to host out-door venues

BUSINESS TRANSFORMATION

- Conducting a digital audit
- Establishing or enhancing a website to increase customer engagement
- Technologies to facilitate E-commerce
- Expenditures in digital marketing such as google ads, SEO, E-mail campaign, pay per clicks
- Establishing or enhanced Point-of-Sale software for retailers and restaurants

INELIGIBLE EXPENSES

Funds provided through the CARES Act (PPP loans, BIG grants, and some other loan/grant programs) may not be used to cover the same costs twice. In other words, the combined grants and loans cannot exceed the total eligible costs that your company has experienced since March 2020 under each respective program.

I have reviewed and understand paid receipts for the above is required to receive a grant reimbursement

Print Name

Signature

Date



Name of Business Applicant _____

BUSINESS RECOVERY GRANT PROGRAM

Required Documents

Document	Business Sustainability Grant - \$5,000	Business Capacity Grant - \$5,000	Business Transformation Grant - \$5,000
General Information			
Business Grant Application Request	x	x	x
Business Eligibility and Certification - (<i>Signed Form/Checklist</i>)	x	x	x
Business License to operate in City - Certifications, Registration , <i>if applicable</i>	x	x	x
Documents on COVID-19 grant/loans (PPP, EIDL, BIG, CDBG), <i>if applicable</i>	x	x	x
Completed and Signed W-9 - Request for Taxpayer ID - (<i>Signed Form</i>)	x	x	x
Demonstration of Revenue or Income Loss (Year over Year)			
2019 Tax Return - (Schedule C, Schedule E, Form 1120, Form 1120S, Form 1065, or Schedule SE	x	x	x
2020 Income Statement - (Year to Date from accountant or other third party)	x	x	x
Bank Statements 2020 - (3 to 6 consecutive months)	x	x	x
Demonstration of Employment Loss (Year over Year)			
2019 - No. of Employees - (date between April - Sep)	x	x	x
2020 - No. of Employees - (same day of previous year)	x	x	x
2019 Payroll Expense Report - Annual (optional)	x	x	x
2020 Payroll Expense Report - Year to Date (optional)	x	x	x
Proof of "SUSTAINABILITY" - Actual/Budgeted Expenses* (3 to 6 months, between Mar 1 and Dec 30)			
Business Rent/Mortgage - Bank Statement, Credit Card Statement, or Vendor Receipt	x	x	x
Business Utilities - Bank Statement, Credit Card Statement, or Vendor Receipt	x	x	x
Business Payroll/Taxes - Bank Statement, Credit Card Statement, or Vendor Receipt	x	x	x
Business Loan/Lease - Bank Statement, Credit Card Statement, or Vendor Receipt	x	x	x
Proof of "CAPACITY BUILDING" Actual/Budget Expenses* (Mar 1 to Dec 30)			
Actual Expenses Related to Dine-Out/Expansion of Operations		x	
Proposed Budgeted Expenses Related to Dine-Out/Expansion Operations		x	
Proof of "TRANSFORMATION" Actual/Budget Expenses* (Mar 1 to Dec 30)			
Actual Expenses Related to Digital Transformation			x
Proposed Budgeted Expenses Related to Digital Transformation			x

* See "Eligible Costs/Expenses" before submitting Proof of Payments

I have reviewed and understand the above documents must be provided to be considered for each grant of \$5,000 for a combined maximum of \$15,000 (\$25,000 for Hotels) for Round 1, and additional for Round 2.

Print Name

Signature

Date



Name of Business Applicant

BUSINESS RECOVERY GRANT PROGRAM 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. Frequently asked questions and eligibility guidelines may be found [here](#).

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 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 Peoria 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.

Print Name

Signature

Date