



# City of Edwardsville

*Third Oldest City in Illinois*

## City of Edwardsville Economic Support Grant Program

### **Program Overview**

The City of Edwardsville will provide economic support grants to bars and restaurants that have experienced significant disruption or temporary closure attributable to the COVID-19 public health emergency. The economic support grants will reimburse costs associated with the purchase of personal protective equipment and cleaning supplies necessary to comply with the prevention directives instituted in response to the COVID-19 public health emergency.

The application period will open on October 21, 2020 and close on November 20, 2020 or until all funds are exhausted. A second application period may open if funds remain.

No reimbursement may exceed \$1,000.00 per application; the total program may not exceed \$100,000.00.

The program shall comply with all terms and conditions set forth by the State of Illinois Department of Commerce and Economic Opportunity Local CURE Economic Support Payments Grant Program.

### **Qualifying Businesses and Eligible Reimbursable Costs**

#### **Qualifying Businesses**

A business may be eligible to receive financial support through the program if it:

- Is a for-profit enterprise or non-profit organization conducting business in Illinois;
- Is independently owned and operated;
- Has experienced or is experiencing business interruption due to the COVID-19 public health emergency, resulting in decreases in revenue caused by closing or limiting access to comply with prevention directives or by decreased customer demand;
- Operates a physical location within the corporate boundaries of the City of Edwardsville;
- Operates as food or beverage establishment that is licensed or otherwise permitted to sell food or beverages for on-site consumption and does not include event spaces or banquet halls or grocery or convenience stores, and that operates as a restaurant, tavern, saloon, or lounge as defined in Section 1252.2 of Appendix B of the Codified Ordinances of the City of Edwardsville (Zoning Code); and
- Is expected to be fully operational after local and state emergency guidelines are rolled back.

#### **Business Types Excluded**

- A private club or business that limits membership for reasons other than capacity
- A government-owned business entity (unless owned or controlled by a Native American tribe)
- A business engaged in pyramid sales

#### **Ineligible Businesses**

A business shall be ineligible to receive financial support through the 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 State of Illinois Department of Commerce and Economic Opportunity BIG Program or the Madison County Small Business Loan Program;

- Has any current unpaid code enforcement liens;
- Is on the federal System for Award Management excluded parties list;
- An owner, officer, partner, or principal actor of the business has a felony conviction for financial mismanagement within the last two years for which he or she is still serving a sentence (including prison, parole, and probation); or
- Does not meet any other eligibility criteria established in the application.

**Eligible Reimbursable Costs**

- Must have been incurred between March 1, 2020 and the date of the application.
- Include personal protective equipment purchased for the use of employees and/or customers including plexiglass barriers, facemasks, and rubber gloves
- Include cleaning costs (supplies and/or services)

**Ineligible Reimbursable Costs**

- Expenses that have been or will be reimbursed under any State, local, or federal program
- Damages covered by insurance
- Reimbursement to donors for donated items

# City of Edwardsville Economic Support Grant Application

## General Information

Please provide the following information:

1. Legal Name of Business (as shown in Line 1 of W-9)

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2. DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

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3. Principal Business Address

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4. Business Website Address [NOT REQUIRED]

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5. Taxpayer ID (Need FEIN and DUNS number) (if sole proprietorship, enter social security number of sole proprietor) (As shown in Part 1 of W-9)

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6. Mailing Address for Payment (As shown in Line 5 & 6 of W-9)

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## OWNER OR REPRESENTATIVE CONTACT INFORMATION

7. First Name \_\_\_\_\_

8. Last Name \_\_\_\_\_

9. Primary Phone \_\_\_\_\_

10. Primary Email \_\_\_\_\_

11. Business Phone \_\_\_\_\_

12. Date Business Established \_\_\_\_\_

13. Business Legal Entity Type (as shown in Line 3 of W-9)

Individual,  Corporation,  Partnership, also indicate if MBE or WBE

14. Number of Employees \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

### **Required Documentation**

Application must include all documentation listed below. The application may not be approved if all required information is not provided in a legible form.

#### **FOR MORE INFORMATION ABOUT REQUIRED DOCUMENTATION, PLEASE REFER TO THE TEXT BELOW.**

- Completed W-9 Form for business. DBA, Tax ID Number (or Social Security Number for sole proprietor), and Mailing Address for Check must match entries in above.
- Copy of "active" business registration from the State of Illinois.

If not required to register with State of Illinois, attach documentation showing the business was operating prior to March 1, 2020 and meets all regulatory requirements for the City of Edwardsville. Examples may include certification from the Illinois Department of Business and Professional Regulation, certification from Department of Health, or a business registration from the City of Edwardsville.

- Invoice/Receipt and proof of payment (canceled check, fund transfer, or credit card statement) for eligible expenses incurred.
- Documentation/letter/narrative describing the business interruption you have experienced due to the COVID-19 public health emergency that has resulted in decreases in revenue caused by closing or limiting access to comply with prevention directives or by decreased customer demand.

### **Documentation Check List**

- W-9 Form
- Active State Business Registration, or local business registration/license, or other documentation (please refer to the text above for documents needed for applicant)
- Invoices/Receipts and Proof of Payment (cancelled check, fund transfer, or credit card statement) for eligible incurred expenses
- Documentation/letter/narrative describing the business interruption experienced

### **Applicant Certification**

The submitted Application, including attachments, is subject to disclosure under Illinois's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the City will not be liable to Applicant for such disclosure. All Social Security /FEIN/DUNS numbers are collected, maintained and reported by the City to be in compliance with IRS reporting requirements and are exempt from public records.

I certify that, I am authorized to submit this application on behalf of the business, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. The City of Edwardsville 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 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. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. 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. I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

Please Sign Below

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

Submit application and required documentation to:

Walt Williams  
City of Edwardsville  
118 Hillsboro, PO Box 407  
Edwardsville, Illinois 62025

Or via email to: [wwilliams@cityofedwardsville.com](mailto:wwilliams@cityofedwardsville.com)

All applicants will be contacted upon receipt of application.