



# CITY OF CHAMPAIGN

## SMALL BUSINESS COVID-19 RELIEF GRANT

**Applications will be accepted first come first served beginning June 24 at 8:00 am.**

### RELIEF GRANT INFORMATION

The City of Champaign Small Business COVID-19 Relief Grant is a grant of up to \$15,000 to assist small businesses that have been impacted by the COVID-19 Pandemic Disaster Declaration. Eligible small businesses may request reimbursement for expenses incurred April 1, 2020 through June 30, 2020. Individual grant amounts will be based on need and documentation of expenses provided by applicant.

### SMALL BUSINESS ELIGIBILITY

Small Business COVID-19 Relief Grant Eligibility Criteria:

- Business must be located within the City of Champaign Municipal Boundaries
- Business must have less than 50 employees
- Business must have been in operation as of January 1, 2020
- Business must meet low-mod income requirements for business owner or commit to retaining at least one low-mod income job/position.
- Business must show proof of liability insurance
- Only one grant per business owner
- For first 30 days of application cycle, applications will only be accepted from businesses that have not received other State or Federal grants related to COVID-19
- Chosen applicants will be required to adhere to the City of Champaign Diversity Advancement Program (CDAP) by completing a good faith effort form.
- Business must show proof of liability insurance or willingness to purchase

Ineligible Businesses: Payday, title loan and video gaming establishments with a VL liquor license.

### APPLICATION INSTRUCTIONS

This application has three sections. All sections must be completed fully and requested documentation submitted with application.

**Section 1: Business Information.** This section asks for basic information about your business.

**Section 2: Needs Assessment.** This section will determine how much grant assistance you are eligible for. Eligible expenses include payroll, rent, utilities, insurance, and third-party delivery fees. Ineligible expenses include purchase of equipment, inventory, profit loss, expansion of your business. Please provide information on your business expenses from April 1, 2020-June 30, 2020.

**Section 3: Duplication of Benefits.** This section asks that you list any other State and/or Federal Funds you have received in response to COVID-19. Priority will be given to businesses that have not received other State or Federal funds related to COVID-19 Relief.

## APPLICATION SUBMISSION PROCESS

Applications will be accepted on a first come first served basis. Applications can be submitted online or in person beginning June 24, 2020 at 8:00 am. Applications will be date and time stamped upon receipt.

Online: Submit your completed application via email to [COVIDreliefgrant@champaignil.gov](mailto:COVIDreliefgrant@champaignil.gov)

In Person: Applications can be dropped in the white drop off mailbox located at the north entrance of the Champaign City Building (102 N Neil St, Champaign, IL 61820).

**Applications will be accepted first come first served beginning June 24 at 8:00 am.**

Applications will be reviewed by City of Champaign Staff. If your application is incomplete or requires additional documentation, you will be notified and given 2 business days to respond or submit appropriate documentation. If you are unable to complete the application, your application will be denied.

City of Champaign staff have prepared a training video explaining the application process and to assist you with filling out this application.

The video can be viewed here: <http://www.champaignil.gov/COVIDreliefgrant/>

If you have specific questions about your application, you can call or email City of Champaign staff:

Janel Gomez  
Community Development Specialist  
217-403-7079

Tina Ansong  
Planner  
217-403-8800

[COVIDreliefgrant@champaignil.gov](mailto:COVIDreliefgrant@champaignil.gov)

## APPLICATION SUBMISSION CHECKLIST

	Small Business Relief Grant Application (this document)
	Copy of Applicant's Identification Card or Driver's License
	Applicant's most recently completed from 2018 or 2019 IRS Form 1040 (all owners 51% of business or more)
	Copy of Liability Insurance
	Documentation of expenses for which you are requesting assistance from Section 2: <ul style="list-style-type: none"> <li>• Lease or Mortgage (Rent)</li> <li>• QuickBooks, General Ledger, Cancelled Checks (Payroll)</li> <li>• Monthly Insurance and Utility Statements</li> <li>• Receipts for other eligible expenses</li> </ul>
	Self-Certification of Income Form for Qualifying Employees (Attachment B)
	Self-Certification of Income Form for Applicant/Business Owner (Attachment B)

**CITY OF CHAMPAIGN**  
SMALL BUSINESS COVID-19 RELIEF GRANT

**SECTION 1: BUSINESS INFORMATION**

Applicant Business Name:

Doing Business As (DBA):

Applicant/Business owner name(s):

Business Address:

Applicant Home Address:

Mailing Address (if different):

Business Phone:

Applicant Phone:

Email:

DUNS No.

<https://www.dnb.com/duns-number.html> or call 1-866-705-5711 to look up or obtain

FEIN (if applicable)

Date of Incorporation:

Current number of employees:

Number of low-mod income employees retained if business receives grant:

BUSINESS TYPE: ☐ LLC ☐ Partnership ☐ Sole Proprietor ☐ Nonprofit ☐ Other

**BUSINESS DESCRIPTION AND SUMMARY OF OWNER'S EXPERIENCE IN INDUSTRY**

## SECTION 2: NEEDS ASSESSMENT

Eligible grant expenses include documented expenditures between April 1, 2020 and June 30, 2020. Grant is paid as a reimbursement for expenses your business has already incurred. Documentation provided must show receipt/lease/contract of the amount you are requesting. Eligible expenses include fixed regular expenses but not inventory, purchases of equipment or expenses related to the expansion of your business.

AMOUNT OF REQUEST	USE	DOCUMENTATION PROVIDED
\$	Payroll expenses	
\$	Rent/Mortgage	
\$	Utilities	
\$	Insurance	
\$	Third Party Delivery Fees (Grub Hub, Door Dash, Uber Eats, etc.)	
\$	Other COVID-19 expenses (specify)	
Please Check One: \$ 500.00 \$ 0.00	Personal Protection Equipment and Sanitization  <input type="checkbox"/> Do Not Need	All businesses are eligible for a \$500 grant for the purchase of PPE and Sanitization. No Documentation Required.
<b>Total Relief Grant Funds Request (Max \$15,000)</b> \$		

**LOW INCOME EMPLOYEE(S).** If business owner (applicant) is NOT low income, the business can only qualify for grant assistance by preserving at least one full time low-income job/position.

Please specify below the jobs your business intends to retain through the funds provided by the Relief Fund. Position must be held by a low-income employee according to the chart in Attachment A. For each employee include a "Self Certification of Income" form (Attachment B).

Position Title:	Hours Worked per Week:
Position Title:	Hours Worked per Week:
Position Title:	Hours Worked per Week:

*Please indicate any additional jobs retained on a separate sheet*

## **EMERGENCY NEED**

1. Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any.
2. Please use the space below to explain how the funding will help your business remain viable and prevent layoffs:

### SECTION 3: DUPLICATION OF BENEFITS

#### **Other Small Business Program Assistance**

The information within this affidavit will provide the City of Champaign with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits. This section identifies any sources of funds that the business has been awarded due to the COVID-19 Pandemic Disaster Declaration.

Indicate the program(s) for which your business has been awarded funds.

- ☐ Paycheck Protection Program  
☐ Illinois Small Business Emergency Loan Fund  
☐ Small Business Administration Disaster and Economic Recovery Loan  
☐ Other: \_\_\_\_\_

#### **Government, Bank, Insurance and Other Funding Sources Received**

Lender/Grant/Insurer Provider Name:

Purpose:

Amount:

- ☐ Government Loan    ☐ Government Grant    ☐ Government Forgivable Loan  
☐ Nonprofit Grant    ☐ Nonprofit Loan    ☐ Nonprofit Forgivable Loan  
☐ Private Loan    ☐ Other: \_\_\_\_\_

Lender/Grant/Insurer Provider Name:

Purpose:

Amount:

- ☐ Government Loan    ☐ Government Grant    ☐ Government Forgivable Loan  
☐ Nonprofit Grant    ☐ Nonprofit Loan    ☐ Nonprofit Forgivable Loan  
☐ Private Loan    ☐ Other: \_\_\_\_\_

Lender/Grant/Insurer Provider Name:

Purpose:

Amount:

- ☐ Government Loan    ☐ Government Grant    ☐ Government Forgivable Loan  
☐ Nonprofit Grant    ☐ Nonprofit Loan    ☐ Nonprofit Forgivable Loan  
☐ Private Loan    ☐ Other: \_\_\_\_\_

**Please indicate any other Funding Sources on another sheet**

**APPLICANT STATEMENT:**

I/we understand that the information provided may be subject to further verification by the City of Champaign. If necessary, I/we will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I/we, therefore, authorize such verification, and I/we will provide the supporting documentation, if necessary.

I/we certify that the information in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intention or negligent misrepresentation(s) of the information contained in this application may result in civil and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code, Section 1002, et seq. and liability for monetary damages to the City and/or the Lender, their agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

**Please provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).**

## ATTACHMENT A: LOW-MOD INCOME QUALIFICATION

In order to be eligible for the Small Business COVID-19 Relief Grant, the business owner must be low-mod income **OR** the business must show they are preserving a low-mod income job.

Low-Mod Business Owner: Income will be determined by submission of most recently submitted (2018 or 2019) federal tax form and completion of the Self Certification of Income form (Attachment B). Business owner must have income at or below 80% of the Median Family Income (MFI) for Champaign County. Income is determined by family size and Annual Gross Income. See Chart Below.

**OR**

Preservation of Low-Mod Income Position: Applicant must show they are preserving at least one low-mod income job by having at least one employee complete the Self Certification of Income Form (Attachment B). Employee must have income at or below 80% of the Median Family Income (MFI) for Champaign County. Income is determined by family size and Annual Gross Income. They must also certify that:

- The position is a full time position greater than 32 hours/week.
- The position will be retained for at least one year. The employer must retain the position, not the employee. Employer will have to certify at 6 months and 1 year that they have retained the position and a low-mod employee is in that position.
- The position must not require specialized education or training and be available to anyone with a high school education.

### Median Family Income Limits 2020 (Median= \*\$83,600)

Family Size	30% MFI	50% MFI	60% MFI	80% MFI	MFI	120%
1 person	\$17,600	\$29,300	\$35,150	<b>\$46,850</b>	\$58,600	\$70,320
2 persons	\$20,100	\$33,450	\$40,150	<b>\$53,550</b>	\$66,900	\$80,280
3 persons	\$22,600	\$37,650	\$45,200	<b>\$60,250</b>	\$75,300	\$90,360
4 persons	\$26,200	\$41,800	\$50,150	<b>\$66,900</b>	\$83,600	\$100,320
5 persons	\$30,680	\$45,150	\$54,200	<b>\$72,300</b>	\$90,300	\$108,360
6 persons	\$35,160	\$48,500	\$58,200	<b>\$77,650</b>	\$97,000	\$116,400
7 persons	\$39,640	\$51,850	\$62,200	<b>\$83,000</b>	\$103,700	\$124,440
8 persons	\$44,120	\$55,200	\$66,250	<b>\$88,350</b>	\$110,400	\$132,480

Effective from 4/1/2020 (rounded to the nearest \$50)



## ATTACHMENT B: SELF CERTIFICATION OF INCOME

### SMALL BUSINESS PROGRAM SELF CERTIFICATION OF INCOME

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Please indicate how many people live in your household.

1      2      3      4      5      6      7      8 or more

Please put an (x) near the statement which represents your household's **annual gross income**:

- \_\_\_\_\_ Our household has **less than** \$46,850 annually.
- \_\_\_\_\_ Our household has **less than** \$53,550 annually.
- \_\_\_\_\_ Our household has **less than** \$60,250 annually.
- \_\_\_\_\_ Our household has **less than** \$66,900 annually.
- \_\_\_\_\_ Our household has **less than** \$72,300 annually.
- \_\_\_\_\_ Our household has **less than** \$77,650 annually.
- \_\_\_\_\_ Our household has **less than** \$83,000 annually.
- \_\_\_\_\_ Our household has **less than** \$88,350 annually.

Please check the box that represents your race:

<b>American Indian/Alaskan Native</b> (A person having origins in North, Central, or South America, who maintains a tribal or community attachment.)	
<b>Asian</b> (A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)	
<b>Black/African-American</b> (A person having origins in any of the black racial groups in Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".)	
<b>Native Hawaii/Other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)	
<b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)	
Black/African-American & White	
Other Multi-Racial (combination of one of the 5 bold categories listed above that is not included here)	

Are you of Hispanic ethnicity?      **Yes**      **No**

Is this a female-head of household?      **Yes**      **No**

Note: A *female-headed* household is defined as a female person who is not currently married and/or living with her spouse.

Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Certification: I/we certify that the information in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intention or negligent misrepresentation(s) of the information contained in this application may result in civil liberty and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code, Section 1002, et seq. and liability for monetary damages to the City and/or the Lender, their agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.