



## City of Jacksonville Economic Support Program Grant

In response to the Coronavirus Disease 2019 (COVID-19) pandemic, the City of Jacksonville has partnered with State of Illinois Department of Commerce and Economic Opportunity to create the Economic Support Program grant to assist restaurants, bars, indoor recreation and special event-related small businesses located within its corporate boundaries that have been negatively impacted by the pandemic.

Grant awards are offered as a reimbursement in an amount not to exceed \$10,000 of total verified eligible commercial expenses to reimburse costs and losses such as inventory, 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, technology to facilitate e-commerce, professional services procured (including the design and construction of environments necessary to promote physical and social distancing and cleaning and disinfecting services) and other costs of operation in accordance with the applicable administrative rules or the policy directives of the grantor that was incurred during the period that begins on March 1, 2020, and ends on December 30, 2020. All spending related to this program must be reimbursable by the Federal Coronavirus Relief Fund, as prescribed by 601(a) of the Social Security Act and added by section 5001 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act including all subsequent federal guidance.

Expenses that have been or will be reimbursed under any other federal program are not eligible for reimbursement through the proceeds of this subaward. For any month for which the applicant is seeking reimbursement, they must be able to demonstrate a decrease of at least 25 percent in revenue from those same months in 2019. Documentation of revenue loss might include monthly profit and loss statements or bank statements. For businesses originating in 2020, documentation that illustrates a comparison of revenue from a period without operational mitigation efforts to those when mitigation efforts were in place must be provided.

All applications are reviewed on a first-come-first-serve basis and approved subject to the availability of funds as authorized by the Department of Commerce and Economic Opportunity. All applications must be submitted by 5 p.m. on December 28, 2020. Applications should be submitted to the Office of the City Treasurer, City of Jacksonville Municipal Building, 200 W. Douglas, Jacksonville, Illinois.

**All required information to verify eligibility must be submitted along with the grant application.**

For more information, please contact the Office of the City of Jacksonville Treasurer, 217.479.3512 or email [mhall@jacksonvilleil.gov](mailto:mhall@jacksonvilleil.gov).

## City of Jacksonville Economic Support Program

The immediate goal of the Economic Support Program (the “Program”) is to provide economic support to Affected Business Owners located within the City of Jacksonville. To be funded, Affected Business Owners must have an approved application and have signed the Program Certification Agreement found at the end of this document. An awarded business will be required to repay the grant if it is found to be ineligible for funds.

**Applications for the program will be accepted through December 28, 2020, or until funding is exhausted, whichever is first. Approval of applications will take place by December 30, 2020, with payments to businesses made by January 31, 2021.**

The Program uses funding from the Department of Commerce and Economic Opportunity’s Economic Support Payments Grant Program to provide support to Affected Business Owners who have suffered from economic loss and hardship. All Affected Business Owners are invited to apply for a Program Grant at the rate of one (1) grant per Affected Business Owner subject to verification of eligible commercial expenses, availability of funds and approval of the City of Jacksonville. Each Grant awarded to an Affected Business Owner through application to the Grant Program shall be on a first-come-first serve basis, and limited to a single, lump-sum maximum reimbursement of \$10,000 of eligible commercial expenses.

Expenses previously reimbursed by any other emergency reimbursement program will be ineligible. Any business that receives an award from the State of Illinois Business Interruption Grant (BIG) is ineligible from receiving an award under the Economic Support Program.

### **Definition of Terms**

**Affected Business Owner:** a commercial business owner operating an eligible bar, restaurant, indoor recreation or special event-related business that can demonstrate economic loss and hardship attributable to COVID-19 and who had occupied a site and commenced commercial activities on or before April 1, 2020.

**Eligible business:** a legal 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. *Please note: private clubs, businesses that restrict membership, businesses that derive more than 33 percent of their gross annual revenue from gambling activities (except restaurants with gaming terminals), businesses engaged in pyramid sales and payday lenders are not eligible businesses under this Program.*

**Economic loss and hardship:** A decrease in monthly sales or receipts of at least 25 percent when compared to the same month(s) in 2019. For example, if a business is seeking reimbursement for rental payments in August and September of 2020 it must demonstrate that revenues in those two months were at least 25 percent less than August and September of 2019. For businesses originating in 2020, a comparison of revenues during month(s) without mitigation efforts must be compared to month(s) when mitigation efforts were in place.

**Eligible commercial expenses:** payroll, lease, mortgage, utility payments for a commercial location, or the costs incurred to make a commercial location safer for its employees or patrons within the boundaries of the City of Jacksonville incurred between March 1, 2020, and December 30, 2020. Expenses previously reimbursed by CARES funding, Local CURES funding, or any other emergency response program are not eligible for reimbursement. Businesses that receive an award from the State of Illinois Business Interruption Grant (BIG) are ineligible from receiving an award under the Economic Support Program.

**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 the Office of the City of Jacksonville Treasurer, 200 W. Douglas, Jacksonville, Illinois. All applications will be reviewed and approved or denied by the Jacksonville City Clerk. All awards or denials will be attested to by the mayor of the City of Jacksonville acting on behalf of the city.
2. Applicants must provide documentation of all expenses requested for reimbursement. Charges must be incurred between March 1, 2020 and December 30, 2020. Requests for payroll reimbursements must include documentation of payment to employees. Requests for rent 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. Requests for reimbursement of safety equipment must include receipts of equipment and/or labor.
3. Applicants must provide proof of payment for all requested reimbursements. Proof of payment can include copies of cancelled checks, copies of bank statements and/or 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 statement, or other accounting statement, showing a decrease in revenues of at least 25 percent from 2019 to 2020 for any month(s) reimbursements are requested. For businesses originating in 2020, documentation of a 25 percent decrease in revenue from the month(s) during which mitigation efforts was not in place when compared to month(s) when mitigation efforts were in place.
7. Applicants must sign and return a copy of the certification agreement for the Program.
8. The Affected Business Owner’s business location must be located at an address within the boundaries of the City of Jacksonville.
9. The Affected Business Owner’s commercial activities must have been in operation as of April 1, 2020, at a location within the City of Jacksonville.
10. The grant award shall be paid to the Affected Business Owner within ten (10) business days following verification of application and eligible expenses.
11. If a business’ Program application is rejected, a written explanation will be provided to the Applicant. The Applicant may then revise and resubmit the Application for a second review. There is no guarantee of award for corrected applications if funding has been exhausted.

**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: \_\_\_\_\_ Business License No. \_\_\_\_\_

Does your restaurant or bar have a gaming terminal?  Yes  No If checked yes, provide Gaming License No. \_\_\_\_\_

**Requested reimbursements:**

Payroll Payment(s) Total \$ \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_ Month(s) covered: \_\_\_\_\_

Lease Payment(s) Total \$ \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_ Month(s) covered: \_\_\_\_\_

Mortgage Payment(s) Total \$ \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_ Month(s) covered: \_\_\_\_\_

Utility Payment(s) Total \$ \_\_\_\_\_

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: \_\_\_\_\_

Safety Equipment Total \$ \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_ Month(s) covered: \_\_\_\_\_

**Total Amount of Grant Request: \$ \_\_\_\_\_**

**NOTE: All grant awards are limited to \$10,000 of total verified eligible commercial expenses incurred by the Affected Business Owner between March 1, 2020, to December 30, 2020. These expenses cannot have already been reimbursed through Payroll Protection Program or any other municipal, state or federal assistance programs.**

All grants awarded through the **Economic Support Program** (the “Program”) shall be for eligible commercial expenses during the month(s) of documented economic loss and hardship between March 1, 2020 and December 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 Village through December 28, 2020.

**Please read the following requirements carefully.**

**ADDITIONAL REQUIREMENTS:**

1. Only site addresses that are occupied and operated by the Affected Business Owner located within the City of Jacksonville are eligible for the Program.
2. Affected Business Owners may apply for and receive Program grants only one time for eligible commercial expenses incurred for the site on or between March 1, 2020, and December 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 \$10,000 per Affected Business Owner as identified by the Federal Employer Identification Number (FEIN).
4. Affected Business Owners applying for payroll reimbursement(s) must, in advance of receiving Program Grant funds: a) submit proof of employee payment for each month for which the applicant is seeking reimbursement of payroll payments in an amount equal to or greater than the grant amount approved for the Affected Business Owner by the City of Jacksonville; and b) verify the Affected Business Owner does not owe any outstanding debts or fines payable to the City of Jacksonville, the State of Illinois, or any other local, state, or federal agency.
5. Affected 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 Affected Business Owner by the City of Jacksonville; and c) verify the Affected Business Owner does not owe any outstanding debts or fines payable to the City of Jacksonville, the State of Illinois, or any other local, state, or federal agency.
6. Affected 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 Affected Business Owner by the City of Jacksonville; and c) verify the Affected Business Owner does not owe any outstanding debts or fines payable to the City of Jacksonville, the State of Illinois, or any other local, state, or federal agency.
7. Affected 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 Affected Business Owner by the City of Jacksonville; and c) verify the Affected Business Owner does not owe any outstanding debts or fines payable to the City of Jacksonville, the State of Illinois, or any other local, state, or federal agency.
8. Affected Business Owners applying for safety equipment reimbursement(s) must, in advance of receiving Program Grant funds: a) submit proof of payment of materials or labor for equipment for which the applicant is seeking reimbursement of lease payments in an amount equal to or greater than the grant amount approved for the Affected Business Owner by the City of Jacksonville; and b) verify the Affected Business Owner does not owe any outstanding debts or fines payable to the City of Jacksonville, the State of Illinois, or any other local, state, or federal agency.
9. All Program Grants awarded through the Program shall be paid to the Affected Business Owner for the specified site address within ten (10) business days following grant approval.

10. The City of Jacksonville'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.
11. All Affected Business Owners receiving Program Grant funds must comply all local Municipal Codes, State laws, and State funding requirements.
12. Department of Commerce and Economic Opportunity grant approval is required for restaurants and bars with gaming terminals.
13. The City of Jacksonville reserves the right to approve Program Grant funds only to those Affected Business Owners engaged in commercial activities found to be compliant with the requirements of this Program. The rights and obligations of the Affected 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 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 April 1, 2020. Nothing contained in this Application shall be construed by the City of Jacksonville or the Affected Business Owner or any third person to create the relationship of a partnership, agency, or joint venture between the City of Jacksonville and the Applicant. The City of Jacksonville 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 of Jacksonville 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 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 of Jacksonville 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.

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.

\_\_\_\_\_  
*(Name of Business Applicant)*

## City of Jacksonville Economic Support 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.

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 (COVID19) pandemic, as established by the Department and the U.S. Department of the Treasury and further detailed by City of Jacksonville'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 Jacksonville 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.

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Printed Name

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Signature

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Date



**APPENDIX A**  
**City of Jacksonville Economic Support Program**  
*(For Use by the City of Jacksonville, Illinois)*

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

Business Site Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Contact info: \_\_\_\_\_

Date application received by the City of Jacksonville: \_\_\_\_ / \_\_\_\_ / 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 payroll:  yes  no
- Copy of lease:  yes  no
- Copy of mortgage:  yes  no
- Copy of utility bills:  yes  no
- Copy of equipment receipts:  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 decrease of at least 25%:  yes  no
- Verified applicable bills:  yes  no
- Verified proof of payment of all requests:  yes  no
- Verified DCEO approval of restaurant/bar gaming:  yes  no
- Verified not on excluded parties list:  yes  no
- Verified grant total:  yes  no

Request Verified as Eligible Commercial Expense:  
 Yes  No (reason: \_\_\_\_\_)

Recommended by Economic Support Program Committee:  
 Yes, date: \_\_\_\_ / \_\_\_\_ / 2020  
 No (reason: \_\_\_\_\_)

Grant approved by City of Jacksonville:  
 Yes \_\_\_\_\_  No (reason: *see attached letter of denial*)

**APPROVED:** \_\_\_\_\_ Date \_\_\_\_/ \_\_\_\_ / 2020  
Title, City of Jacksonville

**ATTEST:** \_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_ / 2020  
Title, City of Jacksonville

**GRANT AWARD AMOUNT:** \$ \_\_\_\_\_

Grant payment issued to applicant on \_\_\_\_ / \_\_\_\_ / 2020      Check No. \_\_\_\_\_