

Mount Prospect CDBG CV Small Business Grant Assistance Application

DIRECTIONS FOR FILLING OUT APPLICATION: ▼

1. The application cannot be saved to continue at another time. Once you start you must finish. Your application will not be saved.
2. We strongly recommend you download a copy of the PDF application and have the requested attachments, completed and ready to attach before you begin the online application. All attachments can be found [here](http://centerofconcern.org/mp): centerofconcern.org/mp
3. Fill out the form completely. If you are missing the required information the application will be unable to submit/send. "*" is an indication of required fields within the application.
4. When completed and uploaded the attachments click on the "**SUBMIT**" button in the top right of this page. This action will automatically send your application to our staff and you will receive an email confirming receipt of the application.

Questions will be answered within 48 hours (this excludes weekends or holidays). If you prefer to speak directly to one of our staff, please call 847-701-4705 or email our Community Support Specialist, Schoen Aldrich at: saldrich@centerofconcern.org

APPLICATION INSTRUCTIONS: ▼

Introduction

The Village of Mount Prospect is accepting applications for relief funds to support local small businesses hardest hit by the COVID-19 pandemic. Qualified businesses can request up to \$10,000 to reimburse the costs of business interruption caused by COVID-19 mandated closures and social distancing requirements. Eligible expenses include payroll/wages of low- and moderate-income employees, mortgage/rent of commercial space, and PPE and supplies to operate business safely in accordance with COVID guidelines. Businesses receiving assistance must be able to create or retain at least one low- or moderate-income job (as defined by HUD).

Available Funding

The Village of Mount Prospect received a special allocation of Community Development Block Grant Coronavirus (CDBG-CV) funds to be used to prevent, prepare for, and respond to the Coronavirus. This special allocation was authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) signed into law on March 27, 2020. \$240,000 in CDBG-CV funds is available to eligible businesses through the CDBG-CV Small Business Assistance Program.

Business Eligibility

- Located in a commercial space within the corporate limits of the Village of Mount Prospect.
- Funding will help retain or create at least one full-time equivalent (FTE) low- or moderate-income job, as defined by HUD.

- The job retained or created has an annualized gross salary of less than \$51,000.
- The employee must be on the payroll as a W-2 worker to qualify.
- Non-essential business whose operations were interrupted or prohibited by a Gubernatorial Executive Order, such as [Executive Order 2020-10](#).
- A for-profit business that is not part of a retail chain.
 - If a locally-owned franchise, cannot have received COVID-19-related corporate financial assistance.
- Continuously licensed with the Village since March 2020 and in good standing at the time of the award.
- No active lawsuits, judgments, or liens filed against the business.
- Not operating in violation of federal, state, or local laws.
- No bankruptcy or foreclosure within the last six months.
- Must disclose any capital applied for or received through alternative sources, including government, non-profit, or charitable relief
- Not on the list of [ineligible businesses](#)

Eligible Use of Funds

Small Business Assistance Program funds may be used to reimburse the following activities:

- Payroll/wages of low- and moderate-income employees
- Mortgage/rent of commercial space
- PPE and supplies to operate business safely in accordance with COVID guidelines

Ineligible Use of Funds

CDBG Small Business Assistance Program funds may NOT be used for:

- Any expenses that are not related to the prevention of, preparation for, or response to the Coronavirus.
- Supplanting or substituting expenses currently paid for by other government, non-profit, or charitable sources.
- Purchase of equipment, construction, or expansion-related costs, unless it is specifically related in response to COVID-19.

Submission Guidelines

All applications must follow the formatting described below or be subject to penalty points:

- Only one application per business will be accepted;
- Required and supporting documents shall be labeled. Extraneous information will not be considered;
- Required documents must be attached to this application;
- The full application with signature must be submitted online to the Center of Concern.

Applications will be accepted in order of completion. The date and time of application submittal will be used to determine the order of completion.

Deadlines

The application will open on Wednesday, March 26, 2021, 9:00 a.m. and will be open until all funds have been expended.

Forms

- [Income Verification Form](#)
- [Use of Grant Funds Form](#)
- [Cares Act and Other Funds Received Form](#)
- [Applicant Certification Form](#)

Reservation of Rights

The Village of Mount Prospect reserves the right, at its sole discretion, to award all, a portion, or none of the available CDBG-CV funding, and may reject any and all applications based on the quality and / or merits of the application, or when it is determined to be in the public interest to do so. Furthermore, the Village may extend deadlines and timeframes, as needed.

The Village of Mount Prospect reserves the right to substantiate any applicant's qualifications, financial information, the capability to perform, and availability.

The Village of Mount Prospect reserves the right to waive any informalities in the application, to accept any application or portion thereof, and, to reject any and all applications, should it be in the best interest of the Village to do so.

Post Award and Sub-Recipient Criteria

All awards are subject to the Village's receipt of its CDBG-CV appropriation from the US Department of Housing and Urban Development. All awards are subject to pre-contract negotiations with the recipient. The Village of Mount Prospect is committed to monitoring the performance of grant recipients to ensure that Federal funds are used appropriately and in a manner to maximize low and moderate-income public benefit. Monitoring each grant recipient ensures that the goals and objectives identified within the Village's HUD Action and Consolidated Plan are met.

Recipients that do not comply with the Post-Award and Sub-Recipient Criteria will forfeit their award of CDBG-CV funds. The forfeited funds will be then returned to the CDBG-CV program for reallocation.

Signature of the Executive Authority

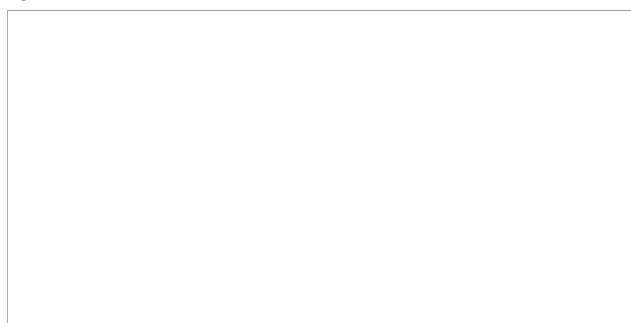
My signature below confirms that I have read and understood the guidelines outlined in this application. If my application is approved, I will adhere to the terms described in the application and use the funds according to these guidelines and the guidelines set for by the Federal Housing and Urban Development. I will be able to provide the appropriate documentation used for the stated purpose. I further acknowledge that I have not received other Covid-19 disaster assistance funds for the same recovery purpose as outlined in this application. Failure to meet these guidelines will require me to forfeit the funds to the Village of Mount Prospect, upon request.

***Signature**

Name

Full Name

Signature



Section A1. Eligibility ▼

***Applicant must select the below criteria: IF YOU DO NOT SELECT THE CRITERIA BELOW, YOUR BUSINESS DOES NOT QUALIFY FOR THE VILLAGE OF MOUNT PROSPECT CARES ACT (CDBG-CV). PLEASE DO NOT PROCEED WITH THE APPLICATION.**

Program funding will assist the business retain or create at least one full-time equivalent (FTE) low- or moderate-income job, as defined by HUD.

Section A2. Eligibility ▼

IF YOU SELECT "NO" TO ANY OF THE QUESTIONS BELOW, YOUR BUSINESS DOES NOT QUALIFY FOR THE VILLAGE MOUNT PROSPECT (CV) SMALL BUSINESS ASSISTANCE GRANT. PLEASE DO NOT PROCEED WITH THE APPLICATION.

***1a. Business is located in a commercial space within the corporate limits of the Village of Mount Prospect.**

Yes
 No

***2a. Business is non-essential and operations were interrupted or prohibited by a Gubernatorial Executive Order, such as Executive Order 2020-10.**

Yes
 No

***3a. Business is for-profit and not part of a retail chain.**

Yes
 No

***4a. Business has been continuously licensed with the Village since January 2020 and is in good standing (Utility bill (water/sewer/refuse), Misc. Billing (bills generated for misc. charges), Hotel/Motel Tax, Municipal Motor Fuel Tax, Movie Theater Tax, Food & Beverage Tax, have a 2021 Business License)**

Yes
 No

***5a. Business has no active lawsuits, judgements, or liens filed against them.**

Yes
 No

***6a. Business is not operating in violation of federal, state, or local laws.**

Yes
 No

***7a. Business has not gone into bankruptcy or foreclosure within the last six months.**

Yes
 No

***8a. Business has disclosed any capital applied for or received through alternative sources, including government, non-profit, or charitable relief.**

Yes
 No

***9a. Business relies on in-person transactions for their primary source of revenue.**

Yes
 No

IF YOU HAVE SELECTED "NO" TO ANY OF THE QUESTIONS FROM ABOVE, YOUR BUSINESS DOES NOT QUALIFY FOR THE VILLAGE OF MOUNT PROSPECT CARES ACT (CV) SMALL BUSINESS ASSISTANCE GRANT. PLEASE DO NOT PROCEED WITH THE APPLICATION.

Section B. Business Information ▾

***1b. Legal Name of Business:**

2b. Doing Business As (DBA):

3b. Business Website:

***4b. Business Address:**

Address

City

State

County

Zip

***8b. Email**

5b. Primary Contact Person:

***6b. Mobile Phone**

***7b. Business Phone:**

First	Middle
Last	

ext.		

ext.		

customer_care@apricot.info

***9b. Business Owner:**

First	Middle
Last	

***10b. Business owner contact Phone:**

ext.		

11b. Business Owner Email:

customer_care@apricot.info

***12b. Date business established:**

MM/DD/YYYY

***13b. DUNS Number:**

00

14b. Village of Mount Prospect Business license number:

BL

***15b. Business FEIN (if sole proprietorship, enter social security number of sole proprietor) (As shown in Part 1 of W-9):**

00

16b. Business Legal Entity Type (as shown in Line 3 of W-9) [select one of from the following choices; Individual, Corporation, Partnership]. If not individual business all principals and titles should be listed in question 17b.

--Please Select-- ▾

***20b. SAMS Experation Date:**

MM/DD/YYYY

***D-U-N-S Number:**

00

17b. If not individual business all principals and titles should be listed below:

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18b. Does the applying business have a related operating or holding company?

Yes
 No

***20b. Please provide a brief narrative on your business and the impact COVID-19 has had:**

Impact of COVID-19

Section C. Use of Grant ▾***1c. Amount requested (Up to \$10,000.00)**

\$1,000.00

***2c. Complete the use of grant form and Indicate, if approved, how business will use grant dollars. Dollars must match the amount in question 1c. Please attach documentation; canceled checks, invoices, etc.**

Choose File No file chosen

Up to 25 MB

Additional Documentation if needed

Choose File No file chosen

Up to 25 MB

Other documentation if needed

Choose File No fi...hosen

Up to 25 MB

Section E. Required Documentation ▾

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

***1d. *Completed W-9 form for business. DBA, Tax ID Number (or Social Security Number for sole proprietor), and Mailing Address for Loan. Must match address entries in 4b of the Business Information section.**

Choose File No file chosen

Up to 25 MB

2d. Attach If Individual (Sole Proprietors and individual/single-owner LLCs): 2019 Schedule C (Form 1040) OR If no 2019 Schedule C is available, provide 2018 Schedule C (Form 1040) and most recent Annual or Quarterly Balance Sheet or Profit & Loss Statement.

3d. Attach if Corporations (C-Corps, S-Corps, corporate Limited Liability Corporations (LLCs): 2019 Corporation Income Tax Return (Form 1120 or Form 1120-S OR If no 2019 tax return is available, provide 2018 tax return and Annual or Quarterly Balance Sheet Profit & Loss Statement.

Choose File No file chosen

4d. Attach if Partnerships: 2019 Return of Partnership Income (Form 1065) OR If no 2019 tax return is available, provide 2018 tax return and Annual or Quarterly Balance Sheet or Profit & Loss Statement W3 Summary, 1096 (from 2019) or IRS FORM 941 (from 1st quarter 2020 or, if not completed, 4th quarter 2019). Sole proprietors may complete and attach a certification stating that business owner is the sole proprietor with no additional employees or subcontracted workers.

No file chosen

Up to 25 MB

***7d. Signed Applicant Certification** 

No file chosen

Up to 25 MB

No file chosen

Up to 25 MB

Up to 25 MB

***5d. Staffing Documentation (W-3 Summary, 1096 OR 2019 IRS FORM 941, Payrolls) Required**

No file chosen

Up to 25 MB

***6d. Documentation of other CARES ACT or other Funds received or applying. (Dates and expenses).** 

No file chosen

Up to 25 MB

8d. Attachment of other documents if needed:

No file chosen

Up to 25 MB



Low-Moderate-Income (LMI) Employee Verification Form

Village of Mount Prospect CDBG-CV Small Business Assistance Program

Per HUD requirements, the business may substitute records showing the type of job and the annual wages/salary of the job in lieu of maintaining records showing the person's family size and income to demonstrate that the person who held/ retained job was a low-moderate-income person. HUD will consider the person income-qualified if the annual wages or salary of the job is equal to or less than the Section 8 low-income limit established by HUD for a one-person family. (Source: CDBG-CV Notice FAQs, August 27, 2020)

For the Chicago Metro Area Program Year 2020, the HUD income limit for a one-person family was \$51,000.

Employee Full Name		
Employee Address		
Employee Phone		
Job Title	<input type="checkbox"/> Full time position <input type="checkbox"/> Part time position	
Job Details	# of Hours per Week	
	Gross Annual Income	\$
	Hourly Rate of Pay	\$
Describe any paid benefits you provide to your employee:		

Optional: Please identify the appropriate race category and Hispanic ethnicity of the above-referenced employee.

Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native and Black/African American <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Racial/Unknown
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Female Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the information contained within this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

Print Name

Signature

OTHER FUNDS FORM

Mount Prospect CDBG-CV Small Business Grant

List dollars of all CARES ACT Funds or other funds received or applied. Please list what the funds were utilized for and dates expended. If no dollars were received put zero in the total box and sign.

TOTAL: \$

Applicant Name

Applicant Title

Signature

Today's Date

USE OF GRANT FUNDS FORM

Mount Prospect CDBG-CV Small Business Grant Assistance

Expenses – Incurred, Delinquent, and Seeking Reimbursement. List Covid-19-related business expenses, starting with the expenses already incurred, followed by delinquent expenses (if applicable).

Total

Applicant Certification

Village of Mount Prospect (CV) Small Business Grant Assistance Program

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 Village of Mount Prospect and the Center of Concern will not be liable to Applicant for such disclosure. All Social Security /FEIN/DUNS numbers are collected, maintained, and reported by the Village of Mount Prospect and the Center of Concern to comply 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 to secure approval of this application. The Village of Mount Prospect and the Center of Concern is authorized to make all the inquiries deemed necessary to verify the accuracy of the information contained herein. Additionally, the applicant agrees that in the event funds are provided pursuant to this application, the Village of Mount Prospect and the Center of Concern 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 of 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 if there is a duplication of benefits, I will be required to repay all CDBG CV funds received immediately to the Village of Mount Prospect, and I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under the provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

Applicant Name (Print)

Business Name

Signature

Today's Date