

**Small Business Capital and Infrastructure Grant Program**

**Demographic Disclosure Survey**

This **grant funding** is provided through the **OE3 Small Business Capital and Infrastructure Grant Program**, an equity-focused initiative aimed at empowering small businesses across Illinois. This program provides essential capital for infrastructure improvements, facility expansions, property acquisitions, and other enhancements that foster growth, operational efficiency, and sustainability. By prioritizing underserved and economically disadvantaged communities, the program seeks to expand access to resources, promote economic resilience, and support job creation and community engagement.

Completing this form and providing demographic information is optional. Applicants are not required to supply this information, but they are encouraged to do so to help the program assess its impact on equity and inclusion. The entity collecting this information cannot discriminate based on whether an applicant provides this information or based on any information provided on this form. If you choose not to provide this information, it will not negatively affect your application.

The demographics-related information collected is solely for the purposes of the OE3 Small Business Capital and Infrastructure Grant Program and will not be used for any other purposes (e.g., marketing, sale to third parties). The collected information must also not be used in any way that violates applicable anti-discrimination laws, including, but not limited to, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975.

If you believe you have experienced discrimination in connection with the provision of information on this form, you may contact: Director, Office of Civil Rights and Diversity, U.S. Department of the Treasury, 1500 Pennsylvania Ave, N.W., Washington, DC 20220, or email at [crcomplaints@treasury.gov](mailto:crcomplaints@treasury.gov).

**Applicants are encouraged to answer all the questions below.**

This information is being collected to help analyze the populations that are applying to the Small Business Capital & Infrastructure Grant Program.

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| **Legal Name of Business:** | Click or tap here to enter text. | | | |
| **1. Minority-owned or controlled business status** | | | | |
| For purposes of this form, minority individual means a natural person who identifies as American Indian or Alaska Native; Asian American; Black or African American; Hispanic or Latino/a/x; Native Hawaiian or Other Pacific Islander; or one or more than one of these groups. For purposes of this form, an applicant is a minority-owned or controlled business if the business meets one or more of the following:  (1) if privately owned, 51% or more is owned by minority individuals; (2) if publicly owned, 51% or more of the stock is owned by minority individuals; (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of minority individuals; or (4) one or more minority individuals have the power to exercise a controlling influence over the business. | | | | |
| **Is the applicant a minority-owned or controlled business?** | | Yes | No | Prefer not to respond |
| **2. Women-owned or controlled business status** | | | | |
| For purposes of this form, an applicant is a women-owned or controlled business if the business meets one or more of the following:  (1) if privately owned, 51% or more is owned by females; (2) if publicly owned, 51% or more of the stock is owned by females; (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of females; or (4) one or more individuals who are females have the power to exercise a controlling influence over the business. | | | | |
| **Is the applicant a women-owned or controlled business?** | | Yes | No | Prefer not to respond |
| **3. Veteran-owned or controlled business status** | | | | |
| For purposes of this form, an applicant is a veteran-owned or controlled business if the business meets one or more of the following:  (1) if privately owned, 51% or more is owned by veterans; (2) if publicly owned, 51% or more of the stock is owned by veterans; (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of veterans; or (4) one or more individuals who are veterans have the power to exercise a controlling influence over the business. | | | | |
| **Is the applicant a veteran-owned or controlled business?** | | Yes | No | Prefer not to respond |

**Each principal owner of the applicant is encouraged to answer the questions below.**

This information is collected to help assess whether the OE3 Small Business Capital and Infrastructure Grant Program is effectively meeting the needs of diverse communities and supporting equitable access to resources. Responses will help analyze the populations benefiting from this funding.

Owner Name: Click or tap here to enter text.

Percentage of ownership interest: Click or tap here to enter text.%

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| --- | --- | --- |
| **1. Race, Ethnicity, and National Origin** (select as many as apply) | |  |
| African American / Black  Hispanic / Latino / Latina / Latine / Latinx  White / Caucasian  Prefer to specify: Click or tap here to enter text.  Prefer not to answer | East or Southeast Asian (please specify: Click or tap here to enter text.)  South Asian (please specify Click or tap here to enter text.)  Middle Eastern and North African (please specify: Click or tap here to enter text.)  Native American / American Indian / Alaskan Native / Pacific Islander / Native Hawaiian | |
| **2. Gender Identity**  Male  Female  Non-binary or prefer to specify: Click or tap here to enter text.  Prefer not to answer | **3. Do you identify as LGBTQIA+?**  Yes (please specify: Click or tap here to enter text.)  No  Prefer not to answer  **4. Do you identify as Transgender?**  Yes  No  Prefer not to answer | |
| **5. Spoken Languages**  Primary Language: Click or tap here to enter text.  Second/Additional Language(s): Click or tap here to enter text. | **6. Age**  Under 21 years old  21-30 years old  31-40 years old  41-50 years old  51-60 years old  61-70 years old  71 or more years old  Prefer not to answer | |
| **7. Veteran**  Yes (branch: Click or tap here to enter text.)  No  Prefer not to answer | **8. Person with Disability** (as defined in the Business Enterprise for Minorities, Women, and Persons with Disabilities Act, 30 ILCS 575)  Yes (what is your disability: Click or tap here to enter text.)  No  Prefer not to answer | |