# Small Business Capital and Infrastructure Grant Program

**Program Application**

*\*formerly OMEE*

**Directions:** Complete this program application and submit as part of your application to the OE3 Small Business Capital and Infrastructure Grant application package. Please note: **Sections 1 through 5** must not exceed a total of fifteen (15) pages. Detailed information on the program and submission requirements may be found in the Notice of Funding Opportunity (NOFO) and Application Instructions. **Attach any additional requested documentation along with this application document via the Smartsheet Form hyperlinked** [**here**](https://app.smartsheet.com/b/form/54ae15bd6e4d4c88a51b04d6167ea04e)**.**

Section 1: Business Information

* 1. **Legal Name of your Business**

Click or tap here to enter text.

* 1. **Name(s) of all Owner(s) of this Business**

Click or tap here to enter text.

* 1. **Have you received non-covid related DCEO funding in the last 2 years?**

[ ]  Yes

[ ]  No

*If yes, please provide the legal name of the awardee and the name of the DCEO grant or award.*

Click or tap here to enter text.

* 1. **Proposed Project Location/Information**
* Required Supporting Documentation: Upload an electronic/digital photo of the project location via the File Upload of the Smartsheet form.

**Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text.

**Zip Code:** Click or tap here to enter text.

**County:** Click or tap here to enter text.

* 1. **Are you a business owned by a Socially and Economically Disadvantaged Individual (SEDI) or Very Small Business (VSB) Business?**
* Required Supporting Documentation: Upload your SEDI certification, Demographic Disclosure Survey or BEP certification an electronic/digital photo of the project location via the File Upload of the Smartsheet form. Include any other criteria that may qualify your business as SEDI-owned or as a VSB.

[ ]  Yes, we are a SEDI-owned business

[ ]  Yes, we are a VSB

[ ]  Both, we qualify as a SEDI and VSB

[ ]  No, we are neither SEDI nor VSB

*Do you have one or more of the following* [*Business Enterprise Program (BEP)*](https://cei.illinois.gov/programs0/business-enterprise-program.html)*/Veteran Business Program (VBP) certifications? If yes, upload a copy of your certification via the File Upload of the Smartsheet form.*

[ ]  Minority

[ ]  Women

[ ]  Persons with disabilities

[ ]  Veteran

[ ]  N/A

* 1. **Is your business located in a Community Development Financial Institution (CDFI) Investment Area?**
* You can identify whether your business is located in a CDFI Investment Area by following the link here: <https://cimsprodprep.cdfifund.gov/CIMS4/apps/pn-cdfi/index.aspx#?center=-98.299891,38.724&level=4>
	+ - Required Supporting Documentation: Upload a copy of the outline of the map area via the File Upload of the Smartsheet form.

[ ]  Yes

[ ]  No

* 1. **What is your business structure?**

[ ]  Individual/Sole Proprietor

[ ]  C Corporation

[ ]  S Corporation

[ ]  Partnership

[ ]  Trust/Estate

[ ]  Limited Liability Corporation (LLC)

[ ]  Other: Click or tap here to enter text.

* 1. **Choose the industry that best describes your business:**

[ ]  Accommodation and Food Services

[ ]  Administrative and Support and Waste Management and Remediation Services

[ ]  Agriculture, Forestry, Fishing and Hunting

[ ]  Arts, Entertainment, and Recreation

[ ]  Cannabis

[ ]  Childcare

[ ]  Construction

[ ]  Educational Services

[ ]  Finance and Insurance

[ ]  Health & Beauty (barbershop/salon/etc.)

[ ]  Healthcare and Social Assistance

[ ]  Information

[ ]  Management of Companies and Enterprises

[ ]  Manufacturing

[ ]  Mining

[ ]  Other Services (except Public Administration)

[ ]  Professional, Scientific, and Technical Services

[ ]  Public Administration

[ ]  Real Estate Rental and Leasing

[ ]  Retail Trade

[ ]  Senior Care

[ ]  Technology

[ ]  Transportation and Warehousing

[ ]  Utilities

[ ]  Wholesale Trade

[ ]  Other Industry Click or tap here to enter text.

* 1. **How many permanent full-time employees do you have on staff?**

Click or tap here to enter text.

* 1. **Has your business secured all necessary federal, state, and local permits and approvals to proceed with this project?**

[ ]  Yes

[ ]  No

*If yes, upload proof of any required permits or approvals, especially for property acquisition or renovation projects.*

*If no, list permits/approvals to be obtained and provide a reasonable, estimated timetable to secure such permits/approvals.*

Click or tap here to enter text.

* 1. **Will grant funds be utilized to make capital improvements to real property structures/land that your business does not own?**

[ ]  Yes

[ ]  No

*If yes, you must provide a copy of the lease or other agreement (i.e., easements, rights-of-way, etc.) between your organization and the property owner that will allow your business to continue to use the improved premises, for an appropriate length of time, consistent with applicable state law and rules.*

* 1. **If the project involves the purchase of land or building(s), you must answer the questions below and attach any supplementary documentation as needed.**
1. **Does your business have an executed contract for the purchase/acquisition of the land/building in question?**

[ ]  Yes

[ ]  No

*If yes, provide the name, address, phone number and email address (if applicable) of the entity from which the land/building(s) is/are being purchased. If multiple owners, please provide this information for each.*

Click or tap here to enter text.

*If no, when do you expect to have an executed contract?*

Click or tap here to enter text.

1. **Is your business aware of any existing (or reasonably anticipated) legal proceedings such as zoning issues, objections of nearby property owners, etc., relating to the proposed use of the land/building being purchased with grant funds?**

[ ]  Yes

[ ]  No

*If yes, please provide a detailed explanation.*

Click or tap here to enter text.

Section 2: Funding Request & Project Details

* 1. **How much funding are you seeking to support this project?**
* *Please note that grant awards will not exceed $245,000.*

**$**Click or tap here to enter text.

* 1. **Are other sources of funding, outside of grant funds, necessary to complete the overall project?**

[ ]  Yes

[ ]  No

*If yes, please indicate the source (federal, state, other (loans, donations, fundraising), status (approved/secured, pending, not yet applied for) and amount of those funds below:*

Click or tap here to enter text.

* 1. **Describe the proposed capital improvement project, detailing the specific improvements or acquisitions you plan to undertake if awarded.**
* Provide an overview of the entire project, including any additional funding sources and how these will contribute. Clearly explain how the grant funds will specifically be used within the project.

Click or tap here to enter text.

* 1. **Describe your prior experience with projects of similar scope or nature.**
* Include details on any past projects that demonstrate your business’s capacity to manage and complete capital improvement or infrastructure projects. Specify any relevant skills, team expertise, and resources used to ensure successful project outcomes.

Click or tap here to enter text.

* 1. **Provide a detailed timeline for the project, including key milestones for property acquisition, renovations, or other major components.**
		+ Required Supporting Documentation: Include project schedules and detailed project proposals.

| **Project Schedule/Key Milestones** | **Estimated Timeline** |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

* 1. **Do you anticipate any local opposition to this project?**

[ ]  Yes

[ ]  No

*If yes, please describe:*

Click or tap here to enter text.

Section 3: Financial Overview

1. **What is the annual revenue of your business?**
* Provide the most recent annual revenue amount. Include any documentation, such as financial statements or tax returns, to support this figure.

**$**Click or tap here to enter text.

1. **What is your business’s current profit margin?**
* Indicate your most recent profit margin percentage. If available, attach documentation that supports this information, such as profit and loss statements.

Click or tap here to enter text.

1. **Do you have any significant financial obligations?**
* List any major debts, loans, or other financial obligations that impact your business’s financial position. Please include the type of obligation, the total amount, and the current status of payments (e.g., current, deferred, or overdue). Attach documentation that supports this information.

Click or tap here to enter text.

1. **What are your primary sources of revenue?**
* Describe the main products, services, or income streams that contribute to your annual revenue.

Click or tap here to enter text.

1. **Have you faced any recent financial challenges?**
* Describe any recent financial challenges, such as reduced revenue, increased costs, or market changes, and how you are addressing these challenges.

Click or tap here to enter text.

Section 4: Impact Assessment

* 1. **Financial Impact:**
1. **How will this project impact your business financially?**
* Provide detailed projections on expected revenue growth, cost savings, or profitability improvements as a result of this project. Attach any documentation that supports this information.

Click or tap here to enter text.

1. **What percentage increase in annual revenue do you anticipate after project completion?**
* Include specific figures or percentage growth projections over the next 1-3 years. Attach any documentation that supports this information.

Click or tap here to enter text.

1. **How will this project reduce operating costs?**
* List anticipated areas of cost savings (e.g., energy efficiency, labor efficiency) and estimate the dollar amount or percentage decrease in operating expenses. Attach any documentation that supports this information.

Click or tap here to enter text.

1. **How will this project improve your business’s overall profitability?**
* Explain how the project will impact your profit margins, including any projections for increased profit over time. Attach any documentation that supports this information.

Click or tap here to enter text.

* 1. **Projected Employment Impact - Job Creation/Retention:** Indicate the number of jobs to be created and/or retained in the *Projected Employment Impact* table. Additionally, provide details on the types of jobs to be created and the anticipated hiring timeline in the table below.
		+ Required Supporting Documentation: Provide job creation/retention plans, letters of intent for new hires, and documentation on current staffing levels.

|  |
| --- |
| **Projected Employment Impact** |
|  | **Created Positions in FTE Categories:** | **Retained Positions in FTE Categories:** |
|  | Column A | Column B | Column C | Column D | Column E | Column F | Column G | Column H |
|  | PermanentFull Time | Permanent Part Time | Temporary Full Time | Temporary Part Time | Permanent Full Time | Permanent Part Time | Temporary Full Time | Temporary Part Time |
| Row 1 (To be completed by applicant) | # of positions in each FTE category(A - H) |       |       |       |       |       |       |       |  |
| Row 2 | Auto calculation of FTE subtotals | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** |
|  |
| Row 3 | Auto Calculation: **Created FTEs:** | 0.00 |  |
| Row 4 | Auto Calculation: **Retained FTEs:** | 0.00 |  |
| Row 5 | Auto Calculation: **Permanent Full Time Jobs Created:** | 0.00 |  |
| Row 6 | Auto Calculation: **Permanent Full Time Jobs Retained:** | 0.00 |  |
| Row 7 (cell to be completed by applicant) | Other anticipated employment Impact of DCEO grant: |       | **NOTE: The numbers in this table should not include workers directly related to or performing the construction of your project.** |

**List the job position(s) to be created and the anticipated hiring timeline for each below:**

| **Position Title and Description** | **Anticipated Hiring Timeline** |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

* 1. **Community Impact: How will your project benefit the local community or economy, especially if located in a CDFI area?**
		+ Required Supporting Documentation: Include letters of support or endorsements from community organizations, local government, or other relevant entities, particularly those in the CDFI area.

Click or tap here to enter text.

Section 5: Business Sustainability Plan

* 1. **Describe your sustainability plan for this project, including how you will maintain and grow the improvements made through this funding over the next 24 months.**
		+ Required Supporting Documentation: Attach a detailed sustainability plan, including financial projections, key performance indicators (KPIs), and strategies for addressing potential challenges**.**

Click or tap here to enter text.

Section 6: Supporting Documentation Checklist

The following Supporting Documentation must be included with your Grant Application Submission. Use the boxes below to ensure you have collected all required supporting documents.

**[ ]  Project Location:** Attach an electronic/digital photo of the proposed project location.

**[ ]  SEDI Certification, Demographic Disclosure or BEP Certification:** Attach your SEDI certification, Demographic Disclosure or BEP verification.

[ ]  **CDFI Area Verification:** Attach proof of your business location within a CDFI area, such as a map or

 official documentation.

[ ]  **Permits and Approvals:** Attach proof of any required permits or approvals, especially for property

 acquisition or renovation projects (if answered *yes*).

[ ]  **Property Agreement:** Attach copies of ownership or lease agreements, or intent to purchase agreements for property acquisition (if answered *yes*).

[ ]  **Project Plan and Timeline:** Attach detailed project schedules or timelines.

[ ]  **Financial Overview Summary:** Attach a summary of your current revenue, profit margins, and any

 significant financial obligations or debts.

[ ]  **Financial Impact:** Attach supporting documents such as financial projections or past profit/loss statements.

[ ]  **Job Creation/Retention:** Attach job creation/retention plans, letters of intent for new hires, and documentation on current staffing levels.

[ ]  **Letters of Support:** Attach any letters of support or endorsements from community organizations,

 local government, or other relevant entities.

[ ]  **Sustainability Plan:** Attach a detailed plan outlining your KPIs, financial projections, and strategies for

 maintaining improvements.

Section 7: Applicant Certification

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my knowledge and belief, the information submitted herewith is true, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.

I hereby release to DCEO the rights to and use of photographs and/or any written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), contained in or provided after the grant application for the purpose of publication on DCEO's website.  I hereby also release any and all claims against DCEO, its officers, agents, employees and/or affiliates arising out of, or in connection with, the usage of photographs and/or written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), for the purpose of publication on DCEO's website.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature** *\*Digital signatures are not accepted.*

**Printed Name and Title:** ​Click or tap here to enter text.​

**Date:** ​Click or tap here to enter text.​

The applicant should read and understand the certification statement provided in this section.

**The individual who signs this section should be the individual that is authorized to sign the grant agreement if grant funds are awarded.** The authorized individual must sign their name (wet signature is required), as well as print their name and title and date of certification.*.*