

**Community Development Block Grant - Coronavirus**

**BUSINESS RESILIENCY PROGRAM**

**SECTION I**

**FUNDING OPPORTUNITY INFORMATION**

This Application is for the use of federal Community Development Block Grant-Coronavirus (CDBG-CV) Funds through the State of Illinois’ Department of Commerce and Economic Opportunity (DCEO), Office of Community Development.

CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER: 14.228

CFDA TITLE: COMMUNITY DEVELOPMENT BLOCK GRANTS/STATES PROGRAM-CORONAVIRUS

CATALOG OF STATE FINANCIAL ASSISTANCE (CSFA) NUMBER: 420-75-3165

CSFA TITLE: COMMUNITY DEVELOPMENT BLOCK GRANT-CORONAVIRUS BUSINESS RESILIENCY PROGRAM

NOTICE OF FUNDING OPPORTUNITY NUMBER: 3165-2578

DCEO FUNDING OPPORTUNITY NUMBER: 30-1

DCEO FUNDING OPPORTUNITY TITLE: CDBG-CV BUSINESS RESILIENCY

Applications may be submitted based on the published Guidebook and Notice of Funding Opportunity (NOFO). The Guidebook and required supporting documentation for the application can be found at: <https://dceo.illinois.gov/communitydevelopment.html>

**FEDERAL AND STATE PROGRAM OBJECTIVES**

On March 27th, 2020, Congress passed the Coronavirus Aid, Relief and Economic Security Act (CARES Act) to directly address the impacts of COVID-19. As part of the CARES Act, Congress appropriated $5 billion to the U.S. Department of Housing and Urban Development (HUD) for allocation to cities and states through the Community Development Block Grant (CDBG) program. The State of Illinois has been allocated $70,753,404 of these CARES Act CDBG-Coronavirus funds (CDBG-CV funds). CDBG-CV funds must be utilized to prevent, prepare for, and respond to COVID-19. The State of Illinois will offer three programs to meet this goal.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program** | **Funding available throughout State** | **Funding for Non-Entitlement Areas Only** | **Total Funding** | **Grant Ceiling** | **Goals** |
| Shelter Construction, Reconstruction, Rehab | $15,000,000 | $5,000,000 | $20,000,000 | $2,000,000. | 10. |
| Healthy Houses | $21,614,873 | 0 | $21,614,874 | $50,000/home. | 410. |
| Business Resiliency | 0 | $24,185,793 | $24,185,793 | $20,000/business | 1,209. |
| TOTAL | $36,614,873 | $29,185,793 | $65,800,667 |  |  |

HUD regulations provide that five percent (5%) of the allocation can be used for administration and two percent (2%) for technical assistance for the State-administered program. Within the statutory requirements of the Act, Illinois has the flexibility to design its own program objectives and procedures for program administration and to develop criteria for selection of grant recipients.

**GENERAL APPLICANT INFORMATION**

**A.** **Funding Availability**

Each program component has a maximum funding level or grant ceiling. While grant ceilings establish the upper limits that may be requested, individual grants are invited only to apply in amounts commensurate with requirements of the proposed project.

Funds are available to all eligible applicants meeting program component requirements until all funds allocated to this component have been distributed. All applications will include a review of all sources and uses of funds, determination that other assistance funding have not been used for the same purpose, and a determination that CDBG participation is appropriate. The Department reserves the right to offer an award less than the application amount.

In case of unforeseen circumstances, the Department of Commerce and Economic Opportunity (Department) reserves the right to adjust allocations to address specific needs.

All applications must be made through one unit of local government acting as the Lead Local Government (LLG) for all local governments in the County. The local government acting as the LLG must be recognized by the Illinois Constitution and able to support economic development activities on a sufficient scale. Grant funds will be granted to the LLG to be provided as financial assistance to an eligible business which must document the need for grant assistance. **Businesses cannot apply directly to DCEO** for assistance and grant awards will not be made directly to the business.

**B.** **APPLICATION MATERIALS**

**ALL ORIGINAL Application Forms and Materials as shown in the Guidebook must be utilized**. The Department WILL designate an application “DO NOT FUND”, and not complete the rest of its’ scoring for the following reasons:

1. Using self-created forms
2. Adding to or removing any language in forms
3. Forged, copied, taped, pasted or any alterations to original signatures or dates

All Letters, Notices, Resolutions, Agreements, or other communication provided as part of the application must be of the exact verbiage contained in the Guidebook, be on the applicant entity’s official letterhead and have original signatures, where required.

All application forms and certifications requiring signature must be signed by the Chief Official of the applicant, unless otherwise noted.

C. **Technical Assistance**

If you have any questions concerning the application process, please call the Department at (217) 785-6174, TDD 800/785-6055; or e-mail [ceo.ocd@illinois.gov](mailto:ceo.ocd@illinois.gov)

**SECTION II**

**CDBG-CV PROGRAM INFORMATION AND POLICIES**

This section of the application guide contains a description of the general requirements and policies applicable to all CDBG-CV projects.

1. **REQUIREMENTS, DISCLAIMERS, FEDERAL and state compliance areas**

The following requirements apply to all applications submitted for consideration under the CDBG and CDBG-CV Programs.

1. **All projects awarded must tie back to the to the prevention, preparation, and response to coronavirus**. Documentation is essential to ensure that all activities comply with the CARES Act. The rationale for connection to addressing coronavirus will vary by jurisdiction and activity, but your application should tell a story about how the activities address the purpose of this funding.
2. HUD is waiving the requirements of 570.200(h) and 570.489(b) to the extent necessary to authorize a grantee to permit reimbursement of pre-application costs of subrecipients, and units of general local government, including those costs related to preparation and submission of the grant application; however, costs incurred prior to March 21, 2020, are not reimbursable under this grant program.
3. All grants must meet the National Objective of Low to Moderate Income for the benefiting business.
4. The Department reserves the right to reject any or all applications received and/or negotiate or cancel in part or in entirety grants resulting from application awards if it is in the Department’s best interest to do so.
5. The Department reserves the right to establish the amount of grant funds awarded, raise the individual grant ceilings, and to award funds to the next highest rated applicant(s) should funds become available due to de-obligations, etc.
6. The Department reserves the right to deny funding when submitted applications involve eligible units of government with serious unresolved audit or monitoring findings related to performance.
7. A grant agreement will be issued to the local government for a contract period of six months. If circumstances beyond a grantee’s control are apparent and impact the project, a grantee may apply for an extension, which may, or may not be granted. No more than one three-month extension may be considered. Requests for Modifications must be presented to the Department and approved prior to any changes.
8. A HUD Exempt/Categorically Excluded not subject to 58.5 Environmental Review form, signed and dated by the community’s environmental review preparer and chief elected official must be included with the application.
9. A copy of the current FEMA FIRMette obtained from FEMA’s Map Service Center <https://msc.fema.gov/portal/home> with all of the proposed business’s locations clearly marked must be included with the application. Businesses must be labeled by number and an accompanying key provided noting which business correlates to which number. If the business is located in a denoted prohibited Floodway, then the business would be ineligible for assistance unless the business is a functionally dependent use of the floodway (e.g., a riverside marina or boat repair shop). If a singular FEMA FIRMette is not sufficient to provide the location of all the businesses applying, multiple FEMA FIRMettes may be included.
10. All businesses must provide an ITR-1 verification that the business has no tax liability with the Illinois Department of Revenue at the time of application. . This may be obtained at: <http://tax.illinois.gov/taxforms/misc/clearance/ITR-1.pdf>
11. CDBG-CV grant funds may not be used for any activity that would duplicate other benefits received. A duplication of benefits (DOB) occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose within the same time period, and the total assistance received for that purpose is more than the total need for assistance. Within the CDBG-CV program, all grantees are bound by Section 312 of the Stafford Act, as amended by the Disaster Recovery Reform Act, and the OMB Cost Principles within 2 CFR part 200 that require all costs to be “necessary and reasonable for the performance of the Federal award.”
12. **Each applicant must agree to comply with all applicable federal and state requirements.** **This includes 2 CFR 200, 24 CFR 570, Part 85, and the Grantee Accountability & Transparency Act (GATA).**
13. **RESIDENT PARTICIPATION**

A public hearing must be held prior to submission of an application and prior to passage of a local council resolution of support by the local governing body.

Resident Participation

1. All applicants **must** provide for public participation. All residents must be given reasonable access to the community’s application and reasonable time to review the application prior to the public hearing.

Public Notice

1. A Notice of Public Hearing **must** be published at least once in a newspaper of general circulation at least seven calendar days (excluding the date of publication *and* the date of the hearing) prior to the public hearing.For example, if the Public Hearing is to take place on the 9th of the month, the Notice must be published no later than the 1st of the month.
2. All project information must be available for viewing no later than the first business day after the date of publication at a location within the community. The location of project information for viewing must be included in the Notice of Public Hearing.

Conducting the Public Hearing

1. Public Hearings must be facilitated by the applicant’s governing body authorized official and certified by the authorized official or clerk.
2. Efforts must be made to assure reasonable access to the public hearing by persons with disabilities; as well as be conducted in a manner to meet the needs of non-English speaking residents where a significant number of non-English speaking residents can reasonably be expected to participate.
3. Those attending the public hearing must be informed of where and how to access a copy of the application.
4. A sign-in sheet must be provided to document attendance. It is suggested that each person attending the public hearing provide his address and identify his role of participation (e.g., resident, elected or appointed official, municipal employee, contractor, grant administrator, business owner, etc.).
5. The public hearing must cover:
6. The amount of funds available
7. The activities that will be undertaken with grant funding, including amount
8. A detailed, prioritized list of community development and housing needs; and
9. A narrative discussion of the scope of the project including the proposed improvements, costs, benefit area, impact on community finances, etc.
10. The minutes of the public hearing must be certified by the chief elected official or other authorized local officials, such as county clerk, city clerk, etc.

Documenting Resident Participation

The following documents must be submitted with the application.

1. 7-day Notice
2. Newspaper Clipping
3. Publisher’s Certification
4. Certified Minutes
5. Attendance Sheet

**As the opportunity for resident participation is a federal requirement, if the publication guideline or public hearing requirements are not met, the application will not be reviewed further nor considered for funding.**

**A sample of a public hearing notice is contained in the Application Forms section.**

1. **ACTIVITY DELIVERY COSTS and ASSOCIATED COSTS**

Community Development Block Grants are federally funded and must comply with extensive federal regulations. Failure to comply could result in grant funds being repaid by the Grantee. It is necessary for Grantees to seek out an experienced Grant Administrator to manage all the details of the grant, provide oversight and coordination of the project. This management process is called “Activity Delivery”. A list of experienced CDBG Grant Administrators can be found at: <https://www2.illinois.gov/dceo/CommunityDevelopment/Pages/default.aspx>

**All application writers and grant administrators must have administered an Illinois CDBG grant within the last 6 years.**

**All application writers must attend the grant Application Workshop.** Information on date, time and registration is available on our website at: <https://dceo.illinois.gov/communitydevelopment.html>

Contracts for the purpose of securing services for activity delivery, including activities related to writing and the submission of the application, must be competitively procured unless the contract is with an Intergovernmental Agreement Agency, or an Inter-Entity Agreement Agency. If an applicant is awarded a CDBG-CV grant, the grantee’s procurement process must be documented and kept with the grant files. The Illinois CDBG Procurement Policy can be found in Section VII of the CDBG Programs Guidebook on our website.

The amount of CDBG-CV funds that may be allowed for reasonable activity delivery costs is 10% of the grant request but no more than $35,000; and must be included in the total grant award.

**Activity Delivery:** Includessuch costs as (but are not limited to) salaries, travel costs, services performed under third party contracts, including preparation and submission of the grant application, legal and audit services, environmental record review preparation, additional fidelity bonding costs or other services required for the delivery of grant activities.

Activity delivery costs may include the estimated cost of an audit to be conducted in accordance with the Comptroller General's Governmental Auditing Standards, and 2 CFR 200.501, if applicable. However, be advised that CDBG-CV funds can only be used to pay for its portion of the costs of an audit when a "single audit" is required. If a grantee expends less than $750,000 of federal funds in one fiscal year, a single audit is not required. The grantee may still have to conduct an annual audit as required by State statute, but CDBG-CV funds may not be used to reimburse for any portion of the audit costs.

All Activity Delivery costs must be substantiated with complete invoices utilizing the Department’s template and include the work that was completed, when and where it was completed, who completed it, associated wages and attributable costs. Invoices without sufficient detail are not eligible for reimbursement. **Activity Delivery costs will not be reimbursed if a grant is not awarded.**

1. **INITIAL GRANTEE RESPONSIBILITY**

Successful applicants (local governments) will receive a **Notice of State Award** (NOSA) which includesinformation regarding your entity, grant funding, grant terms and conditions, and specific conditions assigned to the grant based on the risk assessments. To receive the formal Grant Agreement, the Grantee (local government) must indicate agreement to the contents of the NOSA by remitting its acceptance through the GATA Grantee Portal.

1. **REPORTING**

The local government will be responsible for a close-out report.

Only the following will be required:

* + Programmatic and Fiscal Closeout Report
  + Cancelled checks/bank documentation to verify funds have been disbursed to the benefitting business(s).
  + Invoice, cancelled checks/bank documentation to verify funds have been disbursed for Activity Delivery.
  + Evidence of public hearing at time of closeout.

Grantees will be required to retain receipts and documentation for a minimum of 5 years after grant completion.

**SECTION III**

**BUSINESS RESILIENCY PROGRAM**

The objective of the Business Resiliency program is to reimburse businesses for the durable permanent or semi-permanent equipment purchased or rented to prevent, prepare for, or respond to COVID-19. Funds are available upon request and qualified application.

**Eligible Applicants**

A “Lead Local Government” must be established to act as a “clearinghouse” for all businesses within the county wishing to apply for CDBG-CV Business Resiliency grant funding.  Local governments eligible to act as the Lead Local Government include counties, cities, and villages. Ideally, the Lead Local Government will have received and completed a Community Development Block Grant (CDBG) within the past six years, thus making them familiar with the basic tenants of the federal program, however this is not a requirement.

**The Department will only accept one application per county, which must contain all businesses that wish to receive grant funding.** **Secondary applications from the same Lead Local Government or other local governments in the County will not be accepted.** If a Lead Local Government within the County cannot be secured, the Lead Local Government in an adjacent County may adopt the area through an Intergovernmental Agreement.

If the application includes businesses outside of the Lead Local Government’s boundaries, an Intergovernmental Agreement must be executed between the LLG and the incorporated area where the business is located. The Intergovernmental Agreement must be included with the application.

Under the Grant Accountability & Transparency Act (GATA), all applicants (the local government) must register with the State of Illinois via the “Grantee Portal” at [www.grants.illinois.gov](http://www.grants.illinois.gov) and be **pre-qualified prior to application**.The applicant (local government) is also required to complete the Internal Controls Questionnaire (ICQ) for Fiscal Year 2024. The benefiting business is not required to register on the Grantee Portal or submit an Internal Controls Questionnaire.

1. **INELIGIBLE APPLICANTS**

Communities receiving an annual allocation directly from HUD on an entitlement (formula) basis are not eligible to apply for Business Resiliency funding, and businesses located within the entitlement areas are not eligible for assistance. In 2023, Illinois has 33 metropolitan cities and eight urban counties named as Entitlements. They are:

**Metropolitan Cities**

|  |  |  |  |
| --- | --- | --- | --- |
| Arlington Heights | DeKalb | Mount Prospect | Rantoul |
| Aurora | Des Plaines | Naperville | Rockford |
| Berwyn | Elgin | Normal | Rock Island |
| Bloomington | Evanston | Oak Lawn | Schaumburg |
| Champaign | Hoffman Estates | Oak Park | Skokie |
| Chicago | Joliet | Palatine | Springfield |
| Cicero | Kankakee | Pekin | Urbana |
| Danville | Moline | Peoria | Waukegan |
| Decatur |  |  |  |

**Urban Counties**

Cook County DuPage County Kane County Lake County

Madison County McHenry County St. Clair County Will County

A community that has opted out of inclusion in a HUD Entitlement Area is eligible to apply but must include documentation of the option at the time of application.

1. **ELIGIBLE BENEFITTING BUSINESSES**

To be eligible for inclusion in the Lead Local Government’s application, businesses must meet the following criteria:

* Business must be in business on March 21, 2020.
* Business must be operating and open at the time of application and reimbursement.
* Business must employ at least one person besides the owner, and W-2s must be filed for all employees annually.
* In order to meet the low-to-moderate income (LMI) National Objective, business must be located in a Census Tract with a minimum of 20% poverty; **OR** Business must meet the LMI threshold for CDBG-CV funding through the U.S. Department of Housing and Urban Development. HUD has granted a waiver for the LMI jobs national objective to streamline income verification by accepting annual wage information from an assisted business demonstrating that individuals that apply for or hold jobs earn less than the Section 8 low-income limit for a one-person family. To qualify:
  + Business must file quarterly IL-941 forms to the Illinois Department of Revenue. The most recent IL-941 must be submitted with the application.
  + The IL-941 form will be utilized to establish the business meets HUD’s National Objective of assistance to Low-to-Moderate Income persons.
  + The number of employees and wages earned will be evaluated in comparison to the most recent Section 8 Income Limits for your County. To meet the National Objective, the majority of employees must be considered Low-to-Moderate Income based on the evaluation.
  + Businesses that cannot meet the National Objective will not be funded.
* Assisted businesses must not be in a HUD direct Entitlement community or located in an urban county that receives "entitlement" funds (see Section B) unless they have previously opted out of Entitlement funding. Applications that include businesses in an area that has opted out of Entitlement funding must provide documentation of the option at the time of submission.
* The business location will be determined based on the primary business location (where people come to receive services) Examples:
  + If the primary business address is in Springfield but the owner lives in Chatham, the business is not eligible for assistance.
  + If the primary business address is in Chatham but the owner lives in Springfield, then the business is eligible for assistance.

Businesses that have multiple locations can apply for each location **if** each business has its own FEIN and operates independently of the other. If the same FEIN is used for multiple locations, the business can only apply once, utilizing the address on record with the Secretary of State.

1. **INELIGIBLE BUSINESSES**

**The following businesses are specifically ineligible for assistance**:

* Not-for-profit businesses.
* Independent contractors who receive a 1099 form for tax purposes.
* As this grant is federally funded, the following businesses are not eligible to apply:
  + Businesses that involve the use of cannabis for medical and/or recreational purposes
  + Private club or business that limits membership for reasons other than capacity.
  + A business that derives at least 33% of its gross annual revenue from legal gambling activities, unless, subject to the Department’s approval, the business is a restaurant with gaming terminals.
  + Business engaged in manufacturing or selling at wholesale, tobacco products, vaping, liquor or sexually explicit materials or in the business of manufacturing or selling firearms at wholesale or retail.
  + Liquor store, an adult bookstore, non-therapeutic massage parlor, strip club or nightclub
  + Pawn Shops
  + Storage facility, trailer-storage yard or junk yard
  + Businesses owned by public officials or state employees who are paid at least 60% of the governor’s salary; their spouses, and their minor children.
* An establishment similar to any enumerated above; or
* Any other business subsequently deemed ineligible by the U.S. Department of Housing and Urban Development.

1. **Eligible Activities/EXPENSES**

The business may be reimbursed for permanent or semi-permanent equipment or depreciable property (as defined by IRS rules) purchased or rented to prevent, prepare for, or respond to COVID-19 in order to open or remain open. Examples include (but are not limited to) tents and other outdoor seating arrangements, plexiglass partitions, and cashless payment systems.

* Expenses must be incurred on or after March 21, 2020.
* Expenses must have been paid for prior to application and proper documentation included in the application
* No future expenses. Grant is only for reimbursement of previous paid expenses.
* All expenses must be considered Environmentally exempt, box 10; or CENST, box 4.

**The business is limited to a maximum of $20,000 in reimbursement.** Lead Local Governments may, upon appropriate protocol, lower the reimbursement ceiling for their County.

**F**. **Ineligible Activities/EXPENSES**

* PPE, hand-sanitizer and other non-durable equipment or similar items are not eligible for reimbursement.
* Working capital expenses including accounts receivables and inventory.
* Activities/Expenses that do not meet the above definition of eligible expenses.
* Any expense that has been/or will be paid for by another benefit program.

**G.** **APPLICATION NARRATIVE RESPONSES and INCLUSIONS**

All applications must include the following narrative responses and requested documentation. Please utilize the Submission Checklist contained in the Application Forms section to ensure all required application components are included and for placement in the application submission.

**FROM THE LEAD LOCAL GOVERNMENT**

1. **Letter of Transmittal** – must be dated, include the total amount requested, a list of the businesses that will benefit from the application, and certify that the application has been approved by the unit of local government named in the application. A sample letter of transmittal is available in the Application Forms section.
2. **State of Illinois-DCEO Uniform Grant Application** The Uniform Grant Application must be completed by the local government, and can be found at: [Community Development Block Grant - Coronavirus Business Resiliency Program (illinois.gov)](https://dceo.illinois.gov/aboutdceo/grantopportunities/3165-2578.html)
3. **Applicant Information** Additional Applicant details from the local government. (see Application Forms section for form.)
4. **Uniform GATA Budget** Local governments must complete the Uniform GATA Budget to cover the total amount of grant requests from benefitting businesses and Activity Delivery. It can be found at: [Community Development Block Grant - Coronavirus Business Resiliency Program (illinois.gov)](https://dceo.illinois.gov/aboutdceo/grantopportunities/3165-2578.html)

This budget has been streamlined to **only** **include Equipment and Contractual Services** (for Activity Delivery). Please read and follow the directions below for completion:

Begin with the Equipment tab on the bottom of the Excel file. An example is provided below. Put the name of the business seeking reimbursement in the “Item” column, and the amount of reimbursement in “Equipment Cost” column. The State Total at the bottom of the page automatically adds up the Costs. The State Total will then automatically fill in the appropriate cells in Section A. **The Equipment Cost must be the amount requested by the Business and documentation supporting all costs must be provided.**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Quantity | Cost | Equipment Cost |
| Susi’s Bakery |  | *$* | ***$ 9,900.00*** |
| Joe’s Bar |  | *$* | ***$ 1,300.00*** |
| Best Restaurant Ever |  | *$* | ***$ 20,000.00*** |
| Subway |  | *$* | ***$ 1, 600.00*** |
| IGA Local Grocery |  | *$* | ***$ 17,500.00*** |
|  |  | ***State Total*** | ***$ 50,300.00*** |

Next, go to the Contractual Services tab. Fill in the entity that will be completing the Activity Delivery and the amount.

The Narrative Summary will be automatically filled based on the information in the Equipment and Contractual Services sections. You do not need to do anything further.

Complete Section A next. Verify that the State Total has transferred to the Total Revenue and Total Expenditures boxes. Fill in the Organization Name (local government) and UEI#.

The ICI Indirect Cost Rate tab has been pre-filled to show no reimbursement for indirect costs is being requested. This is because indirect costs are not an eligible expense for this grant.

The final part of the Budget is the Certification section. This must be signed by the Chief Elected Official and the person who handles the financial affairs for the Lead Local Government, for example, the City Treasurer.

1. **Resident Participation Public Hearing Documentation** (see Section IIB and the Application Checklist for a listing of **all required documentation** and a sample Public Hearing Notice).
2. **Council Resolution of Support**, required for all CDBG-CV funded grant applications. An example can be found in the Application Forms section.
3. **Local Government Certifications** as required for all grants and signed by the Chief Elected Official. (see Application Forms)
4. **Mandatory Disclosures** as required for all grants, signed by the chief elected official of the local government. (see Application Forms)
5. **Conflict of Interest Disclosure** as required for all grants, signed by the chief elected official of the local government. (see Application Forms)
6. **REQUIRED ATTACHMENTS from the Local Government**  The following items must be attached to the Application:
7. **Intergovernmental Cooperation Agreement** (if necessary)
8. **Fair Housing Resolution** A copy of the unit of local government’s Fair Housing Resolution. Samples can be found via an internet search.
9. **W-9**
10. **SAM Registration (CAGE #)** All grantees are required to be registered in the System for Award Management (SAM) at [www.sam.gov](http://www.sam.gov) for the purpose of obtaining a Commercial or Government Entity (CAGE) Code. The CAGE Code is a unique identifier assigned to government agencies and various organizations. **CAGE** codes provide a standardized method of identifying a given facility at a specific location. **This documentation must be available at the time of grant award if not submitted with the application. The benefiting business does not need a SAM registration.**
11. **IRS Certification Letter** Include in the application “Letter 147c” or “Letter 4158c” provided by the IRS to verify the Taxpayer Identification Number (TIN) or Federal Employer Identification Number (FEIN) for the applicant (Lead local government). If you do not have a current (dated within five years) copy of an IRS certification letter on file, please call the IRS Business line, **1-800-829-0115**, to request a **“Letter 147C”**, *or* call **1-877-829-5500** to request a "**Letter 4158c.”** Only the local government is authorized to request a copy of this letter. This certification letter is only required for the Lead local government. **NOTE: If an IRS Certification Letter cannot be obtained prior to application, it must be provided to the Department prior to grant award.**
12. One HUD Exempt/Categorically Excluded not subject to 58.5 **Environmental Review form** covering all of the businesses in the application, signed and dated by the community’s environmental review preparer and chief elected official must be included with the application.
    1. A copy of the current FEMA FIRMette obtained from FEMA’s Map Service Center <https://msc.fema.gov/portal/home> with all of the proposed business’s locations clearly marked must be included with the application. Businesses must be labeled by number and an accompanying key provided noting which business correlates to which number. If the business is located in a denoted prohibited Floodway, then the business would be ineligible for assistance unless the business is a functionally dependent use of the floodway (e.g., a riverside marina or boat repair shop). If a singular FEMA FIRMette is not sufficient to provide the location of all the businesses applying, multiple FEMA FIRMettes may be included.

**FROM EACH BENEFITTING BUSINESS**

1. **Benefitting Business Information** - Basic information on the Benefitting Business
2. **Duplication of Benefits Certification** - attestation that the reimbursement does not duplicate funding already received.
3. **Business Certification** signed by the benefiting business’s authorized signatory (form is found in the Application Forms section).
4. **Employment Documentation** - A copy of the most recent IL-941 must be submitted with the application.
5. **Reimbursement Summary** (form is found in the Application Forms section).
6. **Copies of Invoices for Equipment requested for reimbursement**
7. **Copies of** **the Bank Statement, Credit Card Statement, or Receipt to show that the equipment expenditure was paid**
8. **REQUIRED ATTACHMENTS from the benefiting Business**  The following items must be included with the Application:
   * An ITR-1 verification that the business has no tax liability with the Illinois Department of Revenue

**H. APPLICATION REVIEW AND EVALUATION PROCESS**

The screening and review process for the program is designed to ensure that limited CDBG-CV program funds are awarded to communities for the use of businesses that meet the qualifications. The actual number and total dollar value of awards will be subject to the number of applications and qualified expenditures.

The CDBG-CV Business Resiliency program is non-competitive, meaning that if all information is accurate and provided, and meets the qualifying factors, a grant will be awarded on a first come-first served basis until all allocated funds have been awarded.

Each application will be reviewed for completeness of all required responses and inclusions. Failure of the Lead Local Government to complete the application as outlined; missing signatures; missing or inaccurate required documents; or not following the required Resident Participation protocol **will result in a decision to Do Not Fund (DNF) the entire application**.

Failure of a business applying for benefits to provide the Business Certification; the most recent IL-941; ITR-1 verification or accurate invoices and evidence of payment **will result in a decision to Do Not Fund (DNF) that specific business’s portion of the application.**

**Once submitted, there will be no opportunity for corrections to, or additional documentation for the application.** Accuracy and inclusion of all required materials is imperative to the success of the application.

**I.** **Submission Information**

Under the Grant Accountability & Transparency Act (GATA), all applicants (local governments) must register with the State of Illinois via the “Grantee Portal” at [www.grants.illinois.gov](http://www.grants.illinois.gov) and be pre-qualified prior to grant award.

The Application period for the CDBG-CV Business Resiliency component begins at 9:00 a.m. August 15, 2023 and ends at 5:00 p.m. December 31, 2023, unless all funds are previously exhausted. No applications will be accepted prior to the application opening date and time and must be received in our office by the application end date and time.

**One copy of the complete grant package in the order specified on the Submission Checklist** (Application Forms section) **must delivered in person to:**

Illinois Department of Commerce and Economic Opportunity

Office of Community Development

1 West Old State Capitol (known as the Myers Building)

2nd Floor

Springfield, IL 62701

**Or mailed to:**

Illinois Department of Commerce and Economic Opportunity

Office of Community Development

Business Resiliency Program

607 East Adams

3rd Floor

Springfield, IL 62701

**Applications will be date and time-stamped upon receipt and processed in the order received.**

**PACKAGING YOUR APPLICATION**

All grant application materials **must** be:

* Typed (except for signatures and preprinted materials such as bank statements)
* Clipped together with a large binder clip on the top.
* Contained in one brown legal-size, open-top (no foldovers with cords or ties) expandable folders.
* Brown legal size folders are to be labeled with a 2”x 4” white label, placed in the top right-hand corner of the folder with the following information:
* Name of Applicant
* CDBG-CV BUSINESS RESILIENCY

For Example:

VILLAGE OF ABRACADABRA

CDBG-CV BUSINESS RESILIENCY

* All application materials requiring a signature from the applicant (local official) must be signed by the Chief Elected Official.
* All application materials requiring a signature from the benefiting business must be signed by the Business’s Authorized Signatory.
* **DO NOT USE: dividers, staples, binders, folders or other methods of containment.**

**J.** **FOR FURTHER INFORMATION and TECHNICAL ASSISTANCE:**

**E-Mail:** [**ceo.ocd@illinois.gov**](mailto:ceo.ocd@illinois.gov)

**Call: 217/785-6174**

# 

**CDBG-CV BUSINESS RESILIENCY**

**APPLICATION FORMS**

**CDBG-CV Business Resiliency Application Submission Checklist**

All CDBG-CV applications will be screened for completeness. Applicants must complete and submit this checklist with the application. **Please ensure your Application includes all of the listed information.** Use the right-hand column, labeled "Page Number" to indicate the page for each item.

LEAD LOCAL GOVERNMENT FORMS PAGE NUMBER

\_\_\_\_ Letter of Transmittal from Chief Elected Official \_\_\_\_\_\_

\_\_\_\_ Completed Submission Checklist (This Page) \_\_\_\_\_\_

\_\_\_\_ State of Illinois - DCEO Uniform Grant Application (completed by local government) \_\_\_\_\_\_

\_\_\_\_ Lead Local Government Information (additional local government information) \_\_\_\_\_\_

\_\_\_\_ Uniform GATA Budget – Business Resiliency (completed by the local government) \_\_\_\_\_\_

\_\_\_\_ Resident Participation:

7-Day Public Hearing Notice \_\_\_\_\_\_ Publisher’s certification \_\_\_\_\_\_

Certified minutes \_\_\_\_\_\_

Attendance sheet(s) \_\_\_\_\_\_

\_\_\_\_ Council Resolution of Support \_\_\_\_\_\_

\_\_\_\_ Local Government Certifications \_\_\_\_\_\_

\_\_\_\_ Mandatory Disclosures (completed by local government) \_\_\_\_\_\_

\_\_\_\_ Conflict of Interest (completed by local government) \_\_\_\_\_\_

\_\_\_\_ Intergovernmental Cooperation Agreement(s) if necessary \_\_\_\_\_\_

\_\_\_\_ Fair Housing Resolution \_\_\_\_\_\_

\_\_\_\_ W-9 (for local government) \_\_\_\_\_\_

\_\_\_\_ SAM Registration (CAGE # - for local government) \_\_\_\_\_\_

\_\_\_\_ IRS Certification Letter (for local government) \_\_\_\_\_\_

\_\_\_\_ HUD Exempt/Categorically Excluded not subject to 58.5 Environmental Review form \_\_\_\_\_\_

\_\_\_\_ FEMA FIRMette with business location marked \_\_\_\_\_\_

See the next page for Benefitting Business Checklist

**BENEFITTING BUSINESS** **SUBMISSION CHECKLIST**

Copy and complete this page for each benefitting business included in the application. This page should then be used as a separator between businesses. **The following 9 items must be completed & included for each business:**

NAME OF BENEFITTING BUSINESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ 1. Benefitting Business Information \_\_\_\_\_\_

\_\_\_\_ 2. Duplication of Benefits Certification \_\_\_\_\_\_

\_\_\_\_ 3. Business Certification \_\_\_\_\_\_

\_\_\_\_ 4. Employee Documentation – Most recent IL-941 submitted to ILDOR \_\_\_\_\_\_

\_\_\_\_ 5. Current ITR-1 Verification \_\_\_\_\_\_

\_\_\_\_ 7. Reimbursement Summary \_\_\_\_\_\_

\_\_\_\_ 8. Copies of Invoices Equipment requested for reimbursement \_\_\_\_\_\_

\_\_\_\_\_ 9. Copies of the Bank Statement, Credit Card Statement, or Receipt to show that the \_\_\_\_\_\_

equipment expenditure was paid.

Letter of Transmittal

*This information must be transferred to the Applicant Community’s Official Letterhead*

Date

Director's Office

Illinois Department of Commerce and Economic Opportunity

500 East Monroe

Springfield, Illinois 62701

Dear Director:

The 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is submitting an application for Business Resiliency funding through the Community Development Block Grant Coronavirus (CDBG-CV) Program. The grant request totals 2 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to reimburse the following businesses for expenses to prevent, prepare for, or respond to Coronavirus so they could operate during the Pandemic.

3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (continue as needed)

We certify to the best of our knowledge these businesses meet the Low-to-Moderate Income National Objective and that all requests for reimbursement are appropriate.

Very truly yours,

4

***– Delete Key prior to Submission –***

1Unit of Local Government;

2Amount Requested;

3Benefiting Business

4Signature Block (Chief Elected Official)

***Insert CDBG-CV Business Resiliency Application Submission Checklist here.***

***Insert Uniform Grant Application here.***

*Completed by the local government.*

[Community Development Block Grant - Coronavirus Business Resiliency Program (illinois.gov)](https://dceo.illinois.gov/aboutdceo/grantopportunities/3165-2578.html)

**CDBG-CV APPLICANT PROJECT INFORMATION**

**BUSINESS RESILIENCY COMPONENT**

1. **PRE-APPLICATION REQUIREMENTS**

|  |  |
| --- | --- |
|  | DATE APPLICANT COMPLETED REGISTRATION ON GATA PORTAL (www.grants.illinois.gov) |

|  |  |
| --- | --- |
|  | DATE APPLICANT COMPLETED GATA’S “INTERNAL CONTROL QUESTIONNAIRE” (ICQ) Does not need to be completed at time of application but must be prior to grant award. |

**Council Resolution Information**

|  |  |
| --- | --- |
| Council Resolution Support Date (*MM/YY/DD)*: |  |
| Resolution Number: |  |

**II. Total Amount of Funding Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. APPLICANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Contact Phone Number |  | |
| Contact E-mail |  | |
| Fiscal Year End Date | MM | / DD |

1. **APPLICATION WRITER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  | | | |
| Last Name |  | | | |
| Title |  | | | |
| Agency Name |  | | | |
| Agency Type |  | | | |
| Mailing Address |  | | | |
| Telephone |  | | Email |  |
| Federal Employer Identification Number | |  | | |

***Insert Uniform GATA Budget here.***

*Completed by the local government.*

**PLEASE FOLLOW DIRECTIONS BEGINNING ON PAGE 12 OF THE GUIDEBOOK**

**TO COMPLETE THE GATA BUDGET.**

[Community Development Block Grant - Coronavirus Business Resiliency Program (illinois.gov)](https://dceo.illinois.gov/aboutdceo/grantopportunities/3165-2578.html)

**COUNCIL RESOLUTION OF SUPPORT**

**Resolution No. \_\_\_\_\_\_\_\_\_\_\_**

**(The Resolution CANNOT be dated prior to the date of the Public Hearing)**

WHEREAS, the (unit of local government) is applying to the State of Illinois for a Community Development Block Grant Coronavirus Program grant, and

WHEREAS, it is necessary that an application be made, and agreements entered with the State of Illinois.

NOW, THEREFORE, BE IT RESOLVED as follows:

1) that the (unit of local government) apply for a grant under the terms and conditions of the State of Illinois and shall enter in to and agree to the understandings and assurances contained in said application.

2) that the Mayor (County Board Chairman) and City Clerk (County Clerk) on behalf of the City (County) execute such documents and all other documents necessary for the carrying out of said application.

3) that the Mayor (County Board Chairman) and City Clerk (County Clerk) are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.

Passed this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_. (date required)

ATTEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Clerk (County Clerk) Mayor (County Board Chairman)

**PUBLIC HEARING NOTICE TEMPLATE**

***Reasonable access to all available application materials must be provided where all persons within the community will have reasonable access (e.g., Village or City Hall or a public area such as a post office, web page, community center, bank, etc. located within the same county as the applicant) and shall be available for a reasonable amount of time to allow for response and comment.***

(Applicant) will hold a public hearing on (date), at (time), in (place) to provide interested parties an opportunity to express their views on the proposed Business Resiliency application funded by Community Development Block Grant-Coronavirus (CDBG-CV) funds. Persons with disabilities or non-English speaking persons who wish to attend the public hearing and need assistance should contact (name, address, and phone #) no later than (date). Every effort will be made to make reasonable accommodations for these persons.

On or about (date of application submission), (Applicant) intends to apply to the Illinois Department of Commerce and Economic Opportunity for a grant from the State administered CDBG-CV program. This program is funded by Title 1 of the federal Housing and Community Development Act of 1974, as amended. These funds are to be used to reimburse businesses for the durable permanent or semi-permanent equipment purchased or rented to prevent, prepare for or respond to COVID-19. The total amount of CDBG funds to be requested is $(Amount requesting) and will address the needs of the following businesses due to the COVID-19 emergency. (Names of Businesses)

Information related to this application will be available for review prior to the public hearing as of (date of publication) at the office (location within the community) between the hours of (office hours). Interested citizens are invited to provide comments regarding these issues either at the public hearing or by prior written statement. Written comments should be submitted to (name and address—this may be the community or the application writer) no later than (date of public hearing) to ensure placement of such comments in the official record of the public hearing proceedings. This project will result in no displacement of any persons or businesses. For additional information concerning the proposed project, please contact (name, telephone number) or write to (person, address).

***Insert Seven Day Notice of Hearing here.***

The Notice of Public Hearing **must** be published at least once in a newspaper of general circulation at least seven calendar days (excluding the date of publication *and* the date of the hearing) prior to the public hearing. All project information must be available for viewing on the first date of publication at a location within the community.

***Insert Newspaper Clipping and Publisher’s Certification here.***

***Insert Certified Minutes here.***

The minutes of the public hearing must be certified by the chief elected official or other authorized local officials, such as county clerk, city clerk, etc.

***Insert Attendance Sheets here.***

A sign-in sheet must be provided to document attendance. It is suggested that each person attending the public hearing provide his address and identify his role of participation (e.g., resident, elected or appointed official, municipal employee, contractor, grant administrator, business owner, etc.).

**LOCAL GOVERNMENT CERTIFICATIONS**

On this (date) of (month), (year), the (title and name of the Chief Elected Official) of (name of the local government) hereby certifies to the Department of Commerce and Economic Opportunity in regard to an application and award of funds through the Community Development Block Grant - Coronavirus that:

1. It will comply with the National Environmental Policy Act (NEPA) with the submission of this application and it further certifies that no aspect of the project for assistance has or shall commence prior to the award of funds to the community and the receipt of an environmental clearance.

2. It will comply with the Interagency Wetland Policy Act of 1989 including the development of a plan to minimize adverse impacts on wetlands, or providing written evidence that the proposed project will not have an adverse impact on a wetland.

3. It will comply with the Illinois Endangered Species Protection Act and the Illinois Natural Area Preservation Act by completing the consultation process with the Endangered Species Consultation Program of the Illinois Department of Natural Resources, or providing written evidence that the proposed project is exempt.

4. It will identify and document all appropriate permits necessary to the proposed project, including, but not limited to: building, construction, zoning, subdivision, IEPA and IDOT.

5. No legal actions are underway or being contemplated that would significantly impact the capacity of the (name of local government) to effectively administer the program, and to fulfill the requirements of the CDBG program.

6. It will coordinate with the County Soil and Water Conservation District regarding standards for surface and sub-surface (tile) drainage restoration and erosion control in the fulfillment of any project utilizing CDBG funds and involving construction.

7. It is understood that the obligation of the State will cease immediately without penalty of further payment being required if in any fiscal year the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this agreement.

8. It acknowledges the applicability of Davis-Bacon prevailing wage rate requirements to construction projects; a wage rate determination must be obtained prior to commencement of any construction or equipment installation; and, it shall discuss these requirements with the contractor.

9. It will comply with Section 3 of the Housing and Urban Development Act of 1968 to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing federal, state, and local laws and regulations, be directed to low and very low income persons and businesses.

10. It certifies that no occupied or vacant occupiable low-to-moderate income dwellings will be demolished or converted to a use other than low-to-moderate income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.

11. It will conduct a Section 504 self-evaluation of its policies and practices to determine whether its employment opportunities and services are accessible to persons with disabilities.

12. It will comply with 2 CFR 200, 24 CFR 570, Part 85, and the Illinois’ Grant Accountability and Transparency Act (GATA).

13. The area, in whole or in part, in which project activities will take place, **IS** or **IS NOT** (*circle one)* located in a floodplain.

**A FEMA Floodplain map is included in the application (as required) and is located on Page \_\_\_\_\_\_\_\_\_**

14. DUNS Number: (# enter DUNS number here).

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

Signature of Chief Elected Official Date

**MANDATORY DISCLOSURES**

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as “Grantee”) must disclose, in a timely manner and in writing to the State awarding agency, all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award. See 30 ILCS 708/40; 44 Ill. Admin Code § 7000.40(b)(4); 2 CFR § 200.113. Failure to make the required disclosures may result in remedial action.

**Please describe all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the awarding of a grant to your organization:**

Grantee has a continuing duty to disclose to the Department of Commerce and Economic Opportunity (the “Department”) all violations of criminal law involving fraud, bribery or gratuity violations potentially affecting this grant award.

By signing this document, below, as the duly authorized representative of the Grantee, I hereby certify that:

* All of the statements in this Mandatory Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
* There is no action, suit or proceeding at law or in equity pending, nor to the best of Grantee’s knowledge, threatened, against or affecting the Grantee, before any court or before any governmental or administrative agency, which will have a material adverse effect on the performance required by the grant award.
* Grantee is not currently operating under or subject to any cease and desist order, or subject to any informal or formal regulatory action, and, to the best of the Grantee’s knowledge, it is not currently the subject of any investigation by any state or federal regulatory, law enforcement or legal authority.
* If Grantee becomes the subject of an action, suit or proceeding at law or in equity that would have a material adverse effect on the performance required by an award, or an investigation by any state or federal regulatory, law enforcement or legal authority, Grantee shall promptly notify the Department in writing.

Grantee Organization: Local Government

By:

Signature of Authorized Representative

Printed Name: Chief Elected Official Name

|  |  |
| --- | --- |
| Printed Title: Chief Elected Official Title | Date: |

**CONFLICT OF INTEREST DISCLOSURE**

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as “Grantee”) must disclose in writing to the awarding State agency any actual or potential conflict of interest that could affect the State award for which the Grantee has applied or has received. See 30 ILCS 708/35; 44 Ill. Admin Code § 7000.40(b)(3); 2 CFR § 200.112. A conflict of interest exists if an organization’s officers, directors, agents, employees and/or their spouses or immediate family members use their position(s) for a purpose that is, or gives the appearance of, being motivated by a desire for a personal gain, financial or nonfinancial, whether direct or indirect, for themselves or others, particularly those with whom they have a family business or other close associations. In addition, the following conflict of interest standards apply to governmental and non-governmental entities.

1. **Governmental Entity.** If the Grantee is a governmental entity, no officer or employee of the Grantee, member of its governing body or any other public official of the locality in which the award objectives will be carried out shall participate in any decision relating to a State award which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the State award.
2. **Non-governmental Entity.** If the Grantee is a non-governmental entity, no officer or employee of the Grantee shall participate in any decision relating to a State award which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the State award.

The Grantee shall also establish safeguards, evidenced by policies, rules and/or bylaws, to prohibit employees or officers of Grantee from engaging in actions, which create, or which appear to create a conflict of interest as described herein.

**The Grantee has a continuing duty to immediately notify the Department of Commerce and Economic Opportunity (the “Department”) in writing of any actual or potential conflict of interest, as well as any actions that create or which appear to create a conflict of interest.**

***Please describe all current potential conflict(s) of interest, as well as, any actions that create or which appear to create a conflict of interest related to the State award for which your organization has applied.***

If the Grantee provided information above regarding a current potential conflict of interest or any actions that create or appear to create a conflict of interest, the Grantee must immediately provide documentation to the applicable Department grant manager to support that the potential conflict of interest was appropriately handled by the Grantee’s organization. If at any later time, the Grantee becomes aware of any actual or potential conflict of interest, the Grantee must notify the Department’s grant manager immediately, and provide the same type of supporting documentation that describes how the conflict situation was or is being resolved.

Supporting documentation should include, but is not limited to, the following: the organization’s bylaws; a list of board members; board meeting minutes; procedures to safeguard against the appearance of personal gain by the organization’s officers, directors, agents, and family members; procedures detailing the proper internal controls in place; timesheets documenting time spent on the award; and bid documents supporting the selection of the contractor involved in the conflict, if applicable.

By signing this document, below, as the duly authorized representative of Grantee, I hereby certify that:

* All of the statements in this Conflict of Interest Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
* If I become aware of any situation that conflicts with any of the representations herein, or that might indicate a potential conflict of interest or create the appearance of a conflict of interest, I or another representative from my organization will immediately notify the Department’s grant manager for this award.
* I have read and I understand the requirements for the Conflict of Interest Disclosure set forth herein, and I acknowledge that my organization is bound by these requirements.

Grantee Organization: Local Government Name

By:

Signature of Authorized Representative

Printed Name: Chief Elected Official Name

|  |  |
| --- | --- |
| Printed Title: Chief Elected Official Title | Date: |

**INTERGOVERNMENTAL COOPERATION AGREEMENT**

The (cooperative unit of local government), (county name) County, Illinois, seeks to support the efforts of the (applicant unit of local government) to obtain Community Development Block Grant (CDBG) funds from the Illinois Department of Commerce and Economic Opportunity for (proposed project)

located in (project location community, township, county).

As the chief executives of our respective local governments, we are signing this agreement to cooperate as much as needed to accomplish these improvements.

The (applicant unit of local government) is hereby designated as the lead agency for this application and will be the applicant for the funds. The (applicant unit of local government) will be liable for all program administration functions should the grant be awarded.

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

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

Attest Attest

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

NOTE: This general form (or a suitable variation) is to be used by local government applicants whose proposed project or project area involves more than one jurisdiction. It is a required part of any "on behalf of" or joint application with appropriate modifications as may be required to fit local conditions.

***Insert Local Government’s W-9 here.***

***Insert Local Government’s***

***SAM Registration here***

***(must include current Unique Entity Identifier # effective April 2022).***

***Insert Local Government’s***

***IRS Certification Letter here.***

***Insert Environmental Review form here.***

A HUD Exempt/Categorically Excluded not subject to 58.5 **Environmental Review form**, signed and dated by the community’s environmental review preparer and chief elected official must be included with the application. This can be can be found at: <https://dceo.illinois.gov/communitydevelopment.html>

***Insert FEMA FIRMette(s) here.***

A copy of the current **FEMA FIRMette** obtained from FEMA’s Map Service Center <https://msc.fema.gov/portal/home> with the business’s location clearly marked must be included with the application. If the business is located in a denoted prohibited floodway, then the business would be ineligible for assistance unless the business is a functionally dependent use of the floodway (e.g., a riverside marina or boat repair shop).

***Insert Benefitting Business Submission Checklist here***

Copy and complete this page for each benefitting business included in the application. This page should then be used as a separator between businesses.

**BENEFITING BUSINESS INFORMATION**

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

Is Business operating under an Assumed Name? (see 805 ILCS 405)

\_\_\_\_\_ Yes, registered in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_ No

Benefitting Business Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefitting Business City, Illinois:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefitting Business Zip: 99999-9999: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefitting Business Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefitting Business E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefitting Business FEIN or ITIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefitting Business UEI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefitting Business SIC: <https://www.naics.com/sic-codes-industry-drilldown/> \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefitting **Business Authorized Signatory Contact:**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:

What year did this Business open? \_\_\_\_\_\_\_\_\_\_ Was this Business open on March 21, 2020?\_\_\_\_\_\_

Did this Business close during COVID? \_\_\_\_\_\_\_\_\_\_ Is this Business currently open? \_\_\_\_\_\_\_\_\_\_

How many employees did you have prior to March 21, 2020? \_\_\_\_\_\_\_\_\_\_

What was the average number of employees working in your business on any given day between March 21, 2020 and December 31, 2021? \_\_\_\_\_\_\_\_\_\_

How many employees do you currently have? \_\_\_\_\_\_\_\_\_\_

Please describe your business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Describe how the equipment requested for reimbursement was utilized to prevent, prepare for, or respond to COVID-19 so that your business could open or remain open during the pandemic. \_\_\_\_\_\_

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

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

**AMOUNT OF REIMBURSEMENT REQUESTED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DUPLICATION OF BENEFITS CERTIFICATION FOR CDBG-CV**

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal or State financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The CARES Act requires HUD to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

HUD requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with CDBG-CV funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

**This certification must be completed by any entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.**

Mark all sources of assistance received during the COVID-19 pandemic and note amount received.

|  |  |  |
| --- | --- | --- |
| **Received (Yes/No)** | **Source** | **Amount** |
|  | The Paycheck Protection Program |  |
|  | Unemployment compensation benefits |  |
|  | Insurance claims/proceeds |  |
|  | Federal Emergency Management Agency (FEMA) funds |  |
|  | Small Business Administration funds |  |
|  | Other Federal, State or local funding |  |
|  | Other nonprofit, private sector, or charitable funding. |  |
|  | Other (specify) |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name/title of business owner(s)

hereby certify that the assistance listed in the table above is accurate and complete, and that:

1. The reimbursement requested in this application for a Business Resiliency grant funded by Community Development Block Grant-Coronavirus Funds from the U.S. Department of Housing and Urban Development, benefitting the business of does not duplicate or replace payment received from any other source of assistance.
2. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

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

Signature of Business Authorized Signatory Date

**BUSINESS CERTIFICATIONS**

The Business certifies that it is a Business in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The Business further authorizes the Department of Commerce and Economic Opportunity to seek a tax clearance letter from the Illinois Department of Revenue and authorizes the Department of Revenue to provide such a letter stating whether the records of the Department show that Borrower is in compliance with all tax acts administered by the Department of Revenue and to which Borrower is subject.

The Business also certifies that no tax liens, including but not limited to, municipal, county, state, or federal, have been filed against the Business, any partners of the Business, the majority shareholder of the Business, or in the name of a related business owned by the recipient.

The Business authorizes the Department of Commerce and Economic Opportunity to verify in any manner deemed appropriate any and all items indicated in this application which includes information obtained through the Illinois Department of Employment Security, Consumer Credit Bureau Services, business reporting services such as Dun and Bradstreet and criminal history record check.

The Business certifies that all information and documentation contained in this application, is accurate, complete and true to the best of his/her knowledge.

The Business certifies that but for the measures they took to prevent, prepare for, or respond to Coronavirus, which includes the purchase of equipment for which they are now seeking reimbursement, the business would have been unable to operate during the pandemic and jobs would have been lost.

The Business certifies that it has read and understands the application guidelines.

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

Signature of Chief Executive Officer Date

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

Typed Name of Chief Executive Officer

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

Name of Business FEIN #

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

Business Address UEI #

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

SIC #

***Insert Most Recent IL-941 submitted to ILDOR here***

***Insert ITR-1 from ILDOR here***

**REIMBURSEMENT SUMMARY**

The business may be reimbursed for permanent or semi-permanent equipment purchased or rented to prevent, prepare for, or respond to COVID-19 in order to open or remain open. Examples include (but are not limited to) tents and other outdoor seating arrangements, plexiglass partitions, and cashless payment systems. The following table must be completed accurately and include all items requested for reimbursement.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item/Equipment:** | | | | | | | | | | **Rented 🞏 or Purchased 🞏** | | |
| **Briefly Describe the Item's Use:** | | | | | | | | | | | | |
| **Invoice From:** |  | | | | | **Date of Invoice:** |  | | **Invoice Number:** | | |  |
| **Amount of Invoice:** | | **$** | | | **Amount Requested for Reimbursement:** | | | **$** | | | | |
| **Method of Purchase: 🞏 Cash 🞏 Check # \_\_\_\_\_\_\_\_\_\_\_ 🞏 Credit Card (type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| **Statement or Receipt From:** | | |  | | | | **Date of Statement or Receipt:** | | | |  | |
|  | | | |  | | | |  | | | | |
| **Item/Equipment:** | | | | | | | | **Rented 🞏 or Purchased 🞏** | | | | |
| **Briefly Describe the Item's Use:** | | | | | | | | | | | | |
| **Invoice From:** |  | | | | | **Date of Invoice:** |  | | **Invoice Number:** | | |  |
| **Amount of Invoice:** | | **$** | | | **Amount Requested for Reimbursement:** | | | **$** | | | | |
| **Method of Purchase: 🞏 Cash 🞏 Check # \_\_\_\_\_\_\_\_\_\_\_ 🞏 Credit Card (type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| **Statement or Receipt From:** | | |  | | | | **Date of Statement or Receipt:** | | | |  | |
|  | | | |  | | | |  | | | | |
| **Item/Equipment:** | | | | | | | | | | **Rented 🞏 or Purchased 🞏** | | |
| **Briefly Describe the Item's Use:** | | | | | | | | | | | | |
| **Invoice From:** |  | | | | | **Date of Invoice:** |  | | **Invoice Number:** | | |  |
| **Amount of Invoice:** | | **$** | | | **Amount Requested for Reimbursement:** | | | **$** | | | | |
| **Method of Purchase: 🞏 Cash 🞏 Check # \_\_\_\_\_\_\_\_\_\_\_ 🞏 Credit Card (type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| **Statement or Receipt From:** | | |  | | | | **Date of Statement or Receipt:** | | | |  | |
|  | | | |  | | | |  | | | | |
| **TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT:**  *Total must match Amount of Funds requested on Benefiting Business Information Page* | | | | | | | | **$** | | | | |

**ADD ADDITIONAL GROUPS OF INFORMATION AS NEEDED**

***Insert Copies of Invoices***

***requested for reimbursement here***

***Insert Copies of the Bank Statement, Credit Card Statement, or Receipt to show that the***

***equipment expenditure was paid here***