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**Economic Development Director  
Tabitha Meador**

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To Whom It May Concern:

The Illinois Department of Commerce and Economic Opportunity (DCEO) has released a Clarified Guidebook for the recently announced Downstate Small Business Stabilization Program. In it, a better outline of businesses eligible for consideration: "private for profit small businesses considered non-essential by the Governor's Executive Order without the ability for employees to work remotely. Businesses *ineligible*: businesses that have both essential and non-essential activities; not-for-profit businesses; independent contractors; franchises/chains. More information and the complete, clarified Guidebook for the Downstate Small Business Stabilization Program is available online at

<https://www2.illinois.gov/dceo/CommunityServices/CommunityInfrastructure/Pages/DownstateSmBizStabilization.aspx>

The following is an updated packet; much with the same documentation required as what was previously released. In addition, a Conflict of Interest Disclosure.

If you have further questions, please do not hesitate to contact me at 618-548-2222 x16 or via email at [ecoddev@salemil.us](mailto:ecoddev@salemil.us).

Best regards,

Tabitha Meador  
Economic Development Director

# **DOWNSTATE SMALL BUSINESS STABILIZATION PROGRAM**

## **APPLICATION FORMS**

### CDBG Application Submission Checklist

All CDBG 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.

<u>PROJECT INFORMATION</u>	<u>PAGE NUMBER</u>
_____ Completed Submission Checklist (This Page)	_____
_____ Letter of Transmittal from Chief Elected Official	_____
_____ State of Illinois - DCEO Uniform Grant Application (completed by local government)	_____
_____ Applicant Project Information (local government & benefiting business information)	_____
_____ Uniform GATA Budget (completed by the local government and benefiting business)	_____
_____ Project Summary (from benefiting business)	_____
_____ Net Income Verification (from benefiting business)	_____
_____ Copy of Most Recent Bank Statement (from benefiting business)	_____
_____ Other Supporting Documentation (from benefiting business)	_____
_____ Documentation of Employee Status (from benefiting business)	_____
_____ Council Resolution of Support	_____
_____ Resident Participation:	
7-Day Public Hearing Notice	_____
Publisher's certification	_____
Certified minutes	_____
Attendance sheet(s)	_____
_____ Local Government Certifications	_____
_____ Business Certifications	_____
_____ Mandatory Disclosures (completed by local government)	_____
_____ Conflict of Interest (completed by local government)	_____
_____ 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	_____
_____ Participation Agreement	_____
_____ Certificate of Good Standing from the Secretary of State of Illinois (from benefiting business)	_____

**IV. BENEFITING BUSINESS INFORMATION**

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

Business E-mail \_\_\_\_\_

Fiscal Year End Date \_\_\_\_\_

MM / DD \_\_\_\_\_

**Name of Business this application is in support of:**

Supported Business Name: \_\_\_\_\_

Supported Business Address 1: \_\_\_\_\_

Supported Business Address 2: \_\_\_\_\_

Supported Business City: \_\_\_\_\_

Supported Business State: \_\_\_\_\_

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

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

Supported Business FEIN: \_\_\_\_\_

Supported Business DUNS: \_\_\_\_\_

Supported Business SIC: \_\_\_\_\_

Supported Business Type: \_\_\_\_\_

**Supported Business Authorized Signatory Contact:***Signatory must sign Participation Agreement and Business Certification Form*

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

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

Title: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

**BANKRUPTCY:** Has the firm, officers or principals of the firm ever been involved in bankruptcy insolvency procedures?☐

No

☐

Yes

If yes, provide details:

**PENDING LAWSUITS:** Is the business or any officers or principals of the business involved in any lawsuits?☐

No

☐

Yes

If yes, provide details:

## ***Insert Project Summary here***

Provide a summary of the business' present situation. This should include a brief description of the Business, e.g., type of firm, its product or service, and how long they have been in business. Describe how the CDBG funds will be used and reasons why they are needed in order for the Business to be in a position to retain jobs. Specific needs need to be identified. Explain what circumstances make this project necessary, in maintaining adequate permanent working capital to sustain operating needs.



## NET INCOME VERIFICATION

The business must identify their net income for the last three fiscal years beginning January 1, 2017 and ending December 31, 2019. Net income can be obtained from the Profit and Loss statement, generally the last item on that statement. If the Profit and Loss statements cannot be found, net income can be derived from total sales minus total expenses. In addition, cash balances must be provided. This will be either the first line item on the balance sheet or bank statements as of the last day of each fiscal year. Three years of ending cash balances must be provided for each fiscal year.

<b>Fiscal Year Ending:</b>	<b>Net Income</b>	<b>Net Income derived from Profit/Loss Statement? (Yes/No)</b>	<b>Net Income calculated from total sales – total expenses? (Yes/No)</b>	<b>Cash Balance</b>
December 31, 2017				
December 31, 2018				
December 31, 2019				
<b>Current:</b>				

## JANUARY, 2020 MONTHLY BUDGET

Provide the appropriate information below reflecting your business's monthly budget for January, 2020.

<b>Budget Item</b>	<b>Total Monthly Expenditures</b>	<b>Monthly Net Income Computation</b>
<b>Total Income</b>		
Personnel (Salary & Wages)		
Fringe Benefits		
Equipment		
Inventory		
Supplies		
Occupancy (Rent & Utilities)		
Telecommunications		
Other (Specify)		
Other (Specify)		
Other (Specify)		
<b>Total of All Expenditures</b>		
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>		

***Insert Most Recent Bank Statement here.***

*From the benefiting business.*

## ***Insert Additional Documentation here.***

*From the benefiting business.*

If available, other forms of **documentation to demonstrate the lack of permanent working capital** in support of operating expenses. Such evidence may include shutoff utility notices, delinquent bills, denied loan applications, etc.



### Expand as Needed

[illegible]

**BUSINESS CERTIFICATIONS**

**The Business understands that no aspect of the project proposed for assistance will commence prior to the award of funds to the community and the receipt of environmental clearance.**

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 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

\_\_\_\_\_  
DUNS #

\_\_\_\_\_  
SIC #

**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: **Business Name**

By: \_\_\_\_\_  
Signature of Authorized Representative

Printed Name: **Authorized Signator Name**

Printed Title: **Authorized Signator 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.

- a. 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.
- b. 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: **Community Name**

By: \_\_\_\_\_  
Signature of Authorized Representative

Printed Name: **Authorized Signator Name**

Printed Title: **Authorized Signator Title**

Date:

***Insert Benefiting Business's Certificate of Good Standing from Secretary of State here.***

The certificate can be printed from: <https://www.ilsos.gov/corporatellc/>