

ATTENTION
Small Business Owners
CARES Act Funding Availability

St. Clair County is currently accepting a second round of applications for relief funds to support small businesses hardest hit by the COVID-19 pandemic, specifically local businesses with a commercial location in the County. Funds are available as part of the Coronavirus Aid Relief, and Economic Security (CARES) Act federal stimulus package

St. Clair County is providing financial support to qualified small businesses (businesses with 25 full time equivalent or fewer employees) that are negatively impacted by the COVID-19 pandemic due to orders to close or limit operations. This program provides a maximum amount of \$15,000 (amounts will vary depending on number of employees), 0%, forgivable loans are being offered to help offset/recover from the significant, temporary loss of revenue to these qualified businesses during this pandemic, and to assist businesses in retaining and paying employees.

Applications may be requested by email or phone at Christina.Anderson@co.st-clair.il.us ; 618-825-3218, the application is available on line <http://www.co.st-clair.il.us/departments/grants/development/Pages/default.aspx>.

Applications are open for submission from now until October 2, 2020 at 4:00 PM (CDT).

Depending on demand a lottery drawing may be held for all applications submitted at the St. Clair County Intergovernmental Grants Department, 19 Public Square, Belleville, IL 62221. All applicants will be contacted regarding funding selection.

No applications will be considered if received after the above referenced submission date. U.S. Postal service or E-mail submissions are highly preferred at this time due to the effects of COVID-19, though alternative options are available. All applications, regardless of submission type, must be received by the deadline to be considered. Incomplete applications will not be considered. St. Clair County reserves the right to reject any application submitted.

St. Clair County Small Business Loan Application

Program Overview - 2nd Round

St. Clair County is providing relief funds to support the small businesses hardest hit by the COVID-19 pandemic. Funds are available as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act federal stimulus package. (***Applications are currently being accepted from September 21 to October 2, 2020. All previous recipients of CDBG-CARES ACT Funds from St. Clair County are not eligible to receive additional funds this round of applications.**)

The County will offer financial support in the form of a 0% forgivable loan for qualified small businesses that are negatively impacted by the COVID-19 pandemic due to orders to close or limit operations. This program is intended to help offset /recover from the significant, temporary loss of revenue to these qualified businesses during this pandemic, and to assist businesses in retaining and paying employees.

The program will offer a maximum amount of \$15,000 (amounts available are 1-5 FTE employees, max \$5,000; 6-10 FTE employees max \$10,000; 11+ FTE employees max \$15,000) to qualifying small businesses to cover expenses such as employee wages, vendor bills and rent. The relief is targeted specifically to help local businesses with a commercial location within St. Clair County to cover immediate financial needs. Loans are strictly limited to businesses located physically within St. Clair County. Funds can only be used to reimburse the costs of business interruption caused by required closures provided those costs are not paid by insurance or by another federal program.

Eligibility Overview

- \$15,000 maximum for qualifying small businesses with a physical location in St. Clair County (maximum amounts may vary based on number of employees (see above); 1-25 full-time employees, or equivalent part-time employees, including the owner).
- Food service establishments, short-term lodging and other non-essential businesses impacted by the local or state stay-at-home orders are eligible.
- Larger businesses over 25 FTE employees, non-profits and home-based businesses are not eligible.
- Funds can only be used to reimburse the cost of business interruption caused by required closures provided those costs are not paid by insurance or by another federal program. Such costs may include employee wages, vendors, rent or other business expenses.

ONE (1) of the following eligibility criteria must also be met to qualify:

- The Owner's household income (including all adults at their home address) is below the income limits below, per HUD income guidelines
- The business is located within a Low-to-Moderate Income Area (LMA) as per HUD guidelines.
- The funding will help retain at least one to two (depending on amount of funding provided), full-time equivalent position(s) for a person from a Low-to-Moderate Income (LMI) household, as per HUD income guidelines, who is at imminent risk of job loss without the funding (Note: this includes furloughed workers). It is anticipated that the funding would be used to supplement or aid job retention, rather than as a sole means of retaining a worker.

- Employees must have been on payroll as W-2 workers and be considered Low-to-Moderate Income to be considered for retention.
- If new hire, employees must be on payroll as W-2 workers and be considered Low-to-Moderate Income at the time of hire.

A. Eligibility

Applicant must check to confirm that each statement is true for all questions. If any statement is not true, the business is not eligible.

Eligible Business Type *Program guidelines available for further explanation of eligible businesses.

[select one of from the following choices]

- Food Service Establishments (including bars serving from a menu)
- Short-term Lodging establishments
- Places of Public and Private Assembly
- Non-Essential Businesses

If you selected Non-Essential Business, please specify. Type N/A if this doesn't apply.

A.1. Business suffered from business interruption caused by required closures or limited operations resulting from the COVID-19 public health emergency.

A.2. Expenses as a result of the business interruption should exceed the amount requested since March 1, 2020, excluding those covered by insurance or reimbursement from any federal program.

A.3. Business employed 25 full-time equivalent employees or less.

Total average weekly hours for all employees (including owner) _____

A.4. Business is physically located within the boundaries of St. Clair County, Illinois.

A.5. Business is not a home-based business and occupies commercial space.

A.6. Business has been operating since at least October 1, 2019.

A.7. Business can demonstrate ongoing business operations as of February 29, 2020.

A.8. Business is expected to be fully operational after local and state emergency guidelines are rolled back.

A.9. Business has no law suits, judgements liens filed against them.

A.10. Business does not have any current unpaid code enforcement liens and is not operating in violation of any state, federal or local laws.

A.11. No owner, officer, partner, or principal actor of the business has a felony conviction for financial mismanagement within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

_____A.12. Business is considered in good standing with St. Clair County. Businesses that did not comply with the Illinois Governor's Executive orders will not be eligible.

IF YOU DID NOT CHECK FOR ALL ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE ST. CLAIR CARES SMALL BUSINESS LOAN. St. Clair County reserves the right to reject any application submitted.

B. General Information

Please provide the following information:

B.1. Legal Name of Business (as shown in Line 1 of W-9)

B.2. DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

B.3. Principal Business Address

B.4. Business Website Address [NOT REQUIRED]

B.5. Taxpayer ID (Need FEIN and DUNS number) (if sole proprietorship, enter social security number of sole proprietor) (As shown in Part 1 of W-9)

B.6. Mailing Address for Loan check (As shown in Line 5 & 6 of W-9)

OWNER OR REPRESENTATIVE CONTACT INFORMATION

B.7. First Name

B.8. Last Name

B.9. Primary Phone

B.10. Primary Email

B.11. Business Phone

B.12. Date Business Established

B.13. Business Legal Entity Type (as shown in Line 3 of W-9) [indicate one of from the following choices; Individual, Corporation, Partnership, also indicate if MBE or WBE] If not individual business all principals and titles should be listed.

B.14. Number of Employees (How many part time/full time) to equal FTE (40 hour work week)

C. Use of Loan

Please provide the following information:

C.1. Will you utilize the St. Clair CARES Small Business Loan to help with payroll/wages (including associated benefits)? Yes or No

C.2. Will you utilize the St. Clair CARES Small Business Loan to help with mortgage/rent? Yes or No

C.3. Will you utilize the St. Clair CARES Small Business Loan to help with vendor payments? Yes or No

**C.4. Will you utilize the St. Clair CARES Small Business Loan to help with other needs? Yes or No
If other, please specify. If not, type N/A.**

C.5. Amount of Request \$ _____ (based on number of employees)

D. Required Documentation

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

FOR MORE INFORMATION ABOUT REQUIRED DOCUMENTATION, PLEASE REFER TO THE TEXT BELOW.

*Completed W-9 form for business. DBA, Tax ID Number (or Social Security Number for sole proprietor), and Mailing Address for Loan. Check must match entries in B.6 of the General Information section.

*Copy of "active" state business registration from State of Illinois.

If not required to register with State of Illinois, attach documentation showing the business was operating prior to March 1, 2020 and meets all regulatory requirements from St. Clair County or the municipality in which the business is located. Examples may include certification from the Illinois Department of Business and Professional Regulation, certification from Department of Health, and business tax receipt from applicable jurisdiction.

Business Financials /Tax Returns

• Individual (Sole Proprietors and individual/single-owner LLCs)

o 2019 Schedule C (Form 1040) **OR**

o If no 2019 Schedule C is available, provide 2018 Schedule C (Form 1040) **and** most recent Annual or Quarterly Balance Sheet or Profit & Loss Statement.

- Corporations (C-Corps, S-Corps, corporate Limited Liability Corporations (LLCs))

o 2019 Corporation Income Tax Return (Form 1120 or Form 1120-S **OR**

If no 2019 tax return is available, provide 2018 tax return **and** Annual or Quarterly Balance Sheet or Profit & Loss Statement

- Partnerships

o 2019 Return of Partnership Income (Form 1065) **OR**

o If no 2019 tax return is available, provide 2018 tax return **and** Annual or Quarterly Balance Sheet or Profit & Loss Statement

W3 Summary, 1096 (from 2019) or IRS FORM 941 (from 1st quarter 2020 or, if not completed, 4th quarter 2019). Sole proprietors may complete and attach a certification stating that business owner is the sole proprietor with no additional employees or subcontracted workers.

Documentation

- W-9 Form *Required**
- Active State Business Registration, or local business registration/license, or other documentation (please refer to the text above for documents needed for applicant) *Required**
- Business Financials (applicable 2019 Tax Return or equivalent) (please refer to the text above for documents needed for applicant) *Required**
- Staffing Documentation (W-3 Summary, 1096 OR 2019 IRS FORM 941, Payrolls) *Required**
- Applicant Certification**
- Authorization by the company principals to enter into the loan and who is authorized to sign.**
- Documentation of other CARES ACT Funds received. (Dates and expenses). Please note dates and expenses County funds will be utilized for, sheet included.**
- Additional Documentation (Documentation to substantiate hardship and funds I am requesting, may also include printed, signed copy of application by business owner if online submission is being completed on his/her behalf).**
- Executed conflict of interest form.**

Applicant Certification

The submitted Application, including attachments, is subject to disclosure under Illinois's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure. All Social Security /FEIN/DUNS numbers are collected, maintained and reported by the County to be in compliance with IRS reporting requirements and are exempt from public records.

I certify that, I am authorized to submit this application on behalf of the business, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. St. Clair County authorized to make all the inquiries deemed necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event funds are provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. I certify that the funding will be used for business purposes only and not for household, personal, or consumer usage. I understand that I may be asked to provide additional information in order to process this application. I understand that eligibility does not guarantee aid, and that funding is limited. I understand that any willful misrepresentation on this statement could result in disqualification from program funding. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I certify any funds requested/received will not be a duplication of benefits. I certify I have not received any public sources of funds to cover expenses for which I am requesting funds. I understand if there is a duplication of benefits, I will be required to repay all CDBG funds received immediately to the St. Clair County Intergovernmental Grants Department. I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

Applicant Name

Applicant Title

Signature

Today's Date

