

Small Business Emergency Grant Guidelines



Grants Available for Business Interruptions related to COVID-19
Applications will not be accepted after December 27, 2020

The months-long effort to stop the spread of COVID-19 in the United States through self-isolation and social distancing has severely harmed local, small businesses in Quincy that rely so heavily on foot-traffic. The city of Quincy has applied for and received state funding to provide grants of up to \$5,000 to these businesses.

The Local CURE's Economic Support Payments Grants Program allows grants to be awarded to businesses that have experienced significant disruption or temporary closure (business interruption) due to the COVID-19 health emergency. Business interruptions can include:

- Decrease in revenue caused by closing or limiting access to the business establishment to comply with COVID-19 prevention directives or to otherwise prevent the spread of COVID-19 within the business establishment
- Decreases in revenue caused by decreased customer demand as a result of COVID-19
- Other revenue reductions approved for reimbursement from the Coronavirus Relief Fund by the U.S. Department of the Treasury.

The city of Quincy will consider complete applications to the Emergency Grant Program on a first-come, first-serve basis as funding is available. The applications will be reviewed on a rolling basis.

Eligibility Requirements

- **The Business must:**
 - be for-profit and privately held
 - be located within the corporate limits of the city of Quincy
 - be located outside of the personal residence of any owner
 - have been established prior to January 1, 2020
 - have no more than 50 employees
 - be able to demonstrate economic injury as a result of COVID-19
 - not have any outstanding loans from the city of Quincy
 - A business that received an emergency, low-interest loan from the City in 2020 must use this grant to repay the loan.

Ineligible Businesses

- A Private Club or Business that limits membership for reasons other than capacity
- A government-owned business entity (except for businesses owned/controlled by a Native American Tribe)
- Businesses deriving at least 33% of its gross annual revenue from legal gambling activities, unless, subject to DCEO approval, they are restaurants with gaming terminals

- A business engaged in pyramid sales, in which a participant's primary incentive is based on the sales made by an ever-increasing number of participants
- Payday Lenders
- Businesses delinquent on payment of any State of Illinois tax obligation
- Businesses engaged in activities that are unlawful under Illinois or federal law
- Businesses that received assistance, or notice of award of assistance, under BIG Program
- Businesses on the federal System for Award Management excluded parties list
- Businesses do not meet any other eligibility criteria in a financial assistance application.
- Businesses engaged in activities of a sexual nature
- Massage Parlors
- National Franchises (unless franchise is owned by a resident of Adams County)

Required Documentation

- Completed Emergency Grant Application
- Completed W-9 Form
- Signed Certification Letter
- Documentation that clearly shows the grant funding was spent on acceptable uses
 - Documentation can include, but is not limited to:
 - Invoices that include method of payment
 - Cancelled Checks
 - Bank Statements
 - Documentation must be easily identifiable to show expense/payment
 - Expenditures must have occurred between 3/1/2020 to 12/30/2020

Acceptable Uses of the Grant

- Employee Wages and/or Benefits
- Business-Related Supplies
- Rent/Mortgage for Location of Business
- Utilities for Location of Business
- Insurance for Business

Unacceptable Uses of the Grant

- Employer Wages and/or Benefits
- Personal Expenses of Employer
- Debt Incurred Prior to March 1, 2020
- Construction, Remodeling, or Renovations
- Expenses that have been or will be reimbursed by other local, state or federal sources
- Damages covered by insurance
- Reimbursement to donors for donated items or services
- Workforce bonuses other than hazard pay or overtime
- Severance pay
- Legal settlements

Review Committee

The Small Business Emergency Grant Review Committee will determine if an application meets the eligibility requirements. The committee will review the applications meeting the eligibility requirements and decide whether to approve or deny the grant. The committee will meet as needed to review applications. A committee member or designated individual will inform the applicants as to whether their grant was approved or denied.

Disclaimer

- A business may submit one application to the Small Business Emergency Grant program.
- A successful applicant will receive a check for \$5,000 from the city.
- Grant recipient will be responsible for payment of any required taxes.
- Grant recipient will sign an affidavit stating it received the check from the city.
- Grant recipient will sign a letter of certification stating it is eligible to receive funding through the city's Small Business Emergency Grant Program.
- Grant recipient must provide the city with receipts showing how the grant funds are spent. Expenditures must take place between 3/1/2020 to 12/30/2020.

The city reserves the right to require the recipient of an emergency grant to repay the full amount of the grant to the city if it is determined that the recipient's grant application included false and/or fraudulent information.

Please direct questions regarding the grant program, guidelines, or application to the City of Quincy's Department of Planning & Development – 217-228-4515

Completed applications can be

- emailed to p&d@quincyil.gov
- dropped off at the 8th Street drive-thru south of City Hall (730 Maine Street)
- mailed to **City of Quincy
c/o CURE Grant program
706 Maine Street (3rd Floor)
Quincy, IL 62301**

Small Business Emergency Grant Application



Grants Available for Business Interruptions related to COVID-19
Applications will not be accepted after December 27, 2020

The city of Quincy will consider complete applications to the Emergency Grant Program on a first-come, first-serve basis as funding is available. The applications will be reviewed on a rolling basis.

An application to the Emergency Grant Program is considered complete if it includes:

- Completed Emergency Grant Application
- Completed W-9 Form
- Signed Certification Letter
- Documentation that clearly shows the grant funding was spent on acceptable uses
 - Documentation can include, but is not limited to:
 - Invoices that include method of payment
 - Cancelled Checks
 - Bank Statements
 - Documentation must be easily identifiable to show expense/payment
 - Expenditures must have occurred between 3/1/2020 to 12/30/2020

The city reserves the right to require the recipient of an emergency grant to repay the full amount of the grant to the city if it is determined that the recipient's grant application included false and/or fraudulent information.

Applicant Information

Business Name: _____

Business Address: _____

Business Phone _____ Email _____

Primary Owner Name: _____

Primary Owner Address: _____

Primary Owner Phone _____ Email _____

Primary Business Activity: _____

Business Type: S-Corporation Partnership Sole Proprietorship
 LLC Other _____

List All Owners & Percentage of Ownership _____

Date Business Established: _____

Workforce

- Full-Time as of March 1, 2020 _____
- Full-Time as of Today _____
- Part-Time as of March 1, 2020 _____
- Part-Time as of Today _____

- Sole Proprietorship (check here) _____

Has the business/owner ever been involved in a bankruptcy or insolvency proceeding?	Y / N
Any outstanding judgments/tax liens or pending lawsuits against the business/owner?	Y / N
Is the business/owner delinquent on any taxes, loans, grants, or contracts at the city, county, state, or federal level?	Y / N
Is the business/owner currently suspended from/debarred from contracting with the city, county, state, or federal governments or receiving city, county, state or federal loans?	Y / N
Is the business/owner delinquent on any child support payments?	Y / N
Is the applicant presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?	Y / N
Has the applicant been arrested in the past six months for any criminal offense?	Y / N
Other than a minor vehicle violation, has the applicant ever 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pre-trial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?	Y / N

*****Please Answer only if your business includes video gaming*****

On your 2019 taxes, what % of gross revenue was generated by gaming terminals? _____%

Grant Information

Amount Requested _____

Please explain how COVID-19 has interrupted your business (use back of page if needed)?

Please explain what documentation you are providing to show that the grant funding was spent on acceptable uses (as defined in the Small Business Emergency Grant Guidelines). Documents can include bank statements, cancelled checks and invoices showing methods of payment.

Please direct questions regarding the grant program, guidelines, or application to the City of Quincy's Department of Planning & Development – 217-228-4515

Completed applications can be

- emailed to p&d@quincyl.gov
- dropped off at the 8th Street drive-thru south of City Hall (730 Maine Street)
- mailed to **City of Quincy
c/o CURE Grant program
706 Maine Street (3rd Floor)
Quincy, IL 62301**

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see Instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
OR									
Employer identification number									
			-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later.*

Local CURE's Economic Support Payments Grant Program
NOFO ID: 2433-1681

CITY OF QUINCY

CERTIFICATIONS AND REQUIREMENTS

The Economic Support Payment Grant Program (the "Program") is supported by grant agreements ("Agreement" or "Agreements") between the Illinois Department of Commerce and Economic Opportunity (the "Department") and qualified Grantees ("Grantee") which authorize the Department to grant funds to the Grantee ("Award" or "Awards") in support of eligible activities under the Program. The Agreements authorize the Grantee to provide sub-awards to eligible participants that meet certain conditions. As an eligible participant, your Business ("subrecipient") is required to utilize these grant proceeds for specific purposes, as set forth below. Additionally, you shall adhere to the terms and procedures established by the Grantee under this Program, including the Department's administrative rules (available here).

As a subrecipient, to participate in the program, you must remain in compliance with the terms and certifications set forth below. Please review the below items carefully, as your business and its representatives shall warrant that all material facts presented are accurate. If your business is unable to provide this assurance, it is ineligible to receive an Award under this Program. Frequently asked questions and eligibility guidelines may be found here.

General Covenants, Representations, and Warranties

As the authorized representative of the subrecipient, I agree and certify that:

1. The subrecipient is:
 - a. A for-profit and privately-held business
 - b. A business located within the corporate limits of the city of Quincy
 - c. A business located outside of the personal residence of any owner
 - d. A business established prior to January 1, 2020
 - e. A business that employs no more than 50 employees
 - f. A business that is able to demonstrate economic injury as a result of COVID-19
 - g. A business that does not have any outstanding loans with the City of Quincy
 - A business that received an emergency, low-interest loan from the City in 2020 must use this grant to repay the loan.
 - h. A business that is not dominant in its field
2. The subrecipient has incurred eligible costs and losses due to a business interruption caused by COVID-19 that is equal to or greater than the value of the subaward.
3. The applicant understands that any funding provided by this subaward is being provided under the Program, and is authorized under the Corona virus Aid, Relief, and Economic Security Act, P.L. 116-136 (the CARES Act).
4. The applicant shall use the subaward for eligible losses and costs as established by the Department, the U.S. Department of the Treasury, and the City of Quincy.
5. The information and supporting documentation provided on behalf of the subrecipient for the Program application, the ACH Authorization and Agreement, the IRS Form W-9, is true and accurate in all material respects. The subrecipient understands that the Grantee will transfer the subaward via ACH to the bank account indicated on the ACH Authorization form.

Local CURE's Economic Support Payments Grant Program
NOFO ID: 2433-1681

6. The subrecipient has the legal authority to apply for federal, State and local assistance, and that the subrecipient will comply with the established requirements of this subaward.
7. The subrecipient has complied and will continue to comply with all relevant laws, regulations, and executive orders from the State and federal government, including the social distancing guidelines as promulgated by the Executive Orders of the Illinois Governor.
8. The subrecipient will operate and maintain the facility in accordance with the minimum standards as may be required or prescribed by any applicable federal, State, and local agencies for the maintenance and operation of such facilities.
9. The subrecipient will continue to comply, as applicable, with the provisions of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), the Davis-Bacon Act (40 U.S.C. 276a-276-1), the Drug-Free Workplace Act of 1988 (44 CFR, Part 17, Subpart F), the Fair Labor Standards Act (29 U.S.C. 201), and the Illinois Prevailing Wage Act (820 ILCS 130/1).
10. The subrecipient will comply with all relevant laws and regulations concerning nondiscrimination.
11. That the subrecipient will pay no appropriated funds to any person for influencing or attempting to influence an officer or employee of federal, State or local government, or an employee of a member of any federal, State or local government in connection with the awarding of any State and federal contract, the making of any State and federal grant, the making of any State and federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any State and federal contract, grant, loan or cooperative agreement.
12. The applicant is not presently suspended, debarred, proposed for debarment, or declared ineligible by any State or Federal department or agency, and will not enter into a contract with a contractor who is on any federal or state debarred contractor list.
13. The subrecipient will prohibit employees, contractors, and subcontractors from using their positions for a purpose that constitutes or presents an appearance of personal or organizational conflict of interests or personal gain.
14. The subrecipient will take all practical steps to remain viable, solvent, and in operation. Additionally, the subrecipient attests that the subrecipient has not taken any material steps to dissolve the subrecipient, permanently cease operations, or sell substantially all of its assets in 2020.
15. The subrecipient has no lawsuits, claims, suits, proceedings or investigations pending, to the knowledge of the subrecipient and its authorized representative, threatened against or affecting the subrecipient (or its officers and directors) in respect of the assets or the subrecipient nor, to the knowledge of the subrecipient and its authorized representative, is there any basis for any of the same, and there is no lawsuit, suit or proceeding pending in which the subrecipient is the plaintiff or claimant which relates to the subrecipient or its assets.
16. The subrecipient has no action, suit or proceeding pending or, to the knowledge of the subrecipient or its authorized representative, threatened which questions the legality or propriety of the transactions contemplated by this Agreement.
17. The subrecipient has not received any notice of any investigation conducted or charges, complaints or actions brought by the State of Illinois or any governmental body within the State of Illinois regarding the Business or its officers and directors.
18. Neither the subrecipient nor its officers and directors have received any notice that it is the subject of any criminal investigations or charges.

Local CURE's Economic Support Payments Grant Program
NOFO ID: 2433-1681

19. The subrecipient will hold harmless the United States and its agents and employees, the state of Illinois and its agents and employees, from and against all claims, damages, losses, and expenses arising out of or resulting from the approval of work, regardless whether such claim, damage, loss or expense is entirely or in part by the United States or the State of Illinois. The subrecipient understands that the release of all information by the Department and the Grantee, in any manner, is hereby authorized whether such information is of record, and I hereby release all persons, agencies, firms, companies, and entities, from any damages resulting from such information.

- (i) **The subrecipient acknowledges that the Illinois False Claims Act (740 ILCS 175/1, et seq.) applies to this certification, and any false claims or representations made by the subrecipient or its authorized representative in connection with the Program may subject the subrecipient or its authorized representative to liability under the Illinois False Claims Act and other applicable law.**

Program-Specific Covenants, Representations, and Warranties

The subrecipient hereby represents to the Grantee and the Department, as **the grantor of the Program**, that the following is true and correct and, except where expressly noted, shall remain true and correct:

- (ii) The subrecipient will use the proceeds of the subaward supported by the Program exclusively for costs and losses incurred due to the business interruption or other adverse conditions caused by the Corona virus Disease 2019 (COVID-19) pandemic. For purposes of this Program, costs incurred during a business interruption may be classified as a cost related to COVID-19. Grant proceeds may be used to reimburse costs and losses such as employee wages and/or benefits, business-related supplies, rent/mortgage for location of business, utilities for location of business, and insurance for business in accordance with the applicable administrative rules or the policy directives of the grantor that was incurred during the period that begins on March 1, 2020, and ends on December 30, 2020. All spending related to this program must be reimbursable by the Federal Corona virus Relief Fund, as prescribed by 601(a) of the Social Security Act and added by section 5001 of the Corona virus Aid, Relief, and Economic Security (CARES) Act including all subsequent federal guidance. **Expenses that have been or will be reimbursed under any other federal program are not eligible for reimbursement through the proceeds of this sub award.**
- (iii) The subrecipient (and all businesses owned, operated, or affiliated with the subrecipient) is eligible to receive a subaward in this round of disbursements and to apply for grant funds in future rounds. However, the value of the current subaward will be deducted from any future subaward granted to the business under this program.

Requirements Between Grantee and Subrecipients

As stipulated in the Agreements between the Department and the Grantee, the Grantee must include language for any subawards made pursuant to the Agreements between the Department and the Grantee. All subawardees (subrecipients) are also subject to certification and disclosure. Pursuant to

Local CURE's Economic Support Payments Grant Program
NOFO ID: 2433-1681

Appendix II(I) to 2 CFR Part 200, Grantee shall forward all disclosures by contractors regarding this certification to Grantor. The requirements of the Grantee below shall also apply to the subrecipient unless otherwise stipulated.

- (i) Records Retention. Grantee shall maintain for five (5) years from the date of submission of the final expenditure report, adequate books, all financial records and, supporting documents, statistical records, and all other records pertinent to this Award, adequate to comply with guidance provided by the U.S. Department of the Treasury labeled "Memorandum for Corona virus Relief Fund Recipients" dated July 2, 2020, and the minimum requirements of 2 CFR 200.333. If any litigation, claim or audit is started before the expiration of the retention period, the records must be retained until all litigation, claims or audit exceptions involving the records have been resolved and final action taken.
- (ii) Accessibility of Records. Grantee, in compliance with 2 CFR 200.336 and 44 Ill. Admin. Code 7000.430(e), shall make books, records, related papers, supporting documentation and personnel relevant to this Agreement available to authorized Grantor representatives, the Illinois Auditor General, Illinois Attorney General, any Executive Inspector General, the Grantor's Inspector General, federal authorities, any person identified in 2 CFR 200.336, and any other person as may be authorized by Grantor (including auditors), by the state of Illinois or by federal statute. Grantee shall cooperate fully in any such audit or inquiry.
- (iii) Failure to Maintain Books and Records. Failure to maintain books, records and supporting documentation shall establish a presumption in favor of the State for the recovery of any funds paid by the State under this Agreement for which adequate books, records and supporting documentation are not available to support disbursement.
- (iv) Subrecipients/Delegation. Grantee may not subcontract nor sub-grant any portion of this Agreement nor delegate any duties hereunder without Prior Approval of Grantor. The requirement for Prior Approval is satisfied if the subcontractor or sub recipient has been identified in the Uniform Grant Application, such as, without limitation, a Project Description, and Grantor has approved.
- (v) Application of Terms. Grantee shall advise any sub recipient of funds awarded through this Agreement of the requirements imposed on them by federal and state laws and regulations, and the provisions of this Agreement. In all agreements between Grantee and its subrecipients, Grantee shall insert term(s) that requires that all subrecipients adhere to the terms of this Agreement.
- (vi) Access to Documentation. The Award will be monitored for compliance in accordance with the terms and conditions of this Agreement, together with appropriate programmatic rules, regulations, and/or guidelines that the Grantor promulgates or implements. The Grantee must permit any agent authorized by the Grantor, upon presentation of credentials, in accordance with all methods available by law, full access to and the right to examine any document, papers and records either in hard copy or electronic format, of the Grantee involving transactions relating to this Award.
- (vii) Cooperation with Audits and Inquiries, Confidentiality. The Grantee is obligated to cooperate with the Grantor and other legal authorities in any audit or inquiry related to the

Local CURE's Economic Support Payments Grant Program
NOFO ID: 2433-1681

Award. The Grantor or any other governmental authority conducting an audit or inquiry may require the Grantee to keep confidential any audit or inquiry and to limit internal disclosure of the audit or inquiry to those Grantee personnel who are necessary to support the Grantee's response to the audit or inquiry. This confidentiality requirement shall not limit Grantee's right to discuss an audit or inquiry with its legal counsel. If a third party seeks to require the Grantee, pursuant to any law, regulation, or legal process, to disclose an audit or inquiry that has been deemed confidential by the Grantor or other governmental authority, the Grantee shall promptly notify the entity that is conducting the audit or inquiry of such effort so that the entity that is conducting the audit or inquiry may seek a protective order, take other appropriate action, or waive compliance by the Grantee with the confidentiality requirement.

The individual below, acting in the capacity to represent the Business ("subrecipient") in completion of this certification, certifies that all information contained herein, is true to the best of his/her knowledge and belief. I declare under penalty of perjury that the above statements are true and correct.

Authorized Representative of Business: _____

Signature	Name	Title	Date
-----------	------	-------	------