

## Rebuild Distressed Communities Program Application

### Grant Program Information

The Rebuild Distressed Communities program supports Illinois businesses that have sustained property damage as a result of civil unrest during protests and demonstrations on or after May 25, 2020. This program is being administered by Local Initiatives Support Corporation (LISC) and Chicago Neighborhood Initiative (CNI) on behalf of the Illinois Department of Commerce & Economic Opportunity (DCEO). The capital funds will be used to reimburse Illinois businesses for significant repairs to property that have already occurred or will fund repairs or new construction performed by qualified vendors in order to help the business and community recover as quickly as possible. Eligible impacted businesses can be awarded reimbursement for already completed repairs and/or a grant for new construction under this program.

Funds to make repairs or perform new construction through the Rebuild Distressed Communities program will be from the **Rebuild Illinois Program funded by Public Act 101-0638**.

This application form captures preliminary information for a business seeking funds through the Rebuild Illinois for Distressed Communities program. Before proceeding, LISC and CNI recommend that respondents read the online [FAQ](#) for more information about this round of the Rebuild Distressed Communities grant opportunity.

### Terms and Conditions

An applicant may apply once. Awards will be made to qualified businesses assuming available funds, and eligibility is based on accurate and complete submission.

The Illinois Department of Commerce and Economic Opportunity prioritizes the awards of sub grants and new projects to small businesses under 50 employees, women and minority-owned businesses, businesses who are uninsured or underinsured, grocery stores and pharmacies, and businesses located in communities with a history of disinvestment that are within the list of eligible zip codes.

All awardees will have to certify that they have sustained damage due to civil unrest. Liquor stores, check cashing agencies, gun shops, pawn shops, and adult entertainment businesses are ineligible for this application.

If your business is selected, you will be notified via email. As a finalist, additional documentation will be required, including, but not limited to, date of birth, Social Security Number (SSN), Taxpayer Identification Number/Individual Taxpayer Identification Number (TIN/ITIN) and/or Employer

Identification Number (EIN) for the applicant and/or the business, in order for us to perform the due diligence required by the program's funding source. This due diligence inquiry may include a background search that we will conduct at our expense. If the due diligence step is successfully completed, and the business is seeking reimbursements only, we will ask for W-9 and appropriate banking information so that we may transfer funds electronically by Automated Clearing House (ACH) to your designated account.

**Privacy:** Accuracy and completeness of information provided through the application process is the responsibility of each applicant. Applications submitted to the portal remain confidential to the general public and any fellow applicants. Personal protected information shall remain confidential in accordance with applicable laws. Certain applications from businesses in specific zip codes may be shared with Chicago Neighborhoods Initiative (CNI). By submitting application, applicants give their express permission to share this information with CNI. Applicants will not hold LISC, its affiliates, members, partners, and staff liable for any losses, damages, costs, or expenses, of any kind relating to the use or the adequacy, accuracy, or completeness of any information loaded in the form. For further information please see [LISC's privacy policy](#). Data entered on this secure form utilizes FormAssembly. [More info](#).

**Conflict of Interest:** Current directors, officers, employees and contractors of LISC, CNI, and members of DCEO leadership – including the director, assistant director, chief of staff, and deputy directors - and such individuals' family members (spouse, parents, children, grandchildren, great-grandchildren, and spouses of children, grandchildren, and great-grandchildren) are not eligible to apply or seek an award.

**Publicity:** If awarded, please be advised that the business/applicant's application information, name, statements, and other information provided by the applicant during the award process may be used for promotional purposes related to this grant in all forms and media and the business/applicant may be contacted by LISC, CNI and/or the program sponsors for such purposes. Prior consent of the applicant to use information related to this grant for promotional purposes shall be obtained. Applicant grants to LISC, CNI and the program sponsors a perpetual license to use such information without additional compensation (except where prohibited by law).

Applicants must agree not to share any status as a finalist publicly, including but not limited to all social media platforms, news media, or local publications until notified by LISC or CNI that they are permitted to do so.

**Monitoring:** LISC and CNI may monitor and conduct evaluation activity funded by the Rebuild Distressed Communities grant. This might involve a review of quantitative or qualitative data needed to understand the impact of the fund.

**Submission Guidance:** Application changes will not be accepted once it has been submitted, so please review it carefully. You may elect to save and continue your application later by selecting that option on top of the application and creating a password. **If you forget your password, LISC cannot retrieve or reset it.** LISC does not guarantee that your application will be saved if you leave the web page before submitting the application. You may also lose your work if your internet is disconnected, or as a result of other potential web browser issues.

Every applicant receives a confirmation screen that follows if all fields are filled out correctly and after hitting "Submit". A copy of all responses that are submitted in the application will be sent to primary email address.

1. I acknowledge I have read and agree to the Terms and Conditions stated above:

YES  No

### Applicant Information

2. Are you completing this application as the lead business owner?

- Yes, I am the lead business owner.
- No, I completing application on behalf of the lead business owner.

Please be ready to provide information for the lead business owner (largest ownership share and/or operating owner).

3. How did you hear about Rebuild Illinois for Distressed Communities Grant program?

- Social Media (Facebook, Twitter, Instagram)
- LISC / CNI Website
- Illinois Department of Commerce & Economic Opportunity (DCEO) Website
- Media (Television, Radio, Internet)
- Webinar
- Business Organization (Chamber of Commerce, CDC, Membership Organization)
- None of the Above

### Lead Business Owner Information

**Please Note:** Each grant is limited to one grant per business tax ID. If the business has multiple locations under the same tax ID that were impacted due to civil unrest **a separate application** needs to be submitted.

### Lead Business Owner Information

4.1. First Name

4.2 Middle Name

4.3 Last Name

### Email and Phone Number

5. Primary Email for Contact: This email will be used for all LISC and CNI communication during the application process and to identify any documents you submit throughout all steps of the application process. Please make sure correct address is provided.

5.1 Secondary Email for Contact: (Optional)

6. What is the best phone number to reach the business?

Primary Business Phone Number  Business Owner's Primary Phone Number

### Business Information

7.1 Website

If none put, N/A

7.2 Primary Business Social Media Address (e.g. Facebook, Twitter, or Instagram)

If none put, N/A

7.3 Legal Business Name - Enter the business name as reported on all Federal forms (taxes, W-9, etc.).

7.4 Enter Doing Business As (DBA), if applicable.

7.5 Primary Business **Street Address** - Enter the Full street address where day to day operations take place - example: 1100 Wilson Street

7.6 Primary Business **City/Town**

7.7 Primary Business State

7.8 Primary Business Zip Code

#### Alternative Business Information

8. Does the primary business address above serve as the registered legal business address (address used on all Federal forms (taxes, W-9, etc))?

- Yes
- No

#### Additional Business Information

9. Structure of Business (You may be required to show proof of ownership)

- Sole Proprietorship
- Corporation
- Limited Liability Company
- Partnership (General and Limited)
- Nonprofit - (if applicant selects Non-profit then the will be prompted to answer 9.2)
- Other - Please specify

10. Is your Corporation or LLC in "Good Standing" with the [Office of the Illinois Secretary of State](#)?

Yes

No

11. Is there any outstanding personal (owners) or business debt that is due to the State of Illinois?

Yes

No

12. Years in Business

Less than 1 year

1-2 years

3-5 years

6-9 years

10 - 19 years

20 years or more

13. What was your business' gross revenue in the calendar year 2019 (1/1/2019 to 12/31/2019)?

Less than \$100,000

\$100,000 to \$499,999

\$500,000 to \$999,999

\$1,000,000 or \$2,999,999

\$3,000,000 to \$4,999,999

Over \$5,000,000

My business did not have positive revenue in calendar year 2019

My business did not exist in 2019

### Total Number of Workers

The following questions ask about the number of workers at the business. For this section, full-time workers are those who work 35 hours/week or more; part-time workers are those who work less than 35 hours/week.

14.1 To the best of your knowledge, how many **full-time (35 hours/week or more) workers, including yourself**, did your business employ **as of February 2020?**

Enter the digit 0 if there are no FT employees.

14.2 To the best of your knowledge, how many **part-time (less than 35 hours/week) workers, including yourself**, did your business employ **as of February 2020?**

Enter the digit 0 if there are no PT employees.

15.1 To the best of your knowledge, how many **full-time (35 hours/week or more) workers, including yourself**, did your business employ **as of June 2020?**

Enter the digit 0 if there are no FT employees.

15.2 To the best of your knowledge, how many **part-time (less than 35 hours/week) workers, including yourself**, did your business employ **as of June 2020?**

Enter the digit 0 if there are no PT employees.

## Primary Industry

16. What is your primary industry? (Select one)

- Agriculture, Forestry, Fishing and Hunting** (includes farms, ranches, dairies, greenhouses, nurseries, orchards, or hatcheries)
- Mining, Quarrying and Oil and Gas Extraction** (includes establishments that extract or beneficiate naturally occurring mineral solids)
- Utilities** (includes provision of electric power, natural gas, steam supply, water supply, and sewage removal)
- Construction** (includes general contractors, trade contractors such as painting, masonry, plumbing, electrical work, etc)
- Manufacturing** (includes factories, makers, bakeries, candy makers, custom tailors, etc)
- Wholesale Trade** (includes wholesaler merchants and distributors)
- Retail Trade** (includes food stores, groceries and convenience stores, hardware stores, nurseries/garden centers, flower shops, bookstores, car dealers, apparel stores, etc)
- Transportation and Warehousing** (includes providing transportation of passengers and cargo, warehousing and storage for goods, scenic and sightseeing transportation)
- Information** (includes newspaper and periodical publishers, film producers, music and radio producers, etc)
- Finance and Insurance** (includes banks, credit unions, savings institutions, non-depository credit institutions, insurance agencies, etc)
- Real Estate and Rental and Leasing** (includes property management, asset management and leasing)
- Professional, Scientific and Technical Services, Scientific, and Technical Services** (includes legal, accounting and tax services, architectural, engineering and design services, consulting, marketing services, veterinary services, etc)
- Management of Companies and Enterprises** (includes establishments that administer, oversee, and manage may hold the securities of the company or enterprise)



- Administrative and Support and Waste Management and Remediation Services** (includes establishments performing routine support activities for the day-to-day operations of other organizations, includes employment services, business support services, travel and reservation services - tourism, services to buildings and dwellings)
- Educational Services** (includes elementary and secondary school, technical, skills and trade training, language schools, sports and recreation instruction, etc)
- Health Care & Social Assistance** (includes office of physicians and dentists, family planning centers, nursing care, child and youth services, **child day care services**)
- Arts, Entertainment, and Recreation** (includes theater, dance and music companies, museums, sports teams, performing artists, fitness and recreation centers, etc)
- Accommodation and Food Services** (includes hotels, restaurants, bars, mobile food vendors, etc)
- Other Services** (includes repair and maintenance services, personal care services like nail and hair salons, spas, barbershops, dry cleaning and laundry services, religious, grant making, civic, professional, and similar organizations)

### **Socioeconomic Data**

*The next portion of the survey requests socioeconomic data related to the lead business owner and it is optional. Please provide information based on how the lead business owner self-identifies.*

17. Age

*Business owners need to be at least 18 years old.*

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to say

18. Gender

- Woman
- Man
- Non-binary
- Other
- Prefer not to say

19. Veteran (If yes, you will need to provide DD214 information)

- Yes  No  Prefer not to say

20. Race/Ethnicity

*(Please specify based on how the lead business owner self-identifies)*

- African American/Black
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- Hispanic/Latino
- White
- Biracial or Multiracial
- Prefer not to say

21. Are you a certified Disability-Owned, Minority-Owned, Veteran-Owned, and/or Woman-Owned Business Enterprise (where ownership is based on 51% ownership or more)?

- Yes
- No

Grant Information

22. What is the primary purpose of this grant request?

- Reimbursement for completed repairs
- New Repairs to existing damages
- Reimbursement for completed repairs and additional funding to repair existing damages.

23. What grant amount range is most useful to your business in order to complete repairs?

- \$1,000 - \$10,000
- \$10,001 - \$25,000
- \$25,001 - \$75,000
- \$75,001 - \$150,000
- Over \$150,000

Project Information – All Damages must have taken place on or after May 25, 2020

24. Have you filed an Insurance Claim? If Yes, please provide details in the Project Narrative section below **(Question 40)**.

- Yes
- No

25. Do you have receipts and invoices from repairs that were made due to damages sustained?

- Yes
- No

26. Did your business sustain physical damages due to civil unrest that have not yet been repaired?

Yes

No

27. Have you received a quote or estimate to make repairs or improvements as a result of the damages?

Yes

No

28. Do you have photos for proof of damage?

Yes

No

29. Is your business located in a historical district?

Yes

No

I don't know

30. Is the subject property designated as a historical landmark?

Yes

No

I don't know

31. Have you filed a police report or have other documentation that damage was sustained due to civil unrest?

Yes

No

32. Select the one that best describes your business location (physical space):

I own commercial property

I lease a commercial space for my business

33. Are you currently behind with any payments related to the business?

Yes

No

Not applicable

34. Is your business currently closed due to damage?

Yes

No

35. Were you required to suspend business operations due to damage?

Yes

No

36. If you have been unable to open due to property damage, how long is/will the duration of closure due to damage?

Business is open

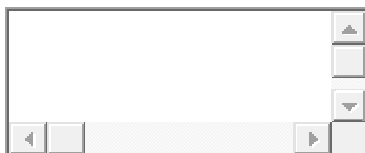
0-4 months

4-8 months

8-12 months

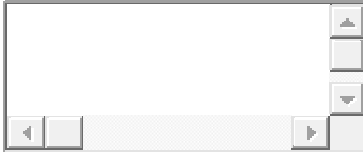
Project Narrative

37. Please provide a detailed summary of all clean-up/recovery actions that have taken place or are needed, and a detailed description of the damages sustained.

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Max 1500 characters

38. Please briefly describe any capital improvements that you believe are necessary to improve the security and durability of your property. Please describe the financial need of the business, if the business would not be able to recover without this funding. Applicants may be required to submit verification including but not limited to a notarized sworn statement attesting that no other funds (grants, public funds, etc.) were previously allocated or approved to repair the damage of subject property.

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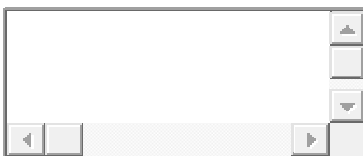
Max 1500 characters

39. Please describe the financial need of the business, if the business would not be able to recover without this funding. Applicants may be required to submit verification including but not limited to a notarized sworn statement attesting that no other funds (grants, public funds, etc.) were previously allocated or approved to repair the damage of subject property.

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Max 1000 characters

40. Please provide us with details of your insurance claim related to property damage including; coverage, deductible, denials from insurance company, and anticipated or previously received payouts, if applicable. If no insurance coverage existed at the time damages were incurred, you will be required to provide a notarized letter stating that.

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Max 1000 characters