

2023 Effingham County Business Resiliency CDBG Grant
Business Information Checklist

NAME OF BUSINESS: _____

The following 9 items must be completed & included for each business:

- _____ 1. Benefitting Business Information *(included in this packet)*
- _____ 2. Duplication of Benefits Certification *(included in this packet)*
- _____ 3. Business Certification *(included in this packet)*
- _____ 4. Employee Documentation – Most recent IL-941 submitted to ILDOR
- _____ 5. Current ITR-1 Verification
- _____ 7. Reimbursement Summary *(included in this packet)*
- _____ 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.

NOTE: When Completing the **Benefitting Business Information** form within this packet, extra space is likely needed for your business description and reimbursement description. Please attach additional sheet with these descriptions.

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:

- A. 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.
- B. 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 #

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 <input type="checkbox"/> or Purchased <input type="checkbox"/>	
Briefly Describe the Item's Use:					
Invoice From:		Date of Invoice:		Invoice Number:	
Amount of Invoice: \$		Amount Requested for Reimbursement:		\$	
Method of Purchase: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card (type) _____					
Statement or Receipt From:			Date of Statement or Receipt:		
Item/Equipment:				Rented <input type="checkbox"/> or Purchased <input type="checkbox"/>	
Briefly Describe the Item's Use:					
Invoice From:		Date of Invoice:		Invoice Number:	
Amount of Invoice: \$		Amount Requested for Reimbursement:		\$	
Method of Purchase: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card (type) _____					
Statement or Receipt From:			Date of Statement or Receipt:		
Item/Equipment:				Rented <input type="checkbox"/> or Purchased <input type="checkbox"/>	
Briefly Describe the Item's Use:					
Invoice From:		Date of Invoice:		Invoice Number:	
Amount of Invoice: \$		Amount Requested for Reimbursement:		\$	
Method of Purchase: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card (type) _____					
Statement or Receipt From:			Date of Statement or Receipt:		
TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT:					
<i>Total must match Amount of Funds requested on Benefiting Business Information Page</i>				\$	

ADD ADDITIONAL GROUPS OF INFORMATION AS NEEDED