



October 15, 2020

Tammy Harter
Program Manager
IL Department of Commerce and Economic Opportunity
500 E. Monroe st
Springfield, IL 62701

Re: Application for Local CURE's Economic Support Payments Grant Program

Dear Ms. Harter:

We are submitting our application of \$1,185,000 to establish and deploy a new Grant program, the Peoria Business Recovery Grant Program, made available as part of DCEO CARES Act Supplemental award to prevent, prepare for, and respond to the coronavirus crisis. Our plan is to deploy, over two-months, \$1.175 million in grant funds and an additional \$10,000 to cover administrative expenses.

We recognize the need to provide grants in a quick, efficient, and accessible manner and have developed flexible grant program, an administrative team, and new logistics to ensure funds are fully deployed within two months. The Business Recovery Grant Program features the Business Capacity Grant, The Business Sustainability, Business Capacity Building and Business Transformation Grants. Each has been designed to support businesses for specific COVID-19 related response efforts. We believe the flexibility of the program, our focused administrative effort and logistical improvements will give us the capacity to perform this scope of work and deploy the all funds over the two-month period.

Attached you will find all the required documents as itemized in DCEO NOFO #2433-1681. We look forward to learning more on how we can proceed and prepare a new Grant Program upon your approval. Please contact me at 309-494-8524 or Kevin Evans our grants team lead at 309-494-8651 for any questions.

Respectfully,

A handwritten signature in blue ink, appearing to read "P. Urich".

Patrick Urich
City Manager
purich@peoriagov.org

cc: Jim Ardis, Mayor
Deborah Roethler, Assistant City Manager
Kevin Evans, Senior Economic Engagement Specialist

Peoria City Hall
419 Fulton Street, Suite 207, Peoria, IL 61602
Phone: (309) 494-8558 Fax: (309) 494-8559



Illinois Department of Commerce & Economic Opportunity

Uniform Application for State Grant Assistance

Agency Completed Section

1. Type of Submission Pre-Application
 Application
 Changed / Corrected Application

2. Type of Application New
 Continuation (i.e. multiple year grant)
 Revision (modification to initial application)

3. Date/Time Received By State (Completed by State Agency upon Receipt of Application)

4. Name of Awarding State Agency

5. Catalog of State Financial Assistance (CSFA) Number

6. CSFA Title

Catalog of Federal Domestic Assistance (CFDA) Not Applicable (No federal funding)

7. CFDA Number

8. CFDA Title

9. CFDA Number

10. CFDA Title

Additional CFDA Number, if required

Additional CFDA Title, if required

Funding Opportunity Information

11. Funding Opportunity Number

12. Funding Opportunity Title

Competition Identification Not Applicable

13. Competition Identification Number

14. Competition Identification Title

Applicant Completed Section

Applicant Information

15. Legal Name (Name used for DUNS registration and grantee pre-qualification)

16. Common Name (DBA)

17. Employer/Taxpayer identification number (EIN, TIN)

18. Organizational DUNS Number

19. SAM Cage Code

20. Business Address (Address 1) (Address 2) (City), (State), (zip - 4)

Applicant's Organizational Unit

21. Department Name

22. Division Name

Applicant's Name and Contact Information for Person to be Contacted for **Program** Matters involving this Application.

23. First Name

24. Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number

29. Fax Number

30. E-mail Address

Applicant's Name and Contact Information for Person to be Contacted for **Business/Administrative Office** Matters involving the Application.

31. First Name

32. Last Name

33. Suffix

34. Title

35. Organizational Affiliation

36. Telephone Number

37. Fax Number

38. E-mail Address

Areas Affected

39. Areas Affected by the Project (cities, counties, state-wide, add attachments e.g. maps)

40. Legislative and Congressional District of Applicant

41. Legislative and Congressional Districts or Program Project

Applicant's Project

42. Description Title of Applicant's Project

43. Proposed Project Term

Start Date

End Date

44. Estimated Funding (Include all that apply)

Amount Requested from the State

Applicant Contribution (e.g., in kind, matching)

Local Contribution

Other Source of Contribution

Program Income

Total Amount

Applicant Certification:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. 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)

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.

I Agree

Authorized Representative

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative



53. Date Signed

10/15/20

Mandatory Disclosure

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.

Are there any violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the awarding of a grant to your organization? No Yes

If there any violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the awarding of a grant to your organization, please describe them all here:

N/A

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 (Company Name)

CITY OF PEORIA

Patricia Ulrich

Signature of Authorized Representative

10/15/20

Date

Patricia Ulrich

Printed Name (Authorized Signator Name)

420-00-2433

City Manager

Printed Title (Authorized Signator Title)

21,019

CSFA Number

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.

Definitions:

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.

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.

Are there any current potential conflict(s) of interest, or any actions that create or which appear to create a conflict of interest, related to the State award for which your organization has applied?

No

Yes

If there are any current potential conflict(s) of interest, or any actions that create or which appear to create a conflict of interest, related to the State award for which your organization has applied, please describe them all here:

N/A


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 (Company Name) CITY OF PEORIA


Signature of Authorized Representative

10/15/20
Date

City Manager
Printed Title (Authorized Signator Title)

Patrick Ulrich
Printed Name (Authorized Signator Name)

420-00-2433
CSFA Number



Overview

The City of Peoria (City) seeks to establish a new program, named the **Peoria Business Recovery Grant (BRG) Program**, to assist business with responding to the economic injury caused by COVID-19. The new grant program would provide grant funds to support business **sustainability**, **business capacity building** and **business transformation**. This program would provide funding to local business to recover expenses related to sustaining the business in response to COVID-19, costs associated with increased or expanded capacity related to Restore Illinois and costs associated with transformation of the business related to COVID-19.

The **BRG Program** will focus resources towards traditionally underserved businesses. A communications plan will target disadvantaged business enterprises which are traditionally minority-owned, women-owned, veteran-owned, and/or owned by someone physically impaired. The Minority Business Development Center has provided a letter of support to bolster this effort.

The overall goal of the Peoria BRG Program is to support employment opportunities for Peoria residents; stabilize the local tax base and economy; and retain jobs/businesses amid the pandemic. Additionally, we seek to encourage businesses to adapt and enhance their long-term viability.

Problem Statement

Businesses operating at the onset of COVID crisis in March 2020 were forced to adjust and were required to adapt their operational capacity due to a) executive orders by the Governor which restricted, closed or reduced business operational levels, b) the State of IL's Restore IL Plan and Heart of IL Sub-Regional Plan which gradually allow businesses to expand in stages—50%, 75%, 100% of capacity, and c) the change in consumer purchasing power and buying habits in a COVID dominated world.

Coronavirus has and continues to make it financially difficult for businesses to quickly adapt their business model and make operational changes amid COVID.

Examples include:

- Nonessential businesses were forced to shut down for several months, and many of their supply chains were diminished when they started backup.
- Restaurants were limited to providing curbside, pickup service. Many others had to take on the added expense of delivery services and/or dine-out expenses.
- Service businesses such as hair/nail salons and health clubs were especially impacted as they were shut down entirely, and had difficulty rehiring their workforce given federal unemployment was more attractive to employees.
- Business disruption broke customer relationships and store sales were lost to customers going on-line for their purchases.
- Customers have been slow to return due to their personal financial and/or safety concerns.
- Restore Illinois limits the operational capacity of businesses with phased opening by regions and might revert to more operational restrictions given the upcoming "flu" season and resurgence of COVID cases this coming winter.
- Hotels as an industry have been Highly Impacted, they have been closed or operating at significantly diminished capacity since March. It is likely this will continue until we reach Phase 5 of the Restore Illinois plan. Both business



and leisure travel has resulted based on changing consumer behaviors have directly contributed to negative impact on the hotel industry.

Solution Statement

The proposed **BRG Program** is designed to assist Peoria businesses respond to economic injury caused by the coronavirus; and by providing grant funds in three strategic areas--Sustainability, Capacity Building, and Transformation. These three areas represent a broad range of businesses that would be eligible for grant funds.

A business may apply for grant funds in one or all strategic areas, so long as they've demonstrated that eligible expense has or will occur from March 1 to Dec 30. Grant funds would be limited to the lesser of a) the revenue shortfall, b) demonstrated or proposed expenses over a six-month period, or c) grant maximum allowed. Depending on the application submitted and business type, grants up to \$15,000 may be eligible with Hotels afforded up to \$25,000.

In the strategic area of "Sustainability" a retailer seeking reimbursement in rent and/or utilities would be eligible; for "Capacity Building" a restaurant that has or will invest in dine-out equipment would be eligible; and for "Transformation" any business that has or plans to improve their "digital footprint" would be eligible.

Examples of expenses associated with "Sustainability" may include mortgage payments, rent payments utility payments and other fixed debts. Examples for "Capacity Building" may include building materials for construction of outside dining areas, labor costs of construction of outdoor dining areas, Tents, tables, chairs, heaters and other costs associated to provide additional physical capacity to serve customers. Examples of "Transformation" may include POS system, third party vendor costs for delivery, websites, social media and other costs related to adapting the business model related to COVID-19.

Eligible businesses must meet the following criteria (more details [here](#)) :

- Be located within the corporate boundaries of the City of Peoria
- Have 1 to 50 Employees
- Hotels are eligible (maximum available based on per room allotment up to limit \$25) The plan reserves the option to increase limit based on local need.
- Be operational as of December 31, 2019
- Show a demonstrated loss of revenue due to COVID-19

Below is a table (that provides an overview of the program:

Business Recovery Grant Program			
	Sustainability	Capacity Building	Transformation
	BSG	BCG	BTG
Max	\$5,000	\$5,000	\$5,000
Hotel	\$25,000		

Administrative Plan

The City of Peoria is committed to devoting three staffers to develop program parameters, required documents, communications strategy, eligibility requirements, application process, application review, award distribution and program reporting



requirement compliance. The Business Recovery Grant Program has been developed to comply with the guidelines outlined by Local CURES program. The Business Recovery Grant Program development, application, and awards have been designed to pass the “reimbursable expenditure test” as outlined on DECO’s Local CURES webpage. Staff has developed this program to comply and will continue to administer the program to maintain program compliance.

Program administration activities and tasks have been divided among a three person staff to lead the activities of program development, implementation and administration. In addition to human resources the City of Peoria has created on-line tools to facilitate communications, application process and plan administration in general.

You can review the control documents associated with program administration in the supporting Exhibits include at the end of this document. The project Task & Timeline details the processes beginning with marketing where have prioritized outreach to underserved populations including African American, Women, English as a Second language populations.

General Requirements of the program have been defined in the document for general requirements. This outlines eligibility and set the basis for applicants to begin the application process. Required documents provides the detail documents required to make an application for each category of expenses a business would like to apply for reimbursements. The required documents outline how to certify the business, loss of revenues, demonstration of employment loss, proof of expenses.

Grant Review Status documents have also been included to detail the review process as a demonstration of the controls in place to ensure compliance with program guidelines. The Approval Checklist further details the methods used to approve awards. Upon approval additional control documents such as the Grant Eligibility Certification will be obtained to ensure compliance as well as completion of a Grant Award Compliance form which details the compliance requirements.

The total request is for \$1,185,000. \$1,175,000 direct payments to local businesses is detailed in the Grant Disbursement Schedule. The Grant Disbursement Schedule provides some context on the anticipated need for this program in our local community, gives context to the workflow and distribution of funds across the three categories of the Business Recovery Grant Program. A more detailed review of each of the control documents can be viewed in the exhibits or at [Business Recovery Grant Documents](#) on our website.

The City of Peoria will hold a reserve fund in the amount of \$250,000. This fund will be used to advance payments to local businesses under the Business Recovery Grant Program. The reserve fund in combination with the reimbursements of expenses from Local CURE’s Economic Support Payments Grant Program would enable the City to leverage the impact of the \$250,000 reserve to advance payments to local businesses. Staff will manage distribution of funds based on availability of funds.

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	City of Peoria	DUNS#	071435150	NOFO #	2433-1681
CSFA Number:	420-00-2433	CSFA Description:	Local CURE's Economic Support Payments Grant	Fiscal Year:	2021
SECTION A -- STATE OF ILLINOIS FUNDS				Grant #	
Revenues				TOTAL REVENUE	
(a). State of Illinois Grant Amount Requested				\$	1,185,000.00
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200		TOTAL EXPENDITURES		
Contractual Services & Subawards	200.318 & 200.92		\$	1,175,000.00	
Other or Miscellaneous Costs			\$	10,000.00	
Total Direct Costs	200.413		\$	1,185,000.00	
Total Costs State Grant Funds			\$	1,185,000.00	

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

_____ Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or:

_____ Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____ %

5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

Period Covered by the NICRA: From: _____ To: _____ (mm/dd/yyyy)

Approving Federal/State agency (please specify): _____

The Indirect Cost Rate is: _____ 0 % The Distribution Base is: \$ _____ 1,185,000.00

CERTIFICATION	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name: City of Peoria	CSFA Description: Local CURE's Economic Support Payments Grant	NOFO # 2433-1681
CSFA #: 420-00-2433	DUNS # 071435150	Fiscal Year(s): 2021

(2 CFR 200.415)

“By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

City of Peoria

Institution/Organization


Signature

James R. Scroggins

Name of Official

Finance Director


Title

Chief Financial Officer (or equivalent)

10/15/20
Date of Execution

City of Peoria

Institution/Organization


Signature

Patrick Ulrich

Name of Official

City Manager

Title

Executive Director (or equivalent)

10/15/20
Date of Execution

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

Section C - Budget Worksheet & Narrative

City of Peoria

Contractual Services (2 CFR 200.318) & **Subawards** (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole contracts in excess of \$150,000 (See 2 CFR 200.88). NOTE : this budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides supplies, expendable materials, or data processing services in support of the project activities.

Item	Contractual Services Cost
<i>Grant Distribution - City will distribute direct payments to eligible local businesses</i>	\$ 1,175,000.00
	\$ -
	\$ -
State Total	\$ 1,175,000.00
Total Contractual Services \$ 1,175,000.00	

Contractual Services Narrative (State):

1. The City of Peoria uses on-line tools to facilitate the both communications and implementation of programs. We intend to add the Business Recovery Grant program to this online platform. We estimate the cost to build based on previous buildout to be approximately \$5000.
2. We are prioritizing promotion and outreach to traditionally underserved populations. Locally we have a radio stations targeting specific markets populations that include English as a

Section C - Budget Worksheet & Narrative

City of Peoria

Other or Miscellaneous Costs --This category contains items not included in the previous categories. List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of other costs for successful completion of the project and exclude unallowable costs (e.g.. Printing, Memberships & subscriptions, recruiting costs, etc.)

Description	Quantity	Basis	Cost	Length of time	Other or Miscellaneous Cost
<i>On-line tools enhancements -(CivicServe platform -grants)</i>			<i>\$5,000</i>	<i>1</i>	<i>\$5,000</i>
<i>Marketing/Promotion of Business Recovery Grant Program</i>			<i>\$5,000</i>	<i>1</i>	<i>\$5,000</i>
					\$ -
					\$ -
				<i>State Total</i>	<i>\$ 10,000.00</i>
				Total Other Costs	\$ 10,000.00

Other Costs Narrative (State):

1. The City of Peoria uses on-line tools to facilitates promotion, communication and administration of programs. Based on previous uses implementation of the use of this tool for Business Recovery Grant Program will cost approximately \$5,000.
2. The City of Peoria has prioritized outreach to underserved populations. We intend to buy advertisements using specific media targeting underserved populations.

Section C - Budget Worksheet & Narrative

City of Peoria

Budget Narrative Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

<i>Budget Category</i>	<i>State</i>	<i>Total</i>
<i>Contractual Services</i>	\$ 1,175,000.00	\$ 1,175,000.00
<i>Other or Misc. Costs</i>	\$ 10,000.00	\$ 10,000.00
<i>State Request</i>	\$ 1,185,000.00	
TOTAL PROJECT COSTS		\$ 1,185,000.00

BUSINESS RECOVERY GRANT PROGRAM

EXHIBITS (also available [here](#))

- A. Grant Application Request
- B. Approval Process Checklist
- C. General Requirements
- D. Grant Eligibility Certification
- E. Grant Award Compliance
- F. Required Documents
- G. Eligible Expenses
- H. Grant Review Status
- I. Project Task and Time-Line
- J. Disbursement Schedule – Projected
- K. Letters of Support (2)



BUSINESS RECOVERY GRANT PROGRAM

Grant Application Request

1. Name of Reviewing Grant Request _____ 2. Received App : Face to Face Online Telephone

PART I: Client Information and Financial Assistance

3. Name (Name of the person completing the form/representative of the business)		4. Email	
5. Telephone Primary _____ Secondary _____		6. Fax _____	
7. Street Address/PO Box (give business address if currently in business)		8. City	9. State
		10. Zip	+4

What GRANT are you seeking?

11. Business Sustainability Grant? _____ (up to \$5,000)
 Business Capacity Building Grant? _____ (up to \$5,000)
 Business Transformation Grant? _____ (up to \$5,000)

*TOTAL GRANT REQUEST? _____ (combined \$15,000)

12. Hotel Grant Request* (up to \$25,000)? _____

13. Have you received other grants? _____

* Please note: Addition funds may be available in subsequent rounds, and depending of availability of funds.

PART II: Client Information (to be completed by all Clients)

14. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Veteran Status <input type="checkbox"/> No military, Reserve, or National Guard service		<input type="checkbox"/> Veteran		<input type="checkbox"/> Member of the Reserve		<input type="checkbox"/> Member of the National Guard	
		<input type="checkbox"/> Service-Disabled Veteran		<input type="checkbox"/> Active Duty		<input type="checkbox"/> Spouse of Military Member	
19. How did you learn about BRG Program? (Mark all that apply) <input type="checkbox"/> SBDC <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Lender <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Business Owner <input type="checkbox"/> Television/Radio <input type="checkbox"/> Other (please indicate website) _____				20a. Are you currently in business? Yes No		20b. If yes, are you currently exporting? Yes No	

PART III: Business Information

21. Name of Business _____			
22. Type of Business (choose primary category) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Construction Retail <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Other Services <input type="checkbox"/> Trade <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/>			
23. Business Ownership – What percentage of your business is male or female owned? _____% Male _____% Female		24. Date Business Started?(MM/YYYY) _____	
		25. Do you conduct business online? Yes No	
		26a. Are you a home based business Yes No	
		26b. Are you 8(a) certified? Yes No	
27a. Total No. of Employees Current Last Year Full-Time _____ Part-Time _____		28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____	
		28b. What has been your estimated losses due to COVID-19? _____	
29. What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____			
30. What other business assistance or counseling are you seeking? (Choose primary category) <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Human Resources/ Managing Employees <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Technology/Computers <input type="checkbox"/> Business Plan <input type="checkbox"/> Customer Relations <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Business Accounting/ Budget <input type="checkbox"/> Franchising <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade			
Describe specific assistance requested in the space provided. _____			



BUSINESS RECOVERY GRANT PROGRAM

Approval Process Checklist

Step 1 – Determine Your Eligibility

- Complete the “Applicant Information Form”
- Obtain all Program Materials
 - Download the documents (available here)
 - Request copies at 309-494-8640 or econdevelopment@peoriagov.com
- Read the “General Guidelines”
- Complete and Sign “Grant Eligibility Certification”

Step 2 – Select Grant and Submit Your Application

- Review Grant Parameters for each Strategic Areas
- Select which Grants you will Apply to
- Submit the required Documents listed on “Required Documents”
 - Mail or drop off completed copies at office
 - Email completed copies to econdevelopment@peoriagov.com
 - Upload completed copies the platform (available here)

Step 3 – Receive Approval and Submit Executed Grant Documents

- Receive feedback on “Grant Review Status” form
 - Staff will “qualify business” and validate “reimbursable expenditure test”
- Meet any Grant Conditions, if provided
- Receive “Notice of City Award” and Award Agreement Documents
- Sign Grant Award Agreement Documents
 - Complete and Sign “Grant Award Compliance”
 - Complete and Sign “ACH Form”
 - Complete and Sign “IRS W-9” Form

Step 4 – Obtain Funds, Submit Reports, & Keep Record

- Receive funds via electronic transfer
- Provide monthly expenditure reports for cost funds used after Notice of City Award
- Retain records of relating to program until at least December 31, 2026
- Remain compliant with all laws, orders, and regulations relevant to business.

BUSINESS RECOVERY GRANT PROGRAM GENERAL REQUIREMENTS

Businesses must meet the following requirements to be eligible the Peoria Business Recovery Grant (BRG) Program. A more detailed list of compliances are itemized in the States Certifications and Requirements, found [here](#). Additional program materials for the City's BRG Program is available [here](#).

- 1) Must be an independently owned and operated for-profit corporation or limited liability corporation, partnership, or sole proprietorship authorized to conduct business in the State of Illinois.
- 2) Must have been operating three months prior to March 1, 2020, or since Dec 1, 2019.
- 3) Must have had less than \$20 million in gross operating revenue in calendar year 2019, or a pro-rated amount if in operation for less than a year prior to March 2020.
- 4) Must have experienced net operating losses since March 21, 2020.
- 5) Must have been closed or had reduced operations due to government orders, public health guidelines, or depressed consumer demand during the COVID 19 pandemic.
- 6) Must have complied 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.
- 7) Must not be a business type or status listed below:
 - a. independent contractors or freelance workers that do not operate a sole proprietorship;
 - b. child care providers that are eligible for [Child Care Restoration Grants](#) (this includes all licensed child care providers; license-exempt child care providers that meet other eligibility guidelines are eligible to apply);
 - c. a private club or business that limits membership for reasons other than capacity;
 - d. a business primarily engaged in speculative activities that develop profits from fluctuations in price rather than through normal course of trade;
 - e. a business that earns more than a quarter of its annual net revenue from lending activities, unless the business is a non-bank or non-bank holding company certified as a Community Development Financial Institution (CDFI);
 - f. a business that derives at least 33% of its gross annual revenue from legal gambling activities;
 - g. a business engaged in pyramid sales, where a participant's primary incentive is based on the sales made by an ever-increasing number of participants;
 - h. a business engaged in activities that are prohibited by federal law or applicable law in the jurisdiction where the business is located or conducted. (Included in these activities is the production, servicing, or distribution of otherwise legal products that are to be used in connection with an illegal activity, such as selling drug paraphernalia or operating a motel that knowingly permits illegal prostitution);
 - i. a business that derives a majority of its income as an owner of real property that leases that property to a tenant or tenants under a lease agreement;
 - j. a business principally engaged in teaching, instructing, counseling, or indoctrinating religion or religious beliefs, whether in a religious or secular setting;
 - k. a government-owned business entity (except for businesses owned or controlled by a Native American tribe);
 - l. a business primarily engaged in political or lobbying activities;
 - m. a business that manufactures or sells at wholesale, tobacco products, liquor or that manufactures or sells firearms at wholesale or retail;
 - n. a night club or strip club;
 - o. an employment agency;
 - p. a pawn shop;
 - q. a liquor store;
 - r. a storage facility or trailer-storage yard or junkyard;
 - s. an establishment similar to any enumerated above;
 - t. a business in which a majority owner has a financial or familial connection to a director, principal shareholder or leadership member of the City of Peoria.
 - u. a status in which business is delinquent of IL tax obligations; is on the federal system of award "excluded parties" list, or had received assistance/notice of award from BIG program



BUSINESS RECOVERY GRANT PROGRAM GRANT ELIGIBILITY CERTIFICATION

As an applicant and potential beneficiary of this grant, your Business (“subrecipient”) is required to meet the eligibility requirements listed below. Additionally, you shall adhere to the terms and procedures established by the Grantee within the ES Program, the CARES Act, and the US Dept. of the Treasury guidance (available [here](#)), including the Department’s administrative rules (available [here](#)).

1. I am independently owned and operated business, am not dominant in my industry, and employ at least one employee as of March 1, 2020.
2. I have 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. I will/have provided documents true and accurate in all material respects, including the ACH Authorization and Agreement, the IRS Form W-9; and understand funds will be transferred via ACH.
4. I have the legal authority to apply for federal, State and local assistance, and that the subrecipient will comply with the established requirements of this subaward.
5. I have 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.
6. I have and will continue 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.
7. I have and 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).
8. I am 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.
9. I have 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.
10. I have 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.
11. I have 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.
12. I nor officers and directors have received any notice that it is the subject of any criminal investigations or charges.

As an applicant and potential subrecipient of grant funds I certify and agree to all the statements checked above.

Print Name

Signature

Date



BUSINESS RECOVERY GRANT PROGRAM GRANT AWARD COMPLIANCE

As a subrecipient and recipient of a grant award, 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](#).

1. I shall use the subaward for eligible losses exclusively for costs and losses incurred due to the business interruption or other adverse conditions caused by the Coronavirus Disease 2019 (COVID-19) pandemic, as established by the Department and the U.S. Department of the Treasury and further detailed by City’s program.
2. I will comply with all relevant laws and regulations concerning non-discrimination.
3. I will not pay 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.
4. I 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.
5. I 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.
6. I will hold harmless the United States, State of Illinois, City of Peoria and all their 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 these agencies. I understand 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.
7. I acknowledge 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.
8. I 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 Coronavirus 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.

As a subrecipient of grant funds I certify and agree to all the statements checked above.

Print Name

Signature

Date



BUSINESS RECOVERY GRANT PROGRAM

Required Documents

Document	Business Sustainability Grant	Business Capacity Grant	Business Transformation Grant
General Information			
Business Grant Application Request	x	x	x
Business Eligibility and Certification - (<i>Signed Form/Checklist</i>)	x	x	x
Business License - Certifications and Registration , <i>if applicable</i>	x	x	x
Signed W-9 - Request for Taxpayer ID - (<i>Signed Form</i>)	x	x	x
Documentation on other CARES Act Program Funding Awarded	x	x	x
Demonstration of Revenue or Income Loss (Year over Year)			
2019 Tax Return	x	x	x
2020 Income Statement - Year to Date	x	x	x
Bank Statements in 2019 and 2020 - (three same consecutive months)	x	x	x
Demonstration of Employment Loss (Year over Year)			
2019 - No. of Employees - (date between April - Sep)	x	x	x
2020 - No. of Employees - (same day of previous year)	x	x	x
2019 Payroll Expense Report - Annual	x	x	x
2020 Payroll Expense Report - Year to Date	x	x	x
Proof of Actual Expenses* (any 3 months between Mar 1 and Dec 30)			
Business Rent/Mortgage - Statement/Receipt	x	x	x
Business Utilities - Statement/Receipt	x	x	x
Business Payroll - Statement/Receipt	x	x	x
Business Loan/Lease - Statement/Receipts	x	x	x
* See "Eligible Costs"		x	x
Proof of "Dine-Out" Actual/Budget Expenses* (Mar 1 to Dec 30)			
Actual Expenses Related to Dine-Out Operations		x	
Proposed Budgeted Expenses Related to Dine-Out Operations		x	
* See "Eligible Costs"		x	
Proof of "Digital Transformation" Actual/Budget Expenses* (Mar 1 to Dec 30)			
Actual Expenses Related to Digital Transformation			x
Proposed Budgeted Expenses Related to Digital Transformation			x
* See "Eligible Costs"			x



BUSINESS RECOVERY GRANT PROGRAM

ELIGIBLE EXPENSES

Eligible use of grant funds from the Business Recovery Grant Program are limited to “Qualify Business” costs and losses incurred, due to the COVID-19 pandemic (March 1 to Dec 30, 2020). Grant proceeds may be used in any of three strategy areas—sustainability, capacity building, and/or transformation, so long as documentation for such expenditures are provided and validated.

BUSINESS SUSTAINABILITY

- Reimbursing costs and losses such as inventory and equipment
- Compensation (including salaries, wages, tips, paid leave, and group healthcare benefits)
- Rent, mortgage, insurance premiums, and utilities
- Payment of principal and interest on business loans (excluding EIDL and PPP loans)
- Lease payments
- Professional services procured (including the design and construction of environments necessary to promote physical and social distancing and cleaning and disinfecting services)

BUSINESS CAPACITY BUILDING

- Cost associated in providing delivery services, either (internally or 3rd party)
 - Dine-Out expenditures may include but not limited to barriers, tent, planters, tables, chairs, lighting, and heating equipment
 - Out-Door venues expenditures may include, but not limited to hiring entertainers, staging, sound equipment to host out-door venue.
- Purchase or lease of equipment to establish or expand outdoor operations.
 - Dine-Out expenditures may include but not limited to barriers, tent, planters, tables, chairs, lighting, and heating equipment
 - Out-Door venues expenditures may include, but not limited to hiring entertainers, staging, sound equipment to host out-door venues

BUSINESS TRANSFORMATION

- Conducting a digital audit
- Establishing or enhancing a website to increase customer engagement
- Technologies to facilitate E-commerce
- Expenditures in digital marketing such as google ads, SEO, E-mail campaign, pay per clicks
- Establishing or enhanced Point-of-Sale software for retailers and restaurants

INELIGIBLE EXPENSES

Funds provided through the CARES Act (PPP loans, BIG grants, and some other loan/grant programs) may not be used to cover the same costs twice. In other words, the combined grants and loans cannot exceed the total eligible costs that your company has experienced since March 2020 under each respective program.

BUSINESS RECOVERY GRANT PROGRAM

Grant Review Status for:

Conducted by _____

Level 1 – Did Applicant submit a complete set of documents?

If yes to all below, review details of grant request

- Received completed “Applicant Information Form”
- Received completed and signed “Grant Eligibility Certification”
- Received “Required Documents” for given grant area

Level 2 – Is the Applicant a “Qualifying Business”?

If yes to all below, business is “Qualifying”

- Has the applicant experienced or is experiencing a business interruption due to COVID-19
- Was there a decrease in revenue (yr. to yr.) over three months, between March to Dec 2020 due to any of the following?
 - closing or limiting business operations access? or
 - cost of preventing the spread of COVID-19 within business? or
 - decrease in customer demand due to COVID-1- emergency? or
 - revenue loss approved for reimbursement from CRF by the US Treasury dept.?

Level 3 – Does grant request meet the “reimbursable expenditure test”?

If yes to all below, expenditures meets test and are valid:

- Are costs for reimbursement listed as “eligible use of funds”?
- Were costs expended within three consecutive months from Mar 1 to Dec 30, 2020?
- Are requested grant funds below the total eligible cost and losses incurred due to COVID?
- Are requested grant funds below maximum grant allowed?
- Are requested grant funds non-duplicative of other costs funded or provided through the CARES Act (PPP loans, EIDL, and BIG Grants)?

Step 4 – Has Applicant signed all grant award documents prior to fund disbursement?

- Received completed and signed Grant Award Agreement Documents: a) Grant Award Compliance, b) ACH Form, and c) IRS W-9

BUSINESS RECOVERY GRANT PROGRAM

PROJECT TASK & TIME-LINE

PROJECT ACTIVITY		STATUS	OCT				NOV				DEC					JAN				Cesar	Kevin	ShamRa
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W5	W1	W2	W3	W4	SDS	SES	PM
I	PROGRAM APPLICATION MATERIALS - Available On-Line - 24/7																					
	A	Develop Program Application Materials																				
	1	Business Application - Grant Request Form	95%	x																x		
	2	Business Recovery Grant Program - General Guidelines	95%	x																x		
	3	Business Applicant - Eligibility Certification	95%	x																x		
	4	Business Recipient - Award Compliance Agreement	95%	x																x		
	B	Upload Program Materials to "GO-LIVE" on Electronic Platform																				
	1	Creating Landing Page and Upload Program Materials on www.growpeoria.com	95%	x	x	x														x		
	2	Upload Templates to The B.O.S.S. Platform (Business One Stop Shop)			x																x	
	3	Field Match & Query in The B.O.S.S.			x																x	
	4	Develop Decision Tree Application Process			x	x														x	x	
	5	Test On-Line Application Process			x	x														x	x	
	6	"GO-LIVE" and Launch BRG Program on The B.O.S.S. (After Notice of State Award)				x	x													x		
II	MARKETING & PROMOTION - Launch Marketing Campaign																					
	A	Promote the BRG Program Launch City-wide																				
	1	DCEO & City Press Release (DCEO Approval)				x	x														x	
	2	Radio - Dollars & Sense (Go on Air to describe program)					x														x	
	4	Media Interviews					x													x	x	
	5	Make Direct Phone Calls					x	x	x	x	x	x	x	x	x	x				x	x	
	B	Advertisement (If Funds available)																				
	1	Community Word -(Monthly)					x	x			x										x	
	2	Traveler Weekly -					x	x			x										x	
	3	Peoria County Chronicle - (Weekly)					x	x			x										x	

BUSINESS RECOVERY GRANT PROGRAM

PROJECT TASK & TIME-LINE

PROJECT ACTIVITY			STATUS	OCT				NOV				DEC					JAN				Cesar	Kevin	ShamRa
				W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W5	W1	W2	W3	W4	SDS	SES	PM
C	Digital Marketing																						
	1	Add "Call to Action" Buttons on City and EDD websites				x	x													x			
	2	Create web landing pages and upload Program Materials	50%			x	x													x			
	3	Send Direct Emails - Business Notices bimonthly						x		x		x		x							x		
	4	Post BRG Program updates on Linked-In. Facebook, City E-Newsletter						x	x		x	x		x							x		
D	Webinar - Training & Technical Assistance																						
	1	Host a BRG Workshop						x		x		x		x							x		
III	APPLICATION PROCESSING, APPROVAL, & REPORTING																						
A	Receive & Review Grant Applications																						
	1	Receive grant application via on-line platform, e-mail, or harcopy						x	x	x	x	x	x	x	x	x				x	x	x	
	2	Check Eligibility of Applicant						x	x	x	x	x	x	x	x	x				x	x	x	
	3	Review Grants based on Grant Award Checklist						x	x	x	x	x	x	x	x	x				x	x	x	
	3	Recommend a Grant Approval Amount						x	x	x	x	x	x	x	x	x				x	x	x	
B	Award Grants and Obtain Reimbursements from DCEO																						
	1	Obtain Grant Approval from City Manager						x	x	x	x	x	x	x	x	x				x	x	x	
	2	Process Grant Approval via signed Agreement and Compliance						x	x	x	x	x	x	x	x	x				x	x	x	
	3	Electronically Transfer Grant Funds through Finance						x	x	x	x	x	x	x	x	x	x	x	x		x	x	
	4	Submit and Obtain Reimbursement from DCEO						x	x	x	x	x	x	x	x	x	x	x	x		x	x	
C	Report Progress of BRG Program																						
	1	Submit Periodic Performance Report									x					x					x		
	2	Submit Periodic Financial Report									x					x					x		
	3	Submit Final Close-Out Report																x			x		

PEORIA BUSINESS RECOVERY GRANT (BRG) PROGRAM Disbursement Schedule - Projected

Month	Business Sustainability Grant			Business Capacity Grant			Business Transformation Grant			TOTAL GRANTS		
	BSG	\$ 5,000	grant	BCG	\$ 5,000	grant	BTG	\$ 5,000	grant	No.	Amount	Balance
	No.	Amount	Total	No.	Amount	Total	No.	Amount	Total	Disbursed	Disbursed	\$ 1,175,000
October	0		\$ -	0		\$ -	0		\$ -	0	\$ -	\$ 1,175,000
November	75		\$ 375,000	30		\$ 150,000	10		\$ 50,000	115	\$ 575,000	\$ 600,000
December	50		\$ 250,000	15		\$ 75,000	5		\$ 25,000	70	\$ 350,000	\$ 250,000
Hotel	10	\$ 25,000	\$ 250,000	0		\$ -	0		\$ -	10	\$ 250,000	\$ -
	135		\$ 875,000	45		\$ 225,000	15		\$ 75,000	195	\$ 1,175,000	OVERALL TOTAL



October 13, 2020

Mayor Jim Ardis
City of Peoria
419 Fulton
Peoria, Illinois 61602

Dear Mayor Ardis:

On behalf of the Board of Directors, staff, and members of the Greater Peoria Economic Development Council, I write in support of the City of Peoria's application to the Illinois Department of Commerce and Economic Opportunity for a grant under the Economic Support program.

The COVID pandemic and subsequent economic downturn has taken a tremendous toll on the business community in Peoria. As the center of retail and entertainment for a region of nearly 400,000 people, businesses in the city were disproportionately affected by stay-at-home orders and a change in customer behavior that kept travel and commuting to a minimum. Through an Economic Support grant, Peoria can attempt to address the financial distress of its business community, but also help that community prepare for the future. Their three-prong approach of helping sustain businesses, helping grow capacity of businesses, and helping transform businesses for a new normal is a creative and flexible approach to making a difference.

Greater Peoria EDC is proud to partner with the City of Peoria on supporting its local businesses and wholeheartedly endorse your Economic Support application. Please let me know if you need any further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chris Setti', with a stylized flourish at the end.

Christopher Setti, CEO
Greater Peoria Economic Development Council



Black Business Alliance Peoria Chapter, Inc.



October 14, 2020

To: Whom it may concern

Re: Letter of Support

I am writing in support of your application for Local CURE's Economic Supports Grant Program. The City of Peoria has supported minority businesses throughout our community. African American Business owners continue to have needs for greater access to financial resources. Access to capital is often a function of knowledge of the availability of resources and funding. The Minority Business Development Center will continue to partner with the City of Peoria to reach minorities and members of the southside of the City of Peoria.

The financial support available through a local grant to assist businesses with coronavirus related expenses would benefit our members. We certainly support this application.

Sincerely,

Denise Moore, CEO
Black Business Alliance
Minority Business Development Center
WPNV 106.3 FM
2139 SW Adams
Peoria IL 61605
dmoore@bbapeoria.org