

DOWNSTATE SMALL BUSINESS STABILIZATION PROGRAM
APPLICATION FORMS

CDBG Application Submission Checklist

All CDBG applications will be screened for completeness. Applicants must complete and submit this checklist with the application. **Please ensure your Application includes all of the listed information.** Use the right-hand column, labeled "Page Number" to indicate the page for each item.

<u>PROJECT INFORMATION</u>	<u>PAGE NUMBER</u>
___ Completed Submission Checklist (This Page)	___
___ Letter of Transmittal from Chief Elected Official	___
___ State of Illinois - DCEO Uniform Grant Application (completed by local government)	___
___ Applicant Project Information (local government & benefiting business information)	___
___ Uniform GATA Budget (completed by the local government and benefiting business)	___
___ Project Summary (from benefiting business)	___
___ Net Income Verification (from benefiting business)	___
___ Copy of Most Recent Bank Statement (from benefiting business)	___
___ Other Supporting Documentation (from benefiting business)	___
___ Documentation of Employee Status (from benefiting business)	___
___ Council Resolution of Support	___
___ Resident Participation:	
7-Day Public Hearing Notice	___
Publisher’s certification	___
Certified minutes	___
Attendance sheet(s)	___
___ Local Government Certifications	___
___ Business Certifications	___
___ Mandatory Disclosures (completed by local government)	___
___ Conflict of Interest (completed by local government)	___
___ Fair Housing Resolution	___
___ W-9 (for local government)	___
___ SAM Registration (CAGE # - for local government)	___
___ IRS Certification Letter (for local government)	___
___ HUD Exempt/Categorically Excluded not subject to 58.5 Environmental Review form	___
___ FEMA FIRMette with business location marked	___
___ Participation Agreement	___
___ Certificate of Good Standing from the Secretary of State of Illinois (from benefiting business)	___

Name of Business this application is in support of:

Supported Business Name: _____

Supported Business Address 1: _____

Supported Business Address 2: _____

Supported Business City: _____

Supported Business State: _____

Supported Business Zip: 99999-9999: _____

Supported Business E-Mail Address: _____

Supported Business FEIN: _____

Supported Business DUNS: _____

Supported Business SIC: _____

Supported Business Type: _____

Supported Business Authorized Signatory Contact:

Signatory must sign Participation Agreement and Business Certification Form

Last Name: _____

First Name: _____

Title: _____

Daytime Phone: _____

Home Phone: _____

E-Mail: _____

BANKRUPTCY: Has the firm, officers or principals of the firm ever been involved in bankruptcy insolvency procedures?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

If yes, provide details:

PENDING LAWSUITS: Is the business or any officers or principals of the business involved in any lawsuits?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

If yes, provide details:

Insert Project Summary here

Provide a summary of the business' present situation. This should include a brief description of the Business, e.g., type of firm, its product or service, and how long they have been in business. Describe how the CDBG funds will be used and reasons why they are needed in order for the Business to be in a position to retain jobs. Specific needs need to be identified. Explain what circumstances make this project necessary, in maintaining adequate permanent working capital to sustain operating needs.

NET INCOME VERIFICATION

The business must identify their net income for the last three fiscal years beginning January 1, 2017 and ending December 31, 2019. Net income can be obtained from the Profit and Loss statement, generally the last item on that statement. If the Profit and Loss statements cannot be found, net income can be derived from total sales minus total expenses. In addition, cash balances must be provided. This will be either the first line item on the balance sheet or bank statements as of the last day of each fiscal year. Three years of ending cash balances must be provided for each fiscal year.

Fiscal Year Ending:	Net Income	Net Income derived from Profit/Loss Statement? (Yes/No)	Net Income calculated from total sales – total expenses? (Yes/No)	Cash Balance
December 31, 2017				
December 31, 2018				
December 31, 2019				
Current:				

JANUARY, 2020 MONTHLY BUDGET

Provide the appropriate information below reflecting your business’s monthly budget for January, 2020.

Budget Item	Total Monthly Expenditures	Monthly Net Income Computation
Total Income		
Personnel (Salary & Wages)		
Fringe Benefits		
Equipment		
Inventory		
Supplies		
Occupancy (Rent & Utilities)		
Telecommunications		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Total of All Expenditures		
Monthly Net Income (Total Income – Total of All Expenditures)		

Insert Most Recent Bank Statement here.

From the benefiting business.

Insert Additional Documentation here.

From the benefiting business.

If available, other forms of **documentation to demonstrate the lack of permanent working capital** in support of operating expenses. Such evidence may include shutoff utility notices, delinquent bills, denied loan applications, etc.

Insert Benefiting Business's Certificate of Good Standing from Secretary of State here.

The certificate can be printed from: <https://www.ilsos.gov/corporatellc/>