

Small Business Economic Support Program Application Instructions

Through the Small Business Economic Support Program ("Program"), the City of Carlyle will be providing up to a total of \$85,000 in direct payments to small businesses that are physically located within City limits and have experienced closures or a significant interruption of business caused by the COVID-19 public health crisis. Businesses that qualify for a support payment and submit a fully completed and approved application will be eligible to receive up to \$5,000. These direct payments will be made to businesses as a grant, which will not be required to be paid back unless the business is permanently closed within a one-year period within receiving the funds.

There are three documents that must be turned in to ensure a proper submission. Please review each document careful to certify that all information is accurate and that all of the program requirements are met. All program documents are available at Carlyle City Hall and on the City's website, <u>carlylelake.com</u>.

- 1) Program Guidelines
- 2) Application & Supporting Documentation
- 3) Business Certification & Requirements

Return the fully completed application along with the necessary documentation to Carlyle City Hall no later than <u>Friday</u>, <u>December 18</u>, <u>2020 at 4:30pm</u>. No applications will be accepted after this time. Questions about the program can be directed to Andy Brackett at <u>admin@carlylelake.com</u> or (618) 594-2468.



Small Business Economic Support Program Application

DATE:					
BUSINESS NAME:					
NAME OF APPLICANT:					
ADDRESS:					
PHONE NUMBER:	EMAIL:				
TYPE OF BUSINESS:					
 () Restaurant and/or Bar () Tourism and/or Hospitality Business () Salon/Spa () Retail Store () Other:					
NUMBER OF YEARS IN BUSINESS:					
STATE OF ILLINOIS BUSINESS LICENSE NUMBER:					
FEIN/EIN:					
HAS YOUR BUSINESS RECEIVED OR GOTTEN NO INTERRUPTION (BIG) GRANT? () YES *If yes, your business is not eligible to submit th	() NO () WAITING FOR APPROVAL				
HAS YOUR BUSINESS RECEIVED ANY OTHER SO					
IF YES, WHAT PROGRAM AND WHAT AMOUNT RECEIVED?					



PLEASE PROVIDE A NARRATIVE ON HOW THE COVID-19 PUBLIC HEALTH CRISIS HASED CAUSED A BUSINESS INTERRUPTION FOR YOUR BUSINESS. IF POSSIBLE, INCLUDE A TOTAL AMOUNT OF ESTIMATED LOSSES THAT CAN BE ATTRIBUTED TO THE COVID-19 CRISIS. PLEASE BE AS DETAILED AS POSSIBLE AND INCLUDE A JUSTIFICATION AS TO WHY YOU QUALIFY/NEED AN ECONOMIC SUPPORT GRANT:
HOW WOULD YOUR BUSINESS UTILIZE THE FUNDS IF AWARDED AN ECONOMIC SUPPORT GRANT? PLEASE INCLUDE JUSTIFICATION ON HOW THIS RELATES TO YOUR BUSINESS INTERRUPTION:



PLEASE ENSURE THAT ALL THE REQUIRED DOCUMENTATION IS SUBMITTED WITH YOUR FULLY COMPLETED APPLICATION:

()	Form 1 – Application & Supporting Documentation
()	Form 2 – Business Certification & Requirements
()	Proof of business address within the corporate limits of Carlyle (Utility bill, tax bill, etc.)
()	State of Illinois Business License with an EIN and/or FEIN
()	Profit and loss statement or a similar document for 2019 and 2020
()	Most recent certified/signed payroll statement
()	W-9 (Can either be submitted with the application or can wait until if a grant is awarded)



SECTION IS FOR CITY HALL USE ONLY

DATE OF SUBMISSION:			
TIME OF SUBMISSION:			
SIGNATURE OF EMPLOYEE WHO RECEIVED APPLICATION	DN:		
DATE OF REVIEW BY CITY ADMINISTRATOR:			
WAS ALL REQUIRED DOCUMENTATION SUBMITTED W	ITH APPLICA	TION? () YES	() NO
COMMENTS ON INITIAL APPLICATION REVIEW:			
RECOMMENDATION TO CITY COUNCIL FOR REVIEW?	() YES	() NO	
RECOMMENDED BY CITY COUNCIL FOR AWARD?	() YES	() NO	
NOTES:			