
COVID-19 Local Business Stabilization Grant Program

In response to the Coronavirus Disease 2019 (COVID-19) pandemic and ensuing Executive Order No. 2020-07 as extended by the Governor of the State of Illinois, the City of Sesser has created the COVID-19 Local Business Stabilization Grant Program to assist Qualifying Business Owners who were conducting commercial business operations within the City of Sesser as of March 16, 2020.

ELIGIBILITY

All applicants must meet the following criteria in order to meet the requirements of a “Qualifying Business Owner”.

1. Must be an authorized business pursuant to any and all applicable City of Sesser ordinances.
2. Must be a registered business entity (including but not limited to, a sole proprietorship, corporation, partnership, limited liability company, limited liability partnership, or other legal entity) within the State of Illinois, Franklin County or other state or municipal governmental body.
3. Must be a private, for-profit or fraternal organization, with sales of goods, general services or other professional services to the public.
4. Must own or lease property within the corporate boundaries of the City of Sesser.
5. Must have commenced commercial activities on or before March 16, 2020.
6. Must be in good financial standing with the City of Sesser (no outstanding tax debts)

GRANT AVAILABILITY

\$30,000 has been budgeted for this grant program.

Grant funds will be eligible to be used for reimbursement of the following approved operating costs which occurred between March 16, 2020 and May 30, 2020:

- Lease payments
- Mortgage payments
- Utility service payments
- Employee wages
- Vendor/inventory payments

Each Grant awarded to an Qualifying Business Owner through application to the Grant Program shall be on a first-come-first serve basis, and limited to a single, lump-sum maximum in accordance with the following three (3) grant levels.

Level 1 - \$500: Available to fully opened essential businesses not required to close by Executive Order No. 2020-07

Level 2 - \$1,000: Available to business that have had limited operating ability. (required to limit services and normal operations)

Level 3 - \$1,500: Available to non-essential businesses which have been forced to close in their entirety by Executive Order No. 2020-07.

All Qualifying Business Owners are invited to apply for a Program Grant at the rate of one (1) Grant per Qualifying Business Owner per property, subject to availability of funds and approval of the City. The City of Sesser reserves the right to award Grant funds only to those applicants whom it deems to be compliant with the terms of the Grant Program and that the City believes is in the best interests of the citizens of the City of Sesser.

APPLICATION PROCEDURE

1. Complete the Program Application, including all required attachments or supplemental information, and submit everything to City Hall. All applications will be reviewed and approved or denied by consent of the Mayor and attested to by the City Clerk, which shall constitute City Council approval.
2. The applicant must be confirmed to have met all the requirements to qualify as a Qualifying Business Owner to the City's satisfaction.
3. All submitted costs must be verified to have occurred within the eligible time frame and to be for eligible activities in accordance with the terms of the program to the satisfaction of the City.
4. The eligible grant award shall be paid to the Qualifying Business Owner by the City within ten (10) business days following approval of application.
5. If the City rejects a Program application, a written explanation will be provided to the Applicant. The Applicant may then revise and resubmit the Application for a second review.



City of Sesser, Franklin County, Illinois

COVID-19 Local Business Stabilization Grant Program Application

Business Owner Name:

Business Site Address:

Business Name:

Date Commercial Activities began at this Site:

Subject Property Tax ID # _____ Sole Proprietorship SS# _____
(If business property is leased please attach a copy of any applicable lease agreement.)

Federal Tax Number (FEIN) _____ State EIN _____

Daytime Business Phone: _____ Cell Phone: _____

Mailing Address: _____ Email Address: _____

Type of Business (check one) Service Retail Other (*describe*):

Eligible Grant Level (check one) Level 1 Level 2 Level 3

Amount of Grant Request: \$ _____

Payment is being requested for (check all that apply):

Lease Payment \$ _____

Mortgage Payment \$ _____

Utility Services \$ _____

Employee wages \$ _____

Vendor/Inventory Pymnt \$ _____

PROOF OF COSTS INCURRED MUST BE ATTACHED FOR ALL SELECTED CATEGORIES

Do you owe any outstanding property tax payments? Yes No

Do you owe any outstanding sales tax payments? Yes No

Have you received any other grants, loans, or other assistance related to COVID-19 relief programs?
If yes, please explain. Yes No

Is IRS Form W-9 Attached? (REQUIRED) Yes No

All applicants must indicate that they agree to and understand the following statements:

1. Only property that is owned by a Qualifying Business Owner and located within the City of Sesser is eligible for payment under the Program.
2. Qualifying Business Owners may apply for and receive Program grants for the same property only **one** time for payments incurred for the property which are in accordance with the grant guidelines.
3. The maximum Program grant amount for each Property approved for the COVID-19 Local Business Stabilization Program shall not exceed the total verified eligible operating costs submitted for reimbursement regardless of approved grant level.
4. The presence of any outstanding tax payments, fines, or other debts payable to the City immediately disqualifies any applicant.
5. All Program Grants awarded through the COVID-19 Local Business Stabilization Program shall be paid to the Qualifying Business Owner for the specified costs by the City from the Sesser Home Rule Fund within ten (10) business days following grant approval as reimbursement for such approved costs incurred by the Qualifying Business Owner and as shall be verified by the City.
6. The City's obligation hereunder to award Program Grant funds for approved costs is a limited obligation to be paid solely from the Sesser Home Fund, subject to the availability of such funds, and from no other source.
7. All Qualifying Business Owners receiving Program Grant funds must be in compliance with all City Municipal Codes, conform to local zoning, and verify costs for which payment is being requested by submitting proof of such payments at the time of this applications submission.
8. The City of Sesser reserves the right to approve Program Grant funds only to those Qualifying Business Owners for whom the City has deemed his/her commercial activities to be compliant with the Grant Program, are in furtherance of the goals and objectives of City of Sesser, and are in the best interests of the citizens of the City of Sesser. The rights and obligations of the Qualifying Business Owner under this Program Application shall not be assignable.



SESSER
ILLINOIS

Office of the Mayor

PO Box 517

Sesser, IL 62884

The undersigned certifies and warrants that to the best of his/her knowledge the information contained in and attached to this Application Form is true, correct and complete, that the business was open and operating as of March 16, 2020. In the event any false or fraudulent information is submitted by the Applicant, the Applicant will be subject to any and all potential civil or criminal remedies, including reimbursement to the City of Sesser for all grant funds received by said Applicant. All terms and conditions provided herein are understood and agreed to by the Applicant. Nothing contained in this Program Application shall be construed by the City or the Qualifying Business Owner-Applicant or any third person to create the relationship of a partnership, agency, or joint venture between the City and the Applicant. The Applicant hereby acknowledges that, in executing this Application Form, the Applicant has had the opportunity to seek the advice of independent legal counsel and has read and understood all of the terms and provisions of the Program. Subject to City approval (Appendix A), this Program Application shall become a binding Agreement for which the undersigned hereby warrants full authority to both execute this Agreement and to bind the entity in which they are signing on behalf of.

Applicant Signature _____ Date: _____