



**DOWNSTATE SMALL BUSINESS STABILIZATION PROGRAM**  
**Forms and information required by businesses.**

**IV. BENEFITING BUSINESS INFORMATION****Name of Business this application is in support of:**

Supported Business Name: \_\_\_\_\_

Is Business operating under an Assumed Name? (see 805 ILCS 405)

\_\_\_\_\_ Yes, registered in \_\_\_\_\_ County \_\_\_\_\_ No

Supported Business Address 1: \_\_\_\_\_

Supported Business Address 2: \_\_\_\_\_

Supported Business City: \_\_\_\_\_

Supported Business State: \_\_\_\_\_

Supported Business Zip: 99999-9999: \_\_\_\_\_

Supported Business Phone Number \_\_\_\_\_

Supported Business E-Mail Address: \_\_\_\_\_

Supported Business FEIN or ITIN: \_\_\_\_\_

Supported Business DUNS (if not available, insert N./A): \_\_\_\_\_

Supported Business SIC: <https://www.naics.com/sic-codes-industry-drilldown/> \_\_\_\_\_**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: \_\_\_\_\_

Has this business received federal or state funding (loans, grants or other assistance) related to the COVID19 emergency? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, provide the name/type of assistance and amount:

Funding Program Name: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Funding Program Name: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

BANKRUPTCY: Has the firm, officers or principals of the firm ever been involved in bankruptcy or insolvency procedures? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, provide details:

PENDING LAWSUITS: Is the business or any officers or principals of the business involved in any lawsuits? \_\_\_\_\_ No \_\_\_\_\_ 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. Include the dollar amount requesting. 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.

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

## JANUARY, 2020 MONTHLY BUDGET

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

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

***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.

## DOCUMENTATION of EMPLOYEE STATUS

### *Expand as Needed*

Provide a list of all **personnel that were employed as of January 1, 2020** as well as new hires since that **date**. Include the business owner(s). Indicate status of each employee. Provide the total of employees on 1/1/2020.

[illegible]

## BUSINESS CERTIFICATIONS

**The Business understands that no aspect of the project proposed for assistance will commence prior to the award of funds to the community and the receipt of environmental clearance.**

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 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

\_\_\_\_\_  
DUNS #

\_\_\_\_\_  
SIC #



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

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

This requirement does not apply if the benefiting business is a Sole Proprietorship.