

# <u>Business</u> Grant Application – PPE Purchases or Safety Equipment Installation Page 1

#### Oak Park Business and Non-Profit Coronavirus Recovery Grant Program Funded by the American Rescue Plan Act

#### Required Application Submittals and Eligibility Certifications

By checking each box below, the undersigned hereby confirms and certifies that the statement is true and/or that the required submittals are provided in conjunction with the grant application.

	I confirm and certify that my business is located within the Village of Oak Park and the business maintains all proper business licenses and permits of operation and that my business has been impacted by the Covid-19 emergency and needs assistance in order to mitigate the financial hardship resulting from said Covid-19 emergency.
	I confirm and certify that the grant assistance that I am seeking is funded with federal American Rescue Plan Act resources, administered through the Village of Oak Park, which is making \$150,000 available to qualified, small Oak Park licensed businesses for reimbursement of costs incurred purchasing PPE and safety equipment installation related to the Covid-19 public health emergency. I confirm and understand that each small Oak Park licensed business is eligible for up-to \$2,500 in funding.
	I confirm and certify that the average annual gross receipts of the business are less than \$3,000,000.
	I confirm and certify that the expenses my business is seeking reimbursement for with this grant application have not been funded by another state, local or federal grant or loan program.
	I confirm that the business is current with all local (Oak Park), state, and federal taxes and fees.
	I certify that the business has complied with its bylaws or other governing documents to obtain approval for the undersigned to submit this application and execute a loan agreement on behalf of the applicant.
VIL app	ertify that the above information, to the best of my knowledge, is accurate and true. I understand that the LAGE will rely on the accuracy of the submittals and certifications made in conjunction with this plication. Any misrepresentation or inaccurate information may be treated as a default concerning any ant made.
Na	me of Business
Aut	thorized Business Owner's Name (Please Print Clearly)
Aut	thorized Business Owner (Please Sign)
Titl	e of Authorized Business Owner (Please Print Clearly)
Da	te Signed



# <u>Business</u> Grant Application – PPE Purchases or Safety Equipment Installation Page 2

The Village will begin to accept grant program applications on Monday, September 27, 2021.

Business Owner's First Name (Please Print Clearly):
Business Owner's Last Name (Please Print Clearly):
Business Owner's Home Address:
Business Owner's E-Mail Address:
Business Owner's Telephone Number:
Business Legal Name:
Business DBA Name (If Different From Above):
Business Phone Number:
Business E-Mail Address:
Years In Business: Years At Present Address:
Business EIN#: Business DUNS#
Business Organization Type (Please Check One):Sole ProprietorPartnershipCorporationLLC
Please Provide A Brief Description of Your Business:

#### **Grant Application Submission Instructions**

Completed application forms and all attachments should be scanned and emailed to <a href="maileo-business@oak-park.us">business@oak-park.us</a> or can be mailed to: Village of Oak Park, Attention - Development Customer Services Department, 123 Madison Street, Oak Park, IL 60302. If you have any questions about the application requirements or have any issues with submitting any of the required documents, please email <a href="maileo-business@oak-park.us">business@oak-park.us</a>.

The Village of Oak Park does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation or veteran status as applicable.



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Grant Amount Being Requested (Up to \$2,500): \$			
Please provide a description of Covid-19 related PPE and/or safety equipment purchased and/	or		
installed for which your business is seeking reimbursement:			
installed for which your business is seeking reimbursement.			

**IMPORTANT** - Please attach a receipt, or receipts, for any and all Covid-19 related PPE material and/or safety equipment material for which your business is seeking reimbursement. This material or equipment must have been already received and paid for prior to the date of this grant application. Reimbursement can occur for items purchased anytime since March 1, 2020.