



BUSINESS ECONOMIC RECOVERY GRANT

Program Description:

To provide small businesses who are independent entities with economic recovery due to losses that occurred as a direct result of the Pandemic.

Who is Eligible?

Business Owners who are incorporated as for-profit sole proprietorships, partnerships, or corporations and were operable prior to March 2020 (must still be in operation) in the City of East Saint Louis.

Application Process:

Applications are available to any Licensed Business / Property Owner, who is located within the City of East St Louis, and who has a demonstrated economic loss as a direct result of the Pandemic.

- (1) Business Owners can obtain an application from the Office of Economic and Community Development.
- (2) The Application Packet will contain all requested items and the application must be completed in its entirety.
- (3) The applicant must return the application to the Office of Economic and Community Development.
- (4) Upon receipt of the application and other supporting materials, staff, in partnership with the ARPA Oversight Panel, will make a final determination on recommendation to the City Council for the approval of the application.

Application Deadline:

Applications will be accepted for a period of six (6) weeks from Friday, December 3, 2021 to Friday, January 14, 2022. There will be a 45-day review period. Business Owners can expect to receive an approval or denial letter on or after February 23, 2022.

Approval Process:

After review, the Business Owner will receive a letter of notification as to the status of the submitted application. If approved, the Business Owner will be notified of next steps. The applicant will be responsible for ensuring all necessary documentation is provided to the city at the time the application is submitted.

Required Documents (must be submitted at the time of the application):

1. Business License
2. Documentation to show economic loss impact (2019 and 2020 tax information would suffice)
3. Documentation to show business is still in operation (Quarterly Reports that would be filed with the State)
4. Completed application



BUSINESS ECONOMIC RECOVERY APPLICATION

Application Number _____
(office use only)

Applicant Information

Applicant or Company Name_____

Business Type: Corporation Partnership Sole Proprietorship

Year Incorporated _____ Where _____ Years Operating in East St. Louis: _____

Are You Registered With The City of East Saint Louis _____

Business License Number_____

Contact Person/Title _____

Contact Person/Title _____

Email: info@papercity.com | Tel: +44 117 904 6666 | Fax: +44 117 904 6667

Please Explain in Detail the Nature of Your Business:

Please Explain in Detail the Loss Suffered by Your Business Due to the Pandemic:

If Approved, Please Explain How These Funds Will be Used:

Total Requested Amount \$ _____

Certification by Applicant

The applicant certifies that it will comply with all the rules, regulations and ordinances of the City of East St. Louis. Applicant hereby certifies that all information contained above and in exhibits attached hereto is true to his/her best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the City of East St. Louis, Illinois.

Applicant _____
Contact Name/Title _____
Phone _____
Date _____

Return application to:
City of East St. Louis
Office of Economic and Community Development
301 River Park Drive
East St. Louis, IL 62201
Phone (618) 482-6659
Fax (618) 482-6720

For more information please contact:

Shaneal Clayborne, Director of Economic and Community Development
sclayborne@cesl.us
618-482-6659

**AUTHORIZED RELEASE OF
INFORMATION FORM**

*****Authorization for Credit Check *****

I/We hereby Authorize the Release of any information, to the City of East St. Louis Office of Economic and Community Development, that they may require at any time and for any purpose, related to my/our credit transaction with them.

I/ We hereby authorize the City of East St. Louis to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information, including any Attachments or Exhibits provided herewithin or at a later date, is valid and correct to the best of my/our knowledge.

Name of Firm _____

Name of applicant: _____ **Title of Applicant** _____

Signature of applicant: _____ **Date** _____

DISCLOSURE AFFIDAVIT
(Business Owner)

STATE OF ILLINOIS

COUNTY OF ST. CLAIR

The undersigned business owner certifies that he/she and no person or agent in their employ or under their control, including spouse and family members or anyone representing such persons has been approached by any City elected or appointed official or City employee or anyone representing the City of East St. Louis or representing any City Officer or employee suggesting, implying, advising or recommending that a payment or other inducement was required, necessary, or would be helpful in expediting, facilitating or assuring approval or favorable treatment of the subject contract or agreement.

The undersigned further certifies that he/she and no person or agent in their employ or under their control, including spouse and family members or anyone representing such persons has paid, promised to pay or intends to pay any City elected or appointed official or City employee or anyone representing the City of East St. Louis or representing any City Officer or employee as an inducement (financial or material) with the intent to acquire favorable treatment or otherwise improperly influence the performance or actions of the City, City Official or City employee.

The undersigned further certifies that there are no special or side agreements, written or unwritten, where any City elected or appointed official or other City employee or representative of such person(s) would personally benefit by the approval of the subject contract.

The undersigned further agrees as a condition of approval of the subject contract, that in the event that he/she or any person or agent in their employ or under their control, including spouse and family members or anyone representing such persons is in the future approached by any City elected or appointed official or City employee or anyone representing the City of East St. Louis or representing any City Officer or employee suggesting, implying, advising or recommending that a payment or other inducement was required, necessary or would be helpful in expediting, facilitating or assuring approval or favorable treatment of the contract and project, such action shall be reported within 24 hours to the local States Attorney's Office and the East St. Louis Financial Advisory Authority.

Business Owner's Name: _____

Title: _____

Business Owner's Name: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES