



## Coronavirus Emergency Relief Fund APPLICATION FOR FUNDING

Completing this application does not guarantee an award, and the City reserves the right to reject any and all applicants. A list of ineligible businesses is provided on the City of Aurora's website.

Completed applications must be received by the City of Aurora by either:

- 1) Emailing a copy to [MMartinez@aurora-il.org](mailto:MMartinez@aurora-il.org);
- 2) Hand delivering a hard copy to the City of Aurora Development Services Center, 77 S. Broadway, between 8am and 5pm Monday to Friday

**APPLICATION DEADLINE: MARCH 3, 2021 at 5 P.M.**

The application **must** include all of the following items:

1. Completed application including narrative of impacts felt from the COVID19 event substantiating request for grant funds.
2. If necessary, due to the lack of Food and Beverage tax data, monthly ST-1 Sales and Use Tax forms for the City of Aurora-based business, for each month from March to September in 2019, and March to September 2020.
3. Copy of driver's license or valid government ID of the business owner.
4. Businesses must register on the City's website (at no cost) at [www.aurora-il.org/BusinessRegistration](http://www.aurora-il.org/BusinessRegistration) to be eligible.

The City will work with any business in a hardship situation to receive the application. For questions about the application email [mmartinez@aurora-il.org](mailto:mmartinez@aurora-il.org), or call 630-256-3100.



## PART 1: BUSINESS INFORMATION

Business Legal Name	
Business Address	
Business Phone	
Contact Person	
Phone	Email
Federal Employer Identification Number (FEIN) or Illinois Taxpayer Identification Number (TIN)	

Is your business a national, corporate-owned franchise?	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If no, continue</p> <p>If yes, unfortunately your business is not eligible for this program</p>
Is your business in good standing with the State of Illinois?	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, attached a Certificate of Good Standing from the Illinois Secretary of State</p> <p>If no, please explain</p>
Has your business complied and will continue to comply with all relevant laws, regulations, and executive orders from the State and Federal government, COVID 19 directives from the IDPH and the applicable local Departments of Health from March 2020 to January 2021 including those guidelines as promulgated by the Executive Orders of the Illinois Governor?	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If no, please explain</p>



<p>Has your company received (or is in the process of receiving) funds from other COVID-19 relief programs or grants?</p>	<p>____ YES      ____ NO</p> <p>If yes, from which source and how much money was received?</p>
<p>Did you apply for the City of Aurora STABLE fund program?</p>	<p>____ YES      ____ NO</p> <p>If yes, how much were you awarded, and how much did you receive?</p>

### COMPANY OWNERSHIP

Name	
Address	
Role	Percent Owned?



## PART 2: BUSINESS OPERATIONS

When did your business begin to operate in Aurora?	
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Employees as of today's date in 2019	# of employees _____ Full-Time _____ Part-Time _____
Employees as of today's date in 2020	# of employees _____ Full-Time _____ Part-Time _____
Employees as of today's date in 2021	# of employees _____ Full-Time _____ Part-Time _____

Have you completed the City of Aurora's Business Registration?	<p>___ YES    ___ NO</p> <p>If not, please do so prior to submitting the CERF Application by visiting <a href="http://www.aurora-il.org/BusinessRegistration">www.aurora-il.org/BusinessRegistration</a>.</p> <p>Registration of your business is a requirement of the CERF program.</p>
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## PART 3: DEMONSTRATED LOSSES

Demonstrate losses by contrasting revenues to the same seven-month period of March to September in 2019 and 2020.\*

What were your total revenues from March 2019 through September 2019?	
What were your total revenues from March 2020 through September 2020?	

\* The City of Aurora does receive monthly reports of the amount of sales tax reported by each business. This information will be used to verify reported revenues where available.

\*\* For restaurants and bars, this is to be documented by the use of Food and Beverage taxes for this period. If not available, submit the same monthly ST-1 Sales and Use Tax forms that were submitted to the State of Illinois for each month from March to September in 2019, and March to September 2020

Briefly explain the impact of COVID-19 to your business. Potential items to mention include reduced hours, lost inventory, reduced hours of employees, lay-offs, etc.



## PART 4: CERTIFICATION

The funding for this program is limited. It is not guaranteed that each qualified applicant will be approved.

Please note all materials submitted as part of this application will be treated confidentially and tax data will not be shared during any part of this process as required by Illinois Statute. It is the obligation of the Applicant to ensure that all requested information is provided at the time this application is submitted. On a case-by-case basis, the grant reviewer may request additional information.

By submitting this application, the applicant declares that under penalty of perjury that the information provided is true and correct. The applicant agrees that the City of Aurora has the right to review supporting documents and request additional information to verify the accuracy of the information regarding this application.

I/we hereby certify that the information contained in the application and in all accompanying documentation attached hereto is true, to the best of my/our knowledge and is submitted for the purpose of obtaining financial assistance from the City of Aurora. In conjunction with this request for assistance, I certify that if approved I will utilize these grant proceeds for specific purposes, as set forth, and adhere to the terms and procedures established by the City under this Program. I hereby agree to provide such business and financial information as may be required from time to time. The City has my/our permission to use this information as is necessary to assist my business needs and to make all inquiries deemed necessary to verify the accuracy of the statements made herein. The City is authorized to use information about the program and its participants necessary to comply with reporting requirements to the City Council and to the State of Illinois. These reports will be general in nature, and will strive to avoid disclosure of any business-specific data.

\_\_\_\_\_  
*Signature*

NAME
TITLE
DATE



## PART 5: OPTIONAL STATISTICAL INFORMATION

Please note that no funding preference will be given to the following statistical questions. You may choose to not answer these questions. The City of Aurora does not discriminate or disqualify business applicants based on gender, race, religion, ethnicity, sexual orientation, gender identity, family status, country of origin, disability, or other demographic categories.

What percentage of your employees live in Aurora?	Are you a minority-owned business?	Are you a woman-owned business?	Are you a veteran-owned business?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO