Will County COVID-19

Small Business Assistance Grant Program Webinar

Presented August 28, 2020

Welcome & Introductions

With Us Today

Bronner Group is a professional services helping Will County administer and ensure compliance with the money it received from the Coronavirus Relief Fund (CRF)

Accion Serving Illinois and Indiana is a nonprofit that helps neighborhood entrepreneurs grow by providing capital, coaching, and connections, and will assist in administering this grant program

The Joliet Region Chamber of Commerce & Industry's mission is to advance the interests of business, professional and service organizations in the Joliet Region

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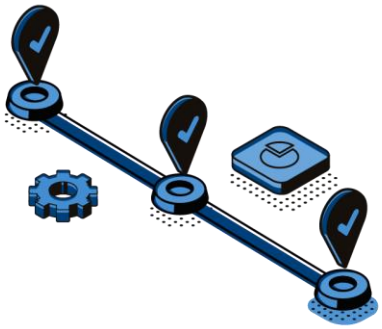
Welcome & Introductions

Agenda

- Introduction
- Program Overview
- Eligibility Criteria
- Application Process
- Application Review, Selection, Notification and Funding
- Partners
- Other Resources
- Questions



Please submit any questions in the Zoom Chat. They will be addressed at the end of the presentation

Please remain on mute throughout the presentation

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INTRODUCTION

JEN HOWARD
President

joliet region
CHAMBER of COMMERCE
& industry

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CARES/CRF Overview

Will County Funds Allocated To Date

Preliminary allocations of CARES Funding within Will County are listed by category below

Category	$ Allocated	% Allocated
Local Taxing Bodies	$33,145,000	27.5%
County	$33,145,000	27.5%
Businesses/Farms	**$24,106,000**	**20%**
Shelter/Food/Utilities	$12,053,000	10%
Non-Profits (not shelter, etc.)	$6,026,000	5%
Contingency/ To Be Determined	$12,053,000	10%
Total	$120,529,000	100%

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Small Business Assistance Grant Program Overview

Small Business Assistance Grant Program

Program Overview

- **Goal:** Provide financial assistance to Will County small businesses impacted by COVID-19 so that they can maintain operations
- **Budget:** $24,105,865 was allocated for assistance to local businesses and farms
- **Funding Amount:** Selected businesses receive a grant of up to $15,000
- **Intended Use of Funds:** This is not an expense reimbursement program. However, these funds are intended to be used for operating expenses such as utilities, rent, mortgage, technology, personal protective equipment (PPE) and expenses due to disruptions from complying with public health orders related to COVID-19
- **Application Period:** August 24th — September 28th
- **More Info and Applications:** www.willcountyillinois.com/COVIDbizgrant

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Eligibility and Preference Criteria

Eligibility Criteria (page 1 of 2)

The following criteria will be used to define eligible businesses. Only businesses that meet these criteria will be eligible to receive funding.

- Physical location (e.g., office, storefront) must be in Will County, IL (not a P.O. box)
- Annual gross revenue must not exceed $2.5 Million
- Employ fewer than 25 employees
- Demonstrate significant COVID-19 expenses or disruptions
  - Businesses ordered closed by executive order will satisfy this requirement
  - For other businesses, must have significant revenue loss and/or increase in expenses due to COVID-19
- For-profit businesses with ITIN or EIN (SSN for independent contractor)

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Eligibility Criteria (Page 2 of 2)

The following criteria will be used to define eligible businesses. Only businesses that meet these criteria will be eligible to receive funding.

- Independent contractors must demonstrate that they make at least half of their yearly income in 1099 contract work
- Independent contractors must not have received unemployment since March 1, 2020 to be eligible
- Must be in good standing and not in default with the IRS, State of Illinois, and Will County
- Must have been in operation in Will County since at least February 15, 2020 or earlier
- Businesses must not currently be in bankruptcy

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Preference Criteria (Page 1 of 2)

The following criteria will be used to give priority to certain businesses for assistance.

- Preference will be given to businesses who meet these criteria:
  - Forced to shut down by Illinois Executive Order
  - Have not already received other COVID-19 assistance
- Businesses will be prioritized in the following order:

Priority	Closed by Executive Order	Did Not Receive Other COVID-19 Assistance
1	✓	✓
2	✓	
3		✓
4		

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Preference Criteria (Page 2 of 2)

Industries ordered to shut down by the stay at home order

- Day camps
- Day care centers
- Film Production
- Health and Fitness Centers
- Indoor and Outdoor Recreation
- Manufacturing
- Meetings and Social Events
- Museums
- Offices
- Indoor and Outdoor Seated Spectator Events
- Personal Care Services
- Restaurants
- Bars
- Retail
- Service Counters
- Theaters and Performing Arts
- Youth and Adult Sports
- Zoos

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Eligible Expenditures

These funds are intended to be used for operating expenses such as utilities, rent, mortgage, technology, personal protective equipment (PPE) and expenses due to disruptions from complying with public health orders related to COVID-19

Examples Include:

- Payroll costs for employees
- Rent or lease payments
- Mortgage or loan payments
- Utility payments
- Supplier payments
- Purchase personal protective equipment (PPE) and sanitation supplies
- Physical building adaptation / barriers
- Contract labor to implement public health measures
- Rent, lease, or purchase payments for business equipment to implement public health measures
- Purchase Technology/Applications to minimize employee and customer contact
- Other measures to implement social distancing
- Replace perishable inventory that was lost due to COVID-19 pandemic

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Ineligible Expenditures

Funds may not be used for:

- Severance Pay
- Workforce bonuses other than hazard pay
- Other taxes/fees/payments due to your municipality or Will County legal settlements
- Expenditures that will be reimbursed through another assistance program or other sources

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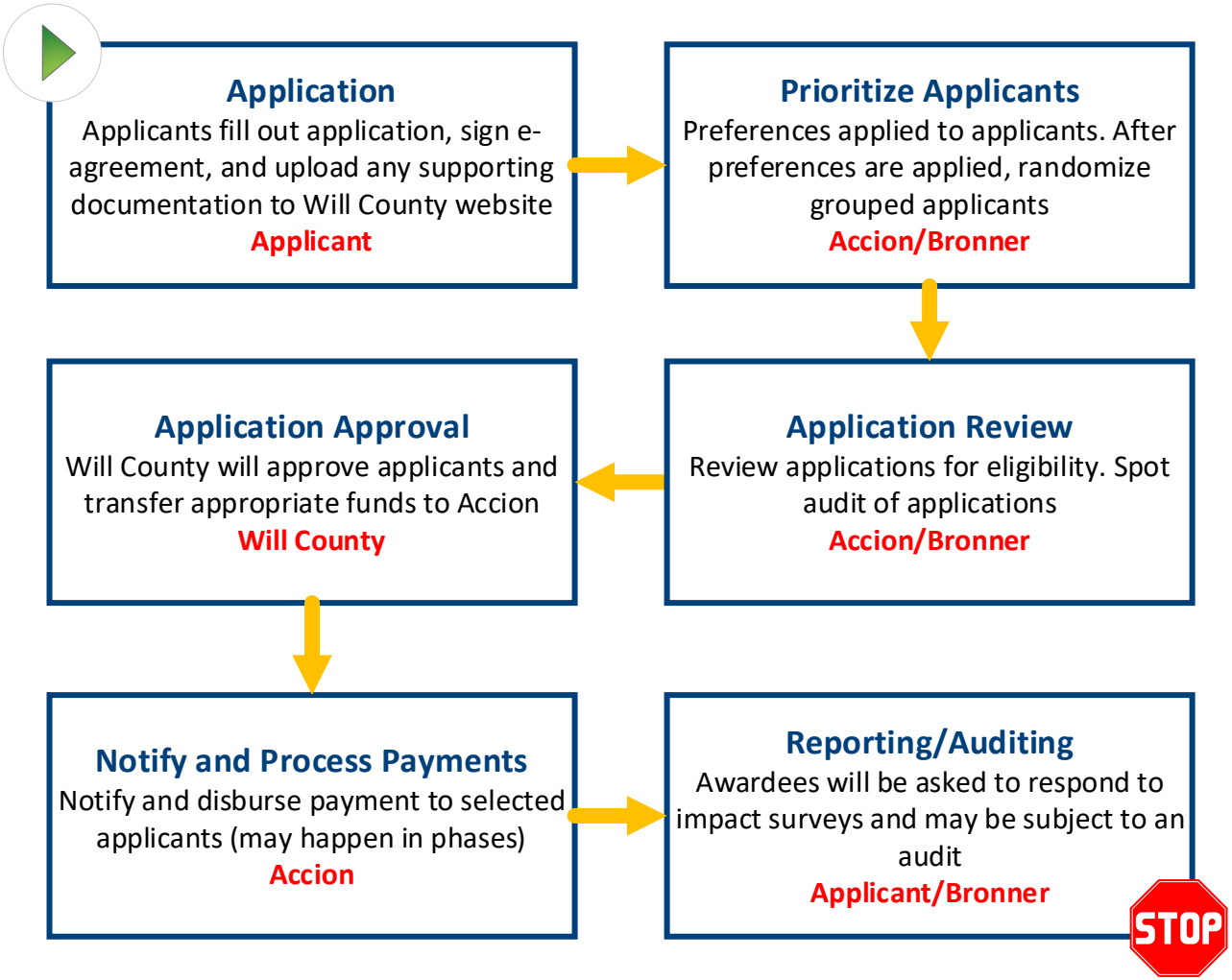
Application Process

Overall Process



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APPLICATION

- To apply and for any questions visit:

WWW.WILLCOUNTYILLINOIS.COM/COVIDBIZGRANT

- Application available in Spanish and English
  - Business must answer a series of questions and upload supporting documentation
- Question form available in Spanish and English

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APPLICATION

smartsheet

Application for the Will County Small Business Assistance Grant Program

This is the application for the Will County Small Business Assistance Grant Program.

For information about the Will County Small Business Assistance Grant Program or your application, please submit a question here: https://app.smartsheet.com/b/form/b3e35c02f20c4ae2bffaac97b58122ea

Applications will close at 11:59 PM CT September 28th. All information will need to be filled out and submitted by that time in order to be considered for this program.

Eligibility Information

The following questions may impact your eligibility and order of priority for the program. For all questions, "the business" refers to the business for which is applying to receive assistance.

Does your business have a physical location in Will County? *

◯ Yes ◯ No

Did the business make less than $2.5 Million in Annual Revenue for 2019? *

◯ Yes ◯ No

Did the business employ fewer than 25 employees in 2020? *

◯ Yes ◯ No

Has the business experienced significant COVID-19 related expenses, revenue loss, and/or disruptions? *

◯ Yes ◯ No

Has the business been in operation since February 15, 2020 or earlier? *

◯ Yes ◯ No

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Required Documentation

THE FOLLOWING DOCUMENTATION WILL BE REQUESTED WITH THE APPLICATION

- Two bank statements that demonstrate revenue loss and/or increase in expenses due to COVID-19
- 2019 Federal Tax Returns (if have yet to file in 2019, 2018 plus official notice showing extension is acceptable)
- Copy of signed W-9
- Photo ID of Independent Contractor or Business Owner. Valid forms of identification consist of:
  - A driver's license issued by Illinois or any other U.S. State
  - An identification card issued by Illinois or any other U.S. State
  - A passport
  - Consular identification

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Required Documentation

Documentation examples

- Bank Statement

CHASE

JPMorgan Chase Bank N.A.
Ohio/West Virginia Markets
P O Box 260180
Baton Rouge, LA 70826-0180

July 1, 2008 through July 31, 2008
Primary Account: **00000988081483**

CUSTOMER SERVICE INFORMATION

WebSite:	**www.Chase.com**
Service Center:	**1-800-935-9935**
Hearing Impaired:	1-800-242-7383
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

00013422 DDA 001 LA 10205 – YYN T 1 00000000 07 0000
Company Name
Company Address
State, Zip

CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		**$81,607.40**
Deposits and Additions	10	125,883.63
Checks Paid	2	- 3,169.04
Other Withdrawals, Fees & Charges	4	- 15,025.68
Ending Balance	**16**	**$189,296.31**

This message confirms that you have overdraft protection on your checking account.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
07/02	Deposit	$17,120.00
07/09	Deposit	24,610.00
07/14	Deposit	11,424.00
07/15	Deposit	1,349.00
07/21	Deposit	5,000.00
07/21	Deposit	3,120.00
07/23	Deposit	33,138.00
07/28	Deposit	18,114.00
07/30	Deposit	6,908.63
07/30	Deposit	5,100.00
Total Deposits and Additions		**$125,883.63**

Page 1 of 4

Downloaded from http://www.tidyforms.com

- W-9

Form **W-9** (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number ☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number ☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

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Required Documentation

Documentation Examples

- Corporation Tax Return

Form **1120** Department of the Treasury Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2019 or tax year beginning , 2019, ending , 20

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2019

A Check if: 1a Consolidated return (attach Form 851) 1b Life/nonlife consolidated return 2 Personal holding co. (attach Sch. PH) 3 Personal service corp. (see instructions) 4 Schedule M-3 attached

TYPE OR PRINT

Name

Number, street, and room or suite no. If a P.O. box, see instructions.

City or town, state or province, country, and ZIP or foreign postal code

B Employer identification number

C Date incorporated

D Total assets (see instructions) $

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income

1a Gross receipts or sales 1a
b Returns and allowances 1b
c Balance. Subtract line 1b from line 1a 1c
2 Cost of goods sold (attach Form 1125-A) 2
3 Gross profit. Subtract line 2 from line 1c 3
4 Dividends and inclusions (Schedule C, line 23) 4
5 Interest 5
6 Gross rents 6
7 Gross royalties 7
8 Capital gain net income (attach Schedule D (Form 1120)) 8
9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) 9
10 Other income (see instructions—attach statement) 10
11 **Total income.** Add lines 3 through 10 ▶ 11

Deductions (See instructions for limitations on deductions.)

12 Compensation of officers (see instructions—attach Form 1125-E) ▶ 12
13 Salaries and wages (less employment credits) 13
14 Repairs and maintenance 14
15 Bad debts 15
16 Rents 16
17 Taxes and licenses 17
18 Interest (see instructions) 18
19 Charitable contributions 19
20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 20
21 Depletion 21
22 Advertising 22
23 Pension, profit-sharing, etc., plans 23
24 Employee benefit programs 24
25 Reserved for future use 25
26 Other deductions (attach statement) 26
27 **Total deductions.** Add lines 12 through 26 ▶ 27
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11. 28
29a Net operating loss deduction (see instructions) 29a
b Special deductions (Schedule C, line 24) 29b
c Add lines 29a and 29b 29c
30 **Taxable income.** Subtract line 29c from line 28. See instructions 30

Tax, Refundable Credits, and Payments

31 Total tax (Schedule J, Part I, line 11) 31
32 2019 net 965 tax liability paid (Schedule J, Part II, line 12) 32
33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23) 33
34 Estimated tax penalty. See instructions. Check if Form 2220 is attached ▶ ☐ 34
35 **Amount owed.** If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed 35
36 **Overpayment.** If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid 36
37 Enter amount from line 36 you want: **Credited to 2020 estimated tax** ▶ **Refunded** ▶ 37

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11450Q Form **1120** (2019)

- Schedule C Tax Return

SCHEDULE C (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment Sequence No. 09

Name of proprietor | Social security number (SSN)

A Principal business or profession, including product or service (see instructions) | B Enter code from instructions ▶

C Business name. If no separate business name, leave blank. | D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☐ Yes ☐ No

H If you started or acquired this business during 2019, check here ▶ ☐

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐ 1
2 Returns and allowances 2
3 Subtract line 2 from line 1 3
4 Cost of goods sold (from line 42) 4
5 **Gross profit.** Subtract line 4 from line 3 5
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6
7 **Gross income.** Add lines 5 and 6 ▶ 7

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising 8
9 Car and truck expenses (see instructions) 9
10 Commissions and fees 10
11 Contract labor (see instructions) 11
12 Depletion 12
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) 13
14 Employee benefit programs (other than on line 19) 14
15 Insurance (other than health) 15
16 Interest (see instructions):
a Mortgage (paid to banks, etc.) 16a
b Other 16b
17 Legal and professional services 17
18 Office expense (see instructions) 18
19 Pension and profit-sharing plans 19
20 Rent or lease (see instructions):
a Vehicles, machinery, and equipment 20a
b Other business property 20b
21 Repairs and maintenance 21
22 Supplies (not included in Part III) 22
23 Taxes and licenses 23
24 Travel and meals:
a Travel 24a
b Deductible meals (see instructions) 24b
25 Utilities 25
26 Wages (less employment credits) 26
27a Other expenses (from line 48) 27a
b **Reserved for future use** 27b
28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶ 28
29 Tentative profit or (loss). Subtract line 28 from line 7 29
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30
31 **Net profit or (loss).** Subtract line 30 from line 29.
• If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If a loss, you **must** go to line 32. 31
32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.
32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P **Schedule C (Form 1040 or 1040-SR) 2019**

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Application Review, Selection, Notification and Funding

After Applications Close

Application review and selection

- After the application period has closed:
  - Applicants prioritized based on pre-established preference criteria
  - Prioritized groups of applicants randomized
- The eligibility of selected applicants will be verified

Grantee notification and funding

- Applicants will be notified of decision and potential award beginning in early October
- Payments will made via ACH

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After Award

After businesses receive their grants

- Grantees may be subject to an audit
  - All businesses are required to comply with all provisions set forth in the program guidelines may be subject to repayment of funds
- Grantees will be asked to respond to a follow-up impact survey

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Partners

Partners

Outreach and Application Assistance Partners

These organizations will be supporting the program (e.g., share info, provide contact lists, assist businesses with their applications, ESL support)

- Accion
- City of Joliet Community Development
- Coalition of Neighborhood Organizations
- Forest Park Community Center
- First Midwest Bank
- IDOT DBE Certified Small Businesses
- Illinois Hispanic Chamber of Commerce
- Joliet City Center Partnership
- Joliet Region Chamber of Commerce
- Mount Zion Baptist Church
- Minority Supplier Development Council
- National Association for the Advancement of Colored People
- Polish American Chamber of Commerce
- Quad County Urban League
- Small Business Development Center at Joliet Junior College
- Spanish Community Center
- Will County Center for Economic Development
- Will County Governmental League
- Workforce Investment Board of Will County

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Other Resources

Federal

- Small Business Administration (SBA) Paycheck Protection Program
- SBA Disaster Loans & Economic Injury Disaster Loans
- SBA Debt Relief
- SBA Express Bridge Loans
- IRS Employee Retention Tax Credit
- Centers for Disease Control (CDC)

State

- Illinois Business Interruption Grants Program
- Rebuild Distressed Communities Program
- Illinois State Treasurer Small Business COVID-19 Relief Program (financial inst.)

Other Resources

- Accion COVID-19 Resources
- Will County Center for Economic Development
- Joliet Region Chamber of Commerce
- University of Chicago Polsky Center
- Grants Plus

Resources for Family Farms

- Will County Farm Bureau
- Navigating COVID-19 Relief for Farmers
- Farmers' Legal Action Group COVID-19 Guide
- Cornell Small Farms Program
- American Farm Bureau

Reopening Guidelines and Resources

- Illinois Department of Commerce & Economic Opportunity

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Q & A

Which of my business expenses may be covered by this grant?

The intent of Will County's small business grant program is to provide financial relief for small businesses adversely impacted by COVID-19, if located in Will County. You may purchase, or have purchased personal protective equipment (PPE) for employees; sanitation supplies; retrofits for health and safety compliances; rent, mortgage, and utilities; telework, communications equipment, as well as other reasonable expenses you may need to recover your losses, and prepare for openings and an expanded re-opening.

I have a small farm in unincorporated Will County. Since the mandatory closure of public gatherings, fairs, etc., I have suffered tremendous financial loss. Am I eligible to apply for this grant?

Yes. All grant applicants must attest to any financial loss as indicated in the online application. You will need to upload all supporting documents as requested in the small business application portal.

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Q & A

I HAVE A MICRO BUSINESS, AND MY ANNUAL REVENUE WAS LESS THAN $18,000 IN 2019. CAN I QUALIFY FOR A GRANT AWARD?

If your annual revenues are less than $18,000 based on your 2019 Federal Tax returns, and your application is approved, your grant amount will be prorated to reflect ten (10) months of annual income in (March 1-December 30, 2020) coverage period for expenditures.

I MUST PURCHASE ADDITIONAL SANITATION EQUIPMENT AND PPE SUPPLIES BEFORE I CAN FULLY RE-OPEN MY FEED STORE TO ITS PREVIOUS CAPACITY. WILL THESE PURCHASES QUALIFY FOR REIMBURSEMENT UNDER THIS SMALL BUSINESS GRANT PROGRAM?

Yes. Any reasonable expenses purchased for new safety standards to mitigate the spread of COVID-19 are eligible.

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Questions

Tips To Stay Healthy

Practice the 3 W's every time you are away from home and unable to spatial distance from others

- Wear a face covering
- Wash your hands with soap & water
- Watch your physical distance, staying 6 feet from others