## CITY OF HIGHLAND PARK FINANCIAL ASSISTANCE FOR RETAILERS AND RESTAURANTS GRANT PROGRAM APPLICATION

#### **Purpose**

The City of Highland Park, Illinois recognizes the importance of small retailers and restaurants to the City's vitality. The COVID-19 pandemic has created unprecedented hardships for retailers and restaurants. In quarters 1 and 2 of 2020, public health mitigations were implemented, closing in-person retail operations and only allowing carryout dining. While these steps very importantly saved lives, they created financial challenges for businesses. The purpose of the Financial Assistance for Retailers and Restaurants (FARR) grant is to provide funding to offset expenses related to providing a safe and comfortable environment for customers and employees in light of COVID-19 pandemic public health mitigation requirements and guidelines.

#### **Eligibility**

- The FARR grant is available to Highland Park small businesses, specifically retailers and restaurants. To be eligible as a retailer, the business' primary operation must be the retail sale of goods and merchandise. Service businesses with a retail component that is secondary to the principle services offered are not eligible for this program.
- A small business is defined as having a net worth of less than two million dollars and showing less than an average of two hundred thousand dollars in profit per year for two consecutive years after taxes.
- Business must be located in commercial property within the City of Highland Park, Illinois.

#### **Program Goals**

The program seeks to support its retailers and restaurants that have demonstrated resilience, flexibility, and creativity as they weathered pandemic restrictions and developed new service models to adapt to rapidly changing conditions. By making a financial investment in those businesses that avail themselves of the FARR Grant program, the City will strengthen its business community and assist with offsetting eligible expenses to continue operating within the business landscape caused by COVID-19.

#### **Grant Description**

The City's contribution is a 50/50 matching grant in the form of a rebate. Payment shall only be made after the equipment is installed, supplies have been received, paid receipts are submitted to the City Manager's Office, and disbursement is approved by the City Manager.

 Program honors eligible business expenses from August 15, 2020 through December 31, 2021, or sooner if funds are depleted.

- Retailers may request reimbursement of 50% of eligible expenses to a maximum of \$5,000.
- Restaurants may request reimbursement of 50% of eligible expenses to a maximum of \$10,000.
- Businesses may apply for additional grants for subsequent costs incurred until they reach the maximum and City grant funds are still available.
- If an application is approved, the applicant is responsible for the future maintenance of the eligible equipment.
- The applicant agrees to repair any damage to any public right-of-way that may be caused by or connected with the installation of the eligible equipment.

If a business is the recipient of the City grant and moves out of Highland Park to another location, the following pay back schedule will apply:

| Term of Grant<br>Expired | Less than 1 Year | 1 - 2 Years | More than 2 Years |
|--------------------------|------------------|-------------|-------------------|
| \$ Repaid to City        | 66%              | 33%         | 0%                |

#### **Eligible Expenses**

- COVID-19 related business expenses incurred during the period of August 15, 2020 through December 31, 2021.
- All business expenses must be related to providing a safe and comfortable environment for customers and employees in light of COVID-19 pandemic public health mitigation requirements and guidelines.
- Employment and compensation, financing or interest, legal, credit card processing, insurance, licensing, advertising, costs of goods sold, building maintenance, utilities, office supplies, taxes, and travel expenses are ineligible for the FARR Grant program.

| Eligible expenses include commercial-grade of the business including: | equipment | and | supplies | purchased | by |
|-----------------------------------------------------------------------|-----------|-----|----------|-----------|----|
| □ Hand Canitizar                                                      |           |     |          |           |    |

| Ш | Hand Sanitizer                                    |
|---|---------------------------------------------------|
|   | Hand Sanitizer Dispenser                          |
|   | Cleaning Equipment                                |
|   | Barriers                                          |
|   | Commercial Air Purification and Filtration System |
|   | Tent                                              |
|   | Canopy                                            |

| Ш | Outdoor Furniture (tables, chairs, umbrellas) |
|---|-----------------------------------------------|
|   | Heater                                        |
|   | Fire Pit                                      |
|   | Heating Fuel                                  |
|   | Signage                                       |
|   | Touchless electronic or plumbing fixtures     |

 Determinations of qualifying eligible expenses submitted as part of the FARR Grant application will be made solely at the discretion of the City of Highland Park.

### **Application Review and Approval Process**

Please submit a completed application form along with scanned copies of purchase orders, itemized invoices, itemized receipts, and proof of payment. If you do not have access to a scanner, you may take a photo of your receipts/purchase orders with a mobile phone camera and email them to <a href="cityhp@cityhpil.com">cityhp@cityhpil.com</a>.

Staff will review applications in an expeditious manner and notify the applicant via email if the grant is approved or denied.

#### **Payment**

Payment will be made to the grantee after all itemized receipts and proof of payment are submitted to the City Manager's Office and reviewed and approved by the City Manager.



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| Business Name:                                                                                                                                                                                         |                 |           |       |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|-------|--|--|
| Business Address:                                                                                                                                                                                      |                 |           |       |  |  |
| Business Phone: Applicant's Cell:                                                                                                                                                                      |                 |           |       |  |  |
| Does the business have a net worth of less than two million dollars, and showing less than an average of two hundred thousand dollars in profit after taxes per year for two consecutive years? Yes No |                 |           |       |  |  |
| Eligible Equipment and Supplies Check all that apply                                                                                                                                                   | Number of Units | Unit Cost | Total |  |  |
| ☐ Hand Sanitizer                                                                                                                                                                                       |                 | \$        | \$    |  |  |
| ☐ Hand Sanitizer Dispenser                                                                                                                                                                             |                 | \$        | \$    |  |  |
| ☐ Cleaning Equipment                                                                                                                                                                                   |                 | \$        | \$    |  |  |
| ☐ Barriers                                                                                                                                                                                             |                 | \$        | \$    |  |  |
| ☐ Air Purification/Filtration System                                                                                                                                                                   |                 | \$        | \$    |  |  |
| ☐ Tent                                                                                                                                                                                                 |                 | \$        | \$    |  |  |
| ☐ Canopy                                                                                                                                                                                               |                 | \$        | \$    |  |  |
| <ul><li>Outdoor Furniture<br/>(tables, chairs, umbrellas)</li></ul>                                                                                                                                    |                 | \$        | \$    |  |  |
| ☐ Heater                                                                                                                                                                                               |                 | \$        | \$    |  |  |
| ☐ Fire Pit                                                                                                                                                                                             |                 | \$        | \$    |  |  |
| ☐ Heating Fuel                                                                                                                                                                                         |                 | \$        | \$    |  |  |
| ☐ Signage                                                                                                                                                                                              |                 | \$        | \$    |  |  |
| <ul> <li>Touchless devices such as plumbing<br/>fixtures and electronic payment system</li> </ul>                                                                                                      |                 | \$        | \$    |  |  |
| ☐ Other:                                                                                                                                                                                               |                 | \$        | \$    |  |  |
| ☐ Other:                                                                                                                                                                                               |                 | \$        | \$    |  |  |
| Total FARR Grant Eligible Expenses: \$                                                                                                                                                                 |                 |           |       |  |  |
| Grant Amount Requested (Equal to 50% of eligible expenses): \$                                                                                                                                         |                 |           |       |  |  |

| invoices, and itemized receipts) alon accepted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | g with the application. Pa                                                                                                                                                                                                                                                                                                           | artial applications will not be                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Applicant (business name) information is true, correct, and will program. The applicant fully understances to the guidelines, or recapplicant fully understands that if he regulations or municipal ordinances; forfeit all rights pursuant to the acquist those funds. The applicant also again financial Assistance for Retailers applicant agrees that in the event described in the Financial Assistance payment, without prejudice to any of understands that he/she must subrilimited to purchase orders, proof of page 1. | comply with all City restands that the City Manuferments, except as a is/her equipment at any he/she will be ineligible sition or recovery of any cyrees to comply with the and Restaurants Grant of their breach of any nice for Retailers and Rick has the right to reject other rights or remedies in it itemized cost documents. | gulations applicable to this lager's Office can make no authorized in writing. The time fails to meet federal for a rebate and agrees to laims or damages regarding program guidelines in the Program Description. The condition or provision, as estaurants Grant Program the application and/or deny of the City. The applicant tentation, including but not |
| Business Owner Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Business Owner Signat                                                                                                                                                                                                                                                                                                                | ure Date                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                |

Please submit documentation of expenses (purchase orders, proof of payment, itemized

Submit Completed Application Along with scanned copies of purchase orders, itemized invoices, itemized receipts, and proof of payment to <a href="mailto:cityhp@cityhpil.com">cityhp@cityhpil.com</a> with "FARR Grant Application" in the subject line of the email.

Questions: cityhp@cityhpil.com or 847.926.1000