

Reimbursable Expenses

The following are examples of eligible expenses. Should funding be available, other expenses may be considered on a case-by-case basis, if consistent with the examples.

- ☐ Reimbursement for any PPE, air filtration or sanitary/safety equipment purchased for the business
 - ☐ Temporary or permanent alterations made to the businesses to address the health effects and allow for safe business operations as a result of the COVID-19 pandemic. These could include, but are not limited to:
 - ☐ Social distancing improvement purchase, construction and designs, such as lobby partitions or partitions between booths
 - ☐ Outdoor seating area furniture purchase or rental, including tents, heater, furniture, etc.
 - ☐ Modifications to add or expand pick-up or delivery services
 - ☐ ~~XXXXXXXXXXXX/XXXXXXXXXX
XXXXX~~
 - ☐ ~~XXXXXXXXXXXX
XXXXXXXXXXXX
XXXXX~~
- ☐ ~~XXXXXXXXXX/XX
XXXXXXXXXXXX/
XXXXXXXXXXXX~~
- ☐ ~~XXXXXXXXXXXX~~
- ☐ ~~XX~~
- ☐ ~~XXXXXXXXXXXX
X/XX~~
- ☐ ~~XXXXX~~

Thank you for your interest in the High-Five Grant. Questions can be referred to the Economic Development Division at 847-918-2028 or hrowe@libertyville.com.

Submit completed application with original signature by mail, in person, or in the green-drop box at the Libertyville Village Hall (address follows). Electronically submitted applications will be accepted provided they are scanned versions which include a hand-drawn signature ~~XXXX~~ ~~XX~~
~~XXXXXX~~

Village of Libertyville
 Attn: High-Five Grant Administrator
 118 West Cook Avenue
 Libertyville, IL 60048





High-Five COVID Relief Grant Request



Business Name: _____

Registered Business Name (if doing business under different name):

Business Address: _____

Business Contact: Name _____

 Email _____ Phone _____

- 1. Business owner holds interest in other Libertyville-based businesses for which High-Five funds are being requested: Yes No

Other Business Name(s): _____

- 2. Number of persons employed at business: _____

- 3. Business was in operation on or before March 11, 2020*: Yes No

*If business had applied for occupancy or tenant build-out on or before 3-11-20, and has been in operation for at least six months at time of submittal of this grant request, circle "Yes"

- 4. Business is a home-based operation, professional office, insurance, or medical business, or franchise with multiple Libertyville locaitons (note: review eligibility requirements): Yes No

- 5. Woman or Minority Owned Business (majority owner): Yes No

- 6. Address is in a commercially zoned corridor (view www.libertyville.com/zoningmap or leave blank if unknown): Yes No

- 7. Business depends largely on customer walk-in traffic: Yes No

- 8. I have reviewed the list of eligible expenses. The business had the following applicable costs:

9. Business received the following other COVID relief funds that are forgivable loans or grants (select all that apply, if none, write \$0 in question 9b):

PPP (forgivable)

EIDL Advance (forgivable)

Illinois BIG Grant

Illinois Hospitality Grant

Restaurant Revitalization Grant (federal)

Illinois Back to Business Grant

Other (name and amount): _____

9b. Total dollar amount of State/Federal grants or forgivable loans received: _____

10. The business's eligible expense costs exceed the amount received from the grants/forgivable funds listed above by at least \$1000: Yes No

11. In the event additional funds became available, would you be interested in consideration? Yes No

12. Could your business substantiate additional eligible expenses for which the costs exceeded the amount of grants/forgivable funds listed above? Yes No

Signature and Certification

By signing below, I certify that the above information is correct and that 1) eligible expenses met or exceed \$1,000, that such expenses were above those for which my business received forgivable loans or grants, 2) business is still in operation within the Village of Libertyville, that the business has no recent or pending bankruptcy or foreclosure at time of application, 3) business consents to an audit by the Village or other governmental authority, if necessary, in order to verify reimbursable expenditures, and 4) business acknowledges that this Grant Request form will become a public document upon filing and may be subject to release.

Signature (hand-drawn)

Date

Print Name of Signature

Business Name

Business Title of Signature