



VILLAGE OF WOODRIDGE RESTAURANT RELIEF GRANT PROGRAM

TO BE ELIGIBLE

- Restaurant or brewery that derived at least 60% of 2019 food and beverage sales from on-premise dining.
- Valid Village Business License
- Valid Certificate of Occupancy
- No active code violations

REQUIRED SUBMITTALS WITH APPLICATION

- Receipts of all expenses related to COVID-19 (provide receipts separately according to the program under which reimbursement is sought, i.e., capital receipts separate from operating receipts) between March 16, 2020 and November 23, 2020
- Completed IRS Form W-9 Request for Taxpayer Identification Number
- Financial documentation validating that 60% or greater of 2019 food and beverage sales were derived from on-premise dining (e.g., POS reports)
- A narrative demonstrating your financial loss due to COVID-19 and an itemized list of expenses incurred (separate submittals for operating and capital)

BUSINESS OWNER INFORMATION

Business Owner Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Contact Person: _____

Contact Phone: _____

Email Address: _____

Federal Employer Identification Number (FEIN) or

Taxpayer Identification Number (TIN): _____



OPERATING GRANT PROGRAM SUBMITTAL FORM

Business Name: _____

NARRATIVE DESCRIBING HOW NORMAL BUSINESS OPERATIONS WERE IMPACTED BY COVID AND ELIGIBLE EXPENSES INCURRED

(Eligible Expenses: Rent, Utilities, Payroll, Marketing, Marketing, Technology, Delivery Partnerships)

ITEMIZED COVID-19 OPERATING EXPENSES

COST

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OPERATING EXPENSES INCURRED:

AMOUNT OF GRANT REQUESTED:

***Applicants MUST submit copies of all receipts/records documenting expenses.**



CAPITAL GRANT PROGRAM SUBMITTAL FORM

Business Name: _____

NARRATIVE DESCRIBING THE ADDITIONAL EXPENSES INCURRED TO EXPAND OPERATIONS TO MEET PUBLIC HEALTH GUIDELINES

(Eligible Expenses: Furniture, equipment and supplies to support outdoor dining; safety partitions, filtration systems, UV disinfection, and other COVID-19 modifications; COVID-19 related signage; PPE and COVID-19 related cleaning supplies)

ITEMIZED COVID-19 CAPITAL EXPENSES

COST

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL CAPITAL EXPENSES INCURRED:

AMOUNT OF GRANT REQUESTED:

***Applicants MUST submit copies of all receipts/records documenting expenses.**

APPLICATION CERTIFICATION

Business Name: _____

I, the undersigned have read the program guidelines and requirements for the Village of Woodridge Restaurant Relief Program, and certify to the following:

- Applicant has the authority to apply for this grant on behalf of the business described herein.
- Business agrees to provide the Village of Woodridge, its employees, and representatives additional documentation for audit and reporting purposes and to assess the benefits derived from participating in the program. Such information may include, but is not limited to, profit loss statements, payroll records, and income certifications of new or retained employees. Business authorizes the release of said information to local, State and/or Federal agencies and to Village of Woodridge staff within five years of this date.
- This grant program is made possible by the funds received by the Village from the federal Coronavirus Aid, Relief, and Economic Security Act to prevent, prepare for, and respond to the coronavirus ("COVID-19"). It is a felony for any person to knowingly and willingly make false or fraudulent statement to governmental body. The business/applicant understands that any willful misrepresentation on this application could result in a fine and/or additional penalties under local, state, or federal law, and prompt repayment to the Village of any amounts issued pursuant to the program.
- Business agrees, that if awarded, the application becomes a binding contract between the business and the Village of Woodridge. Any violation of the program guidelines will result in the business promptly repaying the Village any amount issued pursuant to this program.
- Business understands that the Village of Woodridge reserves the right to reject any and all applications.
- Business agrees to indemnify and hold harmless the Village of Woodridge and its officers, members, employees, and agents (collectively, the "Indemnified Parties") from and against all claims, losses, demands, liabilities, injuries, and damages, including reasonable attorneys' fees (collectively, "Claims"), relating to the Village of Woodridge Restaurant Relief grant program, except to the extent that such Claims arise out of the Indemnified Parties' intentional misconduct.
- Applicant certifies that all information provided herein is true and accurate to the best of my knowledge.

Applicant Name (Print)

Applicant Signature

Date



PRIVACY PROTECTION ASSERTION

_____ Check this line if you assert the following: "Pursuant to Section 7(g) of the Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)) I hereby assert that the following information submitted with this application constitutes commercial or financial information that I am filing under a claim that this information is proprietary, privileged, or confidential and that disclosure of such information would cause competitive hardship to my business. This assertion applies to:

Please note: Signatures, Federal Employer ID Numbers or Social Security Numbers, tax return information, direct deposit routing numbers, signed W-9s and copies of driver's licenses and IDs are not subject to Disclosure under the Illinois Freedom of Information Act.



APPLICANT'S AFFIDAVIT FOR AWARD

Business Name: _____

STATE OF ILLINOIS)
) SS
COUNTY OF DUPAGE)

TO: The Village of Woodridge

The undersigned, _____ (Name), being duly sworn, deposes and says that he or she is the Owner of the business located at _____ (the "Premises") and has applied for a Restaurant Relief Operating Expense Grant in the amount of \$_____, and a Restaurant Relief Capital Expense Grant in the amount of \$_____, from the Village of Woodridge for eligible expenses as described in the Restaurant Relief Program Guidelines.

The attached proof that at least 60% of 2019 food and beverage sales were derived from on-premise dining is true, correct, and genuine, and delivered unconditionally.

The attached proof of expenses incurred and payments made are true, correct, and genuine, and delivered unconditionally.

I understand that the Village of Woodridge reserves the right to deny or grant any application at any time.

Date

Signature

SUBSCRIBED and SWORN to
before me this _____ day of
_____, 2020.

Notary Public