



CITY FLAG  
DESIGNED BY  
FREDERICK L. LANGE  
JULY 6, 1964

**CITY COUNCIL AGENDA  
SPECIAL MEETING  
CITY OF BELLEVILLE, IL  
NOVEMBER 12, 2020  
AT 5:00 P.M.  
VIA AUDIO CONFERENCE**

**PLEASE TAKE NOTICE THAT, PURSUANT TO SECTION 7(e) OF THE ILLINOIS OPEN MEETINGS ACT (5 ILCS 120/7(e)) AND THE GUBERNATORIAL DISASTER PROCLAMATION ISSUED BY GOVERNOR JB PRITZKER ON OCTOBER 16, 2020, THE CITY COUNCIL OF THE CITY OF BELLEVILLE IS CONDUCTING THIS MEETING BY AUDIO CONFERENCE AND IS PROVIDING THE FOLLOWING REMOTE ELECTRONIC ACCESS TO ITS NOVEMBER 12, 2020 SPECIAL CITY COUNCIL MEETING FOR ITS MEMBERS, STAFF AND PUBLIC.**

**INTERNET VIDEO/AUDIO ACCESS AVAILABLE VIA FACEBOOK**

**LIVE: <https://www.facebook.com/welcometobellevilleil/>**

**Join from your computer, tablet or smartphone**

**<https://global.gotomeeting.com/join/506329749>**

**OR**

**TELEPHONIC ACCESS: DIAL 1 (571) 317-3122**

**ACCESS CODE: 506-329-749#**

- 1. CALL TO ORDER BY MAYOR AND EXPLANATION OF DISASTER PROCEDURES**

**REMINDER: SINCE THE MEETINGS ARE BEING VIDEOTAPED IT IS IMPORTANT THAT EVERYONE SPEAK DIRECTLY INTO A MICROPHONE WHEN SPEAKING.**

- 2. ROLL CALL ALDERMEN**
- 3. ROLL CALL DEPARTMENT HEADS**
- 4. PLEDGE OF ALLEGIANCE**
- 5. PUBLIC PARTICIPATION (2-3 MINUTES PER PERSON) - See back**

page for rules.

**6. ORAL REPORTS FROM STANDING COMMITTEES, SPECIAL COMMITTEES AND ANY OTHER ORAL REPORTS FROM THE ELECTED OFFICIALS OR STAFF**

**6-A. MOTION FROM ADMINISTRATION**

- 6-A(1). Motion to approve submittal of a Local Coronavirus Urgent Remediation Emergency & Economic Support Payments Grants application, including the Belleville COVID-19 Business Recovery Program.

**7. ADJOURNMENT (ALL QUESTIONS RELATING TO THE PRIORITY OF BUSINESS SHALL BE DECIDED BY THE CHAIR WITHOUT DEBATE, SUBJECT TO APPEAL)**

**PUBLIC PARTICIPATION (2-3 MINUTES PER PERSON)**

- (a) Members of the public may address the City Council in accordance with Section 2.06(g) of the Illinois Open Meetings Act (5 ILCS 120/2.06(g);
- (b) Public comments are limited to three (3) minutes per speaker;
- (c) The subject of public comments shall be reasonably related to matters(s) identified on the meeting agenda and/or other city business;
- (d) Repetitive public comments should be avoided, to the extent practical, through adoption of prior public comment (e.g. agreeing with prior speaker);
- (e) The following conduct is prohibited during public participation:
- Acting or appearing in a lewd or disgraceful manner;
  - Using disparaging, obscene or insulting language;
  - Personal attacks impugning character and/or integrity;
  - Intimidation;
  - Disorderly conduct as defined in Section 130.02 of this revised code of ordinances.
- (f) Any speaker who engages in such prohibited conduct during public participation shall be called to order by the chair or ruling by the chair if a point of order is made by a sitting alderman.



## **Belleville COVID-19 Business Recovery Grant Program**

The City of Belleville welcomes applications from Belleville businesses for the Belleville COVID-19 Business Recovery Grant Program. Funding has been provided by the Illinois Department of Commerce & Economic Opportunity (DCEO) via the Local CURE's Economic Support Payments Grant Program ("ES Program") administered by DCEO through the Local Coronavirus Urgent Remediation Emergency Support Program ("Local CURE Program"). The Local CURE Program administers federal funds from the Coronavirus Relief Fund provided to the State of Illinois pursuant to section 5001 of the federal Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") by providing financial support to units of local government. The ES Program is authorized by Public Act 101-636, Public Act 101-637 and Title 14 Illinois Administrative Code Part 700 (14 Ill. Admin. Code Part 700) to reimburse Local Governments for economic support payments made to qualified businesses within their jurisdictions that have experienced interruption of business attributable to the COVID-19 public health emergency.

Financial assistance to qualified businesses for the cost of business interruption shall be advanced by the City of Belleville and may only be in the form of grants. Qualifying businesses may be reimbursed for eligible costs incurred from the period of March 1, 2020 through November 30, 2020.

### **Who is eligible for Belleville COVID-19 Business Recovery Grants?**

- Permanent, year-round Businesses located within the corporate limits of the City of Belleville, IL.
- Businesses with 50 or fewer Full Time Equivalent employees. Full Time Equivalent is defined as a combination of 35 hours per week.
  - Example: 1 Part Time Employee: 25 hours  
+ 1 Part Time Employee: 10 hours  
= 1 Full Time Equivalent: 35 hours
- Revenues reduced >20% by COVID-19 in any months from March-November vs. February 2020.
- Businesses who have not received federal funding (PPP, EIDL, BIG, etc.) in the past, or businesses that have received federal funding and intend to use the Belleville COVID-19 Business Recovery Grant funding for expenses different than what federal funding was used for.
- For-profit small businesses only are eligible (non-profit organizations are not eligible). For profit businesses owned by non-profits are eligible, as long as they meet all other requirements. The application must be made through the for-profit business, and not the non-profit parent company.
- May not have an IRS tax lien or other judgement(s) against it and the business owners or partners may not be currently undergoing bankruptcy proceedings.
- Home based businesses are NOT eligible for this program.

### **How do I demonstrate that I have lost at least 20% of revenue in any month since February, 2020?**

This can be shown by comparing February revenue with revenue of the following months of March through November of 2020. If you have lost more than 20% in any one month since February 2020, you meet that qualification criteria.

### **What can I use the funding for?**

- Payroll.
- Operating expenses.
- Lease or rent payments.
- Modifications that are required for complying with reopening guidelines.
- Inventory and acquisition vital to the business.



**Ineligible costs:**

- Expenses reimbursed under any State, local or federal program.
- Capital improvements.
- Taxes.
- Personal expenses.
- Damages covered by insurance.
- Expenditures prohibited by section 5001(b) of the CARES Act.
- Reimbursement to donors for donated items.
- Workforce bonuses other than hazard pay or overtime.
- Severance pay.
- Legal settlements.
- Any other expenses not reasonably incurred due to the COVID-19 emergency.

**How much funding is available?**

Grants of up to \$5,000 may be available for businesses that meet the eligibility criteria and scoring criteria as outlined in this document. Businesses are eligible for one grant through this program. The number of grant requests may exceed the amount of available funding. Eligible businesses will be scored using the scoring criteria below.

**Scoring Criteria:**

<b>Percentage of revenues lost:</b>	
>80%	70 pts.
71-80%	60 pts.
61-70%	50 pts.
51-60%	40 pts.
41-50%	30 pts.
31-40%	20 pts.
20-30%	10 pt.
<20%	0 pts.

<b>Duration of closure:</b>	
8 months	50 pts.
7 months	45 pts.
6 months	40 pts.
5 months	35 pts.
4 months	30 pts.
3 months	25 pts.
2 months	20 pts.
1 month	15 pts.

<b>Years in business:</b>	
>25	12 pts.
21-25	10 pts.
16-20	8 pts.
11-15	6 pts.
6-10	4 pts.
1-5	2 pts.

<b>Percentage of business operations subject to mandatory closure:</b>	
>80%	50 pts.
71-80%	45 pts.
61-70%	40 pts.
51-60%	35 pts.
41-50%	30 pts.
31-40%	25 pts.
20-30%	20 pts.
<20%	15 pts.

<b>Number of Full Time Equivalent (combined 35 hrs. per week) employees:</b>	
26-50	30 pts.
21-25	25 pts.
16-20	20 pts.
11-15	15 pts.
6-10	10 pts.
1-5	5 pts.

**What documentation do I need to submit with my grant application?**

- Completed application.
- Description of the impact of COVID-19 on the business (including revenue)
- 2019 or latest business tax return.
- Signed W9
- Bank statement from 2020 showing loss in revenues.
- Proof of previous Federal funding (PPP, EIDL, BIG, etc.) and documentation of expenses funded through those programs (if applicable).



## Belleville Business Recovery Grant Application

1. Legal Business Name/Applicant: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

Permanent Parcel # \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. Federal Tax I.D. #: \_\_\_\_\_

5. Contact Person/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of business:

- Bar/Restaurant
- Entertainment (movie theater, family entertainment, event space, etc.)
- Service (Dry cleaner, salon, etc.)
- Retail/Wholesale
- Other. Please explain : \_\_\_\_\_

How long have you been in business? \_\_\_\_\_ How long at current location? \_\_\_\_\_

Number of employees: \_\_\_\_\_ Full-Time Equivalent      Is this a for profit business? \_\_\_\_\_

Percentage of revenue lost since February, 2020: \_\_\_\_\_

Was your business closed due to COVID-19 restrictions between March and November of 2020? \_\_\_\_\_

If so, how long was the closure? \_\_\_\_\_

Are there any IRS tax lien or other judgements against the business, any owners, or partner? \_\_\_\_\_

Is the business or any owner or partner currently undergoing bankruptcy proceedings? \_\_\_\_\_

**Have you or your business received any federal funding related to COVID-19 relief (PPP, EIDL, BIG, etc.)? If so, please list specifics of all said funding (program, amount, expenses funded, etc.). Attach additional sheets if necessary.**

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## **City of Belleville Local CURE's Economic Support Payments Grant Program: Belleville COVID-19 Business Recovery Grants**

### **Project Narrative**

The City of Belleville's will use Local CURE's Economic Support Payments Grant Program funds for the Belleville Business Recovery Program. This program will be open to businesses located within the corporate limits of Belleville and fall under the categories of bar/restaurant, entertainment, and retail/wholesale. An "other" category will be added for those businesses that may not fall within these traditional categories but have been affected by the COVID-19 pandemic. The program packet is attached to this application.

Grants of up to \$5,000 will be available for businesses that meet the eligibility criteria and scoring criteria as outlined in this document. Businesses are eligible for one grant through this program.

The eligibility criteria for the program is as follows:

- Businesses located within the corporate limits of the City of Belleville, IL.
- Businesses with 50 or fewer Full Time Equivalent employees. Full Time Equivalent is defined as a combination of 35 hours per week.
  - Example: 1 Part Time Employee: 25 hours  
+ 1 Part Time Employee: 10 hours  
= 1 Full Time Equivalent: 35 hours
- Revenues reduced >20% by COVID-19 in any months from March-December vs. February 2020.
- Businesses who have not received federal funding (PPP, EIDL, BIG, etc.) in the past, or businesses that have received federal funding and intend to use the Belleville Business Recovery Grant funding for expenses different than what federal funding was used for.
- For-profit small businesses only are eligible (non-profit organizations are not eligible). For profit businesses owned by non-profits are eligible, as long as they meet all other requirements. The application must be made through the for-profit business, and not the non-profit parent company.
- May not have an IRS tax lien or other judgement(s) against it and the business owners or partners may not be currently undergoing bankruptcy proceedings.

Losses in revenue can be shown by comparing February revenue with revenue of the following months of March through November of 2020.

Grant funding may be used for payroll, operating expenses, lease/rent payments, modifications required for compliance with reopening guidelines, or inventory and acquisition vital to the business. The combination of eligibility criteria and these eligible expenses demonstrate that the program passes the "reimbursable expenditure test".

Ineligible costs include expenses reimbursed under any State, local or federal program, capital improvements, taxes, personal expenses, damages covered by insurance, expenditures prohibited by section 5001(b) of the CARES Act, reimbursement to donors for donated items, workforce bonuses other than hazard pay or overtime, severance pay, legal settlements, any other expenses not reasonably incurred due to the COVID-19 emergency.



Applicants will be required to submit a completed application, a description of the impact of the COVID-19 pandemic on the business (including revenue), 2019 or latest business tax returns, a signed W-9 form, bank statements from 2020 showing losses in revenue, and proof of any previous funding (PPP, EIDL, BIG, etc.) including documentation on the expenses funded through those programs (if applicable).

Funding will be distributed based on the following scoring system. A five-person panel made up of City staff will review applications to determine the eligibility and points scored for each applicant business. The number of grants awarded will be determined based on scoring and available funding, until all funding is exhausted.

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The initial funding source for the program will be the City’s General Fund account in the amount of \$150,000. The City’s existing process for disbursement of funding will be used for the Belleville Business Recovery Program. Once a grant request has been determined eligible and valid by Economic Development & Planning Division staff, a check request will be submitted to the City’s Finance Department and be processed through the regular claims cycle. The claims process includes review by the Finance Director and the full City Council. This process is the same used for all City expenses, including incentive payments.



**Illinois  
Department of Commerce  
& Economic Opportunity**

**Uniform Application for State Grant Assistance**

**Agency Completed Section**

1. Type of Submission  Pre-Application  
 Application  
 Changed / Corrected Application

2. Type of Application  New  
 Continuation (i.e. multiple year grant)  
 Revision (modification to initial application)

3. Date/Time Received By State (Completed by State Agency upon Receipt of Application)

4. Name of Awarding State Agency

5. Catalog of State Financial Assistance (CSFA) Number

6. CSFA Title

Catalog of Federal Domestic Assistance (CFDA)  Not Applicable (No federal funding)

7. CFDA Number

8. CFDA Title

9. CFDA Number

10. CFDA Title

Additional CFDA Number, if required

Additional CFDA Title, if required

**Funding Opportunity Information**

11. Funding Opportunity Number

12. Funding Opportunity Title

Competition Identification  Not Applicable

13. Competition Identification Number

14. Competition Identification Title

**Applicant Completed Section**

**Applicant Information**

15. Legal Name (Name used for DUNS registration and grantee pre-qualification)

16. Common Name (DBA)

17. Employer/Taxpayer identification number (EIN, TIN)

18. Organizational DUNS Number

19. SAM Cage Code

20. Business Address (Address 1) (Address 2) (City), (State), (zip - 4)

**Applicant's Organizational Unit**

21. Department Name

22. Division Name

Applicant's Name and Contact Information for Person to be Contacted for **Program** Matters involving this Application.

23. First Name

24. Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number

29. Fax Number

30. E-mail Address

Applicant's Name and Contact Information for Person to be Contacted for **Business/Administrative Office** Matters involving the Application.

31. First Name

32. Last Name

33. Suffix

34. Title

35. Organizational Affiliation

36. Telephone Number

37. Fax Number

38. E-mail Address

**Areas Affected**

39. Areas Affected by the Project (cities, counties, state-wide, add attachments e.g. maps)

40. Legislative and Congressional District of Applicant

41. Legislative and Congressional Districts or Program Project

**Applicant's Project**

42. Description Title of Applicant's Project

43. Proposed Project Term Start Date

End Date

44. Estimated Funding (Include all that apply)  Amount Requested from the State

Applicant Contribution (e.g., in kind, matching)

Local Contribution

Other Source of Contribution

Program Income

Total Amount

**Applicant Certification:**

By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

(\* ) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.

I Agree

**Authorized Representative**

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative

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53. Date Signed

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