



Illinois Department of Commerce & Economic Opportunity

Back to Business Grants Application and Required Documents

Last Updated: 8/11/2021

This round of the Back to Business (B2B) Grant Program will make \$250 million available for businesses that experienced losses as a result of the COVID-19 pandemic.

DCEO, through its grant administrator Allies for Community Business (A4CB), will begin accepting applications on Wednesday, August 18, 2021.

Below is a list of the application questions and required documents to apply for the B2B Grant Program. **This document is not an application. Please do not fill it out and return it to DCEO.** This document is designed to allow business owners time to review, assess their eligibility, and gather any documents needed to complete the application. Asterisks represent required fields.

On Wednesday, August 18, this document will be replaced with an online submission portal that will collect applicant information and required documents.

Business Owner Information

Business Owner's First Name*

Business Owner's Last Name*

Business Owner's E-Mail Address*

Business Owner's Title

What is the business owner's social security or ITIN number? *

Business Owner's Street Address*

Business Owner's City*

Business Owner's State*

Business Owner's Zip Code (5 digits only) *

Demographics – for reporting purposes only

What gender does the business owner identify as?

- Male
- Female
- Other
- Prefer not to respond

What race does the business owner identify with?

- American Indian or Alaska Native

- Asian
- Black or African American
- Multiple races
- Native Hawaiian or Other Pacific Islander
- Other
- White
- Prefer not to respond

Is the business owner Hispanic or Latinx/o? (Y/N)

Is the business owner a veteran? (Y/N)

Is the business owner a person with disabilities? (Y/N)

Business Information

Business Legal Name*

Business Doing Business As (DBA) – A DBA is any registered name that a business operates under that isn't its legal business name

Business Employer Identification Number (9 digits only – If you do not have an EIN, use SSN or ITIN) *

Business Phone Number*

Business Website

Business Street Address *

Business City*

Business State*

Business Zip Code (5 digits only) *

How is your business legally organized? *

- Sole Proprietorship
- General Partnership
- Limited Partnership (LP)
- Limited Liability Company (LLC)
- C-Corporation
- S-Corporation
- Not For Profit
- Other

IF Not For Profit: Is your not-for-profit a 501c3, 501c6, or 501c19, or other? *

- 501c3
- 501c6
- 501c19
- Other

Please select the industry that best represents your primary line of business

- Agriculture, Forestry, Fishing and Hunting
- Mining
- Utilities
- Construction
- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation and Warehousing

- Information
- Finance and Insurance
- Real Estate, Rental, and Leasing
- Professional, Scientific, and Technical Services
- Management of Companies and Enterprises
- Administrative Support and Waste Management and Remediation Services
- Educational Services
- Health Care and Social Assistance
- Arts, Entertainment, and Recreation
- Accommodation and Food Services
- Other Services (except Public Administration)
- Public Administration

Do you operate in one of the following industries for which there is a set-aside allocation of funds? For a definition of the industries and which businesses are included, see the Eligibility Guidelines [link]. (Select one)

- Restaurant that did not receive a Restaurant Revitalization Fund Grant (RRF)
- Hotel
- Arts organization or business that has not received a Shuttered Venue Operator Grant (SVOG)
- None of the above

Is your business in any of the following Priority Industries? For a definition of the industries and which businesses are included, see the Eligibility Guidelines [link]. (Select one)

- Clothing or electronics retail establishment (excluding e-commerce)
- Home health care services
- Laundry services or dry-cleaning
- Child care provider *that has not received a Child Care Restoration Grant*
- Barbershop or salon
- Indoor recreation
- Gym or fitness center
- Tourism or group transportation (excluding taxis, limos, or rideshare)
- Spectator and social event support services
- Museum or movie theater operator that has not received SVOG
- None of the above

Do you attest that your business is not in any of the following lines of business? *

- i. independent contractor or freelance worker that do not operate a sole proprietorship;
- ii. Child care provider that has received or is registered to receive a Child Care Restoration Grant from DHS;
- iii. a private club or business that limits membership for reasons other than capacity;
- iv. a business primarily engaged in speculative activities that develop profits from fluctuations in price rather than through normal course of trade;
- v. a business that earns more than a quarter of its annual net revenue from lending activities, unless the business is a non-bank or non-bank holding company certified as a Community Development Financial Institution (CDFI);
- vi. a business that derives at least 33% of its gross annual revenue from legal gambling activities;

- vii. a business engaged in pyramid sales, where a participant's primary incentive is based on the sales made by an ever-increasing number of participants;
- viii. a business engaged in activities that are prohibited by federal law or applicable law in the jurisdiction where the business is located or conducted. (Included in these activities is the production, servicing, or distribution of otherwise legal products that are to be used in connection with an illegal activity, such as selling drug paraphernalia or operating a motel that knowingly permits illegal prostitution);
- ix. a business that derives a majority of its income as an owner of real property that leases that property to a tenant or tenants under a lease agreement;
- x. a business principally engaged in teaching, instructing, counseling, or indoctrinating religion or religious beliefs, whether in a religious or secular setting;
- xi. a government-owned business entity (except for businesses owned or controlled by a Native American tribe);
- xii. a business primarily engaged in political or lobbying activities;
- xiii. a business that manufactures or sells at wholesale, tobacco products, liquor or that manufactures or sells firearms at wholesale or retail;
- xiv. a night club or strip club;
- xv. an employment agency;
- xvi. a pawn shop;
- xvii. a liquor store;
- xviii. a storage facility or trailer-storage yard or junk yard;
- xix. an establishment similar to any enumerated above; or
- xx. a business in which a majority owner has a financial or familial connection to a director, principal shareholder or leadership member of the Department or Department's partner under the program.

- I attest that my business is NOT included in one of the previously mentioned lines of business
- My business IS included in one of the previously mentioned lines of business

Did you apply for an Illinois Business Interruption Grant in 2020? (Y/N)

- IF "Yes": Did you receive an Illinois Business Interruption Grant in 2020?

Has your business previously received emergency aid?*(Select all that apply)

- Business Interruption Grant (BIG) Program
- Paycheck Protection Program (PPP) Loan (only select if at least a portion of your PPP loan has been forgiven)
- Illinois Hospitality Grant
- Economic Injury Disaster Loan (EIDL) Advance Grant
- City of Chicago Together Now Grant
- City of Chicago Hospitality Grant
- Shuttered Venue Operator Grant
- Restaurant Revitalization Fund Grant
- Illinois Child Care Restoration Grant
- Any other emergency grant from your local municipality or county
- I have not received any emergency funding

Business Operations

In what year did your business begin operating?

In what month did your business begin operating?

Where do you conduct business?

- Storefront
- Street vendor
- Home-based
- Incubator
- Manufacturing facility
- Other

Actual 2019 gross receipts or sales as reported on your tax return*

Actual 2020 gross receipts or sales as reported on your tax return*

Did you receive assistance from any of the following Community Navigators? [Select one from complete list of community navigators [link], if applicable.]

Required Documents

- Business Owner/Representative Valid Identification (Driver's License, State ID, Passport, Matricular Consular Card)*
- One business bank statement from between April and December 2020, inclusive, that reflects business expenses*
- Most recent business bank statement (if you are a sole prop without a business bank statement, please submit statement from whichever account you conduct business transactions)*
- 2019 Federal Tax Return (If you file business taxes on your individual 1040 tax return, please submit the 2019 1040 return with Schedule C included)*
 - If your 2019 tax return is password protected, please insert password here.
- 2020 Federal Tax Return (If you file business taxes on your individual 1040 tax return, please submit the 2020 1040 return with Schedule C included)*
 - If your 2020 tax return is password protected, please insert password here.
- If the above documents do not reflect business address, an official document that reflects your current business address such as a utility bill, lease, credit card statement, business license

Please include any details about your documents or application that you would like your reviewer to know.

Online presence that you would like for us to promote

Business Website

Business Facebook Handle

Business Instagram Handle

Business Twitter Handle

Business LinkedIn Handle

W9 Information

Business Name as shown on your income tax return*

(This will be the recipient listed on your 1099 tax form if you receive a grant. If you file business income taxes as part of your individual 1040 tax return, please input your individual name. If you file a separate business tax return, input the legal business name as shown on your business tax returns.)

Business Name or Business DBA, if different than above

(If you have a business name or DBA different than the primary name listed on your income tax return, you may enter it here.)

Business Ownership Structure*

- Sole Proprietorship
- General Partnership
- Limited Partnership (LP)
- Limited Liability Company (LLC)
- C-Corporation
- S-Corporation
- Other

IF Limited Liability Company (LLC): Limited Liability Company Tax Classification*

- C Corporation
- S Corporation
- Partnership

Address (Number, street, and apartment or suite number)*

City, State, and Zip Code*

Business owner's Social Security Number or ITIN*

Business Employer Identification Number (9 digits only – if you do not have an EIN, add SSN or ITIN)*

Do you certify that the W9 information is true to the best of your knowledge?* (Y/N)

Certification

Do you certify that the application information and responses are true to the best of your knowledge and that you understand a false statement may disqualify you from the program?* (Y/N)