

## **SRPED / Canton Main Street Urgent Need Micro Grant Program**

The Spoon River Partnership for Economic Development (“SRPED”) and Canton Main Street (“CMS”) are dedicated to helping our local businesses during the COVID-19 Pandemic. The \$3,000 that would have originally been allocated to the Canton Main Street “Micro Grant Program” is being reallocated to help businesses in the City of Canton that have an urgent need for their business caused by the pandemic. In addition, the Spoon River Partnership for Economic Development has decided to match the CMS program with an additional \$3,000 for the City of Canton. The Spoon River Partnership for Economic Development will also allocate a separate and additional \$3,000 to businesses located in Fulton County. There will be a total of nine (9) one thousand dollar (\$1,000) grants awarded to businesses

The Spoon River Partnership for Economic Development and Canton Main Street will provide six (6) \$1,000 grants to Canton business owners. The Spoon River Partnership for Economic Development will also award three (3) additional one-thousand dollar (\$1,000) grants to businesses in Fulton County.

**\*\*\* If additional funding should become available, SRPED and Canton Main Street may choose to increase the number of grants awarded through this program.**

Business owners must demonstrate in the application how they intend to use the funds to help maintain their business during COVID-19. It is important to be as descriptive as possible in the “Justification for Urgent Need” portion of this application, as these grants will be evaluated based on need. Business owners should identify if they have received funding from any other program that has been available through the State or Federal government due to COVID-19.

These applications will be reviewed and evaluated by representatives who will be unaware of whose application they are evaluating. It is very important to be as descriptive as possible throughout this application to identify your “urgent need” for your business. Businesses who display an urgent need for this grant funding will be selected and contacted about next steps.

### **APPLICATION DEADLINE: May 20<sup>th</sup>, 2020 by 5 p.m.**

Applications can be submitted via email or by dropping them off at the Spoon River Partnership for Economic Development office located at 209 E. Chestnut St. Canton, IL 61520

Contact Person: **Cole A. McDaniel**  
*Executive Director*  
Spoon River Partnership for Economic Development

Office: (309) 647-2677 ext. 2  
Cell: (309) 573-1422  
Email: [cmcdaniel@cantonillinois.org](mailto:cmcdaniel@cantonillinois.org)

## SRPED / CMS Urgent Need Grant Application

### Mandatory Application Instructions

1. Applications will be reviewed by select members of the Spoon River Partnership for Economic Development Board of Directors and the Canton Main Street Board of Directors promptly after the deadline of the grant application.
2. Grant seekers may obtain an application at the Canton Main Street office, 209 East Chestnut, Suite 2, Canton, IL 61520, by calling (309) 647-2677, or via email from [cmcdaniel@cantonillinois.org](mailto:cmcdaniel@cantonillinois.org)
3. Submit one application for initial review.
4. Completed applications should be emailed to: [cmcdaniel@cantonillinois.org](mailto:cmcdaniel@cantonillinois.org)

(If you are unable to access email please call Cole McDaniel at 309-573-1422)

Cole A. McDaniel  
*Executive Director*  
Spoon River Partnership for Economic Development  
(Canton Main Street)

5. Any questions concerning the application process should be addressed to Cole McDaniel, Executive Director, at (309) 647-2677, Ext. 2 OR via email at [cmcdaniel@cantonillinois.org](mailto:cmcdaniel@cantonillinois.org).
6. Incomplete applications risk automatic disqualification.

**SRPED / CMS URGENT NEED GRANT APPLICATION**

**SECTION 1 – General Information**

Please **type or clearly print** all information on form provided:

\_\_\_\_\_  
Legal Name of Business

\_\_\_\_\_  
Business Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mailing Address (if different from street address)

\_\_\_\_\_  
Mailing City, State, Zip (if different from street city, state, zip)

\_\_\_\_\_  
Contact Person(s) Telephone/Cell & Business Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Federal Employee Identification Number

Status of Applicant:

Sole Proprietor	_____	Corporation	_____	Partnership	_____
S-Corporation	_____	LLC	_____	Other	_____

Date and Place Organization was Incorporated and/or Founded \_\_\_\_\_

Identify the Officers/Owners of the Organization/Business (Name, Position, Phone Number and email):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**SECTION 2 – Use of Funds**

Total Amount Requested:   \$1,000  

Use of Funds:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

TOTAL      \$ \_\_\_\_\_  
(should equal total amount requested above)

**Examples of possible eligible expenses include: CAPITAL EXPENDITURES (RENT, MORTGAGE, UTILITIES, PAYROLL, INVENTORY, ETC.)**

**AS A REQUIREMENT OF THIS GRANT**

**\*\*\*Receipts/Proof of Expenses will be REQUIRED to be reported within 3 months of grant award. This program is typically operated on a reimbursement basis, but due to the extenuating circumstance, we will award funds immediately and require proof of what the funds were spent on after the fact. Please keep all information relating to these grant expenses to provide to SRPED and CMS within 3 months of the grant award (i.e. copy of checks, invoices, receipts, etc.). \*\*\* Failure to produce records of expenses within 3 months of award will result in the grant being owed back to the granting organizations (“SRPED/CMS”) by the award recipient (“business applicant”).**

**I/we understand that we will be required to support the grant expenses with documentation within 3 months of grant award date:**

**Printed name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**ADDITIONAL INFORMATION**

- **Has this business received funding (loans, grants or other assistance) related to the COVID19 emergency?**  No  Yes If yes, provide the name/type of assistance and amount:

Funding Program Name: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Funding Program Name: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

- **Were there federal or state programs that your business was specifically ineligible for?**  
 Yes  No If yes, please provide which programs and reasoning:

- **Has your business been a Contributor to the Spoon River Partnership for Economic Development or a Member of Canton Main Street in the last 2 years?**  
 Yes  No

- **Was your business forced to close due to the current “Stay-At-Home” Order issued by the Governor?**  
 Yes  No

To what capacity has your business been able to function during the pandemic? What date did this change occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- **Number of employees prior to COVID-19:** \_\_\_\_\_

- **Number of employees you anticipate to bring back once your business is functioning normally?**

\_\_\_\_\_

**SECTION 4 – Certification**

I/We certify the information contained in this application is complete, accurate, and fully discloses the scope and intent of our request for the Spoon River Partnership for Economic Development (SRPED) and Canton Main Street (CMS) Grant funding.

We further acknowledge that there shall be no other deviations from the maximum allowed by each line item and that there will be no revisions to the line items once approved by the SRPED and CMS organizations.

As a grant recipient I/We understand that proof of grant expenditures will be required to be reported within 3 months of grant award. I/We will keep all information relating to these grant expenses to provide to SRPED and CMS within 3 months of the grant award. I/We further understand that a failure to produce records of expenses within 3 months of award will result in the grant being owed back to the granting organizations (“SRPED/CMS”) by the award recipient (“business applicant”).

By signing this application, I/we accept and agree to be bound by the terms and conditions of the grant program as administered by SRPED / CMS in compliance with current federal, state and local laws.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Signature of Representative/Officer

\_\_\_\_\_  
Title