



SMALL BIZ START-UP GRANT APPLICATION

Return signed application to: cbadmins@montgomerycountyil.gov

Or mail to: County Board Admin

1 Courthouse Square, Room 202

Hillsboro, IL 62049

The goal of this program is to encourage and assist small business start-ups in Montgomery County. Small businesses can be innovative and diverse. They carry inventory and products that are fresh, new and different. Forming and shaping the identity of a community might be one of the biggest roles of small businesses. Their participation in the community can help reflect an important history that is crucial to the town. Being a substantial presence within the local community can shape the character of the people as well, directly influencing tourism in the area as well as connecting with individuals passing through. There's a small-town feeling that arises when anyone walks into a local business — the staff is polite, the owner is present and friendly and customers feel welcome.

Eligibility Requirements

- Application – Submit the attached application (page 2)
- Business Plan – Provide a full business plan and 5-year goal
- Business Location – Only businesses in Montgomery County are eligible
- Funding Allotment – Will be based on the number of employees; proof may be required
- Eligibility – Initial preference will be given to applicants who will be starting/expanding into towns with a population under 4000 residents
- Conflicts – Montgomery County employees or immediate family are not eligible
- Good Standing – Must be current on all County taxes and must not be barred from receiving state or federal funds
- Open for Business – Business must be open for business within 30 days of Anticipated Opening Date, be open no less than 40 hours per week, and remain open for at least 18 months after opening date
- Ineligible Applicants – Home Occupations, Banks & Financial Institutions, Law Firms & Attorneys, Physicians, Dentists, Surgeons, Optometrists, Chiropractors, Veterinarians, Insurance Brokers & Agents, Real Estate Brokers and Sales Agents, Architects, Engineers, & Land Surveyors
- Grant Awards – From \$25,000 to \$50,000 based on number of employees
- Grant Report – Submit the attached grant report (page 4) within 90 days after opening

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Parcel ID Number(s): _____

Business Owner(s): _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

Applicant: _____

Daytime Phone: _____ E-mail: _____

Anticipated Date Grant Funds Needed: _____

Anticipated Business Opening Date: _____

Anticipated Number of Employees on Opening Day: _____

Anticipated Number of Employees One Year after Opening Day: _____

By signing this application, I certify to the best of my knowledge and belief that the application is true, complete and accurate, that the expenditures and disbursements will be for the purposes and objectives set forth in the terms and conditions of the award; and that supporting documentation has been submitted as required. I acknowledge that approval for any other expenditure is considered conditional subject to review and verification in accordance with the monitoring and records retention provisions of the grant. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

Signature: _____

FOR DEVELOPMENT & PERSONNEL COMMITTEE USE ONLY

Date Received: _____

Date Approved/Denied: _____

Amt. Approved: _____

Date Paid: _____

Date Final Report Due: _____ Date Final Report Received: _____

1. Describe the business in detail.

2. Specifically describe how requested grant funds will be used.

3. Full business plan and 5-year goal is attached.

Yes No



SMALL BIZ START-UP GRANT REPORT

Submit within 90 days of opening to: cbadmins@montgomerycountyil.gov

Or mail to: County Board Admin

1 Courthouse Square, Room 202

Hillsboro, IL 62049

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Owner(s): _____

Daytime Phone: _____ E-mail: _____

Business Opening Date: _____ Grant Amount: \$_____

Attach copies or receipts to report. (Please redact any personal account information.)

1. Describe how this grant helped you meet your business opening goals.

2. Describe how Montgomery County can help you continue to meet your business goals.
