

Invest Aurora – Small Business Loan Program

Duplication of Benefits Information Form

Name of Business:	
How to contact:	
Address of property or description of property boundaries:	
Was your business affected by the COVID-19 pandemic? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Potential Sources of Benefits:	
1. State of Illinois – Hospitality Emergency Grant Program	Did you file an application? YES <input type="checkbox"/> NO <input type="checkbox"/> If “yes” – did you receive any assistance and how much? What was it to be used for? What did you do with it? (Please provide documentation and receipts for use of funds.)
2. State of Illinois – Small Business Emergency Loan Program	Did you file an application? YES <input type="checkbox"/> NO <input type="checkbox"/> If “yes” – did you receive any assistance and how much? What was it to be used for? What did you do with it? (Please provide documentation and receipts for use of funds.)
3. Federal – Paycheck Protection Program (part of CARES Act)	Did you file an application? YES <input type="checkbox"/> NO <input type="checkbox"/> If “yes” – did you receive any assistance and how much? What was it to be used for? What did you do with it? (Please provide documentation and receipts for use of funds.)
4. Small Business Administration (SBA)	Did you file for an SBA loan? YES <input type="checkbox"/> NO <input type="checkbox"/> If “yes” – did you receive any assistance and how much? What was it to be used for? What did you do with it? (Please provide documentation from SBA and receipts for use of funds.)

	<p>If you applied for an SBA loan and then turned it down, please state the amount of assistance you were offered, the terms under which it was offered, and the reason(s) you declined the funds.</p>
<p>5. Other State or local funding</p>	<p>No other State or local funding available <input type="checkbox"/> Go to question 6.</p> <p>Did you file a request for assistance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If “yes” – did you receive any assistance and how much? What was it to be used for? What did you do with it? (Please provide documentation from funding source and receipts for use of funds.)</p>
<p>6. Other Red Cross, Salvation Army, non-profit, private sector, or charitable funding</p>	<p>No other Red Cross, Salvation Army, non-profit, private sector, or charitable funding was available at time of disaster <input type="checkbox"/> Go to question 7.</p> <p>Did you file a request for assistance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If “yes” – did you receive any assistance and how much? What was it to be used for? What did you do with it? (Please provide documentation from funding source and receipts for use of funds.)</p>
<p>7. Anticipated Assistance</p>	<p>Is there any other assistance that could potentially be received, such as pending application, State or Federal assistance, or private charities that have stated they will assist you, etc.?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Government Loan Government Grant Government Grant Government Forgivable Loan Nonprofit Grant Nonprofit Loan Loan Nonprofit Forgivable Loan</p>

	Private Other: _____ If “yes” – Please explain the source of the anticipated assistance, a timeline for its anticipated receipt, and the allowed uses of the assistance. Please provide any documentation that is available.
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The purpose of gathering this duplication of benefits information is to allow us to complete a Duplication of Benefits review.

By signing below, you are certifying that all the information you have given is true and correct, to the best of your knowledge. You are acknowledging that you have provided this information for the purpose of seeking assistance from a Federally funded program and, under Federal law, making false or fraudulent statements can result in a fine or even imprisonment.

Printed name: _____ Signature: _____ Date: _____

Printed name: _____ Signature: _____ Date: _____