Bond County New Business

Grant Program

Guidelines and Application

The Bond County Board, with assistance of the Bond County Treasurer, will review applications and recommend awarding of grants based on the availability of funding and evaluation of the eligibility criteria and required submissions set out below.

## Program Overview

The purpose of the Bond County New Business Grant (BCNBG) program is to help new businesses that are locating within Bond County. The Bond County Board has authorized funding of this grant through the America Rescue Plan Act funds of the County. The County believes businesses are a very essential part of our community.

This grant is intended to help new business with capital outlay and start up cost. Program will be open until 06/01/2023 or funds are expended.

## Eligibility

To be eligible for the BCNBG program, a business (profit or non-profit) must meet the following criteria:

* Operate in the boundaries of Bond County.
* One grant per entity/person. (If person A owns business B, C and D they may only apply for once business. Shareholder ownership determines if entities are related.)
* Must be legally capable of entering into a binding contract. A Grant Agreement with Recapture will be required that will obligate the business to repay the grant if program rules are not followed.
* Must remain open for one-year following the grant award.
* Must have started on or after January 1, 2023.

## Funding

* Grant amount will not exceed $25,000.
* Amount awarded will be based on funds available and business need.

## Funding Source

## American Rescue Plan Act funds.

## Application Review

Applications will be reviewed for recommendation by the County Board and the County Treasurer. Grant applications must meet the “eligibility” requirements and receive a majority “yes” vote.

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## The completed application should be returned to Colleen Camp, Bond County Treasurer.

## Email: [treasurer@bondcountyil.gov](mailto:treasurer@bondcountyil.gov) In Person: 206 W Main St Greenville, IL Mon – Fri 8am – 4pm

|  |  |
| --- | --- |
| Applicant Name / Title |  |
| Business Name |  |
| EIN Number |  |
| Business Address |  |
| Phone Number |  |
| Email |  |

Give a brief narrative of your business and what you will use the funds for.

Please include the following with your application:

1. Applicant W-9
2. Copy of registration with the State of Illinois if applicable.
3. Proof of Insurance