

## Disaster Relief Program Overview:

- 1. Purpose:** Eligible businesses that sustained damage in the qualifying disaster area may apply for a \$5,000 grant through one of our members.
- 2. Qualifying Disaster Area as Defined by the FHLBank Chicago:** Support to businesses is targeted to the Illinois counties that are included in the following FEMA disaster declaration:
  - **FEMA DR-4461 Severe Storms and Flooding**
    - o Incident period February 24, 2019 – July 3, 2019
    - o Disaster declaration September 19, 2019
    - o Counties in the disaster declaration include the following: Adams, Alexander, Bureau, Calhoun, Carroll, Cass, Fulton, Greene, Hancock, Henderson, Henry, Jackson, Jersey, Knox, Madison, Mercer, Monroe, Morgan, Pike, Randolph, Rock Island, St. Clair, Schuyler, Scott, Stephenson, Union, and Whiteside.
- 3. Combined Use of Programs:** The Disaster Relief Grant program may not be combined or used with a competitive AHP owner-occupied grant or a DPP® grant.
- 4. Member Limits:** Initially, there will be no member limit. However, the FHLBank Chicago retains the right to limit funds to any one member as announced from time to time. Grants will be available on a first-come, first-served basis.
- 5. Application Submission:** Only a properly completed application will be considered for a grant. Applications will not be considered if submitted prior to the program start date or, if applicable, after the member limit has been reached. A member may resubmit an application if funds are available after the program end date.

## Program Requirements & Guidelines:

- 1. Program Effective Dates:**
  - a. Start Date: Monday, October 7, 2019
  - b. End Date: Friday, December 20, 2019 (or sooner if funds are depleted)
- 2. Physical Location of Business:** Assistance is only available for a business that has its primary operations physically located in the disaster area. A business is eligible for only one grant regardless of the number of physical locations in the disaster area. The applicant must substantiate the following:
  - a. Proof of Existence – Support documentation to be submitted may include business license, deed, tax records, mortgage payment book, or a copy of the business insurance policy for the address, showing the applicant as the owner.
  - b. Proof of Occupancy – Support documentation to be submitted may include business license, any first-class government mail sent to the applicant within the last 3 months at that address, or recent utility bills in the applicant's name at that address.
- 3. Qualify as a Small Business:** Applicants are required to qualify as a small business, based on Small Business Administration (SBA) regulations. Based on type of business, size standards will be determined by annual receipts or number of employees.
  - a. The 'Table of Small Business Size Standards' can be found at the following:  
<http://www.sba.gov/content/small-business-size-standards>
  - b. The applicant should self-identify their North American Industry Classification System code (NAICS), which is used to determine the small business size standard. If qualified based on annual receipts, submit a copy of the most recent tax return or audited financial statements to verify receipts. If qualified based on number of employees, submit recent reports from a third-party payroll provider or quarterly reporting to the state to confirm number of employees.

**4. Evidence of Loss:** Evidence is required to substantiate that the original loss was sustained in the disaster area and was in an amount of at least \$5,000.

- a. The loss sustained must be physical damage. The grant does not cover business-related losses that resulted from the disaster.
- b. Support documentation required to substantiate the loss sustained by the business should include photos, a certification from a qualified inspector, contracts for repair services, insurance documentation itemizing the loss, and/or receipts for work or materials/equipment installed.

**5. Eligible Uses:**

- a. Applicants will be required to certify as to eligible use.
- b. Eligible uses will follow Community Development Advance guidelines to include commercial, community facilities, agricultural, industrial, manufacturing, infrastructure, and other business types.
- c. Grants can be applied to a business located in the declared disaster area or that has re-located outside the disaster area, but is still within the District.

**1. Member Information**

Name of Member: \_\_\_\_\_ Member Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2. Applicant Information**

Name of Applicant: \_\_\_\_\_  
Relation to Owner: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ County: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**3.a. Business Information (address of business property that sustained damage)**

Name of Business: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ County: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**3.b. Business Information (address of where grant funds will be applied if different from 3.a. above)**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ County: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Grant Use Information**

Grant Amount: \$5,000.00

Purpose of Financing (Check the appropriate box or boxes)

New Construction     Acquisition/Purchase     Rehabilitation

Other (Specify): \_\_\_\_\_

Is the project located in a rural area? Rural area is defined as either (a) a unit of general local government with a population of 25,000 or less; (b) an unincorporated area outside a Metropolitan Statistical Area (MSA); or (c) an unincorporated area outside an MSA that qualifies for housing assistance from the United States Department of Agriculture.

Yes     No

**5. Provide a brief description of the business and loss sustained**

**6. Eligible Use – Business Type**

Number of jobs associated with business: \_\_\_\_\_

Economic Development Business Type (Please check one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Agriculture          | <input type="checkbox"/> Commercial Office | <input type="checkbox"/> Commercial Retail |
| <input type="checkbox"/> Commercial Wholesale | <input type="checkbox"/> Day Care          | <input type="checkbox"/> Education         |
| <input type="checkbox"/> Health Care          | <input type="checkbox"/> Heavy Industrial  | <input type="checkbox"/> Hotel             |
| <input type="checkbox"/> Infrastructure       | <input type="checkbox"/> Light Industrial  | <input type="checkbox"/> Manufacturing     |
| <input type="checkbox"/> Public Facilities    | <input type="checkbox"/> Recreation        | <input type="checkbox"/> Social Services   |

Other – Please describe: \_\_\_\_\_

### 7. All projects must qualify under A and B

**A. Geographically Defined Beneficiary:**

The project is located in an FHLBank Chicago qualifying declared disaster area. (FEMA DR-4461)  Yes

**B. Activity Beneficiary** – The project meets the Small Business Administration (SBA) definition of a small business.  Yes

*Applications with qualified activity beneficiaries must include documentation of annual receipts or number of employees for the business.*

Annual Receipts: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

NAIC Standard: \_\_\_\_\_

### 8.a. Authorized Signature – Member

The undersigned, a duly authorized officer of the Federal Home Loan Bank of Chicago Member noted above, certifies that:

- (1) All information provided above is accurate, and necessary steps were taken to ensure its accuracy; and
- (2) This applicant meets the eligibility requirements of the Federal Home Loan Bank of Chicago’s Community First® Disaster Relief Grant Program.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Officer Name (please print)

\_\_\_\_\_  
Officer Title

\_\_\_\_\_  
Date

### 8.b. Authorized Signature – Applicant

The undersigned certifies that:

- (1) All information provided above is true, correct, and accurate; and
- (2) The applicant meets the eligibility requirements of the Federal Home Loan Bank of Chicago’s Community First® Disaster Relief Grant Program.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Officer Title

\_\_\_\_\_  
Date

Email the completed application and supporting existence/occupancy, small business, and loss documentation to:

Community Investment Group  
Federal Home Loan Bank of Chicago  
ci@fhlbc.com

Questions? Contact Community Investment at 312-565-5824