## Small Business Improvement Fund (SBIF) Grant Application 2025:

The Small Business Improvement Fund (SBIF) provides noncompetitive grant funding for permanent building improvements and repairs in designated tax increment financing (TIF) districts across the city. Grants are available to cover 30% to 90% of improvement costs. For commercial properties occupied by a single owner or tenant, the maximum grant is \$150,000. For commercial properties occupied by multiple owners or tenants, there is a limit of \$75,000 per applicant and \$250,000 per property. The maximum assistance for industrial properties is \$250,000.\* The grants do not have to be repaid.

The SBIF grant is a **REIMBURSEMENT** for a percentage of eligible project costs. Applicants pay for project costs upfront. The City reimburses for agreed-upon project expenditures. Reimbursements may be structured in multiple phases or as one payment at the end of construction.

To determine whether your property or business is located in a TIF district, please use our <u>SBIF locator tool</u>. For more information on when applications for specific TIF districts open, consult the <u>SBIF rollout calendar</u>.

For more information about what additional information will be required, visit somercor.com/sbif.

\*SBIF grants up to \$250,000 are available along LaSalle Street in the Loop. Landlords and tenants of commercial properties are eligible to apply, with \$50,000 bonuses available for certain applicants.

## I. APPLICANT INFORMATION

This information refers to the primary applicant to the SBIF program and the project location where SBIF funds will be utilized. The applicant is generally a business or property owner but may also be an authorized officer of an organization or company.

also be an authorized emoti of an organization of company.	
1. Applicant Name (required)	
First Name (required)	
Last Name (required)	

	ing Address (required)
Country (required)	
Address (required)	
Address Line 2 (or	otional)
City (required)	
State, Province, o	r Region (required) Zip or Postal Code (required)
<u><b>Vote:</b></u> This is the addr	ress where we will send correspondence and important program notices.
3. Applicant Pho	ne Number (required)
4. Applicant Ema	il (required)
II. APPLICA	NT TYPE
	section help define what kind of applicant you are within the context of the you are starting a new business complete the application as you would if the ablished.
1. What type of a	pplicant are you? (required)
☐ Property Ov	wner (i.e., landlord, lessor)
☐ Business O	Owner (i.e., tenant, lessee)
☐ Business O	Owner and Property Owner
☐ Not-for-Pro	fit Owner (i.e., not-for-profit tenant, lessee)
□ Not-for-Pro	fit Owner and Property Owner

2. What type of business do you operate in this building? (required)
☐ Commercial
☐ Industrial
☐ Not-for-Profit Organization
Business Owner Information
Answer the following questions if you operate an existing business or not-for-profit organization at the project property.
3. Provide the legal business name for your business or not-for-profit. (required)
4. If applicable, provide the DBA ("doing business as," "assumed name," or "trade name") associated with your business or not-for-profit. (required)
5. Please describe your business (Example: Packaging company, hair salon, day care center, retail store, etc.). (required)
care center, retail store, etc.). (required)
care center, retail store, etc.). (required)  6. Is your business or not-for-profit a start-up? (required)
care center, retail store, etc.). (required)  6. Is your business or not-for-profit a start-up? (required)  Yes
care center, retail store, etc.). (required)  6. Is your business or not-for-profit a start-up? (required)  Yes  No  Note: Your business or not-for-profit may be considered a start-up if you have been in business for less than
care center, retail store, etc.). (required)  6. Is your business or not-for-profit a start-up? (required)  Yes  No  Note: Your business or not-for-profit may be considered a start-up if you have been in business for less than three years.
care center, retail store, etc.). (required)  6. Is your business or not-for-profit a start-up? (required)  Yes  No  Note: Your business or not-for-profit may be considered a start-up if you have been in business for less than three years.  7. Is your business or not-for-profit a national chain? (required)
care center, retail store, etc.). (required)  6. Is your business or not-for-profit a start-up? (required)  Yes  No  Note: Your business or not-for-profit may be considered a start-up if you have been in business for less than three years.  7. Is your business or not-for-profit a national chain? (required)  Yes
care center, retail store, etc.). (required)  6. Is your business or not-for-profit a start-up? (required)  Yes  No  Note: Your business or not-for-profit may be considered a start-up if you have been in business for less than three years.  7. Is your business or not-for-profit a national chain? (required)  Yes  No
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□ No	
b. If you have othe ctivities performe	er locations, list location address(es) and briefly describe the d (required)
Property Ow	ner or Landlord Information
	g questions if you own the project property either as an owner-operator
•	to business tenants.
or an owner renting  O. Provide the nar	nes of individuals or entities such as trusts or LLCs that have
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or an owner renting	nes of individuals or entities such as trusts or LLCs that have
or an owner renting	nes of individuals or entities such as trusts or LLCs that have
or an owner renting  10. Provide the nare  egal title to the pro	mes of individuals or entities such as trusts or LLCs that have operty. (required)
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In an owner renting  In an own	mes of individuals or entities such as trusts or LLCs that have operty. (required)
In an owner renting  In an own	mes of individuals or entities such as trusts or LLCs that have operty. (required)  Intly have tenants at the property? (required)  Order to receive reimbursement for SBIF projects in vacant buildings, the applicant the portion of the property subject to the SBIF grant on the ground floor must be list be occupied by SBIF qualified tenants.
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10. Provide the naregal title to the provide the provide the provide the provide Yes  No No Note: Be aware that in const provide proof that to 00% leased up and much	mes of individuals or entities such as trusts or LLCs that have operty. (required)  Intly have tenants at the property? (required)  Order to receive reimbursement for SBIF projects in vacant buildings, the applicant the portion of the property subject to the SBIF grant on the ground floor must be list be occupied by SBIF qualified tenants.

III. PROJECT INF	ORMATION AND DESCRIPTION
	lp define what kind of applicant you are within the context of e starting a new business complete the application as you stablished.
	the project site. (required)
Country (required)	
Address (required)	
Address Line 2 (optional)	
City (required)	
State, Province, or Region (rec	uired) Zip or Postal Code (required)
Note: If your preferred address is	the same as the project site address, re-enter the address here.
2. What Ward is this proje	ct in? (required)
Note: If you don't know what Ward	your project is in, you can use the locator tool to find your Ward.

. Wr	nat year was this business established? (required)
lote: I	f your business is a start-up business or you're establishing your business put 0.
	ase provide a description of the project plan. (Example: Replace storefront of ng coffee shop and rehab bathrooms to make them ADA compliant.) (required)
otes:	•
•	All work is subject to the City of Chicago's <u>Neighborhood Design Guidelines</u> and the City of Chicago's Ground Floor Commercial Design Guidelines.
•	The City of Chicago will issue applicants a Conditional Commitment Letter when their projects are approved. The City will not reimburse project work or construction expenses paid prior to issuance of the Conditional Commitment Letter.
. Se	lect ALL uses proposed for the project site. (required)
	Retail
	Office
	Industrial
L	
	Institutional (Healthcare/Education)
	Institutional (Healthcare/Education) Residential
	, , , , , , , , , , , , , , , , , , ,
	Residential

## IV. PROJECT BUDGET

Please provide a general budget for your project. If you have contractor estimates, please use them, but they are not required at this stage of the application. Please provide a well-informed "best guess" that illustrates the overall scope of the project.

1. Fill out the project budget table: (required)

Cost Category	Amount (US Dollar)	Additional Notes
Example: Walls	\$1,500	Installation of framing, drywall and painting.
Total:		

	\$		
the final project cost may be different? (required)  Yes  No  V. PROJECT FINANCING  The SBIF grant is provided as a reimbursement for a percentage of eligible project costs. Applicants pay for project costs up front. The City reimburses for agreed upon project expenditures. Reimbursements may be structured in multiple phases or as one payment at the end of construction.  SomerCor can assist applicants in exploring various lending options upon request. The following information will help SomerCor understand what assistance may be needed.  1. Are you using loans or other financing to fund construction? (required)  Yes  No  2. Will you be seeking a loan or financing to fund construction? (required)  Yes  No  3. Do you need help securing a loan or additional financing to fund construction? (required)  Yes  No	Note: Copy this amount from the table above.  3. Do you understand that the prices above are estimates and could increase, thus the final project cost may be different? (required)		
V. PROJECT FINANCING         The SBIF grant is provided as a reimbursement for a percentage of eligible project costs.         Applicants pay for project costs up front. The City reimburses for agreed upon project expenditures. Reimbursements may be structured in multiple phases or as one payment at the end of construction.         SomerCor can assist applicants in exploring various lending options upon request. The following information will help SomerCor understand what assistance may be needed.         1. Are you using loans or other financing to fund construction? (required)         ☐ Yes         ☐ No         2. Will you be seeking a loan or financing to fund construction? (required)         ☐ Yes         ☐ No         3. Do you need help securing a loan or additional financing to fund construction? (required)         ☐ Yes         ☐ No			
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<ul> <li>Yes</li> <li>No</li> <li>2. Will you be seeking a loan or financing to fund construction? (required)</li> <li>Yes</li> <li>No</li> <li>3. Do you need help securing a loan or additional financing to fund construction?(required)</li> <li>Yes</li> <li>No</li> </ul>			
<ul> <li>No</li> <li>2. Will you be seeking a loan or financing to fund construction? (required)</li> <li>☐ Yes</li> <li>☐ No</li> <li>3. Do you need help securing a loan or additional financing to fund construction? (required)</li> <li>☐ Yes</li> <li>☐ No</li> </ul>	1. Are yo	u using loans or other financing to fund construction? (required)	
2. Will you be seeking a loan or financing to fund construction? (required)  Yes No  3. Do you need help securing a loan or additional financing to fund construction? (required)  Yes No	☐ Yes	3	
<ul> <li>Yes</li> <li>No</li> <li>3. Do you need help securing a loan or additional financing to fund construction?(required)</li> <li>Yes</li> <li>No</li> </ul>	☐ No		
<ul> <li>□ No</li> <li>3. Do you need help securing a loan or additional financing to fund construction?(required)</li> <li>□ Yes</li> <li>□ No</li> </ul>	2. Will yo	u be seeking a loan or financing to fund construction? (required)	
3. Do you need help securing a loan or additional financing to fund construction?(required)  Yes  No	☐ Yes	3	
construction?(required)  ☐ Yes ☐ No	☐ No		
□ No	-		
	☐ Yes	S	
4. How much money has been secured for the project so far? (required)	☐ No		
	4. How m	uch money has been secured for the project so far? (required)	

☐ Yes	
□ No	
<b>Note:</b> Examples of for Recovery Grant (CR	unding programs include SBIF, the Neighborhood Opportunity Fund (NOF), the Chicago G), and TIF
b. If yes, pleas	e select from the following list (required)
☐ SBIF (prev	vious recipient)
☐ Neighborh	ood Opportunity Fund (NOF)
☐ Chicago D	evelopment Grant (CDG)
☐ TIF	
☐ Other	
han one program fo 5c. Please list that ave previously	
han one program fo 5c. Please list the have previously	r the same work concurrently.  ne addresses of the sites where you are under consideration for or received funding, the programs used, and the amount as well as the
than one program fo 5c. Please list the have previously date provided, in	ne addresses of the sites where you are under consideration for or received funding, the programs used, and the amount as well as the fapplicable.
Sc. Please list the have previously date provided, in the property, including the property including the property.	r the same work concurrently.  ne addresses of the sites where you are under consideration for or received funding, the programs used, and the amount as well as the
han one program food. Please list the nave previously date provided, in the property, including the property, including the property, including applicants may applicants may applicants may applicants.	the same work concurrently.  The addresses of the sites where you are under consideration for or received funding, the programs used, and the amount as well as the fapplicable.  Streport if they have applied for and/or received other Direct City Financial Assistance using funding from the Neighborhood Opportunity Fund or Chicago Recovery Plan. It is the same time but may not receive funding from more than one
Note: Applicants multiplicants may applicants may applicant may applicants may applicant may applicant may applicant may appli	the same work concurrently.  The addresses of the sites where you are under consideration for or received funding, the programs used, and the amount as well as the fapplicable.  Streport if they have applied for and/or received other Direct City Financial Assistance using funding from the Neighborhood Opportunity Fund or Chicago Recovery Plan. It is the same time but may not receive funding from more than one
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## **VI. ADDITIONAL INFORMATION**

<u>Disclaimer:</u> Responses in this section are strictly voluntary and not required. Answers will have no effect on the consideration of your application.

1. Please select the race(s) that you identify as:
<ul> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Black or African American</li> <li>☐ Hispanic or Latino</li> <li>☐ Middle Easter or North African</li> <li>☐ White</li> <li>☐ I prefer not to answer</li> </ul>
2. Please select the gender(s) that you identify with:
<ul> <li>□ Male</li> <li>□ Female</li> <li>□ Non-Binary</li> <li>□ I prefer not to answer</li> </ul>
3. Do you identify as part of the LGBTQIA community?
<ul> <li>☐ Yes, I identify as part of the LGBTQIA community</li> <li>☐ No, I do not identify as part of the LGBTQIA community</li> <li>☐ I prefer not to answer</li> </ul>
4a. How did you hear about this program?
<ul> <li>Social Media (Instagram Facebook, Twitter, etc.)</li> <li>Email or Newsletter</li> <li>Search Engine</li> <li>Word of Mouth</li> <li>In-Person Event</li> <li>City of Chicago Website</li> <li>Local Business Support Organization (similar to a chamber of commerce)</li> <li>Elected Official (can be an Alderman's newsletter)</li> <li>Other</li> </ul>

4b. If other	r, please specify:
5. Is this a	family owned business?
☐ Yes	
☐ No	
☐ Not a	applicable
VII ADI	PLICANT CERTIFICATION
hey have re	rtifies that the information provided on this application is true and correct and that ad and understand the SBIF Program Rules. The SBIF Program Rules are download at <a href="https://www.somercor.com/sbif/">www.somercor.com/sbif/</a> and can be provided directly by any of
	SBIF staff listed below.
la. Did any	one help you fill out this application? (required)
□ No, I	filled out this application myself
	d of Family Member
☐ Cons	
☐ Com	munity Partner/Organization
_	er not to answer
-	
lb. f yes, p pelow:	rovide an individual or organization name and their contact information
2. Have yo	u attended or watched a SBIF Informational Webinar?
☐ Yes	
□ No	
	nts are encouraged to learn more about the SBIF program by attending or watching a recorde

3. The SBIF grant is provided as a reimbursement for	or a percentage of eligible
project costs. Project costs must be paid or finance	d by applicants "up front." Do
you understand you are responsible for upfront pro	ject costs?
☐ Yes ☐ No	
Note: Reimbursements may be structured in multiple phases or as	one payment at the end of construction.
4. SBIF recipients are required to maintain an active relocate or sell the property or business (as applical disbursement. Do you understand this requirement?	e licensed business and not to ble) for 3 years after grant
☐ Yes	
□ No	
5. By signing your name and dating the application	, the applicant certifies that the
information provided on this application is true and and understand the SBIF Program rules.	correct and that they have read
Applicant Signature (required)	Date (required)
Note: The SBIF Program Rules are available for download at www.directly by SomerCor.	.somercor.com/sbif/ and can be provided
Applicants are encouraged to contact SomerCo confirm receipt of their application after submittated All applications must be received by SomerCor	al.
the deadline date.	
Mailing and SomerCor Office Address:	
SomerCor 504, Inc. – SBIF Dept.	
209 S. LaSalle Street, Suite 203	
Chicago, IL 60604	
FAX: 312-757-4371	
PHONE: 312-360-3300	
Se habla Español!	