



LEAP APPLICATION

Lindenhurst Economic Assistance Program

2301 E. Sand Lake Road, Lindenhurst, IL 60046 • www.lindenhurstil.org • mail@lindenhurstil.org • (847) 356-8252

The LEAP initiative was established by the Village to encourage a vibrant and diversified tax base, local employment opportunities and expansion of the local economy.

Please fill out this application completely – Type or Print

TYPE OF APPLICANT

- Retail/Restaurant Improvement** (50% of costs; Award capped at \$30,000) Minimum project cost of \$10,000
- All Other Commercial Business Development** (50% of costs; Award capped at \$20,000) Minimum project cost of \$5,000

BUSINESS INFORMATION

Applicant Name: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____ Business Email: _____

Number of Employees: _____ EIN: _____

Description of Business: _____

CORRESPONDENCE INFORMATION (If different than DBA) Same as above

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

SCOPE OF WORK TO BE PERFORMED, INCLUDING ESTIMATED COSTS (May be attached separately)

TOTAL GRANT AWARD REQUESTED

COVID-19 IMPACT

1. Was your project impacted by the COVID-19 pandemic? Yes No
If yes, please explain:

2. Are you making these modification due to the COVID-19 pandemic? Yes No

If yes, please explain:

APPLICATION ATTACHMENTS

- Affidavit of Owners Consent/Letter of Intent/Signed Lease
- A notarized final waiver of lien, to be completed by the contractor or vendor.
- At least two (2) contractors’ work proposals, including a detailed cost estimate along with an indication of where the work will take place (interior, exterior, parking lot, grounds, etc.).
- Proof of General Liability Insurance with coverages under the commercial general liability insurance to be not less than \$1,000,000 per each occurrence and \$2,000,000 aggregate. Each policy shall name the Village as an additional insured.

NOTE: Applications will be prioritized based on the date of receipt of a completed application, up to the amount of available funding.

PAYMENTS At the completion of the work, the applicant must submit:

- A receipt or other acceptable document indicating that the work was paid in full. Copies are acceptable.
- A notarized final waiver of lien, to be completed by the contractor or vendor.
- A completed W-9 form.
- A fully executed reimbursement agreement.

NOTE: Disbursements are on a first-come/first-served basis, subject to fund availability.

TERMS & CONDITIONS

The Village of Lindenhurst (“Village”) reserves the right to modify any aspect of this program or end the program for any time without notice. Each application is reviewed on a case by case basis. Grants for retail/restaurants and other commercial businesses are not intended to be used in combination, but the Village Board may assemble different economic development incentives or amend the conditions of the programs based on the scope of investment of a particular applicant.

Completion of the application does not, in any way, provide an applicant any material or property right to an award. Grant awards will ultimately be reviewed by the Village Board who has the sole discretion on authorizing or approving award(s) to applicants upon their merit. All decisions of the Village Board are final.

All awarded applicants must enter into an incentive agreement with the Village which will dictate the terms and conditions of the grant award. No grant awards will be provided to any party without a fully executed incentive agreement which is in a form acceptable to the Village. An awarded applicant must agree to not remove any improvements for any reason without limitation for a period of three (3) years after receiving the grant money. If any awarded applicant removes improvements, or sells/vacates the benefitted property or properties for any reason within this three (3) year period, they must repay the grant award on a pro rata basis.


Initials

CERTIFICATION

Dated this _____ day of _____, 20____

I certify that the information contained in this application is true to the best of my knowledge.

Applicant

Title

FOR OFFICE USE ONLY

Date Received: _____

Disposition: APPROVED DENIED

Signature: _____