Title

Business Name Inc.

by **Jane Doe** in **2026 SBIF APPLICATION**

Original Submission

Score	n/a
	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.
1. Applicant Name	Jane Doe
2. Applicant Phone Number	+12345678900
3. Applicant Email	jane.doe@email.com
4. Preferred Mailing Address	1234 S Residence St Chicago IL 60601 US 41.866376 -87.62772
5a. Project Address Street Number	1234
5b. Project Address Street Direction	N
5c. Project Address Street Name	Business

5d. Project Address Street Type	St
5e. Project City	Chicago
5f. Project State	IL
5g. Project Zip Code	60601
6. What TIF is this project in?	24th/Michigan
	II. APPLICANT TYPE Questions in this section help define what kind of applicant you are within the context of the SBIF program. If you are starting a new business complete the application as you would if the business was established.
1. What type of applicant are you?	Commercial Owner
	Business Owner Information Answer the following questions if you operate an existing business or not-for-profit organization at the project property. If you are a landlord and do not operate a business at this property, this section does NOT apply to you. Please skip this section and indicate 'Not Applicable' or select the 'Not Applicable' option.
2. Provide the legal business and doing businesses as (DBA) name for your business or not-for-profit.	Business Name Inc.
3. Please describe your business (Example: Packaging company, hair salon, day care center, retail store, etc.)	Retail Store
4. Is your business or not-for-profit a start-up?	No
5. What year was this business established?	2018

6. Is your business or not-for-profit a national chain or franchise?	No
7a. Does your business or not-for-profit have other locations?	Yes
7b. If you have other locations, list location address(es) and briefly describe the activities performed:	6789 W Other St - Retail Store
	Property Owner or Landlord Information Answer the following questions if you own the project property either as an owner-operator or a landlord renting to business tenants. If you are a tenant applicant, this section does NOT apply to you. Please skip this section and indicate 'Not Applicable' or select the 'Not Applicable' option.
8. Provide the names of individuals or entities such as trusts or LLCs that have legal title to the property.	Jane Doe John Doe
9a. Do you currently have tenants at the property?	Not Applicable
	III. PROJECT DESCRIPTION AND BUDGET Questions in this section refer to how SBIF funds will be utilized. Information in this section does not need to be final. For itemized project budget, for example, contractor estimates are not required – instead, please provide a well-informed “best guess” that can be used to evaluate the overall scope of the project.
1. Project Name	Business Name Inc.
2. Please provide a description of the project plan. (Example: Replace storefront of existing coffee shop and rehab bathrooms to make them ADA compliant.)	Façade improvements, tuckpointing, flooring, replace HVAC

3. Select ALL uses proposed for the project site.	Retail
4. Fill out the project budget table: **Submittable Project Budget Table.xlsx**	
5. What is the total estimated project cost?	67000
6. Do you understand that the prices above are estimates and could increase, thus the final project cost may be different?	Yes
	IV. 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. Do you currently have the funds or financing available for this project?	Yes
2. Will you be seeking a loan or financing to fund construction?	Yes
3. Do you need help securing a loan or additional financing to fund construction?	No
4. How much money has been secured for the project so far?	60000

5a. Are you currently under consideration for or have you previously received funding from a City of Chicago program for this or another project site?	No
	V. ADDITIONAL INFORMATION Disclaimer: 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:	I prefer not to answer
2. Please select the gender(s) that you identify with:	I prefer not to answer
3. Do you identify as part of the LGBTQIA community?	I prefer not to answer
4a. How did you hear about this program?	Local Business Support Organization (similar to a chamber of commerce)
5. Is this a family owned business?	No
	VI. APPLICANT CERTIFICATION Applicant certifies that the information provided on this application is true and correct and that they have read and understand the SBIF Program Rules. The SBIF Program Rules are available for download at www.somercor.com/sbif/ and can be provided directly by any of SomerCor's SBIF staff listed below.
1a. Did anyone help you fill out this application?	No, I filled out this application myself

2. I understand that the Small Business Improvement Fund (SBIF) grant is a reimbursement program. I acknowledge that I am responsible for paying or financing all eligible project costs upfront, and that reimbursement may occur in multiple phases or as a single payment upon project completion. I understand that as an SBIF grant recipient, I am required to maintain an active licensed business within the City of Chicago and must not relocate or sell the property or business (as applicable) for three years after grant disbursement. By typing my name and dating this application, I certify that the information provided is true and correct, and that I have read and understand the SBIF Program Rules as established by the City of Chicago	Jane Doe
3. Application Date	2/1/2026
	Applicants are encouraged to learn about the SBIF program by attending or viewing a recorded informational webinar at https://chicago.gov/sbif. To confirm application receipt, please contact SomerCor at sbif@somercor.com after submission. All applications must be received by SomerCor by 5:00 p.m. Central Time on 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!