

Greektown SSA #16 Health & Sanitation Rebate Program Extension

1. Description

In the wake of the global spread of COVID-19, businesses have been confronted with an increased need to quickly, frequently, and thoroughly clean their location and all equipment, and food establishments have been forced to suspend dine-in operations and pivot to carryout and delivery services. The Health & Sanitation Rebate Program was created as an emergency response to the COVID-19 pandemic, with a goal of supporting local businesses facing increased costs for sanitation supplies and takeout packaging. The Program is funded by the Greektown (SSA) #16.

2. Eligible Expenses

Eligible expenses include the purchase of any of the following:

- Gloves
- Masks
- Face shields
- Takeout containers
- Bags
- Antibacterial hand soap
- Hand sanitizer
- Isopropyl alcohol
- Disinfectant wipes
- Disinfectant spray
- Bleach
- Sneeze guards
- Floor decals
- Signage

3. Rebate Amounts

Applicants meeting all requirements outlined in this document may receive a rebate of up to 100% of eligible costs, not to exceed a total of \$500 per business. Due to the evolving nature of COVID-19 and its impacts on businesses, the SSA Commission reserves the right to implement additional requirements as it deems reasonable, and change or terminate the program at any time.

4. Eligible Applicants & Expenses

Applicants must be brick-and-mortar businesses located within the Greektown SSA. Applicants may only seek a rebate for the items that are used to support delivery and carryout operations; clean and sanitize workspaces and equipment; or provide safety

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equipment for employees. Applicants must be the entity paying for the project and must submit receipts for reimbursement.

- Receipts must be dated on or after June 1, 2020
- Applicants must comply with all requirements and deadlines set forth in these Guidelines and Application and respond to any questions in a timely manner.

- To the extent that the owner or tenant is supplying their own materials or labor for the project, profits and overhead are not eligible expenditures for rebate.

5. Application Process

Applications are subject to review and approval by the SSA Commission and a business shall only be awarded a Health and Sanitation rebate once, subject to funding availability. Applications must be submitted no later than Friday, July 31, 2020. In case applications exceed current funding, a lottery will be held. Depending on funding, additional rounds of applications may be created after July 31, 2020.

NOTE: The Greektown SSA Commission are aware that time is of the essence, and processing all rebate applications will remain a priority during this crucial period. Submit completed application and paid invoices/receipt of payment to Tia Angelos tia@greektownchicago.org by July 31, 2020.

Greektown SSA #16 Health & Sanitation Rebate Program Application

Business Name:

Business Location:

Street Address City State ZIP

Contact Information:

Name of Contact Person

Phone Email

Mailing address

Health and Sanitation Rebate Program Reimbursement Expenses: Please list items purchased (for total up to \$500). Copies of paid invoices/receipts must be attached to application in order to be eligible for rebate reimbursement.

1. _____ Item Purchased	Amount Paid
2. _____ Item Purchased	Amount Paid
3. _____ Item Purchased	Amount Paid
4. _____ Item Purchased	Amount Paid
5. _____ Item Purchased	Amount Paid

The Health and Sanitation Rebate Program will provide a rebate of expenses up to \$500.

Total Amount

Paid Amount Requested

Statement of Understanding

The applicant (undersigned) agrees to fully and timely comply with the guidelines and procedures of the Greektown SSA #16 Health and Sanitation Rebate Program and the outlined specifications as agreed to by the applicant and the SSA Commission. It is understood by the applicant that paid invoices or receipt of payment are required documentation, and that they have read the entire Health

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and Sanitation Program Guidelines and Application and agree to be fully bound by their terms and conditions. APPLICANT RELEASES AND AGREES TO DEFEND AND INDEMNIFY THE WEST CENTRAL ASSOCIATION (TOGETHER WITH THEIR OFFICERS, DIRECTORS, AND AGENTS), GREEKTOWN SSA #16 AND THE CITY OF CHICAGO FROM ALL CLAIMS AND CAUSES OF ACTION OF ANY KIND (KNOWN OR UNKNOWN) IN CONNECTION WITH THIS HEALTH AND SANITATION REBATE PROGRAM.

Applicant's Signature: _____ Date: _____

Applicant's Name: (Please print) _____

Applicant's Title: _____

Please submit the Health and Sanitation Rebate Program Application and copy of paid invoices/receipt of payment to Tia Angelos tia@greektownchicago.org no later than July 31, 2020

For Office Use:

Date received: _____

Approved: _____

Business Notified: _____

Check Sent: _____