



 **CHICAGO**  
 **RECOVERY PLAN**

**PRE-DEVELOPMENT  
DISBURSEMENT WEBINAR**

# AGENDA

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3:00

Welcome and Introductions

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3:05

Remaining Path to Contract

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3:15

How to Submit Disbursement Requests

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3:35

FAQs and Q&A

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3:55

Next Steps and Closing Remarks

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**CHICAGO**



**RECOVERY PLAN**

# **INTRODUCTIONS**

**Hannah Jones – DPD Director, Chicago Recovery Plan**

**Angel Griffin Harmon – ETOD Lead, DPD**

**LaShaunda Battie – ETOD Disbursements, DPD**

**Kenny Larson – ETOD Disbursements, Guidehouse**



 **CHICAGO**  
 **RECOVERY PLAN**

**REMAINING PATH TO  
CONTRACT**

# PRE-CONTRACT OVERVIEW

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Now that the City has approved contracting language, all finalists should strive to complete pre-contracting requirements as soon as possible.

## **Before receiving a contract:**

- Resolve any outstanding City debt.
- Obtain a Certificate of Insurance (COI) for all relevant policies.
- Ensure your registration on SAM.gov is active.
- Verify that your Budget is accurate.

## **Before counter-signing your contract:**

- Submit your financial paperwork to iSupplier.
- Submit your EFT, bank verification letter, certificate of good standing, and W-9 to the Pre-Contract Documents Form on Submittable.

# INSURANCE OVERVIEW

★ All pre-development finalists are required to obtain a Certificate of Insurance (COI) registered on behalf of their legal entity.

★ COIs must be obtained before receiving a contract, and you must maintain active coverage throughout the disbursement process.

★ Your policy should also list the “City of Chicago” as additionally insured. Departments, City agencies, and other entities are not satisfactory for this requirement.

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)		
				12/18/2018		
<p><b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</b></p> <p><b>IMPORTANT:</b> If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>						
<b>PRODUCER</b> XYZ Agency 321 Spring St Winston Salem NC 27105		<b>CONTACT NAME</b> _____ <b>PHONE</b> (____) _____ <b>FAX</b> (____) _____ <b>EMAIL</b> _____ <b>ADDRESS</b> _____		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Commercial Insurance Company <b>INSURER B:</b> Workers Comp Insurance Company <b>INSURER C:</b> _____ <b>INSURER D:</b> _____ <b>INSURER E:</b> _____ <b>INSURER F:</b> _____		
<b>INSURED</b> ABC Company 123 Main St King NC 27021		<b>COVERAGES</b> <b>CERTIFICATE NUMBER:</b> <b>REVISION NUMBER:</b>				
<p><b>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</b></p>						
LINE	TYPE OF INSURANCE	INSURER	POLICY NUMBER	ISSUANCE DATE	EXPIRATION DATE	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PERIOD <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	ABC	123456789	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 EXCESS TO RETRO \$ 500,000 PEREMPTORY \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP/AGG \$ _____ COVERED PROP/LEAS \$ _____ SOCIAL INJURY (per person) \$ _____ BODILY INJURY (per person) \$ _____ PROPERTY DAMAGE \$ _____ FC/BI/AD&S \$ _____
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED <input type="checkbox"/> ALLOTTED <input type="checkbox"/> NON-SCHEDULED <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> AUTO		XX 987654321	01/01/2019	01/01/2020	UMBRELLA LIAB <input type="checkbox"/> OCCUR    \$ _____ EXCESS LIAB <input type="checkbox"/> CLAIMS MADE    \$ _____ DEF. RETENTION \$ _____ E.I. EACH ACCIDENT \$ 100,000 E.I. DISEASE - EA EMPLOYEE \$ 100,000 E.I. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
<b>CERTIFICATE HOLDER</b> John Doe 456 Broad St King NC 27021			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE John Q. Agent			
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# INSURANCE OVERVIEW

All pre-development finalists are required to obtain a Certificate of Insurance (COI) registered on behalf of their legal entity.



COIs must be obtained throughout the distribution process.



Your policy should also be obtained from agencies, and other entities are not satisfactory for this requirement.



The "Insured" name must exactly match your legal entity name registered with the Illinois Secretary of State and on your W-9.

Only Certificates of Liability Insurance will be accepted.

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 12/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER XYZ Agency 321 Spring St Winston Salem NC 27105	CONTACT NAME PHONE FAX E-MAIL, EXT. ADDRESS	INSURER(S) AFFORDING COVERAGE INSURER A: Commercial Insurance Company INSURER B: Workers Comp Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
--	---	---

INSURED  
ABC Company  
123 Main St  
King  
NC 27021

CERTIFICATE NUMBER: ABC 123456789  
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	INSURER	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	ABC	ABC 123456789	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 3,000,000 MED PAY (Per Occurrence) \$ 5,000
	GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER					PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP/AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> SCHEDULED <input type="checkbox"/> UNLICENSED <input type="checkbox"/> UNOPERATED					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$ TOTAL \$
	UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIABILITY DED. RETENTIONS					\$ \$
B	WORKER COMPENSATION AND EMPLOYERS LIABILITY EMPLOYER/EMPLOYEE EXCLUDED EMPLOYEE IS: N/A DESCRIPTION OF OPERATIONS below	XX	987654321	01/01/2019	01/01/2020	AGGREGATE \$ 100,000 E.I. DISEASE - EA EMPLOYEE \$ 100,000 E.I. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS | LOCATIONS | VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER John Doe 456 Broad St King NC 27021	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE John Q. Agent
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ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD

# INSURANCE CHECKLIST

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## Certificate of Insurance Requirements:

- ❑ Document must be a Certificate of Liability Insurance.
- ❑ The “insured” party must exactly match your legal entity name.
- ❑ The “City of Chicago” should be listed as additionally insured (no City agencies/departments).
- ❑ Policy must be active and unexpired.
- ❑ Coverage should be at minimum \$500,000.

## Required Policies:

- ❑ General Commercial Liability
  - *Necessary for all finalists.*
- ❑ Workers Compensation and Employer’s Liability
  - *Necessary for all finalists with personnel costs (part- and full-time employees).*
- ❑ Automobile Liability
  - *Necessary for all finalists with travel costs.*
- ❑ Professional Liability Insurance
  - *Not required but recommended for finalists with professional and technical services costs.*
  - *General Commercial Liability is satisfactory for this requirement.*



# AMENDING BUDGETS

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- ★ All Budget Plans are considered final and complete. If your expenses or costs have changed since your Budget-Work Plan was submitted, you must request an amendment.
- ★ Because the Disbursements team refers to your Budget when determining whether a cost is eligible, all expenses must be included in your Budget to be reimbursed.
- ★ To amend your Budget, please send a signed memo on official letterhead via Submittable explaining why you need a Budget revision, which line item(s) on the Budget you will be moving money from, and which line item(s) you will be adjusting.
- ★ Budget revisions that change your project's scope of work will not be permitted.

# USING iSUPPLIER

★ iSupplier is used by the City of Chicago to manage the procurement of goods or services and process Delegate Agency or Vendor requests for reimbursements (vouchers).

★ Although iSupplier will not be used in the Disbursement process, pre-development finalists are required to submit their EFT and bank verification information to iSupplier.

★ This process allows the City to register your legal entity as an approved payee so that disbursed funds can be directly wired to your bank account.



The screenshot shows the City of Chicago's iSupplier Portal. The header includes the City of Chicago logo and the text "The City of Chicago's Official Site". Below this, it says "Procurement Services" and "iSupplier Portal". A navigation bar contains links for "Home", "Login and Registration", "Current Bids and Solicitation Opportunities", "Online Training Materials", "Delegates", and "Help". The main content area is titled "Login and Registration" and contains the following text: "Vendor Registration is required in order to engage the City's eProcurement system. Registering will give your business access to the City's new iSupplier Vendor Portal and allow you to conduct purchasing transactions electronically." It also includes instructions to avoid delay by uploading a completed IRS W-9 and a disclaimer stating that the City does not guarantee the receipt of electronic notification for all solicitations. There are "LOGIN" and "REGISTER" buttons, and a "Forgot User Name / Password" link.



Please refer to instructions on the [City's iSupplier portal](#) for how to upload documents and create an account.

# RECEIVING A CONTRACT

- ★ The City will conduct a secondary and tertiary review on all documents before issuing a contract.
- Once received, you must submit a counter-signed grant contract to the *Submission of Grant Contract (ETOD)* document on Submittable and include the vendor number (called “Supplier Number”) listed for your entity on iSupplier once you create an account.
- ★ Please note that all eligible costs included in the contract will be based on your submitted Budget documentation.

A new Submittable form will become available so you can submit your contract.



Additional Forms

<input checked="" type="checkbox"/>	<b>Submission of Grant Contract (CWB)</b> Submitted on February 29, 2024	⌵
<b>Next Steps</b>		Actions ▾
<p>Now that you have your contract, ensure that you have set up your Electronic Funds Transfer (i.e. a direct deposit payment system) with the City of Chicago (if you have not done so already). Please follow the steps below:</p>		

# RECEIVING A CONTRACT

Summary of Project Costs		
Original Total Project Cost (TPC) on grant application:	Original grant amount awarded for grant application:	
Approved grant award:		
Action Item Category	Budget Allocation (\$)	Description of Services

Your total grant award and approved line items for reimbursement will be included in the contract.

Make sure to wet sign your grant contract before uploading to Submittable (e-sign is not accepted).



## Signature page to Grant Agreement

Name of Grantee:	Contract (P.O.) Number:

Signed at Chicago, Illinois:

City Approval	Grantee Acceptance
Typed Name and Title of Approving City Official:  Commissioner, Department of Planning and Development Clere Boatright	Typed Name and Title of Authorized Grantee Official (executive director or corp. president) :
Signature of Approving City Official: 	Signature of Approving Grantee Official:
Date of Signature: 2-27-24	Date of Signature:



 **CHICAGO**  
 **RECOVERY PLAN**

**HOW TO SUBMIT  
DISBURSEMENT REQUESTS**

# DISBURSEMENT TIMELINE

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PHASE 1:

FORM OPENS

*1<sup>st</sup> of each month*



PHASE 2:

SUBMISSION

*Two-week window*



PHASE 3:

FORM CLOSES

*15<sup>th</sup> of each month*

- ★ Once you have submitted a countersigned contract, you will then proceed to the Disbursement phase.
- ★ Between the 1<sup>st</sup> to 15<sup>th</sup> of every month, finalists may request a reimbursement during the open disbursement period.
- ★ You are not required to submit a request each month, but **you must wait until the following month if you miss this window.**

# DOCUMENT CHECKLIST

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## Invoice Document:

- Costs must be itemized and clearly identified in the budget of your grant contract.
- Dollar amounts must match or equal the amount requested in your Submittable table.
- Vendor name should be the same as listed in your project budget.
- Document should include your project site address (if applicable) and the legal entity name listed in your contract.

## Receipt Document:

- Must match items that were invoiced.
- Should be provided by the vendor indicating payment was accepted.
- Should reference the invoice and/or activities paid.
- Date of receipt should be included.

## Proof of Payment Document:

- Account should be in grantee's name.
- Should include payee name, date, and total amount paid
- Payment method -- such as cancelled checks, bank statements, or Zelle payments -- with transactions highlighted (cash not acceptable)

*Note: the proof of payment is different from the receipt*

## Additional Documents:

- May be required depending on type of expense.

# DOCUMENT CHECKLIST

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## Invoice Document:

- Costs must be itemized and clearly identified in the budget of your grant contract.
- Dollar amounts must match or equal the amount requested in your Submittable table.
- Vendor name should be the same as listed in your project budget.
- Document should include your project site address (if applicable) and the legal entity name listed in your contract.

## Receipt Document:

- Must match items that were invoiced.
- Should be provided by the vendor indicating payment was accepted.
- Should reference the invoice and/or activities paid.
- Date of receipt should be included.

## Proof of Payment Document:

Timesheets are acceptable for personnel, stipend, and certain administrative costs.

Bills are acceptable for earnest money, closing costs, materials & supplies, equipment, travel, and licensing fees.

For personnel costs, please ensure your invoice separates salary (eligible) from fringe benefits (ineligible).



# DOCUMENT CHECKLIST

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## Invoice Document:

- Costs must be itemized and clearly identified in the budget of your grant contract.
- Dollar amounts must match or equal the amount requested in your Submittable table.
- Vendor name should be the same as listed in your project budget.
- Document should include your project site address (if applicable) and the legal entity name listed in your contract.

## Receipt Document:

- Must match items that were invoiced.
- Should be provided by the vendor indicating payment was accepted.
- Should reference the invoice and/or activities paid.
- Date of receipt should be included.

## Proof of Payment Document:

- Account should be in grantee's name.
- Should include payee name, date, and total amount paid

Ensure receipt figure matches invoice and proof of payment figures.

*Note: Discrepancies in figures between invoice, proof of payment, and receipts will have to be addressed before any reimbursement can be approved.*

checks, bank  
transactions

from the receipt

expense.

# DOCUMENT CHECKLIST

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## Invoice Document:

- Costs must be itemized and included in the budget of your grant. **Ensure all payments are made from your business account.**
- Dollar amounts must match or equal the amount requested in your grant.
- Vendor name must be included in the project budget.
- Document should include (if applicable) any contract.

**Ensure proof of payment figure matches invoice and receipt figures.**

## Receipt Document:

- Must match invoice.
- Should be provided if payment was accepted.
- Should reference the invoice and/or activities paid.
- Date of receipt should be included.

**Ensure grantee is easily identifiable in proof of payment.**

## Proof of Payment Document:

- Account should be in grantee's name.
- Should include payee name, date, and total amount paid
- Payment method -- such as cancelled checks, bank statements, or Zelle payments -- with transactions highlighted (cash not acceptable)

*Note: the proof of payment is different from the receipt*

## Additional Documents:

**Ensure that the payment method is easily identifiable, such as a check or a Zelle payment. Cash transactions are NOT acceptable.**

# DOCUMENT CHECKLIST

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## Invoice Document:

- Costs must be itemized and clearly identified in the budget of your grant contract.
- Dollar amounts must match or equal the amount requested in your Submittable table.
- Vendor name should be the same as listed in your project budget.
- Document should include your project site address (if applicable) and the legal entity name listed in your contract.

## Receipt Document:

- Must match invoice
- Should be provided if the expense was accepted.
- Should reference the invoice and/or activities paid.
- Date of receipt should be included.

Please refer to Submittable to determine if extra documentation is required depending on your expense.

## Proof of Payment Document:

- Account should be in grantee's name.
- Should include payee name, date, and total amount paid
- Payment method -- such as cancelled checks, bank statements, or Zelle payments -- with transactions highlighted (cash not acceptable)

*Note: the proof of payment is different from the receipt*

## Additional Documents:

- May be required depending on type of expense.

# ADDITIONAL DOCUMENTS

Expense Type	Additional Document	Specific Requirements (if applicable)
Personnel	Signed Timesheet	<ul style="list-style-type: none"><li>• Signed by supervisor and employee (unless from payroll generated system).</li><li>• Shows date, hours worked, clock-in and clock-out time, and specific tasks accomplished.</li></ul>
Community Stipends	Contract, MOU, or Agreement with Member/Volunteer	<ul style="list-style-type: none"><li>• Shows name, hourly pay, scope of work, total hours, start/end date of contract, and signature.</li></ul>
Closing Costs	Closing Contract, Agreement of Sale, or Deed	
Earnest Money	Closing Contract, Agreement of Sale, or Deed	
Professional or Technical Services	Contract with Consultant	<ul style="list-style-type: none"><li>• Identifies legal entity awarded, scope of work, and dollar amount.</li></ul>
Community Engagement	Survey or Research Results	

# SUBMITTING A DISBURSEMENT

*Forms and Disbursement documentation should be completed in Submittable:*



## Pre-Dev Disbursement Request

Date you anticipate completing your approved pre-development project

Note: information will be used to schedule a final site visit and/or a final check-in. A tentative date is acceptable.

What is the total grant award for this project as stipulated in the grant contract?

\$  USD

What type of expenses are included in this disbursement request?

- Personnel (Project Manager, Community Organizer/Interns/Director)
- Architect or Design Costs
- Community Stipends
- Closing Costs
- Earnest Money
- Fiscal Sponsor
- Equipment/Materials/Supplies



Please provide the following expense details included in this grant disbursement request:

	A	B	C	D	E	F	G
1		Vendor/Employee Name	Invoice Date	Invoice/Payroll Amount	Payment Method	Payment Date	Invoice Paid by (Name on the Check/Bank Account)
2	1						
3	2						
4	3						
5	4						
6	5						
7	6						
8	7						
9	8						

Please upload the following documents for each of the expenses identified in the table above:

Each Disbursement request will be available as a form on Submittable.

Please ensure that each cost you are requesting for reimbursement is listed on the table.

# SUBMITTING A DISBURSEMENT

Forms and Disbursement documentation should be completed in Submittable:



Please upload the following documents for each of the expenses identified in the table above:

Invoice(s):

Choose File

Select up to 15 files to attach. No files have been attached yet. You may add 15 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

This is the invoice **provided by the service provider/vendor** upon completion of project or pre-determined project milestone (see service contract). Invoice(s) should detail the following:

- Name and business address of the Company providing the services
- Name of the Client (should be the CWB/ETOD grantee)
- Project address (if applicable)
- Itemized list of completed services/deliverables along with fee(s) for each task or deliverable
- Completion date and payment due date
- Payments-to-date and outstanding balance
- Payment instructions (optional)

Proof of payment:

Choose File



- Earnest Money
- Fiscal Sponsor
- Equipment/Materials/Supplies
- Licensing Fees
- Environmental Expenses
- Professional/Technical Services (attorney/financial advisor/facilitator)
- Community Engagement/Workshop/Education
- Travel

Upload copy of closing contract or sale of agreement / deed

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Requirements for each of the requested documents will be included on the form.

If additional documents are required, Submittable will also prompt you to upload them.

# EXAMPLE DOCUMENTS



## CONSTRUCTION INVOICE

### Bill From

Name: **Construction**  
 Company Name: Construction  
 Street Address: 123 S. Braverman Dr.  
 Chicago IL, 60623

### Bill To:

Name: **John Testerson**  
 Company Name: Test Company  
 Street Address: 123 S. Courage Ln.  
 Chicago IL, 60612

Invoice No. 123

Invoice Date: 12/15/22

Due Date: 01/15/23

Description / Job Phase	Quantity / Hours	Price (\$)	Total (\$)
Test Company: Construction Supplies	Flooring Tiles 1234	\$10	\$12,345
Test Company: Construction Labor	113	\$50	\$5,678

# PAID

Subtotal	\$18,023
Sales Tax	Inc
Other	N/A
<b>Total</b>	<b>\$18,023</b>

### Terms and Conditions

Thank you for your business. Please send payment within 30 days of receiving this invoice. There will be a 3 % per month on late invoices.

## CHASE for BUSINESS\*

Printed from Chase for Business

Date sent	Status	Recipient	Type	Amount
Feb 17, 2022	Completed	2PointPerspective *first 5k deposit for architecture fees*	In moments	\$5,000.00
<input checked="" type="checkbox"/> We sent money from BUS COMPLETE CHK (...0290).				
Email address		lisa@2pointperspective.com		
Transaction number		13690067743		

## BANK

John Testerson  
 Test Company  
 123 S. Courage Ln  
 Chicago, IL, 60612

### STATEMENT OF ACCOUNT

### TRANSACTION

DATE	DESCRIPTION	AMOUNT
1/12/23	Purple Chair Suppliers Ltd	\$1,123
1/14/23	Blue Fixtures Ince	\$1,234
1/15/23	Construction Supplies	\$12,345
1/15/23	Construction Labor	\$5,678

# RECEIVING YOUR FUNDS

- ★ Once you submit your request, Guidehouse will conduct an initial review and then send your documentation to the DPD disbursements team for secondary and tertiary reviews.
- ★ If any revisions are required, we will re-open your form and send a message via Submittable.
- ★ After all reviews are complete, DPD will send your payment request to the Department of Finance for processing.

Grantee:							
Project Location (if applicable):							
Awarded Grant Amount: \$		-					
Previously disbursed funds: \$		-					
Remaining Grant Amount: \$		-					
Information provided by Vendor (Contractor)							
				Does the invoice identify the customer name?		Does the invoice itemize the expenses?	
				Yes/No		Yes/No	
Vendor Name	Invoice Number	Invoice Date	Invoice Amount	Yes/No	Yes/No	Payment Amount	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
Total			\$	-		\$	-



# RECEIVING YOUR FUNDS

- ★ Once you submit your request, Guidehouse will conduct an initial review and then send your documentation to the DPD disbursements team for secondary and tertiary reviews.
- ★ If any revisions are required, we will re-open your form and send a message via Submittable.
- ★ After all reviews are complete, DPD will send your payment request to the Department of Finance for processing.

Generally speaking, each review stage will take approximately 3 business days to complete.

You may submit another request before receiving the funds from the preceding month, but your following request will not be processed until you are paid.

	Does the invoice itemize the expenses? Yes/No	Payment Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
Total	\$ -	\$ -

# RECEIVING YOUR FUNDS

Once you submit your request, Guidehouse will conduct an initial review and then send your documentation to the DPD disbursements team for secondary and tertiary reviews.



If any revisions are required, we will re-open your form and send a message via Submittable.



After all reviews are complete, DPD will send your payment request to the Department of Finance for processing.



Grantee:					
Project Location (if applicable):					
Awarded Grant Amount: \$		-			
Previously disbursed funds: \$		-			
Remaining Grant Amount: \$		-			
Information provided by Vendor (Contractor)					
				Does the invoice itemize the expenses? Yes/No	Payment Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
Total		\$	-	\$	-

Please ensure you complete your revisions as quickly as possible to ensure a prompt payment.

# RECEIVING YOUR FUNDS

- ★ Once you submit your request, Guidehouse will conduct an initial review and then send your documentation to the DPD disbursements team for secondary and tertiary reviews.
- ★ If any revisions are required, we will re-open your form and send a message via Submittable.
- ★ After all reviews are complete, DPD will send your payment request to the Department of Finance for processing.

Grantee:							
Project Location (if applicable):							
Awarded Grant Amount: \$ -							
Previously disbursed funds: \$ -							
Remaining Grant Amount: \$ -							
Information provided by Vendor (Contractor)							
Does the invoice identify the customer name? Does the invoice itemize the expenses?							
Vendor Name	Invoice Number	Invoice Date	Invoice Amount	Yes/No	Yes/No	Payment Amount	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
						\$	-

Once your payment is sent to Finance, our team has limited control over your disbursement.

# ADDITIONAL REQUIREMENTS

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- ★ Once you receive 50% of your total grant award, you will be required to join a virtual, midpoint check-in call to discuss your project's progress.
- ★ There are no limits to what percentage of your total grant award you can receive in each request, but you must get explicit approval to receive 100% of your total grant award on your first request.
- ★ Your Budget serves as the source of truth for all disbursement requests. You cannot be reimbursed for costs beyond what is explicitly listed in your Budget.



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**FAQs**

# DISBURSEMENT FAQs

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**Q.** How long will it take to receive my grant funds?

**A.** Once the Department of Finance receives your payment, it generally takes about 10-14 business days for them to process your request. Additionally, your bank may require 1-2 business days to move wired funds into your account.

**Q.** What happens if I miss this month's disbursement window?

**A.** Although we only accept disbursement requests between the 1<sup>st</sup> to 15<sup>th</sup> of each month, you can submit any costs you would have submitted during the following month's open disbursement period.

# DISBURSEMENT FAQs

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**Q.** How long ago can my payments be from?

**A.** The oldest payment you can submit for reimbursement is six months prior to your announcement date. Please note that these expenses still must be included in your contract's Budget section.

**Q.** What if I need to amend my Budget after signing a contract?

**A.** When you counter-sign your grant contract, you attest that all documentation provided is finalized and accurate. As such, Budget revisions at this stage require a full contract amendment. Amendments will need to be handled on a case-by-case basis and can cause significant delays for your project.

# DISBURSEMENT FAQs

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**Q.** **If I need my funds quickly, can the City expedite my disbursement?**

**A.** Our team is not able to expedite any disbursement requests once they are sent to the Department of Finance. The best way to ensure your funds are processed quickly is following the instructions on the document checklist and ensuring no further edits are required.

**Q.** **Can I receive my funds in a personal or separate bank account?**

**A.** No, this is not allowed. All reimbursements must be sent to an account registered to the legal entity receiving the grant award.



# DISBURSEMENT FAQs

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**Q.** **Should I submit another request before receiving funds from the last one?**

**A.** Our team recommends that you wait to submit your next disbursement request until you receive funds from your previous request. If you choose to submit another request, it will not be processed until your oldest disbursement is paid out.

**Q.** **How should I prepare for the midpoint check-in?**

**A.** Finalists should be prepared to go through their submitted Budget-Work Plan and discuss how the progress they have made so far contributes to the successful conclusion of their project. Finalists should also be prepared to discuss the next phase of their project.



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**QUESTIONS?**



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**NEXT STEPS**

# NEXT STEPS

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- ❑ Finish all outstanding Pre-Contract requirements.
- ❑ Upload all financial documentation to iSupplier.
- ❑ Begin gathering disbursement paperwork and planning when you will submit your requests.
- ❑ Visit the Chicago Recovery Plan website to access the recording of this presentation.
- ❑ Reach out to the Guidehouse team via Submittable with any questions.



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**THANK YOU!**