

Application for the COVID-19 Relief Grant Program

Member Information

Member Institution: _____ Member Number: _____
 Contact Name: _____ Contact Email: _____
 Contact Phone Number: _____ **Amount Requested:** _____

Total Grant Amount Cannot Exceed \$20,000 per Member

Beneficiary Information

Organization	Address Full Address, City, State, Zip	Organization Type	Small Business/Nonprofit Type (Choose number from list below)	Minority or Women's Business Enterprise*	Grant Amount
		<input type="radio"/> Small Business <input type="radio"/> Nonprofit Organization		<input type="radio"/> MBE <input type="radio"/> N/A <input type="radio"/> WBE	
		<input type="radio"/> Small Business <input type="radio"/> Nonprofit Organization		<input type="radio"/> MBE <input type="radio"/> N/A <input type="radio"/> WBE	
		<input type="radio"/> Small Business <input type="radio"/> Nonprofit Organization		<input type="radio"/> MBE <input type="radio"/> N/A <input type="radio"/> WBE	
		<input type="radio"/> Small Business <input type="radio"/> Nonprofit Organization		<input type="radio"/> MBE <input type="radio"/> N/A <input type="radio"/> WBE	
		<input type="radio"/> Small Business <input type="radio"/> Nonprofit Organization		<input type="radio"/> MBE <input type="radio"/> N/A <input type="radio"/> WBE	
Total (Cannot Exceed \$20,000)					

If supporting more than five entities, please provide beneficiary information on a separate spreadsheet.

Small Business/Nonprofit Type

- | | | | |
|------------------------|--------------------|----------------------|--------------------|
| 1 Agricultural | 6 Education | 11 Infrastructure | 16 Social Services |
| 2 Commercial Office | 7 Health Care | 12 Light Industrial | 17 Other: _____ |
| 3 Commercial Retail | 8 Heavy Industrial | 13 Manufacturing | |
| 4 Commercial Wholesale | 9 Hotel | 14 Public Facilities | |
| 5 Day Care | 10 Housing | 15 Recreation | |

The request for grant funds will be processed on a first-come, first-served basis. Requests submitted and processed 8:00 a.m. CST Monday through 3:00 p.m. CST Thursday will be scheduled to fund that Friday. **The Federal Home Loan Bank of Chicago (FHLBank Chicago) reserves the right to delay funding to the subsequent week or weeks depending on member demand.**

Authorization Acknowledgement

- (1) All information provided above is accurate, and necessary steps were taken to ensure its accuracy; and
- (2) Beneficiaries meet the eligibility requirements of the FHLBank Chicago's COVID-19 Relief Grant Program; and
- (3) Funds will be used in accordance with program guidelines; and
- (4) Member institution will report back to the FHLBank Chicago on beneficiaries if not provided in the application.

As a duly authorized officer of the Federal Home Loan Bank of Chicago Member noted above, I accept the terms of this application.

Name: _____ (Typed)

Title: _____

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*A business can be classified as a Minority or Women's Business Enterprise (MBE or WBE) if 51% of its ownership is of minority ethnicity or female, respectively.