



## **COUNTY OF KENDALL, ILLILNOIS**

**SCOTT R. GRYDER  
COUNTY BOARD CHAIRMAN  
LIQUOR CONTROL COMMISSIONER  
COUNTY BOARD MEMBER • 2nd DISTRICT**

**KENDALL COUNTY OFFICE BUILDING  
111 WEST FOX STREET, SUITE 316  
YORKVILLE, ILLINOIS 60560**

June 5, 2020

Director's Office  
Illinois Department of Commerce and Economic Opportunity  
500 East Monroe  
Springfield, Illinois 62701

Dear Director:

Kendall County is submitting an application for an Economic Development Downstate Small Business Stabilization grant under the Community Development Block Grant (CDBG) Program. The grant request is in the amount of \$25,000 to be used to provide working capital needs for Blackberry Golf, Inc. Blackberry Golf, Inc has been a part of the Kendall County community since before 1995 and normally employs five individuals. Blackberry Golf, Inc. has been negatively impacted by the COVID-19 emergency and requires urgent assistance. We appreciate your consideration.

Regards,

Scott R. Gryder  
Kendall County Board Chair



**Illinois  
Department of Commerce  
& Economic Opportunity**

**Uniform Application for State Grant Assistance**

**Agency Completed Section**

1. Type of Submission ☐ Pre-Application  
☒ Application  
☐ Changed / Corrected Application
2. Type of Application ☒ New  
☐ Continuation (i.e. multiple year grant)  
☐ Revision (modification to initial application)

3. Date/Time Received By State (Completed by State Agency upon Receipt of Application)

4. Name of Awarding State Agency

Department of Commerce and Economic Opportunity

5. Catalog of State Financial Assistance (CSFA) Number

420-75-2398

6. CSFA Title

Downstate Small Business Stabilization Program

Catalog of Federal Domestic Assistance (CFDA)

☐ Not Applicable (No federal funding)

7. CFDA Number

14.228

8. CFDA Title

Community Development Block Grants/States

9. CFDA Number

N/A

10. CFDA Title

N/A

Additional CFDA  
Number, if required

N/A

Additional CFDA  
Title, if required

N/A

**Funding Opportunity Information**

11. Funding Opportunity Number

2380-1381

12. Funding Opportunity Title

Downstate Small Business Stabilization Program

Competition Identification ☒ Not Applicable

13. Competition Identification Number N/A

14. Competition Identification Title N/A

**Applicant Completed Section**

**Applicant Information**

15. Legal Name (Name used for DUNS registration and grantee pre-qualification) County of Kendall

16. Common Name (DBA)

17. Employer/Taxpayer Identification number (EIN, TIN) 36-6006598

18. Organizational DUNS Number 361779440

19. SAM Cage Code 5D9D9

20. Business Address  
(Address 1)  
(Address 2)  
(City), (State), (zip - 4)  
111 W Fox St  
Yorkville, IL 60560

**Applicant's Organizational Unit**

21. Department Name Kendall County Administrative Services

22. Division Name

Applicant's Name and Contact Information for Person to be Contacted for **Program** Matters Involving this Application.

23. First Name Latreese

24. Last Name Caldwell

25. Suffix

26. Title Deputy County Administrator

27. Organizational Affiliation

28. Telephone Number 630-553-4171

29. Fax Number 630-553-4214

30. E-mail Address lcaldwell@co.kendall.il.us

Applicant's Name and Contact Information for Person to be Contacted for **Business/Administrative Office** Matters Involving the Application.

31. First Name Scott

32. Last Name **Koeppel**

33. Suffix

34. Title **County Administrator**

35. Organizational Affiliation

36. Telephone Number **630-553-4142**

37. Fax Number **630-553-4214**

38. E-mail Address **skoeppe@co.kendall.il.us**

#### Areas Affected

39. Areas Affected by the Project (cities, counties, state-wide, add attachments e.g. maps)

**County of Kendall, IL**

40. Legislative and Congressional District of Applicant

**US Congressional District #14; Illinois Senate District #25; Illinois Representative District #50**

41. Legislative and Congressional Districts or Program Project

**US Congressional District #14; Illinois Senate District #25; Illinois Representative District #50**

#### Applicant's Project

42. Description Title of Applicant's Project

The grant request is in the amount of \$25,000 to be used to provide working capital needs for Blackberry Golf, Inc. Blackberry Golf, Inc has been a part of the Kendall County community for over 25 years and normally employs 5 people. Due to the COVID-19 crisis, they were closed for a period of time and are now operating at reduced capacity.

43. Proposed Project Term

Start Date **6/5/2020**

End Date **6/5/2021**

44. Estimated Funding (Include all that apply)

☒ Amount Requested from the State

**\$25,000.00**

☐ Applicant Contribution (e.g., in kind, matching)

☐ Local Contribution

☐ Other Source of Contribution

☐ Program Income

Total Amount **\$25,000.00**



**Applicant Certification:**

By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

(\*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.

☐ I Agree

**Authorized Representative**

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative



53. Date Signed

\_\_\_\_\_

**CDBG APPLICANT PROJECT INFORMATION**  
**ECONOMIC DEVELOPMENT COMPONENT**

**I. PRE-APPLICATION REQUIREMENTS**

06/28/2016      DATE APPLICANT COMPLETED REGISTRATION ON GATA PORTAL (www.grants.illinois.gov)

04/14/2020      DATE APPLICANT COMPLETED GATA'S "INTERNAL CONTROL QUESTIONNAIRE" (ICQ)  
Does not need to be completed at time of application but must be prior to grant award.

**Council Resolution Information**

Council Resolution Support Date (MM/YY/DD):	
Resolution Number:	

**II. Amount of Funding Request: \$ 25,000**

☒ **FINANCING GAP** - For Economic Development Grants, this argument will demonstrate that a business can raise only a portion of the financing necessary to stay in business. Documentation must be provided within the application which supports the argument. Written evidence to include the business's most recent bank statement, completion of the Net Income Verification, Monthly Budget and Employee Status Documentation. The Department will consider other forms of documentation to demonstrate the lack of permanent working capital in support of operating expenses. Such evidence may include shutoff utility notices, delinquent bills, etc.

**III. APPLICATION WRITER**

First Name	Scott		
Last Name	Kendall		
Title	County Administrator		
Agency Name	Kendall County, IL		
Agency Type	Local Government		
Mailing Address	111 W Fox St Yorkville, IL		
Telephone	630-553-4171	Telephone	630-553-4171
Federal Employer Identification Number	36-6006598		

**IV. BENEFITING BUSINESS INFORMATION****Name of Business this application is in support of:**Supported Business Name: BLACKBERRY GOLF, INC.

Is Business operating under an Assumed Name? (see 805 ILCS 405)

☐

Yes, registered in \_\_\_\_\_ County

☒

No

Supported Business Address 1: 2245 KENNEDY RD.

Supported Business Address 2: \_\_\_\_\_

Supported Business City: BRISTOLSupported Business State: ILLINOISSupported Business Zip: 99999-9999: 60512Supported Business Phone Number 630-553-7170Supported Business E-Mail Address: gconner@blackberryoaks.comSupported Business FEIN or ITIN: [REDACTED]

Supported Business DUNS (if not available, insert N./A): \_\_\_\_\_

Supported Business SIC: <https://www.naics.com/sic-codes-industry-drilldown/> \_\_\_\_\_**Supported Business Authorized Signatory Contact:***Signatory must sign Participation Agreement and Business Certification Form*Last Name: BLOCKERFirst Name: GARYTitle: PRESIDENTDaytime Phone: 630-553-7170Home Phone: 630-408-0497E-Mail: gconner@blackberryoaks.comHas this business received federal or state funding (loans, grants or other assistance) related to the COVID19 emergency? ☐ No ☒ Yes If yes, provide the name/type of assistance and amount:Funding Program Name: PAYCHECK PROTECTION PROGRAM Amount Received: \$ 99,692.87

Funding Program Name: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

BANKRUPTCY: Has the firm, officers or principals of the firm ever been involved in bankruptcy or insolvency procedures? ☒ No ☐ Yes If yes, provide details:

PENDING LAWSUITS: Is the business or any officers or principals of the business involved in any lawsuits?

☒

No

☐

Yes

If yes, provide details

STATE OF ILLINOIS		UNIFORM GRANT BUDGET TEMPLATE		Commerce & Economic Opportunity	
Organization Name:	County of Kendall	DUNS#	361779440	NOFO #	2398-1381
CSFA Number:	420-75-2398	CSFA Description:	Downstate Small Business Stabilization	Fiscal Year:	2020
SECTION A -- STATE OF ILLINOIS FUNDS					
Revenues				Grant #	
(a). State of Illinois Grant Amount Requested				TOTAL REVENUE	
				\$	25,000.00
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories		OMB Uniform Guidance Federal Awards Reference 2 CFR 200		TOTAL EXPENDITURES	
15. <u>Working Capital</u>				\$	25,000.00
18. Total Costs State Grant Funds				\$	25,000.00

Organization Name:

County of Kendall

NOFO #

2398-1381

## SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) ☐

Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

**NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)**

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

2a) ☐

Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

**NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)**

2b) ☐

Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

**NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)**

3) ☐

Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

**NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)**

4) ☐

For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5)) Or,  
Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is \_\_\_\_\_ %

5) ☒

No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information  
if Option (1) or (2a) is selected

Period Covered by the NICRA: From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/dd/yyyy)

Approving Federal/State agency (please specify): \_\_\_\_\_





The Indirect Cost Rate is: \_\_\_\_\_ 0 %

The Distribution Base is: \_\_\_\_\_

<b>CERTIFICATION</b>		<b>STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE</b>		<b>AGENCY: Commerce &amp; Economic Opportunity</b>
<b>Organization Name: County of Kendall</b>		<b>CSFA Description: Downstate Small Business Stabilization</b>		<b>NOFO # 2398-1381</b>
<b>CSFA #: 420-75-2398</b>		<b>DUNS # 361779440</b>		<b>Fiscal Year(s): 2020</b>

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

<b>County of Kendall</b>	<b>County of Kendall</b>
<b>Institution/Organization</b>	<b>Institution/Organization</b>
	
<b>Signature</b>	<b>Signature</b>
<b>Latrese Caldwell</b>	<b>Scott R. Gryder</b>
<b>Name of Official</b>	<b>Name of Official</b>
<b>Deputy Chief Administrator</b>	<b>Board Chairman</b>
<b>Title</b>	<b>Title</b>
<b>Chief Financial Officer (or equivalent)</b>	<b>Executive Director (or equivalent)</b>
	
<b>Date of Execution</b>	<b>Date of Execution</b>

**Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.**

# Section C - Budget Worksheet & Narrative

County of Kendall

15). Working Capital: Costs directly related to the service or activities of the business.

Description	Quantity	Basis	Cost	Length of time	Capital Cost
Personnel (Salaries and Wages)	5	Hourly	\$ 33.56	149	\$ 25,000.00
Fringe Benefits					\$ -
Occupancy (Rent/Mortgage Payments)					\$ -
Utilities (Electrical, Gas, Water, Sewer)					\$ -
Telecommunications & Internet					\$ -
Inventory/Goods Necessary to do Business					\$ -
Supplies (office-related)					\$ -
Contractual Services (pest control, cleaning, etc.)					\$ -
Other (specify):					\$ -
Other (specify):					\$ -
State Total					\$ 25,000.00

Total State-Funded Working Capital \$ 25,000.00

Working Capital Narrative (State):

Salary for employees

Section C - Budget Worksheet & Narrative

County of Kendall

Budget Narrative Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

Budget Category	State	Total
15. Working Capital	\$ 25,000.00	\$ 25,000.00
State Request	\$ 25,000.00	
Non-State Amount		
TOTAL PROJECT COSTS	\$	25,000.00



<b>Agency Approval</b>	<b>STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE</b>	<b>AGENCY: Commerce &amp; Economic Opportunity</b>
<b>Organization Name: County of Kendall</b>	<b>CSFA Description: Downstate Small Business Stabilization</b>	<b>NOFO # 2398-1381</b>
<b>CSFA # 420-75-2398</b>	<b>DUNS #361779440</b>	<b>Fiscal Year: 2020</b>
<b>Grant Number</b>	<b>0</b>	

Final Budget Amount Approved

\$25,000.00

Program Approval Signature

Date

Fiscal & Administrative Approval Signature

Date

Budget Revision Approved

Program Approval Signature

Date

Fiscal & Administrative Approval Signature

Date

~~\$200,308~~ Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent of \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

## *Insert Project Summary here*

Provide a summary of the business' present situation. This should include a brief description of the Business, e.g., type of firm, its product or service, and how long they have been in business. Describe how the CDBG funds will be used and reasons why they are needed in order for the Business to be in a position to retain jobs. Specific needs need to be identified. Explain what circumstances make this project necessary, in maintaining adequate permanent working capital to sustain operating needs.

We are a golf course that has been in business for over 25 years. We were not allowed to have golfers from the middle of March until May 1st and now are only allowed to operate at less than half our capacity. We are not allowed to rent out golf carts and can only let two-somes out every 15 minutes. This has greatly impacted our revenue. We need the funds to continue operations - including paying employees and utilities.

## NET INCOME VERIFICATION

The business must identify their net income for the last three fiscal years beginning January 1, 2017 and ending December 31, 2019. Net income can be obtained from the Profit and Loss statement, generally the last item on that statement. If the Profit and Loss statements cannot be found, net income can be derived from total sales minus total expenses. In addition, cash balances must be provided. This will be either the first line item on the balance sheet or bank statements as of the last day of each fiscal year. Three years of ending cash balances must be provided for each fiscal year.

<b>Fiscal Year Ending:</b>	<b>Net Income</b>	<b>Net Income derived from Profit/Loss Statement? (Yes/No)</b>	<b>Net Income calculated from total sales – total expenses? (Yes/No)</b>	<b>Cash Balance</b>
December 31, 2017	(\$217,193.97)	Yes	Yes	\$184,719.43
December 31, 2018	(\$155,201.46)	Yes	Yes	\$43,242.25
December 31, 2019	(\$174,290.10)	Yes	Yes	\$15,094.18
<b>Current:</b>				\$92,591.46

## JANUARY, 2020 MONTHLY BUDGET

Provide the appropriate information below reflecting your business's monthly budget for January, 2020.

<b>Budget Item</b>	<b>Total Monthly Expenditures</b>	<b>Monthly Net Income Computation</b>
<b>Total Income</b>		\$101,802.60
Personnel (Salary & Wages)	(\$31,602.31)	
Fringe Benefits	\$0	
Equipment	(\$7,379.13)	
Inventory	(\$2,174.29)	
Supplies	(\$1,813.30)	
Occupancy (Rent & Utilities)	(\$2,593.69)	
Telecommunications	(\$1,798.87)	
Other (Specify) Snow & Garbage Removal	(\$1,284.44)	
Other (Specify) Insurance	(\$1,750.81)	
Other (Specify)		
<b>Total of All Expenditures</b>		(\$50,396.84)
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>		<b>\$51,405.76</b>





ALLIED FIRST  
BANK  
3201 Orchard Road  
Oswego, IL 60543

## Statement Ending 04/30/2020

Blackberry Golf Inc

Page 1 of 4

Customer Number [REDACTED]

### RETURN SERVICE REQUESTED

>000909 7593388 0001 092606 10Z

BLACKBERRY GOLF INC  
2245 KENNEDY RD  
BRISTOL IL 60512-9790

### Managing Your Accounts



630-554-8899  
800-272-3286



Mailing Address 3201 Orchard Road  
Oswego, IL 60543



Branch Name Allied First Bank



Online Access WWW.ALLIEDFIRST.COM



### Summary of Accounts

Account Type	Account Number	Ending Balance
Small Business	[REDACTED]	\$11,302.38

### Small Business

### business checking

#### Account Summary

Date	Description	Amount	Description	Amount
04/01/2020	Beginning Balance	\$15,832.06	Minimum Balance	\$0.00
	10 Credit(s) This Period	\$43,931.79		
	57 Debit(s) This Period	\$48,461.47		
04/30/2020	Ending Balance	\$11,302.38		

#### Account Activity

Post Date	Description	Debits	Credits	Balance
04/01/2020	Beginning Balance			\$15,832.06
04/01/2020	Eff. 03-31 Check 46875	\$1,569.55 ✓		\$14,262.51
04/01/2020	Eff. 03-31 Check 46859	\$1,569.56 ✓		\$12,692.95
04/01/2020	Eff. 03-31 Check 46879	\$1,625.72 ✓		\$11,067.23
04/02/2020	Eff. 04-01 Check 46862	\$346.76 ✓		\$10,720.47
04/02/2020	External Withdrawal MERCHANT SERVICE MERCHANT ACTIVITY - MERCH FEE 394750533078	\$32.07 ✓		\$10,688.40
04/02/2020	External Withdrawal MERCHANT SERVICE MERCHANT ACTIVITY - MERCH FEE 394750508171	\$524.53 ✓		\$10,163.87
04/03/2020	Eff. 04-02 Check 46856	\$200.00 ✓		\$9,963.87
04/03/2020	Eff. 04-02 Check 46881	\$709.07 ✓		\$9,254.80
04/06/2020	Deposit Internet Transfer from 10000171982 SAV		\$19,000.00 ✓	\$28,254.80
04/06/2020	Eff. 04-03 Check 46872	\$142.03 ✓		\$28,112.77
04/06/2020	External Withdrawal MERCHANT SERVICE MERCHANT ACTIVITY - MERCH DEP 394750508171	\$60.00 ✓		\$28,052.77
04/06/2020	External Withdrawal CHASE CREDIT CRD - EPAY	\$424.93 ✓		\$27,627.84
04/06/2020	External Withdrawal IRS - USATAXPYMT 270049731222102	\$1,792.78 ✓		\$25,835.06
04/07/2020	Eff. 04-06 Check 46874	\$440.00 ✓		\$25,395.06
04/07/2020	External Withdrawal PING - 6026875372 822338559017	\$104.27 ✓		\$25,290.79
04/07/2020	External Withdrawal Nicor Gas - NICPayment	\$713.63 ✓		\$24,577.16
04/08/2020	Over Counter Check 46887	\$632.47 ✓		\$23,944.69
04/08/2020	Over Counter Check 46882	\$632.48 ✓		\$23,312.21
04/08/2020	Eff. 04-07 Check 46873	\$34.40 ✓		\$23,277.81
04/08/2020	Eff. 04-07 Check 46884	\$1,625.70 ✓		\$21,652.11
04/08/2020	External Withdrawal IL DEPT OF REVEN EDI - EDI PYMNTS	\$334.45 ✓		\$21,317.66



2000/1000 575200 692100 99E345Z L0400



**In Case of Errors or Questions About Your Electronic Transfers**

Telephone us at 800-272-3286 or 630-554-8899

Write us at Allied First Bank, 3201 Orchard Road Oswego, Illinois 60543

As soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number (if any).
- (2) Describe the error on the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days (5 business days for Visa Debit Card point-of-sale transactions processed by Visa and 20 business days if the transfer involved a new account) after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days if the transfer involved a new account, a point-of-sale transaction or a foreign-initiated transfer to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days for Visa Debit Card point-of-sales transactions processed by Visa and 20 business days of the transfer involved a new account) for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account is opened.

For errors involving new accounts, point of sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts we may take up to 20 business days to credit your account for the amount you think is in error.

**What to Do If You Think You Find a Mistake on Your Statement**

If you think there is an error on your statement, write to us at the address listed on the front of this statement. In your letter give us the following information:

1. Account Information: Your name and account number.
2. Dollar amount: The dollar amount of the suspected error.
3. Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

1. We cannot try to collect the amount in question or report you as delinquent on that amount.
2. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
3. While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
4. We can apply any unpaid amount against your credit limit.



# Small Business (continued)

## business checking

### Account Activity (continued)

Post Date	Description	Debits	Credits	Balance
	TXP* 363711651000* 0112* 20200331* T* 33445\			
	1736224992			
04/09/2020	External Withdrawal COMCAST 800-266-2278 - CABLE	\$422.04 ✓		\$20,895.62
04/10/2020	Eff. 04-09 Check 46871	\$120.21 ✓		\$20,775.41
04/13/2020	Eff. 04-10 Check 46880	\$1,569.55 ✓		\$19,205.86
04/13/2020	Eff. 04-10 Check 46885	\$1,569.55 ✓		\$17,636.31
04/15/2020	Eff. 04-14 Check 46886	\$709.06 ✓		\$16,927.25
04/15/2020	Eff. 04-14 Check 46889	\$1,625.72 ✓		\$15,301.53
04/15/2020	External Withdrawal IL DEPT OF REVEN EDI - EDI PYMNTS	\$334.45 ✓		\$14,967.08
	TXP* 363711651000* 0112* 20200630* T* 33445\			
	451569888			
04/15/2020	External Withdrawal ATT - Payment	\$364.14 ✓		\$14,602.94
04/15/2020	External Withdrawal WELLS FARGO BANK - LOAN LEASE	\$779.19 ✓		\$13,823.75
	6522436			
04/15/2020	External Withdrawal COMM ED COMMERCIAL 800-334-7661 -	\$923.33 ✓		\$12,900.42
	UTIL PMNT			
04/16/2020	Eff. 04-15 Check 46895	\$709.07 ✓		\$12,191.35
04/17/2020	Deposit Internet Transfer from 10000171982 SAV		\$900.00 ✓	\$13,091.35
04/17/2020	Eff. 04-16 Check 46896	\$632.48 ✓		\$12,458.87
04/17/2020	External Withdrawal IL DEPT OF REVEN EDI - EDI PYMNTS	\$360.54 ✓		\$12,098.33
	TXP* 363711651000* 0112* 20200630* T* 36054\			
	921331936			
04/17/2020	External Withdrawal Nicor Gas - NICPayment	\$514.07 ✓		\$11,584.26
04/17/2020	External Withdrawal ATT - Payment	\$517.68 ✓		\$11,066.58
04/20/2020	Eff. 04-17 Check 46892	\$482.84 ✓		\$10,583.74
04/20/2020	Eff. 04-17 Check 46890	\$1,114.34 ✓		\$9,469.40
04/20/2020	External Withdrawal IL DEPT OF REVEN EDI - EDI PYMNTS	\$90.00 ✓		\$9,379.40
	TXP* 22155333* 0411* 20200331* T* 9000\ 155998432			
04/21/2020	Eff. 04-20 Check 46891	\$37.19 ✓		\$9,342.21
04/21/2020	Eff. 04-20 Check 46888	\$609.47 ✓		\$8,732.74
04/21/2020	Eff. 04-20 Check 46883	\$609.48 ✓		\$8,123.26
04/21/2020	Eff. 04-20 Check 46898	\$609.48 ✓		\$7,513.78
04/21/2020	Eff. 04-20 Check 46899	\$1,625.71 ✓		\$5,888.07
04/21/2020	Deposit		\$60.00 ✓	\$5,948.07
04/21/2020	Deposit		\$688.00 ✓	\$6,636.07
04/21/2020	Deposit		\$20,000.00 ✓	\$26,636.07
04/21/2020	Withdrawal Internet Transfer to 10000171982 SAV	\$2,500.00 ✓		\$24,136.07
04/22/2020	External Deposit MERCHANT SERVICE MERCHANT		\$46.54 ✓	\$24,182.61
	ACTIVITY - MERCH DEP 394750508171			
04/22/2020	Eff. 04-21 Check 46893	\$4.74 ✓		\$24,177.87
04/22/2020	External Withdrawal CONSERV FS INC - 0223095 66035437	\$327.77 ✓		\$23,850.10
04/23/2020	External Deposit NBCUNIVERSAL MED A550 - VENDOR		\$403.18 ✓	\$24,253.28
	PMT ISA* 00** 00** 01** 01* 006981815 * 200422* 142 6*			
	U* 0040			
04/23/2020	Eff. 04-22 Check 46901	\$709.06 ✓		\$23,544.22
04/23/2020	External Withdrawal IL DEPT OF REVEN EDI - EDI PYMNTS	\$1.81 ✓		\$23,542.41
	TXP* 36371165101* 20099* 20200331* T* 181\ 883950816			
04/24/2020	External Withdrawal IL DEPT OF REVEN EDI - EDI PYMNTS	\$334.45 ✓		\$23,207.96
	TXP* 363711651000* 0112* 20200630* T* 33445\			
	498009312			
04/27/2020	Eff. 04-24 Check 46900	\$1,569.55 ✓		\$21,638.41
04/27/2020	Eff. 04-24 Check 46894	\$1,569.56 ✓		\$20,068.85
04/28/2020	External Withdrawal IRS - USATAXPYMT 270051940494373	\$214.46 ✓		\$19,854.39
04/28/2020	External Withdrawal CAPITAL ONE COMM - ECARE PYMT	\$250.00 ✓		\$19,604.39
04/28/2020	External Withdrawal IRS - USATAXPYMT 270051995724949	\$7,376.78 ✓		\$12,227.61
04/29/2020	External Deposit STRIPE - TRANSFER ST-LOG9K0E9F7I5		\$279.02 ✓	\$12,506.63
04/29/2020	External Deposit GOLFNOW.COM SV9T 2716220397946 -		\$55.05 ✓	\$12,561.68
	8007673574			
04/29/2020	External Withdrawal GRAINCO FS INC - - 1074253	\$780.17 ✓		\$11,781.51
	815-434-0131			
04/29/2020	External Withdrawal FMINS* PATRIOT - Insurance	\$2,270.06 ✓		\$9,511.45
04/30/2020	Eff. 04-29 Check 46906	\$709.07 ✓		\$8,802.38
04/30/2020	Deposit Internet Transfer from 10000171982 SAV		\$2,500.00 ✓	\$11,302.38
04/30/2020	Ending Balance			\$11,302.38



## Small Business (continued)

### business checking

#### Checks Cleared

Check Nbr	Date	Amount
46856	04/02/2020	\$200.00
46859*	03/31/2020	\$1,569.56
46862*	04/01/2020	\$346.76
46871*	04/09/2020	\$120.21
46872	04/03/2020	\$142.03
46873	04/07/2020	\$34.40
46874	04/06/2020	\$440.00
46875	03/31/2020	\$1,569.55
46879*	03/31/2020	\$1,625.72
46880	04/10/2020	\$1,569.55
46881	04/02/2020	\$709.07
46882	04/08/2020	\$632.48
46883	04/20/2020	\$609.48
46884	04/07/2020	\$1,625.70
46885	04/10/2020	\$1,569.55
46886	04/14/2020	\$709.06

\* Indicates skipped check number

Check Nbr	Date	Amount
46887	04/08/2020	\$632.47
46888	04/20/2020	\$609.47
46889	04/14/2020	\$1,625.72
46890	04/17/2020	\$1,114.34
46891	04/20/2020	\$37.19
46892	04/17/2020	\$482.84
46893	04/21/2020	\$4.74
46894	04/24/2020	\$1,569.56
46895	04/15/2020	\$709.07
46896	04/16/2020	\$632.48
46898*	04/20/2020	\$609.48
46899	04/20/2020	\$1,625.71
46900	04/24/2020	\$1,569.55
46901	04/22/2020	\$709.06
46906*	04/29/2020	\$709.07

#### Daily Balances

Date	Amount	Date	Amount	Date	Amount
04/01/2020	\$11,067.23	04/10/2020	\$20,775.41	04/22/2020	\$23,850.10
04/02/2020	\$10,163.87	04/13/2020	\$17,636.31	04/23/2020	\$23,542.41
04/03/2020	\$9,254.80	04/15/2020	\$12,900.42	04/24/2020	\$23,207.96
04/06/2020	\$25,835.06	04/16/2020	\$12,191.35	04/27/2020	\$20,068.85
04/07/2020	\$24,577.16	04/17/2020	\$11,066.58	04/28/2020	\$12,227.61
04/08/2020	\$21,317.66	04/20/2020	\$9,379.40	04/29/2020	\$9,511.45
04/09/2020	\$20,895.62	04/21/2020	\$24,136.07	04/30/2020	\$11,302.38

#### Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



# GRUNDY BANK

201 Liberty Street • P.O. Box 520  
Morris, Illinois 60450  
(815) 942-0130 • grundybank.com



## Statement Ending 04/30/2020

BLACKBERRY GOLF, INC

Page 1 of 4

Customer Number: [REDACTED]

### RETURN SERVICE REQUESTED

>000235 6315668 0001 092993 10Z

BLACKBERRY GOLF, INC  
GARY BLOCKER  
2245 KENNEDY RD  
BRISTOL IL 60512-9790

### Managing Your Accounts

Phone Number 815-942-0130  
Mailing Address 201 Liberty St.  
P.O. Box 520  
Morris, IL 60450  
Website www.grundybank.com



## Is your contact information up to date?

### Why is this important?

If we don't have updated contact information for you, it may be difficult for us to notify you of any important account information or potential fraud. It also helps us to verify your identity. Without an updated email on record, you may not receive confirmation emails for online banking requests. If any of your information changed in 2019, please let us know so we can update our records. It's one small piece to keeping your accounts safe.



## Summary of Accounts

Account Type	Account Number	Ending Balance
BUSINESS	[REDACTED]	\$99,692.87

### Account Summary

Date	Description	Amount
04/13/2020	Beginning Balance	\$0.00
	1 Credit(s) This Period	\$99,692.87
	0 Debit(s) This Period	\$0.00
04/30/2020	Ending Balance	\$99,692.87

### Deposits

Date	Description	Amount
04/20/2020	PAYCHECK PROTECTION FUNDS	\$99,692.87

Member  
**FDIC**

2000/1000 479000 000000 99951E9 5E200



**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS**

If you think your statement or receipt is wrong, or if you need additional information about a transfer on the statement or receipt, please call us at (815)942-0130 as soon as possible. If you prefer, you may write to us at Grundy Bank, P.O. Box 520, Morris, IL 60450 or email us at [info@grundybank.com](mailto:info@grundybank.com). We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. We will need the following information:

- (1) Your name and account number (if any).
- (2) A description of the error or the transfer you are unsure about. Please explain clearly why you believe there is an error or why you need additional information.
- (3) The dollar amount of the suspected error. If you inform us by phone, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days (5 business days for Debit Card point-of-sale transactions and 20 business days if the transfer involved a new account) after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days if the transfer involved a new account, a point-of-sale transaction, or a foreign-initiated transfer) to investigate your complaint or questions. If we decide to do this, we will credit your account within 10 business days (5 business days for a Debit Card point-of-sale transaction and 20 business days if the transfer involved a new account) for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account is opened.

We will let you know the results within three business days after completing our investigation. If we determine that there was an error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

**Daily Balances**

<u>Date</u>	<u>Amount</u>
04/20/2020	\$99,692.87

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00235 6315668 000311 000621 0002/0002

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### Expand as Needed

Employee Name	Employee's Last 4 Digits of Social Security #	Status on 1/1/20		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
GINA CONNER	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STEVEN HOLICH	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAD JOHANSEN	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GABRIEL SALAZAR	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUSTIN C. WYETH	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL:		5					

## LOCAL GOVERNMENT CERTIFICATIONS

On this (date) of (month), (year), the (title and name of the Chief Elected Official) of (name of the local government) hereby certifies to the Department of Commerce and Economic Opportunity in regard to an application and award of funds through the Community Development Block Grant that:

1. It will comply with the National Environmental Policy Act (NEPA) with the submission of this application and it further certifies that no aspect of the project for assistance has or shall commence prior to the award of funds to the community and the receipt of an environmental clearance.
2. It will comply with the Interagency Wetland Policy Act of 1989 including the development of a plan to minimize adverse impacts on wetlands, or providing written evidence that the proposed project will not have an adverse impact on a wetland.
3. It will comply with the Illinois Endangered Species Protection Act and the Illinois Natural Area Preservation Act by completing the consultation process with the Endangered Species Consultation Program of the Illinois Department of Natural Resources, or providing written evidence that the proposed project is exempt.
4. It will identify and document all appropriate permits necessary to the proposed project, including, but not limited to: building, construction, zoning, subdivision, IEPA and IDOT.
5. No legal actions are underway or being contemplated that would significantly impact the capacity of the (name of local government) to effectively administer the program, and to fulfill the requirements of the CDBG program.
6. It will coordinate with the County Soil and Water Conservation District regarding standards for surface and sub-surface (tile) drainage restoration and erosion control in the fulfillment of any project utilizing CDBG funds and involving construction.
7. It is understood that the obligation of the State will cease immediately without penalty of further payment being required if in any fiscal year the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this agreement.
8. It acknowledges the applicability of Davis-Bacon prevailing wage rate requirements to construction projects; a wage rate determination must be obtained prior to commencement of any construction or equipment installation; and, it shall discuss these requirements with the contractor.
9. It will comply with Section 3 of the Housing and Urban Development Act of 1968 to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing federal, state, and local laws and regulations, be directed to low and very low income persons and businesses.
10. It certifies that no occupied or vacant occupiable low-to-moderate income dwellings will be demolished or converted to a use other than low-to-moderate income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.
11. It will conduct a Section 504 self-evaluation of its policies and practices to determine whether its employment opportunities and services are accessible to persons with disabilities.
12. It will comply with 2 CFR 200, 24 CFR 570, Part 85, and the Illinois' Grant Accountability and Transparency Act (GATA).
13. The area, in whole or in part, in which project activities will take place, IS or IS NOT (circle one) located in a floodplain.

A FEMA Floodplain map is included in the application (as required) and is located on Page \_\_\_\_\_

14. DUNS Number: 361779440

  
Signature of Chief Elected Official

\_\_\_\_\_  
Date

**BUSINESS CERTIFICATIONS**

**The Business understands that no aspect of the project proposed for assistance will commence prior to the award of funds to the community and the receipt of environmental clearance.**

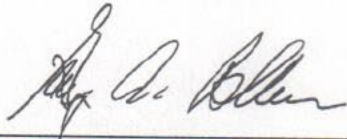
The Business certifies that it is a Business in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The Business further authorizes the Department of Commerce and Economic Opportunity to seek a tax clearance letter from the Illinois Department of Revenue and authorizes the Department of Revenue to provide such a letter stating whether the records of the Department show that Borrower is in compliance with all tax acts administered by the Department of Revenue and to which Borrower is subject.

The Business also certifies that no tax liens, including but not limited to, municipal, county, state, or federal, have been filed against the Business, any partners of the Business, the majority shareholder of the Business, or in the name of a related business owned by the recipient.

The Business authorizes the Department of Commerce and Economic Opportunity to verify in any manner deemed appropriate any and all items indicated in this application which includes information obtained through the Illinois Department of Employment Security, Consumer Credit Bureau Services, business reporting services such as Dun and Bradstreet and criminal history record check.

The Business certifies that all information and documentation contained in this application, is accurate, complete and true to the best of his/her knowledge.

The Business certifies that it has read and understands the application guidelines.



Signature of Chief Executive Officer

**GARY A. BLOCKER**

Typed Name of Chief Executive Officer

**BLACKBERRY GOLF, INC.**

Name of Business

2245 KENNEDY RD. BRISTOL IL 60512

Business Address

5/18/2020

Date

FEIN #

DUNS #

SIC #



## MANDATORY DISCLOSURES

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as "Grantee") must disclose, in a timely manner and in writing to the State awarding agency, all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award. See 30 ILCS 708/40; 44 Ill. Admin Code § 7000.40(b)(4); 2 CFR § 200.113. Failure to make the required disclosures may result in remedial action.

Please describe all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the awarding of a grant to your organization:

N/A

Grantee has a continuing duty to disclose to the Department of Commerce and Economic Opportunity (the "Department") all violations of criminal law involving fraud, bribery or gratuity violations potentially affecting this grant award.

By signing this document, below, as the duly authorized representative of the Grantee, I hereby certify that:

- All of the statements in this Mandatory Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
- There is no action, suit or proceeding at law or in equity pending, nor to the best of Grantee's knowledge, threatened, against or affecting the Grantee, before any court or before any governmental or administrative agency, which will have a material adverse effect on the performance required by the grant award.
- Grantee is not currently operating under or subject to any cease and desist order, or subject to any informal or formal regulatory action, and, to the best of the Grantee's knowledge, it is not currently the subject of any investigation by any state or federal regulatory, law enforcement or legal authority.
- If Grantee becomes the subject of an action, suit or proceeding at law or in equity that would have a material adverse effect on the performance required by an award, or an investigation by any state or federal regulatory, law enforcement or legal authority, Grantee shall promptly notify the Department in writing.

Grantee Organization: Kendall County, Illinois

By: Scott R. Gryder

Signature of Authorized Representative

Printed Name: Scott R. Gryder

Printed Title: Kendall County Board Chairman

Date:

## **CONFLICT OF INTEREST DISCLOSURE**

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as "Grantee") must disclose in writing to the awarding State agency any actual or potential conflict of interest that could affect the State award for which the Grantee has applied or has received. See 30 ILCS 708/35; 44 Ill. Admin Code § 7000.40(b)(3); 2 CFR § 200.112. A conflict of interest exists if an organization's officers, directors, agents, employees and/or their spouses or immediate family members use their position(s) for a purpose that is, or gives the appearance of, being motivated by a desire for a personal gain, financial or nonfinancial, whether direct or indirect, for themselves or others, particularly those with whom they have a family business or other close associations. In addition, the following conflict of interest standards apply to governmental and non-governmental entities.

- a. **Governmental Entity.** If the Grantee is a governmental entity, no officer or employee of the Grantee, member of its governing body or any other public official of the locality in which the award objectives will be carried out shall participate in any decision relating to a State award which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the State award.
- b. **Non-governmental Entity.** If the Grantee is a non-governmental entity, no officer or employee of the Grantee shall participate in any decision relating to a State award which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the State award.

The Grantee shall also establish safeguards, evidenced by policies, rules and/or bylaws, to prohibit employees or officers of Grantee from engaging in actions, which create, or which appear to create a conflict of interest as described herein.

**The Grantee has a continuing duty to immediately notify the Department of Commerce and Economic Opportunity (the "Department") in writing of any actual or potential conflict of interest, as well as any actions that create or which appear to create a conflict of interest.**

***Please describe all current potential conflict(s) of interest, as well as, any actions that create or which appear to create a conflict of interest related to the State award for which your organization has applied.***

N/A

If the Grantee provided information above regarding a current potential conflict of interest or any actions that create or appear to create a conflict of interest, the Grantee must immediately provide documentation to the applicable Department grant manager to support that the potential conflict of interest was appropriately handled by the Grantee's organization. If at any later time, the Grantee becomes aware of any actual or potential conflict of interest, the Grantee must notify the Department's grant manager immediately, and provide the same type of supporting documentation that describes how the conflict situation was or is being resolved.

Supporting documentation should include, but is not limited to, the following: the organization's bylaws; a list of board members; board meeting minutes; procedures to safeguard against the appearance of personal gain by the organization's officers, directors, agents, and family members; procedures detailing the proper internal controls in place; timesheets documenting time spent on the award; and bid documents supporting the selection of the contractor involved in the conflict, if applicable.



By signing this document, below, as the duly authorized representative of Grantee, I hereby certify that:

- All of the statements in this Conflict of Interest Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
- If I become aware of any situation that conflicts with any of the representations herein, or that might indicate a potential conflict of interest or create the appearance of a conflict of interest, I or another representative from my organization will immediately notify the Department's grant manager for this award.
- I have read and I understand the requirements for the Conflict of Interest Disclosure set forth herein, and I acknowledge that my organization is bound by these requirements.

Grantee Organization: Kendall County, Illinois

By: Scott R. Gryder  
Signature of Authorized Representative

Printed Name: Scott R. Gryder

Printed Title: Kendall County Board Chairman

Date:

**Kendall County Fair Housing Resolution**

**WHEREAS**, under the Federal Fair Housing Law, Title VIII of the Civil Rights Act of 1968, it is illegal to deny housing to any person because of race, color, religion, gender, physical or mental disabilities or national origin; and

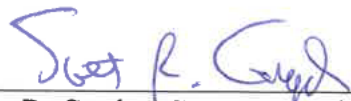
**WHEREAS**, the Illinois Human Rights Act forbids discrimination in real estate transactions. This includes not only refusal to sell or rent, but also discriminatory differences in price and any other terms or conditions of a real estate transaction. The Illinois Human Rights Act prohibits discrimination in housing based upon race, color, religion, sex (including sexual harassment), pregnancy, national origin, ancestry, age (40 and over), order of protection status, marital status, sexual orientation (which includes gender-related identity), unfavorable military discharge, physical and mental disability, and familial status.

**NOW, THEREFORE, BE IT RESOLVED BY THE KENDALL COUNTY BOARD**, that within the resources available to the County of Kendall through city, county, state, federal and community volunteer sources, the County will assist all persons who feel they have been discriminated against because of race, color, religion, sex, disability (physical and mental), familial status (children) or national origin in the process of filing a complaint with the Illinois Department of Human Rights or the U.S. Department of Housing and Urban Development, that they may seek equity under federal and state laws; and

**BE IT FURTHER RESOLVED** that the County of Kendall shall publicize this Resolution and through this publicity shall cause real estate brokers and sellers, private home sellers, rental owners, rental property managers, real estate and rental advertisers, lenders, builders, developers, home buyers and home or apartment renters to become aware of their respective responsibilities and rights under any applicable state or local laws.

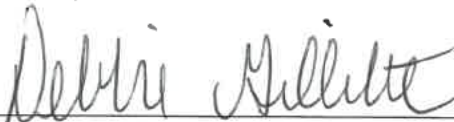
PRESENTED and ADOPTED by the County Board, this 5 day of May 2020.

Approved:



Scott R. Gryder, County Board Chairman

Attest:



Debbie Gillette, County Clerk and Recorder



Form

**W-9**

(Rev. October 2018)

Department of the Treasury  
Internal Revenue Service**Request for Taxpayer  
Identification Number and Certification**► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.**Give Form to the  
requester. Do not  
send to the IRS.****1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.**County of Kendall****2** Business name/disregarded entity name, if different from above**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.☐ Individual/sole proprietor or single-member LLC☐ C Corporation☐ S Corporation☐ Partnership☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.☒ Other (see instructions) ►**Government entity****4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.**111 West Fox Street****6** City, state, and ZIP code**Yorkville, IL 60560****7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.**Social security number**

[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

or

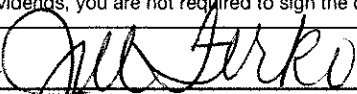
**Employer identification number**

3 6 - 6 0 0 6 5 9 8

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.**Sign  
Here**Signature of  
U.S. person ►

Date ►

4/27/2020

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

## **SAM Registration**

Registered under Kendall, County of

Cage#: 5D9D9



**Department of the Treasury**  
**Internal Revenue Service**  
**PO Box 606**  
**Buffalo, NY 14225**

In reply refer to: 0153747063  
Sep 01, 2010 LTR 147C  
36-6006598

**COUNTY OF KENDALL**  
**OFFICE CO TREAS**  
**111 W FOX RD**  
**YORKVILLE IL 60560-1621 111**

Taxpayer Identification Number: 36-6006598

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of September 1st, 2010.

Your Employer Identification Number (EIN) is 36-6006598. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Shanahan  
0621489  
Customer Service Representative



U.S. Department of Housing and Urban  
Development  
451 Seventh Street, SW  
Washington, DC 20410  
www.hud.gov

espanol.hud.gov

**Environmental Review  
for Activity/Project that is Exempt or  
Categorically Excluded Not Subject to Section 58.5  
Pursuant to 24 CFR Part 58.34(a) and 58.35(b)**

**Project Information**

**Project Name:** Economic development activities, including and limited to, working capital expenses (i.e., employee salaries, general operating expenses, inventory and advertising/marketing expenses) not associated with construction or expansion of existing operations for eligible small business(es) in Kendall County, Illinois.

**Responsible Entity:** Kendall County, Illinois

**Grant Recipient (if different than Responsible Entity):** Kendall County, Illinois

**State/Local Identifier:** TBD, if application is funded.

**Preparer:**

Scott Koepfel  
County Administrator  
Kendall County, IL  
111 W Fox St  
Yorkville, IL 60560  
630-553-4142

**Certifying Officer Name and Title:** Scott R. Gryder, Kendall County Board Chairman

**Consultant (if applicable):** N/A.

**Project Location:** 111 W Fox St, Yorkville, IL 60560

**Description of the Proposed Project [24 CFR 58.32; 40 CFR 1508.25]:** Economic development activities, including and limited to, working capital expenses (i.e., employee salaries, general operating expenses, inventory and advertising/marketing expenses) not associated with construction or expansion of existing operations in Kendall County, Illinois, to assist the following specific small business(es): Blackberry Golf, Inc.

**Level of Environmental Review Determination:**

- ☐ Activity/Project is Exempt per 24 CFR 58.34(a): \_\_\_\_\_
- ☒ Activity/Project is Categorically Excluded Not Subject To §58.5 per 24 CFR 58.35(b): (4)

**Funding Information**

Grant Number	HUD Program	Exempt Amount	Categorically Excluded Amount
TBD, If Awarded	State CDBG	N/A	\$25,000

**Estimated Total HUD Funded Amount: Same as Categorically Excluded Amount Above**

**This project anticipates the use of funds or assistance from another Federal agency in addition to HUD in the form of (if applicable): None.**

**Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]: \$25,000 in CDBG Downstate Small Business Stabilization (DSBS) funds, for the small business economic development activities noted in Description above.**

**Compliance with 24 CFR §50.4 and §58.6 Laws and Authorities**

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

Compliance Factors: Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6	Are formal compliance steps or mitigation required?	Compliance determinations
<b>STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6</b>		
<b>Airport Hazards</b>  24 CFR Part 51 Subpart D	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	No sale or acquisition of property will occur.
<b>Coastal Barrier Resources</b>  Coastal Barrier Resources Act, as amended by the Coastal Barrier	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<i>Illinois is not a covered state under these Acts.</i>

Improvement Act of 1990 [16 USC 3501]		
<b>Flood Insurance</b>  Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes    No <input type="checkbox"/> <input checked="" type="checkbox"/>	<i>The project is exempt pursuant to Section 58.6(a)(3), because it is funded through a HUD formula grant made to a state.</i>

**Mitigation Measures and Conditions [40 CFR 1505.2(c)]**

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure
N/A	N/A

Preparer Signature:

Date:

Name/Title/Organization: Scott Koeppel, County Administrator, Kendall County

Responsible Entity Agency Official Signature:

Date:

Name/Title: Scott R. Gryder, Kendall County Board ChairmanNote: Must be the name, title & signature of the applicant community's Chief Elected Official

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).



# National Flood Hazard Layer FIRMette



## Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Coastal Transect Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

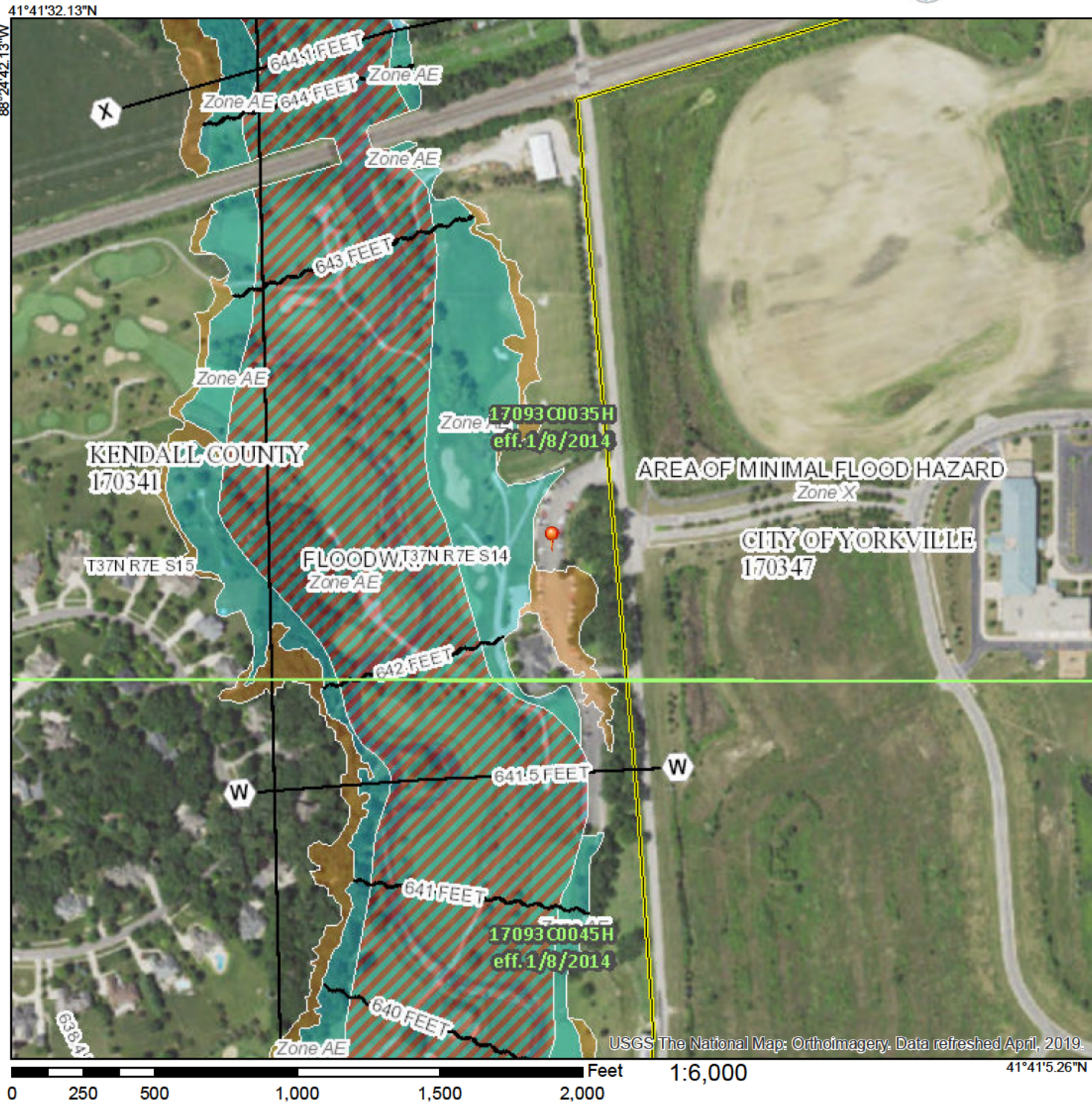


The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

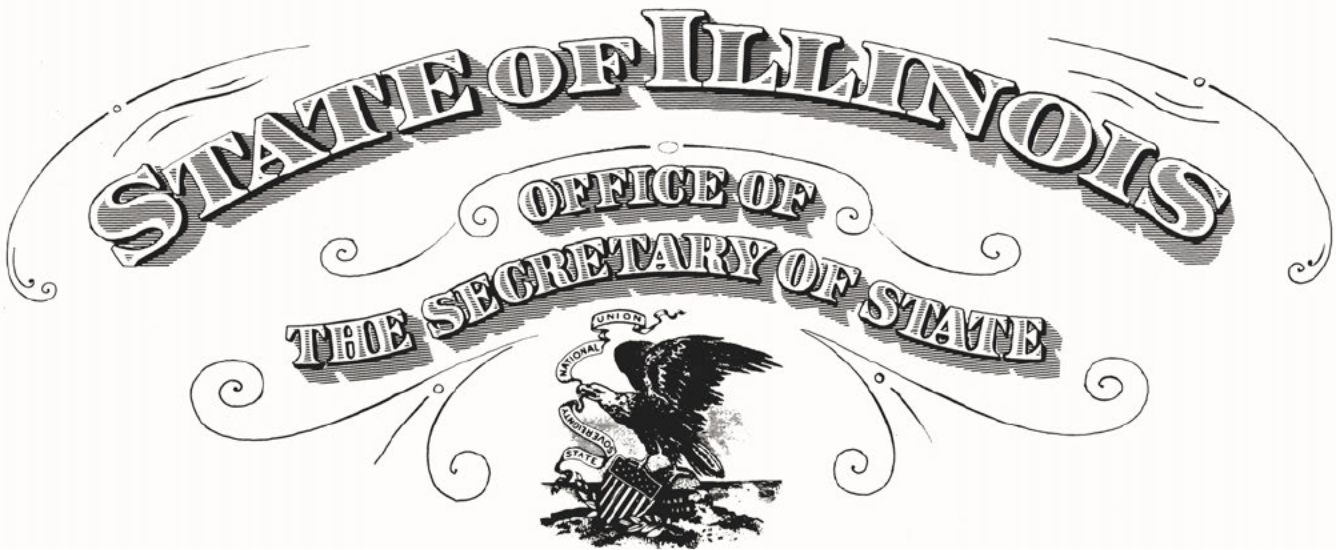
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 5/20/2020 at 4:44:43 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.







***To all to whom these Presents Shall Come, Greeting:***

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

BLACKBERRY GOLF, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 02, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 18TH  
day of MAY A.D. 2020 .***

*Jesse White*

SECRETARY OF STATE