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

July 24, 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 Brentwood Operations, Ltd has been a part of the Kendall

County community since February 2013 and employs eight individuals. Brentwood

Operations, Ltd. 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

<div align="center">

Applicant Completed Section

</div>

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 skoeppel@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 Brentwood Operations DBA Country Comfort Boarding. Country Comfort Boarding has been a part of the Kendall County community since February 2013 and currently employs 8 people. Country Comfort Boarding has been negatively impacted by the COVID-19 emergency and requires urgent assistance. We appreciate your consideration.

43. Proposed Project Term

Start Date 07/24/2020

End Date 07/24/2021

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 | Scott

46. Last Name | Gryder

47. Suffix |

48. Title | Kendall County Board Chairman

49. Telephone Number | 630-553-4171

50. Fax Number | 630-553-4214

51. E-mail Address | sgryder@co.kendall.il.us

52. Signature of Authorized Representative

[signature]

53. Date Signed

7/13/2020
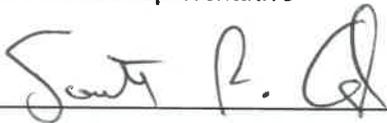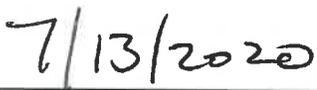
CDBG APPLICANT PROJECT INFORMATION
ECONOMIC DEVELOPMENT COMPONENT

I. PRE-APPLICATION REQUIREMENTS

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

DATE APPLICANT COMPLETED GATA'S "INTERNAL CONTROL QUESTIONNAIRE" (ICQ)
04/14/2020   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*):	07/20/21
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: Brentwood Operations, Ltd

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

◻ Yes, registered in _____ County   ✔ No

Supported Business Address 1:   3215 Cannonball Trail

Supported Business Address 2:

Supported Business City: Yorkville

Supported Business State: IL

Supported Business Zip: 99999-9999:   60560

Supported Business Phone Number 630 553-9432

Supported Business E-Mail Address: ckrickeberg@countrycomfortboarding.com

Supported Business FEIN or ITIN: ███████████████████

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

Supported Business SIC: https://www.naics.com/sic-codes-industry-drilldown/ 0752

Supported Business Authorized Signatory Contact:
Signatory must sign Participation Agreement and Business Certification Form

Last Name: Krickeberg
First Name: Correy
Title: Vice-President
Daytime Phone: 309 236-9791
Home Phone: 309 236-9791
E-Mail: ckrickeberg@countrycomfortboarding.com

Has 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: $ 35,993

Funding Program Name: Economic Injury Disaster Loan   Amount Received: $ 144,300

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
				Grant #	

SECTION A – STATE OF ILLINOIS FUNDS

Revenues		TOTAL REVENUE	
(a). State of Illinois Grant Amount Requested		$	25,000.00

BUDGET SUMMARY STATE OF ILLINOIS FUNDS

Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200	TOTAL EXPENDITURES	
15. *Working Capital*		$	25,000.00
18. Total Costs State Grant Funds		$	25,000.00

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)

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

4) [ ] ____ Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5)   Or;

   ____ Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is ____ %

5) [X] 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: _____

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

(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).

County of Kendall
Institution/Organization

Latrese Caldwell (signature)
Signature

Latreese Caldwell
Name of Official

Deputy Chief Administrator
Title

Chief Financial Officer (or equivalent)

7/15/2020
Date of Execution

County of Kendall
Institution/Organization

Scott R. Gryder (signature)
Signature

Scott. R. Gryder
Name of Official

Board Chairman
Title

Executive Director (or equivalent)

7/14/2020
Date of Execution

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

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)	8	Hourly	$ 10.12	98	$ 7,933.10
Peronnel (Commissions)	2	Bi-Weekly	$ 1,600.00	4	$ 12,800.00
Occupancy (Rent/Mortgage Payments)	1	Monthly	$ 5,466.66	0.78	$ 4,266.90
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):

The funds will go to support personnel for 8 employees, commissions for 2 employees, and 78% of rent for one month.

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

STATE OF ILLINOIS
UNIFORM GRANT BUDGET TEMPLATE

AGENCY: Commerce & Economic Opportunity

Agency Approval		
Organization Name: County of Kendall	**CSFA Description: Downstate Small Business Stabilization**	**NOFO # 2398-1381**
CSFA # 420-75-2398	**DUNS #3617779440**	**Fiscal Year: 2020**
Grant Number 0		

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 or $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.

Brentwood Operations, Ltd has been in operation since February 2013. It currently employs 8 part-time employees from the surrounding cities including Yorkville. Brentwood Operations boards and grooms dogs and cats for individuals in Kendall, Kane and DeKalb county with the vast majority of its business coming from Kendall County. Brentwood supports local business by hiring local contractors, using local businesses and supporting the Yorkville Chamber of Commerce.

Due to the COVID-19 pandemic, government mandated business closures and travel restrictions, there was no need for the public to board their dogs or cats overnight either short- or long-term. In addition, dog and cat boarding is an extremely seasonal business with the vast majority of revenue being earned during 'Spring Break' and over the summer. Obviously, the revenue needed to pay payroll, property taxes and rent will never be recouped because the pandemic occurred exactly during Brentwood's busiest time of the year.

Brentwood did receive help from the federal Paycheck Protection Program (PPP) and was able to keep its employees working by having them improve the facility. However, funds from that program have been exhausted with less than $.10 remaining. Brentwood also received some assistance from the Small Business Administration. However, the vast majority of those funds are in the form of a loan and if that money is used as working capital it will be very hard to repay in the future as revenues will certainly be diminished for months if not years due to the publics reluctance to travel. Year-over-Year revenues are approximately 75% lower in the month of June with similar projections for the rest of 2020.

This program will be used to keep our current employees working, pay rent (that rent goes to pay a mortgage to a local bank and Kendall County property taxes), keep the utility and contractor bills current and earn back the business that has been lost since March.

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.

Fiscal Year Ending:	Net Income	Net Income derived from Profit/Loss Statement? (Yes/No)	Net Income calculated from total sales – total expenses? (Yes/No)	Cash Balance
December 31, 2017	-$25,477	Yes		$4,420
December 31, 2018	$2,450	Yes		$8,449
December 31,2019	-$52,975	Yes		$8,235
Current:				$5,690

JANUARY, 2020 MONTHLY BUDGET

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

Budget Item	Total Monthly Expenditures	Monthly Net Income Computation
Total Income		$25,656
Personnel (Salary & Wages)	$7,206	
Fringe Benefits		
Equipment		
Inventory		
Supplies	$2,809	
Occupancy (Rent & Utilities)	$3,900	
Telecommunications	$451	
Other (Specify) Insurance	$1,150	
Other (Specify) Telephone System	$894	
Other (Specify) Misc	$6237	
Total of All Expenditures		$22,647
Monthly Net Income (Total Income – Total of All Expenditures)		$3009

fnbo

Stop: 3118/20
1620 Dodge St
Omaha, NE 68197

BRENTWOOD OPERATIONS LTD
DBA COUNTRY COMFORT BOARDING & GROOMING
3215 CANNONBALL TRL
YORKVILLE IL 60560

STATEMENT SUMMARY		May 1, 2020 through May 31, 2020	
Account Description	**Account #**	**Beginning Balance**	**Ending Balance**
Deposit Accounts			
Business Free Checking		10,675.63	5,690.25
		tal on Deposit	**$5,690.25**

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Business Free Checking		$5,690.25			Account Detail

Beginning Balance	$10,675.63	Items Enclosed	26
Total Deposits	51 for $24,295.24		
Total Withdrawals	125 for $29,280.62		
Ending Balance	**$5,690.25**		

Important Update for Business Bill Payment Users

You've always worked hard to advance your business.
But now, more than ever, we need to advance your tools.
During this time of social distancing, our new payments platform, PayMaker, allows you to control your payments process from anywhere, as well as empower multiple users, viewers and approvers. Plus, we're waiving select PayMaker fees through June 30, 2020. Visit fnbo.com/ipay to learn more.

Deposit Activity

✓	Date	Post Date	Description		Amount
ELECTRONIC					
☐	05/01	05/01	Bankcard-8563 Btot Dep *****		355.00
☐	05/01	05/01	Online Transfer From Acct Ending 2513		6,150.55
☐	05/04	05/04	Bankcard-8563 Btot Dep *****		157.00
☐	05/04	05/04	Bankcard-8563 Btot Dep *****		290.00
☐	05/04	05/04	Bankcard-8563 Btot Dep *****		678.00
☐	05/04	05/04	0340 Grand Rental StationYorkville Il	20125001	74.27
☐	05/04	05/04	0340 Grand Rental StationYorkville Il	20125005	8.10
☐	05/05	05/05	Bankcard-8563 Btot Dep *****		133.00
☐	05/06	05/06	Bankcard-8563 Btot Dep *****		501.00
☐	05/06	05/06	Online Transfer From Acct Ending 2513		4,006.04
☐	05/07	05/07	Amazon Marketpla Adjustment 99150626		6.75
☐	05/07	05/07	Amazon Marketpla Adjustment 99150626		20.24
☐	05/07	05/07	Bankcard-8563 Btot Dep *****		715.00
☐	05/07	05/07	0340 The Home Depot 6887 Yorkville Il	20128003	2.52
☐	05/07	05/07	0340 109 W Veterans Park Yorkville Il	20128008	165.00
☐	05/07	05/07	0340 109 W Veterans Park Yorkville Il	20128007	90.00
☐	05/08	05/08	Bankcard-8563 Btot Dep *****		260.00
☐	05/11	05/11	Bankcard-8563 Btot Dep *****		142.00
☐	05/11	05/11	Bankcard-8563 Btot Dep *****		310.00
☐	05/11	05/11	Bankcard-8563 Btot Dep		540.00
☐	05/12	05/12	Bankcard-8563 Btot Dep *****		525.00
☐	05/13	05/13	Bankcard-8563 Btot Dep *****		1,363.00
☐	05/13	05/13	0340 109 W Veterans Park Yorkville Il	20134002	800.00
☐	05/13	05/13	0340 109 W Veterans Park Yorkville Il	20134003	40.00
☐	05/14	05/14	0340 Mnrd-Yorkville YorkvilleE Il	20135004	10.83
☐	05/15	05/15	Bankcard-8563 Btot Dep *****		385.00
☐	05/15	05/15	0340 Wal-Mart #1003 SPlano Il	20136001	6.40
☐	05/18	05/18	Bankcard-8563 Btot Dep *****		175.00

Business Free Checking			▮▮▮▮ $5,690.25			Continued

Deposit Activity

✓	Date	Post Date	Description			Amount
⊞	**ELECTRONIC**					
☐	05/18	05/18	Bankcard-8563 Btot Dep ***** ▮			210.00
☐	05/18	05/18	Bankcard-8563 Btot Dep ***** ▮			435.00
☐	05/18	05/18	0340 Grand Rental StationYorkville II		20139003	30.00
☐	05/18	05/18	0340 109 W Veterans Park Yorkville II		20139008	65.00
☐	05/18	05/18	0340 109 W Veterans Park Yorkville II		20139009	150.00
☐	05/19	05/19	Bankcard-8563 Btot Dep *****▮			67.00
☐	05/20	05/20	Bankcard-8563 Btot Dep *****▮			433.00
☐	05/21	05/21	Bankcard-8563 Btot Dep *****▮			81.00
☐	05/22	05/22	Bankcard-8563 Btot Dep *****▮			448.00
☐	05/26	05/26	Online Transfer From Acct Ending 2513			200.00
☐	05/26	05/26	Online Transfer From Acct Ending 2513			200.00
☐	05/26	05/26	Bankcard-8563 Btot Dep ***** ▮			126.00
☐	05/26	05/26	Bankcard-8563 Btot Dep ***** ▮			262.00
☐	05/26	05/26	Bankcard-8563 Btot Dep ***** ▮			349.00
☐	05/26	05/26	Bankcard-8563 Btot Dep ***** ▮			511.00
☐	05/26	05/26	0340 109 W Veterans Park Yorkville II		20147006	255.00
☐	05/26	05/26	0340 109 W Veterans Park Yorkville II		20147007	490.00
☐	05/27	05/27	Bankcard-8563 Btot Dep *****▮			117.00
☐	05/27	05/27	0340 Plano Rural King Plano II		20148001	8.54
☐	05/28	05/28	Bankcard-8563 Btot Dep ***** ▮			728.00
☐	05/29	05/29	Bankcard-8563 Btot Dep ***** ▮			620.00
					Total Electronic Deposits	**$23,695.24**
▤	**PAPER**				**Deposit #**	
☐	05/05	05/05	Customer Deposit			440.00
☐	05/11	05/11	Customer Deposit			160.00
					Total Paper Deposits	**$600.00**

Withdrawal Activity

✓	Date	Post Date	Description	Amount
⊞	**ELECTRONIC**			
☐	05/01	05/01	1st Natl. Bk Omah Online PmtCc0005714231	185.00
☐	04/30	05/01	1628 Mailchimp *MonthlyMailchimp.Co GA	57.36
☐	05/01	05/01	0340 The Home Depot 6887 Yorkville IL	22.70
☐	05/01	05/01	0340 The Home Depot 6887 Yorkville IL	64.72
☐	05/01	05/01	Ipa Cintas Fire 636 Trancinta S. Fire 30	100.00
☐	05/01	05/01	Ipa Cannonball Bobc Trancanno Nball B B07	200.00
☐	05/04	05/04	Home Depot Online Pmt ***** ▮	112.08
☐	05/04	05/04	Home Depot Online Pmt ***** ▮	200.00
☐	05/04	05/04	Bankcard-8563 Mtot Disc ***** ▮	207.06
☐	05/01	05/04	0340 Grand Rental Station630-5533111 IL	74.27

Business Free Checking		$5,690.25		Continued

Withdrawal Activity

✓	Date	Post Date	Description	Amount
			ELECTRONIC	
☐	05/01	05/04	0340 Grand Rental Station630-5533111 IL	74.27
☐	05/01	05/04	0340 Jimmy Johns - 462 - 630-882-8301 IL	43.99
☐	05/02	05/04	0340 The Home Depot #6887Yorkville IL	14.12
☐	05/02	05/04	0340 The Home Depot 6887 Yorkville IL	64.20
☐	05/04	05/04	0340 The Home Depot 6887 Yorkville IL	106.92
☐	05/03	05/05	0340 The Home Depot #6887Yorkville IL	211.43
☐	05/03	05/05	0340 Homedepot.Com 800-430-3376 GA	25.00
☐	05/04	05/05	1628 Zoomshift SubscriptiHttpswww Zoo TX	39.00
☐	05/05	05/05	0340 The Home Depot 6887 Yorkville IL	195.61
☐	05/06	05/06	Google Apps_Comme Us0021cduh	24.00
☐	05/06	05/06	0340 Wm Supercenter # Plano IL	16.41
☐	05/06	05/06	Ipa Cannonball Bobc Trancanno Nball B B07	100.00
☐	05/06	05/06	Ipa L K S. U L L C Tranl K S. U L L	100.00
☐	05/06	05/06	Ipa Murphy & Associ Tranmurph Y & Ass C07	300.00
☐	05/06	05/06	Ipa Carol Krickeber Trancarol Kricke E07	325.00
☐	05/06	05/07	0340 J & D Door Sales, InHttps //Www. IL	315.00
☐	05/07	05/07	0340 Wal-Mart Super CentePlano IL	263.92
☐	05/07	05/07	0340 The Home Depot 6887 Yorkville IL	36.46
☐	05/07	05/07	0340 Mnrd-Yorkville 1800 Yorkville IL	395.16
☐	05/07	05/07	0340 Target T-2378 1652 NYorkville IL	52.02
☐	05/07	05/07	0340 Usps Po 16867605 601Yorkville IL	7.75
☐	05/09	05/11	Online Transfer To Acct Ending 3620	1,000.00
☐	05/11	05/11	Il. Dept Of Reven Edi Pymnts****▇▇▇▇▇	200.00
☐	05/11	05/11	Discover E-Payment 3808	200.00
☐	05/11	05/11	Hanover/Citizens Prem Coll ****▇▇▇▇▇	721.80
☐	05/08	05/11	0340 Ross Mechanical GrouOswego IL	480.25
☐	05/09	05/11	0340 Mcdonald's F4188 Yorkville IL	4.52
☐	05/09	05/11	0340 Shell Service StatioYorkville IL	26.01
☐	05/11	05/11	0340 Wal-Mart #1003 Plano IL	96.65
☐	05/11	05/11	0340 Mnrd-Yorkville 1800 Yorkville IL	157.20
☐	05/11	05/11	0340 The Home Depot 6887 Yorkville IL	27.50
☐	05/11	05/11	0340 Dollar Tree Yorkville IL	8.70
☐	05/11	05/11	0340 Plano Rural King Plano IL	62.19
☐	05/11	05/11	0340 Wal-Mart #1003 Plano IL	45.11
☐	05/11	05/11	0340 The Home Depot 6887 Yorkville IL	39.11
☐	05/11	05/11	Ipa Carol Krickeber Trancarol Kricke E07	325.00
☐	05/11	05/12	1628 Fs *Getmailbird 877-3278914 CA	13.05
☐	05/12	05/12	0340 Wal-Mart Super CentePlano IL	27.80
☐	05/11	05/13	0340 Tire Tracks 7 Plano Plano IL	13.44
☐	05/13	05/13	0340 Mnrd-Yorkville 1800 Yorkville IL	254.76

	Business Free Checking	███	$5,690.25		Continued

Withdrawal Activity

✓	Date	Post Date	Description	Amount
⊞			**ELECTRONIC**	
☐	05/13	05/14	1628 Intuit *Payroll 888-537-7794 CA	71.00
☐	05/13	05/14	0340 Grand Rental Station630-5533111 IL	139.89
☐	05/13	05/14	0340 Yorkville Ace Yorkville IL	124.38
☐	05/14	05/14	0340 Wm Supercenter # Plano IL	57.73
☐	05/14	05/14	0340 Plano Rural King Plano IL	62.19
☐	05/15	05/15	Il. Dept Of Reven Edi Pymnts*****580111584	200.00
☐	05/15	05/15	0340 Shell Service StatioPlano IL	10.43
☐	05/18	05/18	Am Income Life Ins.Prem 15835205	3.25
☐	05/18	05/18	Am Income Life Ins.Prem 15843271	4.52
☐	05/18	05/18	Am Income Life Ins.Prem 15840444	9.93
☐	05/18	05/18	Am Income Life Ins.Prem 15839888	63.74
☐	05/15	05/18	1628 Adobe Acrobat Std 408-536-6000 CA	24.43
☐	05/15	05/18	0340 Tire Tracks 7 Plano Plano IL	13.44
☐	05/16	05/18	0340 The Home Depot 6887 Yorkville IL	100.65
☐	05/16	05/18	0340 Shell Service StatioPlano IL	3.15
☐	05/17	05/18	0340 The Home Depot 6887 Yorkville IL	20.49
☐	05/17	05/18	0340 The Home Depot 6887 Yorkville IL	18.45
☐	05/18	05/18	Ipa Carol Krickeber Trancarol Kricke E07	325.00
☐	05/19	05/19	Bk Of Amer Mc Online Pmt Ckf964060724pos	350.54
☐	05/19	05/19	Barclaycard US Creditcard *****8474	420.00
☐	05/18	05/19	0340 Stevens Yorkville IL	438.41
☐	05/19	05/19	0340 Pet Supplies Plus 23Yorkville IL	173.70
☐	05/20	05/20	Il. Dept Of Reven Edi Pymnts*****304377056	200.00
☐	05/20	05/21	1628 Hosting / MaintenancHfbtechnolog UT	250.00
☐	05/22	05/22	Ipa Chrysler Capita Tranchrys Ler Cap T07	308.00
☐	05/24	05/26	Online Transfer To Acct Ending 3182	200.00
☐	05/24	05/26	Online Transfer To Acct Ending 2513	200.00
☐	05/24	05/26	Online Transfer To Acct Ending 2513	200.00
⊞	05/25	05/26	Online Transfer To Acct Ending 3182	932.68
☐	05/25	05/26	Online Transfer To Acct Ending 3620	1,000.00
☐	05/26	05/26	Paypal Inst. Xfer *****███	125.00
☐	05/26	05/26	The Hartford Nwtbclscic 14315038	356.40
☐	05/22	05/26	0340 Waste Mgmt Wm Ezpay 866-834-2080 TX	109.27
☐	05/23	05/26	1628 Int*Quickbooks Onlin800-446-8848 CA	40.00
☐	05/23	05/26	0340 Comcast Chicago Cs 1800-266-2278 IL	205.53
☐	05/25	05/26	1628 Hp *Instant Ink 855-785-2777 CA	10.61
☐	05/26	05/26	0340 Shell Service StatioPlano IL	35.54
☐	05/26	05/26	0340 Murphy6639atwalmart Plano IL	6.07
☐	05/26	05/26	0340 Wm Supercenter # Plano IL	239.58
☐	05/26	05/26	0340 Plano Rural King Plano IL	63.82
☐	05/26	05/26	0340 Plano Rural King Plano IL	25.72

Business Free Checking		███	$5,690.25		Continued

Withdrawal Activity

✓	Date	Post Date	Description		Amount
⚡ **ELECTRONIC**					
☐	05/26	05/26	Ipa Cannonball Bobc Trancanno Nball B B07		200.00
☐	05/26	05/26	Ipa Carol Krickeber Trancarol Kricke E07		325.00
☐	05/27	05/27	Paypal Inst. Xfer Baspence		75.00
☐	05/27	05/27	0340 The Home Depot 6887 Yorkville IL		233.56
☐	05/28	05/29	0340 Plano Rural King Plano IL		10.67
☐	05/29	05/29	Ipa L K S. U L L C Tranl K S. U L L		100.00
☐	05/29	05/29	Ipa Alarm Detection Tranalarm Detect O07		253.29
☐	05/29	05/29	Ipa Walden Lock Ser Tranwalde N. Lock E0		325.05
				Total Electronic Withdrawals	**$16,302.65**
📄 **PAPER**					
☐	05/01	05/01	Check Image Check #2002		204.67
☐	05/01	05/01	Check Image Check #10170		3,691.68
☐	05/01	05/01	Check Image Check #99776940		56.72
☐	05/05	05/05	Check Image Check #99150626		235.19
☐	05/06	05/06	Check Image Check #10181		387.48
☐	05/06	05/06	Check Image Check #10184		344.41
☐	05/06	05/06	Check Image Check #10299		379.56
☐	05/08	05/08	Check Image Check #10168		285.35
☐	05/08	05/08	Check Image Check #10183		313.83
☐	05/08	05/08	Check Image Check #10298		836.31
☐	05/12	05/12	Check Image Check #2012		125.00
☐	05/12	05/12	Check Image Check #10182		158.65
☐	05/12	05/12	Check Image Check #99963906		55.99
☐	05/13	05/13	Check Image Check #2013		250.00
☐	05/13	05/13	Check Image Check #10186		1,428.02
☐	05/18	05/18	Check Image Check #2008		1,090.38
☐	05/18	05/18	Check Image Check #2017		27.80
☐	05/18	05/18	Check Image Check #10187		157.78
☐	05/18	05/18	Check Image Check #10191		288.49
☐	05/19	05/19	Check Image Check #10192		483.90
☐	05/20	05/20	Check Image Check #2019		27.80
☐	05/20	05/20	Check Image Check #10198		306.55
☐	05/21	05/21	Check Image Check #2016		27.80
☐	05/21	05/21	Check Image Check #10179		122.53
☐	05/21	05/21	Check Image Check #10188		1,388.44
☐	05/21	05/21	Check Image Check #10190		303.64
				Total Paper Withdrawals	**$12,977.97**

| Business Free Checking | | | 5,690.25 | | | | | | Continued | |

Balancing Checklist ✓

✓	Check #	Date	Amount	✓	Check #	Date	Amount	✓	Check #	Date	Amount
☐	2002	05/01	204.67	☐	2008	05/18	1,090.38	☐	2012	05/12	125.00
☐	2013	05/13	250.00	☐	2016	05/21	27.80	☐	2017	05/18	27.80
☐	2019	05/20	27.80	☐	10168	05/08	285.35	☐	10170	05/01	3,691.68
☐	10179	05/21	122.53	☐	10181	05/06	387.48	☐	10182	05/12	158.65
☐	10183	05/08	313.83	☐	10184	05/06	344.41	☐	10186	05/13	1,428.02
☐	10187	05/18	157.78	☐	10188	05/21	1,388.44	☐	10190	05/21	303.64
☐	10191	05/18	288.49	☐	10192	05/19	483.90	☐	10198	05/20	306.55
☐	10298	05/08	836.31	☐	10299	05/06	379.56	☐	99150626	05/05	235.19
☐	99776940	05/01	56.72	☐	99963906	05/12	55.99				

Returned Item and Overdraft Fees

	Total For This Period	Total Year-to-Date
Total Returned Item Fees	0.00	0.00
Total Overdraft Fees	0.00	33.00

END OF STATEMENT

CONTACT INFORMATION
Telephone us at: (800) 990-5713
Write us at: First National Bank of Omaha
Customer Care Center
1620 Dodge St. Stop 3095
Omaha, NE 68197-3095
Visit us at: www.fnbo.com

INQUIRIES ABOUT YOUR DIRECT DEPOSIT

If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at the contact number above to find out whether the deposit has been made.

HOW TO CALCULATE YOUR LINE OF CREDIT INTEREST CHARGES AND YOUR BALANCE SUBJECT TO INTEREST RATE

Interest Charges: Your interest charge(s) are computed by multiplying your closing principal balance for each day by the daily periodic rate applicable for that day and adding the daily results during the billing cycle together. The daily periodic rate may vary in accordance with your line of credit agreement.

Balance Subject to Interest Rate: The closing principal balance is used to calculate the balance subject to the interest rate. The closing principal balance in your account each day will be determined by taking the beginning principal balance of your account each day (excluding unpaid interest charges), adding any new advances and subtracting any principal payments or credits. All of the closing principal balances are added together and divided by the number of days in the billing cycle to get the "balance subject to interest rate" shown on this statement. This 'balance subject to interest rate' can be multiplied by the number of days in the billing cycle and the periodic rate applied to the product to determine the amount of the finance charge.

THE FOLLOWING SECTIONS APPLY TO CONSUMER ACCOUNTS ONLY:

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Contact us in one of the methods listed above as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer 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, (2) Describe the error or 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, and (3) Tell us the dollar amount of the suspected error. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your 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.

WHAT TO DO IF YOU HAVE A LINE OF CREDIT AND YOU THINK YOU FIND A MISTAKE ON YOUR STATEMENT

If you think there is an error on your statement, write to us using the Contact address above. In your letter, please give us the following information: (1) *Account information:* Your name and account number, (2) *Dollar amount:* The dollar amount of the suspected error, and (3) *Description of Problem:* If you think there is an error on your bill, describe what 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 in writing. You may call us, but if you do we are not required to investigate 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.

PAYMENT REQUIREMENTS

PAYMENTS MADE IN PERSON OR BY MAIL: Payments are generally credited as of the date received if the payment is (1) received by us during normal branch hours and, if by mail, at the payment address listed on the payment coupon or in the supplied envelope (if applicable), (2) paid with one check or one money order drawn in United States Dollars on a bank located in the United States and the full account number listed on the check or money order, (3) accompanied by the payment coupon (without any other portion of a statement or any correspondence of any type). If we accept a payment in any other form there may be a delay in crediting your account up to five days, during which time interest will accrue and applicable fees will apply. If your payment is returned unpaid by your bank for insufficient funds, we may re-present your check electronically. In the event that your payment due date falls on a date we do not receive or accept payments by mail (weekends and holidays), payments made in person on that date and payments received by mail by the next business day will be treated as on-time.

Check 2002, Amount $204.67 On 5/1/2020

Check 2008, Amount $1,090.38 On 5/18/2020

Check 2012, Amount $125.00 On 5/12/2020
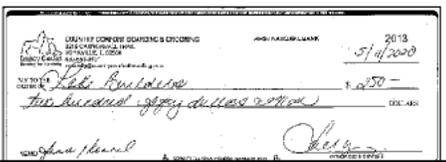
Check 2013, Amount $250.00 On 5/13/2020

Check 2016, Amount $27.80 On 5/21/2020

Check 2017, Amount $27.80 On 5/18/2020
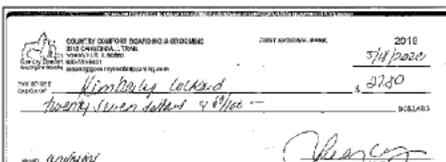
Check 2019, Amount $27.80 On 5/20/2020

Check 10168, Amount $285.35 On 5/8/2020
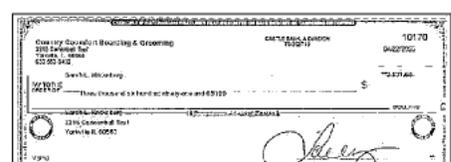
Check 10170, Amount $3,691.68 On 5/1/2020
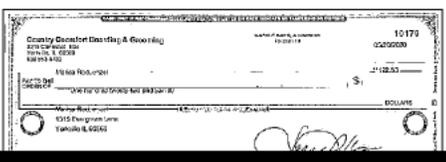
Check 10179, Amount $122.53 On 5/21/2020

Check 10181, Amount $387.48 On 5/6/2020

Check 10182, Amount $158.65 On 5/12/2020
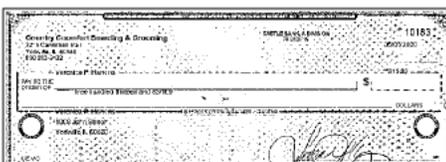
Check 10183, Amount $313.83 On 5/8/2020

Check 10184, Amount $344.41 On 5/6/2020

Check 10186, Amount $1,428.02 On 5/13/2020

Check 10187, Amount $157.78 On 5/18/2020

Check 10188, Amount $1,388.44 On 5/21/2020
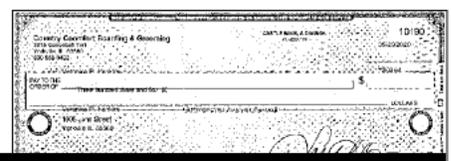
Check 10190, Amount $303.64 On 5/21/2020

Check 10191, Amount $288.49 On 5/18/2020

Check 10192, Amount $483.90 On 5/19/2020

Check 10198, Amount $306.55 On 5/20/2020

Check 10298, Amount $836.31 On 5/8/2020

Check 10299, Amount $379.56 On 5/6/2020
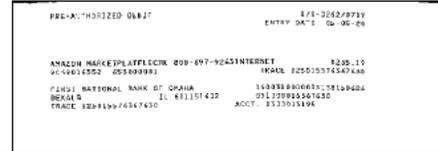
Check 99150626, Amount $235.19 On 5/5/2020
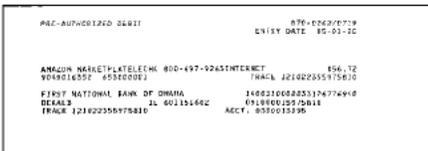
Check 99776940, Amount $56.72 On 5/1/2020

Check 99963906, Amount $55.99 On 5/12/2020

DOCUMENTATION of EMPLOYEE STATUS

Expand as Needed

Provide a list of all **personnel that were employed as of January 1, 2020 as well as new hires since that date**. Include the business owner(s). Indicate status of each employee. Provide the total of employees on 1/1/2020.

Employee Name	Employee's Last 4 Digits of Social	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
	■	✔	☐	✔	☐	☐	☐
	■	✔	☐	✔	☐	☐	✔
	■	✔	☐	✔	☐	☐	☐
	■	✔	☐	✔	☐	☐	☐
	■	☐	✔	✔	☐	☐	☐
	■	✔	☐	✔	☐	☐	☐
	■	✔	☐	✔	☐	☐	☐
	■	✔	☐	✔	☐	☐	☐
	■	✔	☐	☐	✔	☐	☐
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
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		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
TOTAL:							

LOCAL GOVERNMENT CERTIFICATIONS

On this 8th of July, 2020, the Board Chairman Scott R. Gryder of Kendall County 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** located in a floodplain.

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

14. DUNS Number: 361779440
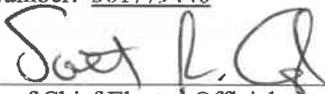
_____   7/14/2020
Signature of Chief Elected Official   Date

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.
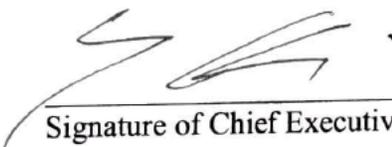
(signature)	06/25/20
Signature of Chief Executive Officer	Date
Correy Krickeberg	
Typed Name of Chief Executive Officer	
Brentwood Operations, Ltd	▉▉▉▉▉▉
Name of Business	FEIN #
3215 Cannonball Trail	
Business Address	DUNS #
	SIC #

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: _____
      Signature of Authorized Representative

Printed Name: Scott R. Gryder

Printed Title: Kendall County Board Chairman   Date: 7/14/2020

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: _____

    Signature of Authorized Representative

Printed Name: Scott R. Gryder

Printed Title: Kendall County Board Chairman   Date: 7/14/2020

County of Kendall
Resolution 20 – _23_

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:
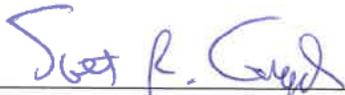
Scott R. Gryder, County Board Chairman

Attest:
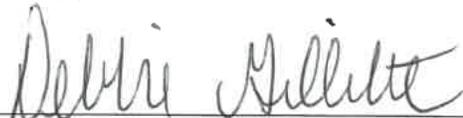
Debbie Gillette, County Clerk and Recorder

Request for Taxpayer
Identification Number and Certification

▶ Go to *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

Print or type.
See Specific Instructions on page 3.

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

Requester's name and address (optional)

7 List account number(s) here (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:

1. 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

2. 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

3. I am a U.S. citizen or other U.S. person (defined below); and

4. 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 ▶ *[signature]*   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*.

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

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 Koeppel
> 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): Brentwood Operations, Ltd.

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
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6		
Airport Hazards 24 CFR Part 51 Subpart D	Yes ☐ No ☒	No sale or acquisition of property will occur.
Coastal Barrier Resources	Yes No	*Illinois is not a covered state under these Acts.*

|		
Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]	☐ ☒	
Flood Insurance Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes No ☐ ☒	*The project is exempt pursuant to Section 58.6(a)(3), because it is funded through a HUD formula grant made to a state.*

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: 7/15/2020

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

Responsible Entity Agency Official Signature:
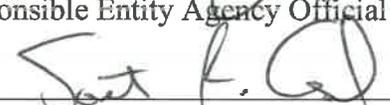
_____ Date: 7/14/220

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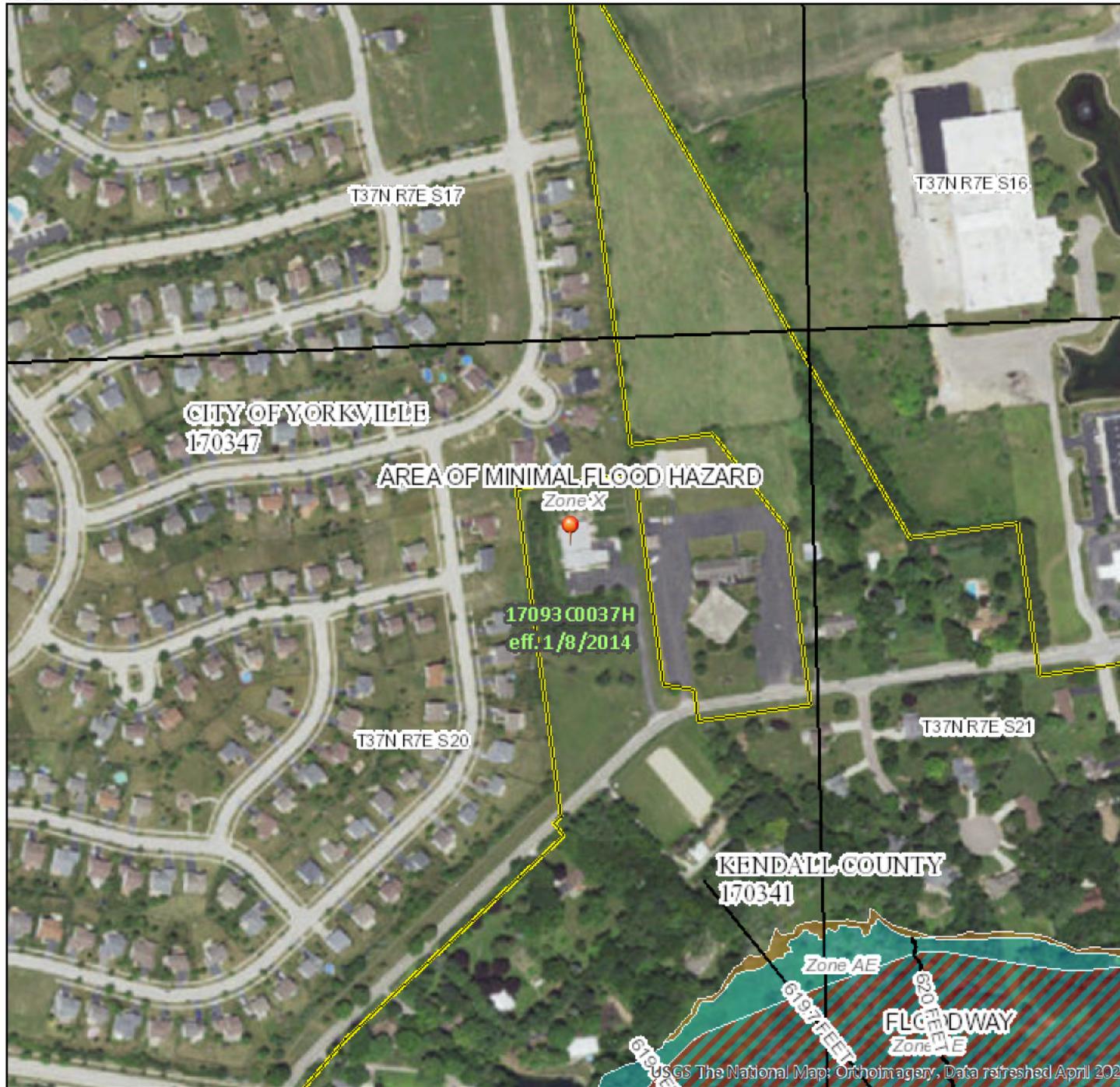
Note: Must be the name, title & signature of the applicant community's Chief **Elected** Official

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

FEMA

88°27'19"W 41°40'44"N

T37N R7E S17

T37N R7E S16

CITY OF YORKVILLE
170347

AREA OF MINIMAL FLOOD HAZARD

Zone X

17093 C0037H
eff. 1/8/2014

T37N R7E S20

T37N R7E S21

KENDALL COUNTY
170341

Zone AE

619 FEET

FLOODWAY
Zone AE

620 FEET

619 FEET

USGS The National Map: Orthoimagery. Data refreshed April 2020

88°26'41"W 41°40'17"N

Feet
0   250   500   1,000   1,500   2,000

1:6,000

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*

NO SCREEN — Area of Minimal Flood Hazard *Zone X*

Effective LOMRs

OTHER AREAS
- Area of Undetermined Flood Hazard *Zone D*

GENERAL STRUCTURES
- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

- 20.2 — Cross Sections with 1% Annual Chance
- 17.5 — Water Surface Elevation
- Coastal Transect
- 513 — Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline

OTHER FEATURES
- Profile Baseline
- Hydrographic Feature

- Digital Data Available
- No Digital Data Available

MAP PANELS
- Unmapped

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

N

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 7/8/2020 at 2:55 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.

Insert Benefiting Business's Certificate of Good Standing from Secretary of State here.

The certificate can be printed from: https://www.ilsos.gov/corporatellc/

This requirement does not apply if the benefiting business is a Sole Proprietorship.

File Number   6881-943-1

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

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

BRENTWOOD OPERATIONS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 06, 2012, 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 25TH day of JUNE A.D. 2020 .

Authentication #: 2017700488 verifiable until 06/25/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE