



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

May 8, 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 Top Notch Kennels, Inc. Top Notch Kennels, Inc. has been a part of the Kendall County community since May 27, 1994 and normally employs 20 individuals. Top Notch Kennels, 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 Chairman



**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

5. Catalog of State Financial Assistance (CSFA) Number

6. CSFA Title

Catalog of Federal Domestic Assistance (CFDA) Not Applicable (No federal funding)

7. CFDA Number

8. CFDA Title

9. CFDA Number

10. CFDA Title

Additional CFDA Number, if required

Additional CFDA Title, if required

Funding Opportunity Information

11. Funding Opportunity Number

12. Funding Opportunity Title

Competition Identification Not Applicable

13. Competition Identification Number

14. Competition Identification Title

Applicant Completed Section

Applicant Information

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

16. Common Name (DBA)

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

18. Organizational DUNS Number

19. SAM Cage Code

20. Business Address (Address 1) (Address 2) (City), (State), (zip - 4)

Applicant's Organizational Unit

21. Department Name

22. Division Name

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

23. First Name

24. Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number

29. Fax Number

30. E-mail Address

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

31. First Name

32. Last Name

33. Suffix

34. Title

35. Organizational Affiliation

36. Telephone Number

37. Fax Number

38. E-mail Address

Areas Affected

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

40. Legislative and Congressional District of Applicant

41. Legislative and Congressional Districts or Program Project

Applicant's Project

42. Description Title of Applicant's Project

43. Proposed Project Term

Start Date

End Date

44. Estimated Funding (Include all that apply)

Amount Requested from the State

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

Local Contribution

Other Source of Contribution

Program Income

Total Amount

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 (LOCAL UNIT OF GOVERNMENT)

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: Top Notch Kennels, Inc.

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

Yes, registered in _____ County No

Supported Business Address 1: 2175 Collins Rd.

Supported Business Address 2: _____

Supported Business City: Oswego

Supported Business State: IL

Supported Business Zip: 99999-9999: 60543-9671

Supported Business Phone Number 630-554-9001

Supported Business E-Mail Address: office@topnotchkennelsinc.com

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

Supported Business DUNS (if not available, insert N./A): 12-597-7244

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: Eberhardt

First Name: Robert

Title: President

Daytime Phone: 630-248-4520

Home Phone: 630-554-6773

E-Mail: topnotchkennelsinc@gmail.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: _____ Amount Received: \$ _____

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:

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

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 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: _____

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
 Signature

County of Kendall
 Institution/Organization
 Signature

Latrese Caldwell
 Name of Official

Scott R. Gryder
 Name of Official

Deputy County Administrator
 Title
 Chief Financial Officer (or equivalent)

Board Chairman
 Title
 Executive Director (or equivalent)

4/24/2020
 Date of Execution

4/23/2020
 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

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)	20	<i>hourly</i>	\$ 15.43	69	\$ 21,365.98
Fringe Benefits	1	<i>monthly</i>	\$ 100.00	2	\$ 200.00
Occupancy (Rent/Mortgage Payments)	1	<i>monthly</i>	\$ 1,717.01	2	\$ 3,434.02
Utilities (Electrical, Gas, Water, Sewer)				2	\$ -
Telecommunications & Internet				2	\$ -
Inventory/Goods Necessary to do Business				2	\$ -
Supplies (office-related)				2	\$ -
Contractual Services (pest control, cleaning, etc.)				2	\$ -
Other (specify): Required Insurance expenses				2	\$ -
Other (specify):				2	\$ -
State Total			\$		25,000.00

Total State-Funded Working Capital \$ 25,000.00

Working Capital Narrative (State):

All lines items are required day to day operational expenses necessary to stay open for business. Additionally, at expenses are actual for our January 2020 P&L statement.

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.

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

Agency Approval	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: 2020
Grant Number	0	

Final Budget Amount Approved

\$ 25,000.00

Program Approval Signature

Fiscal & Administrative Approval

Signature

Date

Date

Budget Revision Approved

Program Approval Signature

Fiscal & Administrative Approval

Signature

Date

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.

Project Summary

Top Notch Kennels, Inc. provides various pet care services including boarding, daycare, grooming, and training. We are a well-established business serving our community for 26 years. Due to the COVID19 crisis we need this grant to help us through a relatively short time until the economy starts to return to normal. The CDBG fund will be used to pay our staff of 20 employees as well as to pay basic necessary expenses to maintain operations including rent, utilities, employee benefits, and other office operating and supply expenses. Our gross revenues have increased each year for the last 7 years and 9 of the last 10 years. We are a growing business looking to expand and hopefully hire more employees in the future. This grant would provide us adequate working capital to allow us to continue to serve our community far into the foreseeable future.

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	9923.94	YES	YES	10676.10
December 31, 2018	-12485.53	YES	YES	15767.54
December 31, 2019	-9281.88	YES	YES	4982.60
Current:				957.23

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		27067.87
Personnel (Salary & Wages)	10682.99	
Fringe Benefits	100.00	
Equipment		
Inventory	508.00	
Supplies	982.32	
Occupancy (Rent & Utilities)	4821.06	
Telecommunications	457.36	
Other (Specify) Required insurance exp	926.54	
Other (Specify)		
Other (Specify)		
Total of All Expenditures		18478.27
Monthly Net Income (Total Income – Total of All Expenditures)		8589.60

CHASE for BUSINESS

Printed from Chase for Business

TNK Checking [REDACTED]
TOP NOTCH KENNELS INC

-\$3,385.40

Available balance

\$2.29

Available credit

-\$3,383.11

Available plus credit

-\$3,385.40

Present balance

Account activity

SHOWING	All transactions			
Date	Description	Type	Amount	Balance
Apr 15, 2020	INSUFFICIENT FUNDS FEE FOR A \$363.82 ITEM - DETAILS: IL DEPT OF REVEN EDI PYMNTS 20WHF000196445 CCD ID: 5555566257	Fee	-\$34.00	-\$3,385.40
	INSUFFICIENT FUNDS FEE FOR A \$1,771.90 ITEM - DETAILS: IRS USATAXPYMT 225050620129039 CCD ID: 3387702000	Fee	-\$34.00	-\$3,351.40
	INSUFFICIENT FUNDS FEE FOR A \$197.40 CARD PURCHASE - DETAILS: 0414YORKVILLE ANML HOSPTL YORKVILLE IL 04427321117063708 01	Fee	-\$34.00	-\$3,317.40
	IL DEPT OF REVEN EDI PYMNTS 20WHF000196445 CCD ID: 5555566257	ACH debit	-\$363.82	-\$3,283.40
	IRS USATAXPYMT 225050620129039 CCD ID: 3387702000	ACH debit	-\$1,771.90	-\$2,919.58
	YORKVILLE ANML HOSPTL YORKVILLE IL 04/14 (...3708)	Card	-\$197.40	-\$1,147.68
Apr 14, 2020	INSUFFICIENT FUNDS FEE FOR A \$49.00 CARD PURCHASE - DETAILS: 0413YORKVILLE ANML HOSPTL YORKVILLE IL 04427321117063708 01	Fee	-\$34.00	-\$950.28
	YORKVILLE ANML HOSPTL YORKVILLE IL 04/13 (...3708)	Card	-\$49.00	-\$916.28
	MERCHANT BANKCD DEPOSIT 498303139881 CCD ID: C592126793	ACH credit	\$551.00	-\$867.28
Apr 13, 2020	INSUFFICIENT FUNDS FEE FOR A \$29.00 ITEM - DETAILS: CITI AUTOPAY PAYMENT 080087333471001 WEB ID: CITICARDAP	Fee	-\$34.00	-\$1,418.28
	INSUFFICIENT FUNDS FEE FOR A \$19.17 CARD PURCHASE - DETAILS: 0410Amazon.com*0U2IZ3J43 Amzn.com/bill WA04427321117063708 01	Fee	-\$34.00	-\$1,384.28

Date	Description	Type	Amount	Balance
	CITI AUTOPAY PAYMENT 080087333471001 WEB ID: CITICARDAP	ACH debit	-\$29.00	-\$1,350.28
	Amazon.com*0U2IZ3J43 Amzn.com/bill WA 04/10 (...3708)	Card	-\$19.17	-\$1,321.28
	MERCHANT BANKCD DEPOSIT 498303139881 CCD ID: C592126793	ACH credit	\$313.00	-\$1,302.11
	MERCHANT BANKCD DEPOSIT 498303139881 CCD ID: C592126793	ACH credit	\$366.00	-\$1,615.11
Apr 10, 2020	INSUFFICIENT FUNDS FEE FOR A \$43.02 ITEM - DETAILS: NAVIENT-FDR AUTOPAY CS Kristen L Eb WEB ID: 2541843973	Fee	-\$34.00	-\$1,981.11
	INSUFFICIENT FUNDS FEE FOR A \$50.00 ITEM - DETAILS: KOHL'S DEPT STRS CHG PYMT 043000095482512 WEB ID: 9044021343	Fee	-\$34.00	-\$1,947.11
	INSUFFICIENT FUNDS FEE FOR A \$77.28 ITEM - DETAILS: FOREMOST EPM PYMT PPD ID: 1000085001	Fee	-\$34.00	-\$1,913.11
	INSUFFICIENT FUNDS FEE FOR A \$365.56 ITEM - DETAILS: UNITED HEALTHCAR EDI PAYMTS 943214129487 ID: 1411289245	Fee	-\$34.00	-\$1,879.11
	INSUFFICIENT FUNDS FEE FOR A \$21.24 CARD PURCHASE - DETAILS: 0409APPLE.COM/BILL 866-712-7753 CA 04427321117063708 00	Fee	-\$34.00	-\$1,845.11
	INSUFFICIENT FUNDS FEE FOR A \$30.25 CARD PURCHASE - DETAILS: 0410Amazon.com*7D0FZ1OU3 Amzn.com/bill WA04427321117063708 01	Fee	-\$34.00	-\$1,811.11
	NAVIENT-FDR AUTOPAY CS Kristen L Eb WEB ID: 2541843973	ACH debit	-\$43.02	-\$1,777.11
	KOHL'S DEPT STRS CHG PYMT 043000095482512 WEB ID: 9044021343	ACH debit	-\$50.00	-\$1,734.09
	FOREMOST EPM PYMT PPD ID: 1000085001	ACH debit	-\$77.28	-\$1,684.09
	UNITED HEALTHCAR EDI PAYMTS 943214129487 ID: 1411289245	ACH debit	-\$365.56	-\$1,606.81
	APPLE.COM/BILL 866-712-7753 CA 04/09 (...3708)	Card	-\$21.24	-\$1,241.25
	Amazon.com*7D0FZ1OU3 Amzn.com/bill WA 04/10 (...3708)	Card	-\$30.25	-\$1,220.01
	MERCHANT BANKCD DEPOSIT 498303139881 CCD ID: C592126793	ACH credit	\$339.00	-\$1,189.76

Date	Description	Type	Amount	Balance
Apr 9, 2020	INSUFFICIENT FUNDS FEE FOR A \$232.37 CARD PURCHASE - DETAILS: 0409Google LLC* ADS3212694 650-2530000 CA04427321114809129 00	Fee	-\$34.00	-\$1,528.76
	Google LLC* ADS3212694 650-2530000 CA 04/09 (...9129)	Card	-\$232.37	-\$1,494.76
	MERCHANT BANKCD DEPOSIT 498303139881 CCD ID: C592126793	ACH credit	\$171.00	-\$1,262.39
Apr 8, 2020	INSUFFICIENT FUNDS FEE FOR A \$31.53 CARD PURCHASE - DETAILS: 0407AMZN Mktp US*076YB9Q Amzn.com/bill WA04427321117063708 01	Fee	-\$34.00	-\$1,433.39

DOCUMENTATION of EMPLOYEE STATUS

Expand as Needed

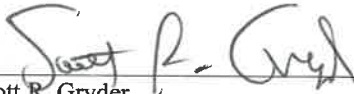
Provide a list of all **personnel that were employed as of January 1, 2020 as well as new hires since that date**. Include the business owner(s). Indicate status of each employee. Provide the total of employees on 1/1/2020.

Employee Name	Employee's Last 4 Digits of Social Security #	Status on 12/31/19		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
Rachael Bamrick	████	X		X			
Anna Barr	████	X		X			
Josh bedford	████	X					
Angela Broadway	████	X		X			
Matthew Bytnar	████	X					X
Marin Childers	████	X				X	
Emily Clements	████	X					X
Garrett Hall Risor	████		X			X	
Haley Diaz	████	X					X
Kristi Eberhardt	████	X		X			
Kaitlyn Grove	████	X					X
Erin Kennick	████	X				X	
Jenna Kentgen	████	X				X	
Christopher Lee	████	X				X	
Kayla Neal	████	X				X	
Joy Richmond	████	X		X			
Jessica Runyon	████	X				X	
Magdalena Stromidlo	████	X				X	
Haley Thezan	████	X		X			
Payton Vogt	████	X					X
Alexandra Walsh	████	X				X	
Dawn Wilkening	████	X		X			
Mackenzie Ragsdale	████		X			X	
Macy Sutton	████		X			X	
Caitlyn VanCamp	████		X	X			
Miranda Wolfe	████	X					X
Madeline Wyatt	████	X					X
Nicolette Williams	████	X					X
TOTAL:		<u>24</u>					

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** located in a floodplain.
A FEMA Floodplain map is included in the application (as required) and is located on Page
14. DUNS Number: 361779440



Scott R. Gryder
Board Chairman

4/23/2020

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

Date

Typed Name of Chief Executive Officer

Name of Business

FEIN #

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:

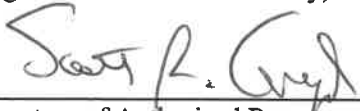
N/A

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: 4/23/2020

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: Scott R. Gryder
Signature of Authorized Representative

Printed Name: Scott R. Gryder

Printed Title: Kendall County Board Chairman

Date: 4/23/2020



**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 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: 2175 Collins Road. Owego, IL 60543

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): Top Notch Kennels, 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
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6		
Airport Hazards 24 CFR Part 51 Subpart D	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	No sale or acquisition of property will occur.

<p>Coastal Barrier Resources</p> <p>Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]</p>	<p>Yes No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p><i>Illinois is not a covered state under these Acts.</i></p>
<p>Flood Insurance</p> <p>Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]</p>	<p>Yes No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p><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></p>

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: 4/23/2020
 Name/Title/Organization: Scott Koeppel, County Administrator, Kendall County

Responsible Entity Agency Official Signature:  Date: 4/23/2020
 Name/Title: Scott R. Gryder, Kendall County Board Chairman

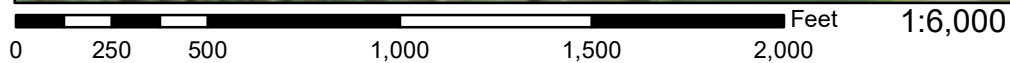
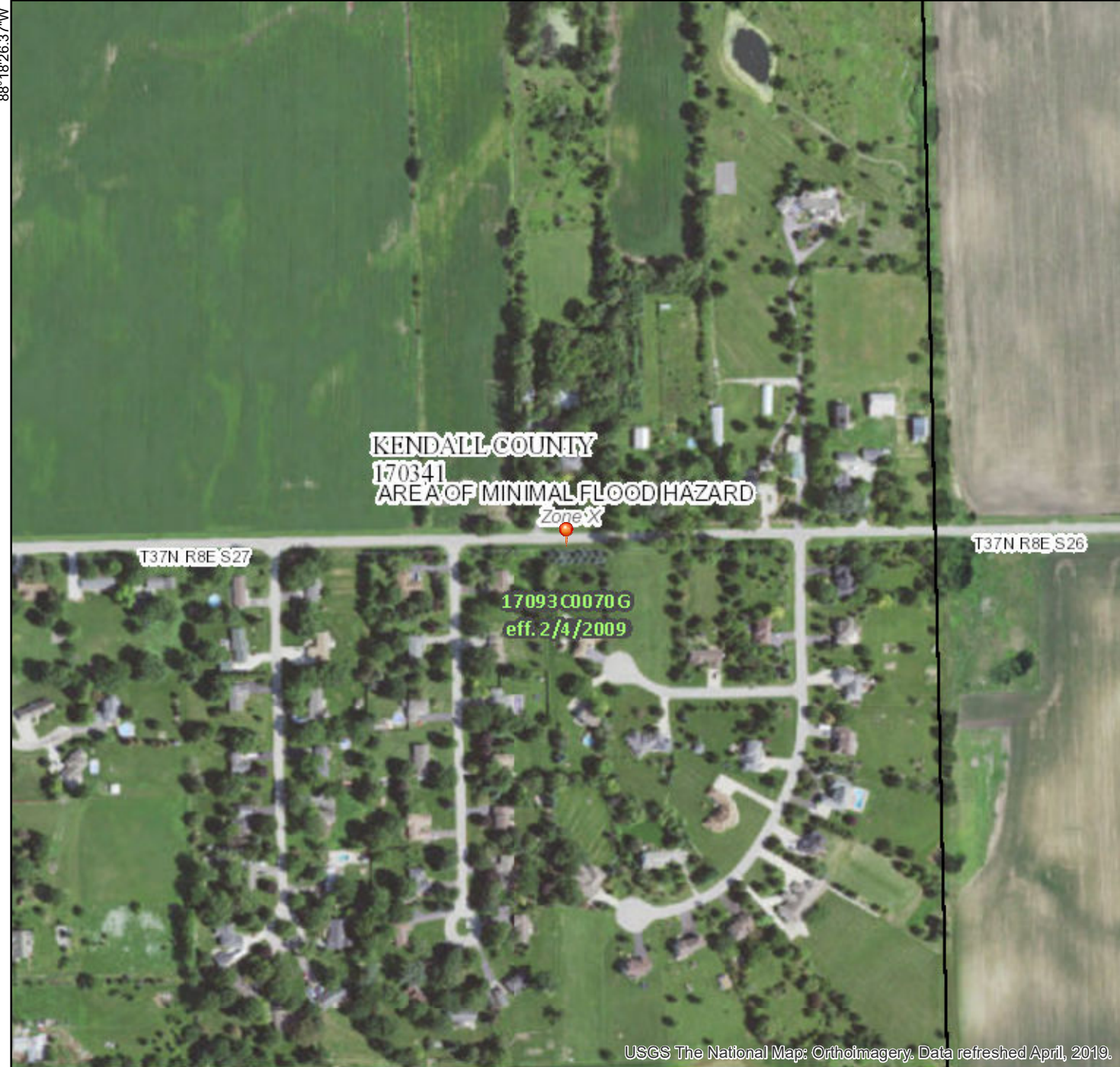
Note: Must be the name, title & signature of the applicant community's Chief **Elected** Official

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



41°39'40.38"N



USGS The National Map: Orthoimagery. Data refreshed April, 2019.

41°39'13.51"N

Legend

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

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) <i>Zone A, V, A99</i>
		With BFE or Depth <i>Zone AE, AO, AH, VE, AR</i>
		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 <i>Zone X</i>
		Future Conditions 1% Annual Chance Flood Hazard <i>Zone X</i>
		Area with Reduced Flood Risk due to Levee. See Notes. <i>Zone X</i>
		Area with Flood Risk due to Levee <i>Zone D</i>

OTHER AREAS		Area of Minimal Flood Hazard <i>Zone X</i>
		Effective LOMRs
		Area of Undetermined Flood Hazard <i>Zone D</i>
GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

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 **4/23/2020 at 1:05:25 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.

88°17'48.92"W





Office of the Secretary of State Jesse White
CYBERDRIVEILLINOIS.COM

Corporation/LLC Search/Certificate of Good Standing

Corporation File Detail Report

File Number	57835435
Entity Name	TOP NOTCH KENNELS, INC.
Status	ACTIVE

Entity Information

Entity Type
CORPORATION

Type of Corp
DOMESTIC BCA

Incorporation Date (Domestic)
Friday, 27 May 1994

State
ILLINOIS

Duration Date
PERPETUAL

Agent Information

Name
ROBERT M EBEHRARDT

Address

2175 COLLINS RD
OSWEGO , IL 60543

Change Date
Monday, 13 June 2005

Annual Report

Filing Date
00/00/0000

For Year
2020

Officers

President
Name & Address
ROBERT EBERHARDT 338 MILLSTREAM LN OSWEGO 60543

Secretary
Name & Address
KRISTEN EBERHARDT SAME

[Return to Search](#)

[File Annual Report](#)

[Adopting Assumed Name](#)

[Articles of Amendment Effecting A Name Change](#)

[Change of Registered Agent and/or Registered Office](#)

(One Certificate per Transaction)