



**COUNTY OF KENDALL, ILLINOIS**  
**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 22, 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 Faith In Designs Inc. Faith In Designs Inc. has been a part of the Kendall County community since January 1, 2017 and normally employs 9 individuals. Faith In Designs Inc. has been negatively impacted by the COVID-19 emergency and requires urgent assistance. We appreciate your consideration.

Regards,

Scott R. Gryder  
Kendall County Board Chair



# Illinois Department of Commerce & Economic Opportunity

## Uniform Application for State Grant Assistance

### Agency Completed Section

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

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

4. Name of Awarding State Agency

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: \$\_\_\_\_\_**

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.

**II. 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: Faith In Design's Inc

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

 Yes, registered in \_\_\_\_\_ County  NoSupported Business Address 1: 16267 Griswold Springs Rd

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

Supported Business City: PlanoSupported Business State: ILSupported Business Zip: 99999-9999: 60545Supported Business Phone Number (630)688-5105Supported Business E-Mail Address: kimfaithindesigns@gmail.comSupported Business FEIN or ITIN: XXXXXXXXXXSupported Business DUNS (if not available, insert N./A): N/ASupported Business SIC: <https://www.naics.com/sic-codes-industry-drilldown/> \_\_\_\_\_**Supported Business Authorized Signatory Contact:***Signatory must sign Participation Agreement and Business Certification Form*Last Name: HansonFirst Name: KimberlyTitle: PresidentDaytime Phone: (630)688-5105Home Phone: SameE-Mail: kimfaithindesigns@gmail.comHas this business received federal or state funding (loans, grants or other assistance) related to the COVID19 emergency?  No  Yes If yes, provide the name/type of assistance and amount:Funding Program Name: EIDL Amount Received: \$9,000.00Funding Program Name: PPP Amount Received: \$50,200.00BANKRUPTCY: 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					Grant #
(a). State of Illinois Grant Amount Requested					TOTAL REVENUE
					\$ 25,000.00
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200				TOTAL EXPENDITURES
15. <u>Working Capital</u>					\$ 25,000.00
18. Total Costs State Grant Funds					\$ 25,000.00



Organization Name:

0

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

NOFO #

2398-1381

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)

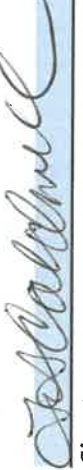
Approving Federal/State agency (please specify): \_\_\_\_\_

The Indirect Cost Rate is: \_\_\_\_\_ % The Distribution Base is: \_\_\_\_\_


CERTIFICATION	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name:	CSFA Description: Downstate Small Business Stabilization	NOFO # 2398-1381
CSFA #: 420-75-2398	DUNS #	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

Latrese Caldwell  
 Name of Official

Deputy Chief Administrator  
 Title  
 Chief Financial Officer (or equivalent)  
  
 Date of Execution

County of Kendall  
 Institution/Organization  
  
 Signature

Scott R. Gryder  
 Name of Official

Board Chairman  
 Title  
 Executive Director (or equivalent)  
  
 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)	9	hourly	\$ 27.78	100	\$ 25,000.00
Fringe Benefits					\$ -
Occupancy (Rent/Mortgage Payments)					\$ -
Utilities (Electrical, Gas, Water, Sewer)					\$ -
Telecommunications & Internet					\$ -
Inventory/Goods Necessary to do Business					\$ -
Supplies (office-related)					\$ -
Contractual Services (pest control, cleaning, etc.)					\$ -
Other (specify): Equipment					\$ -
Other (specify): Liability Insurance					\$ -
Other (specify): Truck Payment					\$ -
<b>State Total</b>					<b>\$ 25,000.00</b>

**Total State-Funded Working Capital \$ 25,000.00**

**Working Capital Narrative (State):**  
 The grant will be used to provide personnel wages for 9 staff for two and a half weeks.

## Section C - Budget Worksheet & Narrative

0

**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>
<b>15. Working Capital</b>	\$ 25,000.00	\$ 25,000.00
<b>State Request</b>	\$ 25,000.00	
<b>Non-State Amount</b>		
<b>TOTAL PROJECT COSTS</b>	\$	\$ 25,000.00

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

Grant Number 0

Final Budget Amount Approved

\$ 25,000.00

Fiscal & Administrative Approval  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Budget Revision Approved

Fiscal & Administrative Approval  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Program 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.

Faith In Designs, Inc is a female owned custom remodeling company that has been serving the Kendall County area since January 1, 2017. Faith In Design's, Inc employs a total of 9 employees. We specialize in repurposing clients existing cabinetry and building custom cabinetry, trim(s) and inserting custom cabinetry to create a new kitchen experience for them. Our services have grown over the years to include bathroom, basement remodels and custom design services. We take great pride in the amazing transformations in our client's homes and equally important is our efforts to repurpose as much materials as we can and to create as small of an environmental footprint as possible.

When I started this business it was just me and every year we have grown in revenue as well as employees. With 2019 being our largest increase of both revenue and employees. Since COVID-19 became part of our new reality in January we noticed our sales slightly decreased and experienced no growth in the 1st quarter of 2020. A back log of work suddenly dwindled to a job by job situation. On March 20, 2020 Gov Pritzker announced a shut down in the State of Illinois. After giving the situation serious thought and after going through a difficult 1st quarter with minimal reserves in the bank; I made the hardest decision of my life and shuttered my shop and laid off all of my employees. I made this decision for all the right reasons to protect my employees and their families, my clients and their families and to be a part of the solution not the problem. I did this knowing we did not have much reserves in the business and gave up my own salary to be able to make a final payroll payment to my employees. As the stay at home order continued to be extended what little reserves were in the business went to pay rent, utilities, minimum payments to creditors and vendors. Which leaves us in a situation where we do not have money in our account to pay bills due for MAY.

We have been fortunate enough and blessed to have received approval for Federal assistance. However, as generous as these programs are as it concerns our payroll needs the amount was based on the average payroll from 2019. Because of the growth we experienced in 2019 from 2 employees to 8 employees. The average from that is roughly half of what our current payroll needs are based on the 1st quarter for 2020 payroll. We will need to take every penny and apply that to our current payroll and plan to bring back all of our employees. Leaving us no assistance on overhead and working capital. Furthermore, the assistance will last approx. 4 1/2 weeks of payroll and not the recommended 8 weeks. This grant will enable us to become current with our outstanding bills and vendors and will allow us to have working capital to rebuild our client base and carry us through another full week of payroll for employees. The State of Illinois and Kendall Counties generous program in combination with the generosity of the Federal Governments Program both combined we are confident that we can pick our business up and hit the ground running; fully employing our 9 employees and helping support all of their families here in Kendall County. Asking for this help is difficult Since I have devoted my life to build a business to better my family and have never needed nor asked for any help in the process. I am truly grateful for the programs that have been made available and can promise you the monies will be used as intended and literally will save families from financial ruin. It should be noted that at the time of this application PPP funds have not yet been received. Thank you in advance.

Faith In Designs, Inc  
Kimberly Hanson, President

## NET INCOME VERIFICATION

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

<b>Fiscal Year Ending:</b>	<b>Net Income</b>	<b>Net Income derived from Profit/Loss Statement? (Yes/No)</b>	<b>Net Income calculated from total sales – total expenses? (Yes/No)</b>	<b>Cash Balance</b>
December 31, 2017	16,053.00	Y		1,580.91
December 31, 2018	-1,236.00	Y		3,408.94
December 31, 2019	-11,097.00	Y		8,651.48
<b>Current:</b>				9,299.82

## JANUARY, 2020 MONTHLY BUDGET

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

<b>Budget Item</b>	<b>Total Monthly Expenditures</b>	<b>Monthly Net Income Computation</b>
<b>Total Income</b>		<b>\$51,657.50</b>
Personnel (Salary & Wages)	\$42,202.51	
Fringe Benefits	0	
Equipment	\$500.00	
Inventory	\$1,000.00	
Supplies	\$4,000.00	
Occupancy (Rent & Utilities)	\$1,816.50	
Telecommunications	\$306.98	
Other (Specify) Truck Payment	\$550.00	
Other (Specify) Liability/Work Comp Ins	\$1025.54	
Other (Specify)	N/A	
<b>Total of All Expenditures</b>		<b>51,401.54</b>
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>		<b>255.97</b>



START BANKING

www.oldsecond.com

Statement of Account

ACCOUNT:	[REDACTED]
DATES:	4/01/20 THRU 4/30/20
PAGE:	1 of 3

\*0012123 S2  
 Faith In Designs Inc  
 PO Box 134  
 Plano IL 60545-0134



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- Security Resources
- FAQs
- More!

[oldsecond.com/resources](http://oldsecond.com/resources)



Business Free Checking

Account Title: Faith In Designs Inc

Effective 7/1/2020 our Funds Availability policy will be changed as follows:  
 The amount we make available for withdrawal by checks not subject to next day availability will increase from \$200 to \$225. Also, the amount available for withdrawal for large deposits, new accounts and the amount for determining a repeat overdraft, increases from \$5000 to \$5,525.

Previous Balance	6,856.94	Average Ledger	6,234.41
2 Credit(s)	9,020.76	Average Collected	6,234.41
23 Debit(s)	13,694.59		
Service Charge	.00		
Interest Paid	.00		
Ending Balance	2,183.11		

Activity In Date Order

DATE	DESCRIPTION	AMOUNT
4/02	POS PUR. 04/01 09:37 BULL MOOSE BAR & GRILL SANDWICH IL 99999999 CARD# *9553 TX# 380214063	72.58-
4/02	AC TRI-COUNTY PROPE ACH 242071757651513WEB 1330903620	996.50-
4/03	POS PUR. 04/01 01:42 CASEYS GEN STORE 3097 SANDWICH IL 99999999 CARD# *9553 TX# 684264107	23.27-
4/07	POS PUR. 04/06 04:55 WM SUPERCENTER #1003 PLANO IL 99999999 CARD# *9553 TX# 282668022	72.12-

\*8002\*



24-Hour Infoline: 888.892.6565 | Customer Service: 877.866.0202





**Activity In Date Order (continued)**

DATE	DESCRIPTION	AMOUNT
4/07	AC COMED UTIL_BIL 091000010340698CCD 2360938600 1972462071 0407	249.27-
4/08	POS PUR. 04/07 22:20 JOHNNY KS SANDWICH IL 99999999 CARD# *9553 TX# 986785079	15.00-
4/14	AC COMCAST 8771200 650247824 021000028507574PPD 0000213249	180.73-
4/16	POS RET. 04/15 04:45 WAL-MART #1003 PLANO IL 0001 CARD# *9553 TX# 373837541	20.76
4/16	Transf to Payroll Checking Confirmation number 416201290	200.00-
4/16	POS PUR. 04/15 05:05 WAL-MART #1003 PLANO IL 0001 CARD# *9553 TX# 374132488	36.01-
4/21	AC SBAD TREAS 310 MISC PAY 101036152373014CCD 9101036151 EIDG:3300610146 NTE*PMT*EIDG:3300610146\	9,000.00
4/22	POS PUR. 04/20 22:51 TASTEE BITE PLANO IL 99999999 CARD# *9553 TX# 089429728	37.58-
4/23	POS PUR. 04/21 21:12 VILLAGE COURTYARD SOMONAUK IL 99999999 CARD# *9553 TX# 289521589	67.50-
4/23	POS PUR. 04/21 02:21 CASEYS GEN STORE 3097 SANDWICH IL 99999999 CARD# *9553 TX# 177636556	20.27-
4/24	POS PUR. 04/23 01:28 CHINA HOUSE SANDWICH IL 75608623 CARD# *9553 TX# 781749952	61.82-
4/24	AC COUNTRY MUTUAL INSURANCE. 071000289362472PPD 3370807507	1,025.54-
4/24	AC WELLS FARGO AUTO FEE & PMTS 091000014503156WEB 9330291646	432.59-
4/27	Transf to Bus Savings 2796 Confirmation number 427200298	9,000.00-
4/27	POS PUR. 04/24 08:33 VINEYARD LIQUOR STORE PLANO IL 2111 CARD# *9553 TX# 584550521	93.04-
4/27	POS PUR. 04/24 09:38 PLANO RURAL KING PLANO IL 5250 CARD# *9553 TX# 677397966	91.02-
4/27	POS PUR. 04/25 22:15 PORTILLOS HOT DOGS #24 OSWEGO IL 0010 CARD# *9553 TX# 280164376	21.18-
4/29	AC VERIZON WIRELESS PAYMENTS 021000028930759CCD 6223344794 054233653100001	306.98-
4/30	DBT CRD 1221 04/30/20 DBHWA8M TST* GRACE COFFEE, EAT YORKVILLE IL C#9553	54.43-

**Summary By Check Number**

DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT
4/07	2155	547.16	4/27	2156	90.00			

\* Denotes missing check numbers

**Daily Balance Information**

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
4/01	6,856.94	4/14	4,700.31	4/24	11,839.76
4/02	5,787.86	4/16	4,485.06	4/27	2,544.52
4/03	5,764.59	4/21	13,485.06	4/29	2,237.54
4/07	4,896.04	4/22	13,447.48	4/30	2,183.11
4/08	4,881.04	4/23	13,359.71		

Pay to the Order of: **GIVE 03/31** \$547.16  
Pay to the Order of: **ACE Hardware** \$547.16  
Five Hundred Forty Seven and 16/100 Dollars  
Old Second National Bank  
for **Magrath's**

4/7/2020 #2155 \$547.16

Pay to the Order of: **ALWAYS 04/20** \$90.00  
Pay to the Order of: **Community Disposal** \$90.00  
Ninety and 00/100 Dollars  
Old Second National Bank  
for **pt**

4/27/2020 #2156 \$90.00



Old Second

START BANKING

www.oldsecond.com

Statement of Account

ACCOUNT:	[REDACTED]
DATES:	1/01/20 THRU 2/02/20
PAGE:	1 of 5

\*0012348 S3  
 Faith In Designs Inc  
 PO Box 134  
 Plano IL 60545-0134



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Business Free Checking

Account Title: Faith In Designs Inc

Previous Balance	8,651.48	Average Ledger	14,344.64
15 Credit(s)	64,514.11	Average Collected	11,198.06
53 Debit(s)	66,617.13		
Service Charge	.00		
Interest Paid	.00		
Ending Balance	6,548.46		

Activity In Date Order

DATE	DESCRIPTION	AMOUNT
1/02	POS PUR. 12/31 01:57 UDECOR 8775500600 CA 0000 CARD# *9553 TX# 980704311	169.98-
1/03	Deposit	6,000.00
1/03	Deposit	4,102.50
1/03	Transf to Payroll Checking Confirmation number 102202061	5,000.00-
1/03	POS PUR. 01/02 09:25 RICHELIEU AMERICA 800-619-5446 MI 99999999 CARD# *9553 TX# 087355532	130.77-
1/03	AC TRI-COUNTY PROPE ACH 242071759043454WEB 1330903620	996.50-
1/03	AC COMED UTIL_BIL 091000011205855CCD 2360938600 1972462071 0103	194.14-
1/06	POS PUR. 01/02 21:34 MENARDS YORKVILLE IL YORKVILLE IL 99999999 CARD# *9553 TX# 580545259	143.47-
1/06	AC CHRYSLER CAPITAL PAYMENT 021000028784153TEL 9191691401	400.00-
1/08	Deposit	6,977.00
1/08	POS PUR. 01/07 08:17 WM SUPERCENTER #1003 PLANO IL 99999999 CARD# *9553 TX# 786914409	201.66-
1/10	Deposit	1,000.00

\*8001\*



24-Hour Infoline: 888.892.6565 | Customer Service: 877.866.0202



**Activity In Date Order (continued)**

DATE	DESCRIPTION	AMOUNT
1/10	POS PUR. 01/09 05:19 SHERWIN WILLIAMS 70178 YORKVILLE IL 7000 CARD# *9553 TX# 380583213	1,020.37-
1/10	ck#113 dep 12/2/19 as \$6387.50 but legal amt was \$6087.50	300.00-
1/10	AC 1ST BANKCARD CTR ONLINE PMT 104000019651044WEB 8104000010	7,074.75-
1/13	POS RET. 01/10 06:32 CABINETPARTS.COM, INC. 954-4283800 FL 00000001 CARD# *9553 TX# 674203390	334.69
1/13	POS RET. 01/09 21:56 CABINETPARTS.COM, INC. 954-4283800 FL 00000001 CARD# *9553 TX# 875066710	297.42
1/13	Deposit	1,000.00
1/13	POS PUR. 01/13 10:46 USPS PO 16702005 SANDWICH IL 20054898 CARD# *9553 TX# 000057533	110.00-
1/14	Deposit	20,000.00
1/14	Deposit	4,025.00
1/14	AC AETNA PLYWOOD IN VENDOR PMT 091000012082775CCD 2362076585 011320	1,456.38-
1/14	AC COMCAST 8771200 650247824 021000020756100PPD 0000213249	172.51-
1/15	POS PUR. 01/13 05:05 CASEYS GEN STORE 3097 SANDWICH IL 99999999 CARD# *9553 TX# 387358470	45.00-
1/16	Deposit	1,000.00
1/16	AC CHRYSLER CAPITAL PAYMENT 021000021942442TEL 9191691401	600.58-
1/17	Transf to Payroll Checking Confirmation number 117200448	15,226.86-
1/17	Transf to Payroll Checking Confirmation number 117200304	1,870.00-
1/17	Transf to Payroll Checking Confirmation number 117200311	1,268.61-
1/17	Transf to Bus Savings 2796 Confirmation number 117200317	1,000.00-
1/21	Transf to Payroll Checking Confirmation number 121202592	5,000.00-
1/21	RCR PUR. 01/18 09:57 VZWRLLS*APOCC VISN 800-922-0204 FL 99999999 CARD# *9553 TX# 583706869	175.51-
1/21	POS PUR. 01/17 20:12 MENARDS BATAVIA IL BATAVIA IL 99999999 CARD# *9553 TX# 173558896	94.19-
1/21	POS PUR. 01/21 08:32 IL TOLLWAY-WEB 6302416800 IL 0000 CARD# *9553 TX# 580765224	40.00-
1/21	POS PUR. 01/18 02:27 PORTILLOS HOT DOGS #22 BATAVIA IL 0010 CARD# *9553 TX# 385651008	38.67-
1/21	POS PUR. 01/16 23:31 ART SUPER MARKET SANDWICH IL 99999999 CARD# *9553 TX# 577863186	12.30-
1/22	POS PUR. 01/21 01:45 JP PARK WAYSIDE VDYKES 800-800-3415 SC 99999999 CARD# *9553 TX# 184169139	48.11-
1/23	POS PUR. 01/21 21:08 THE HOME DEPOT #6887 YORKVILLE IL 0453 CARD# *9553 TX# 179189699	115.55-
1/23	AC Nicor Gas GAS PAYMNT 021000025394259WEB 8121119770	92.85-
1/24	Deposit	5,350.00
1/24	POS PUR. 01/23 08:29 VILLAGE ACE HDWE SANDWICH IL 4611 CARD# *9553 TX# 276783143	25.61-
1/24	POS PUR. 01/23 08:36 VILLAGE ACE HDWE SANDWICH IL 4611 CARD# *9553 TX# 776316511	12.89-
1/24	AC COUNTRY MUTUAL INSURANCE. 071000284699027PPD 3370807507	1,025.54-
1/24	AC WELLS FARGO AUTO FEE & PMTS 091000015519600WEB 9330291646	550.00-
1/27	POS PUR. 01/24 00:44 HOMEDEPOT.COM 800-430-3376 GA 4736 CARD# *9553 TX# 785634929	213.64-
1/27	POS PUR. 01/25 02:22 WM SUPERCENTER #1003 PLANO IL 99999999 CARD# *9553 TX# 587821421	95.93-
1/27	POS PUR. 01/24 23:42 CASEYS GEN STORE 3097 SANDWICH IL 99999999 CARD# *9553 TX# 981132615	44.75-
1/27	POS PUR. 01/24 05:46 TASTEE BITE PLANO IL 99999999 CARD# *9553 TX# 774265707	15.63-
1/28	Deposit	1,225.00
1/28	POS PUR. 01/27 01:56 NORTHWESTAB 2054869372 AL 0000 CARD# *9553 TX# 074542989	58.42-
1/28	Checking Withdrawal	404.00-
1/29	Deposit	8,177.50
1/31	Trsf from Savings Confirmation number 131200004	1,000.00
1/31	Deposit	4,025.00
1/31	Transf to Payroll Checking Confirmation number 131200024	17,767.63-
1/31	POS PUR. 01/30 08:27 FLOOR AND DECOR 138 AURORA IL 1644 CARD# *9553 TX# 070668156	625.19-
1/31	POS PUR. 01/31 09:46 TST* LAKEVIEW GRILLE YORKVILLE IL 99999999 CARD# *9553 TX# 177462652	156.37-

Faith In Designs Inc  
 PO Box 134  
 Plano IL 60545-0134

ACCOUNT:	[REDACTED]
DATES:	1/01/20 THRU 2/02/20
PAGE:	3 of 5

**Summary By Check Number**

DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT
1/13	2094	40.00	1/14	2138	150.00	1/24	2142	345.00
1/07	2135*	150.00	1/22	2139	600.00	1/28	2143	49.56
1/08	2136	47.19	1/22	2140	250.00	1/30	2145*	459.51
1/13	2137	72.00	1/23	2141	459.51			

\* Denotes missing check numbers

**Daily Balance Information**

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
1/01	8,651.48	1/13	12,312.26	1/23	8,620.63
1/02	8,481.50	1/14	34,558.37	1/24	12,011.59
1/03	12,262.59	1/15	34,513.37	1/27	11,641.64
1/06	11,719.12	1/16	34,912.79	1/28	12,354.66
1/07	11,569.12	1/17	15,547.32	1/29	20,532.16
1/08	18,297.27	1/21	10,186.65	1/30	20,072.65
1/10	10,902.15	1/22	9,288.54	1/31	6,548.46

\*4001\*





2253 115306

KIMBERLY HANSON  
16267 GRISWOLD SPRINGS RD  
PLANO IL 60545-9614

First Bankcard  
P.O. Box 2557  
Omaha, NE 68103-2557

**New Balance:** .....\$17,415.00

**Minimum Payment Due:** .....\$0.00

**Payment Due Date:** ..... May 9, 2020

Make checks payable to First Bankcard

Amount of Payment Enclosed

\$

**Change of Address?** If yes, please complete reverse side.

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Chrysler World Mastercard®

**Account Number:**

Page 001 of 003



### Account Summary

Previous Balance .....	\$14,642.86
Payments .....	-\$0.00
Other Credits .....	-\$0.00
Purchases .....	+\$2,587.20
Balance Transfers .....	+\$0.00
Cash Advances .....	+\$0.00
Fees Charged .....	+\$0.00
Interest Charged .....	+\$184.94
<b>New Balance .....</b>	<b>\$17,415.00</b>
Statement Closing Date ..... 04/13/20	
Days in Billing Cycle ..... 32	
Total Credit Limit .....	\$28,650.00
Available Credit .....	\$11,235.00
Cash Limit .....	\$5,750.00
Available Cash .....	\$5,750.00



### Payment Information

New Balance .....	\$17,415.00
Minimum Payment Due .....	\$0.00
Past Due Amount .....	\$0.00
<b>Payment Due Date .....</b>	<b>May 9, 2020</b>

**Minimum Payment Warning:** Even if you make no more charges using this card, if you make only the minimum payment each month we estimate you will never pay off the balance shown on this statement because your payment will be less than the interest charged each month.

If you would like information about credit counseling services, call 1-866-486-6322.



### Customer Service

Save Time and Stamps  
by Paying Online!

**Call: Toll Free 1-866-348-3507**

(TDD Telecommunications Device for the Deaf: 1-800-925-2833) (Balance Transfer Hotline: 1-877-388-8231)

**Visit: [www.firstbankcard.com/chrysler](http://www.firstbankcard.com/chrysler)**

Remit to: First Bankcard, P.O. Box 2557, Omaha, NE 68103-2557



### Smart Tips

#### Avoid Credit Card Fraud

Do not give out your account number over the phone unless you initiate the call. Credit card thieves have been known to pose as credit card issuers and other businesses to trick you into giving out your credit card number. Legitimate companies don't call you to ask for a credit card number over the phone.

### REWARDS SUMMARY

Earn rewards points everyday - you earn 3 points per \$1 on FCA Purchases, 2 points per \$1 on Travel Purchases and 1 point per \$1 on all other Net Purchases. Then you can redeem those points for FCA parts (including Mopar parts and accessories) and services or to purchase or lease a new or used Chrysler, Dodge, Jeep, Ram or FIAT vehicle at a participating FCA US dealership. You can also redeem for travel, gift cards, merchandise, or cash back as a statement credit to your Account, an ACH deposit to any checking or savings account (ABA routing number required), or as a check sent to you by mail. See your rewards terms and conditions for complete details.

# Freshen Up.

Keeping your information current allows you access to the latest offers and information regarding your account. Log in to **Update Income** annually, to ensure you gain access to the latest offers and information regarding your account.



Account Number:

Page 002 of 003

## Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
<b>Transactions</b>				
3-11	3-13	55432860072200357021391	THE HOME DEPOT 6887 YORKVILLE IL	\$731.09
3-11	3-13	55541860072010177886545	HOMEDEPOT.COM 800-430-3376 GA	\$118.75
3-11	3-13	55541860072010177579777	THE HOME DEPOT #6887 YORKVILLE IL	\$65.21
3-13	3-16	05436840074300237844136	CASEYS PLANO 3469 PLANO IL	\$46.61
3-13	3-16	02305370074100099984688	MENARDS YORKVILLE IL YORKVILLE IL	\$230.25
3-13	3-16	55483820074400005769207	WAL-MART #1003 PLANO IL	\$139.09
3-16	3-18	0230537007200061580089	ART SUPER MARKET SANDWICH IL	\$236.91
3-16	3-18	0230537007200061580162	ART SUPER MARKET SANDWICH IL	\$21.42
3-16	3-18	05140480077710033940053	ALDI 68034 PLANO IL	\$93.67
3-16	3-18	0543684007300216737746	CASEYS GEN STORE 3097 SANDWICH IL	\$46.39
3-17	3-19	55541860078010177239806	THE HOME DEPOT #6887 YORKVILLE IL	\$193.89
3-17	3-19	85180890078980170992314	TASTEE BITE PLANO IL	\$37.58
3-18	3-19	55310200076083708897515	AMZN MKTP US*405Y051J3 AMZN.COM/BILL WA	\$52.54
3-19	3-20	25415750079001818199903	MARATHON PETRO130195 SANDWICH IL	\$29.81
3-19	3-23	55541860080010187245385	THE HOME DEPOT #6887 YORKVILLE IL	\$75.77
3-19	3-23	02305370080200055486058	ART SUPER MARKET SANDWICH IL	\$85.24
3-20	3-23	55432860080200253382764	Amazon Prime*UK5KZ71N3 Amzn.com/bill WA	\$12.99
3-22	3-23	55310200082083385071339	AMAZON.COM*RJ4W62UN3 A AMZN.COM/BILL WA	\$15.93
3-23	3-24	05140480083720223975944	MCDONALD'S F5289 SANDWICH IL	\$33.29
3-23	3-24	55500360084400505000446	PLANO RURAL KING PLANO IL	\$38.57
3-27	3-30	05140480088710027567182	ALDI 68034 PLANO IL	\$50.40
3-31	4-01	55432860091200481424419	AMZN MktP US*RC15N8MB3 Amzn.com/bill WA	\$12.00
4-11	4-13	82305090102000000532968	ALLSHOPUSA WEST PALM BEA FL	\$185.84
4-12	4-13	554328601032000068412676	AMZN MktP US*VX6C26W13 Amzn.com/bill WA	\$33.96

<b>Fees</b>	
<b>Total Fees For This Period</b>	<b>\$0.00</b>
<b>Interest Charged</b>	
Interest Charge on Purchases	\$184.94
Interest Charge on Cash Advances	\$0.00
Interest Charge on Balances Transfers	\$0.00
<b>Total Interest For This Period</b>	<b>\$184.94</b>

Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Special Offer or Eligible Purchase APR Expiration Date	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	12.49% (v)	N/A	\$16,949.55	32	\$184.94
Cash Advance	26.74% (v)	N/A	\$0.00	32	\$0.00

**2020 Total Year-to-Date**



# STATEMENT OF COMMERCIAL ACCOUNT

STATEMENT DATE: 04/30/20 PAGE: 1

REMITTANCE ADVICE  
CUSTOMER NO. [REDACTED]

PAGE 1

CUSTOMER NUMBER : 2569-9286-8

FAITH IN DESIGNS  
PO BOX 134  
PLANO, IL 60545 0134

JOB NUMBER : 01  
FAITH IN DESIGNS  
PO BOX 134  
PLANO, IL 60545 0134

1789 / 00146

JOB NUMBER: 01  
JOB NAME: FAITH IN DESIGNS  
PAYMENT TERMS: NET 20TH PROX

**DUE DATE**  
05/20/2020

**PLEASE PAY**  
\$1,051.66

PLEASE RETURN THIS REMITTANCE ADVICE WITH  
YOUR PAYMENT IN THE ENCLOSED ENVELOPE

**IF YOU HAVE ANY QUESTIONS CONCERNING YOUR ACCOUNT, PLEASE CALL 630-553-6102**

**THANK YOU FOR YOUR PAYMENT**

## ACCOUNT SUMMARY

PREVIOUS BALANCE:	\$1,051.66	CURRENT DUE:	\$0.00
CURRENT MONTH CHARGES:	\$0.00	PAST DUE 1-30 DAYS:	\$1,051.66
CURRENT MONTH PAYMENTS:	\$0.00	PAST DUE 31-60 DAYS:	\$0.00
CURRENT MONTH STORE CREDITS:	\$0.00	PAST DUE 61-90 DAYS:	\$0.00
CURRENT MONTH OTHER DEBITS:	\$0.00	PAST DUE OVER 90 DAYS:	\$0.00
CURRENT MONTH OTHER CREDITS:	\$0.00	<b>NET AMOUNT DUE:</b>	<b>\$1,051.66</b>
ACCOUNT BALANCE	\$1,051.66		

**NET AMOUNT DUE: \$1,051.66**

AMOUNT PAID
CHECK NO.

## ACCOUNT DETAIL

DATE	TYPE	STORE	REF NO	P.O. NUMBER/JOB DESC	AMOUNT	SUBTOTAL
03/11/2020	CHARGE	1789	54134	MATHRE	\$372.72	
03/18/2020	CHARGE	1784	89334	MATHRE	\$414.27	
03/18/2020	CHARGE	1789	30168	DELIVERY	\$264.67	
						\$1,051.66

REF NO	AMOUNT	PLEASE CHECKMARK ITEMS PAID IN FULL OR ENTER AMOUNT PAID
54134	\$372.72	
89334	\$414.27	
30168	\$264.67	




**STATEMENT**

**Remit To:** Aetna Plywood  
Lockbox #774315  
4315 Solutions Center  
Chicago, IL 60677-4003

Statement Date: 04/30/20

Sold-To:  
FAITH IN DESIGNS INC  
915 EVA LN #A  
SANDWICH, IL 60548-3408

**ACCT:** 101083      **PHONE:** (630)-688-5105      **FAX:**

INVOICE DATE	INVOICE NUMBER	TYPE	GROSS AMOUNT	DISC DATE	DISC AMT	PAYMENT	NET AMOUNT
03/11/20	RCK00319545-001	INVOICE	892.52			0.00	892.52
04/30/20	RCKFC0620-000080	FC	17.85			0.00	17.85
							

Current Amt 17.85	31-60 Days 892.52	61-90 Days 0.00	91-120 Days 0.00	Over 120 Days 0.00
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**Balance Due** **\$910.37**

## 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 1/1/20		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
Kimberly Hanson	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Justin Stoddard	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Josh Guziec	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maxwell Shaw	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dalila Garcia	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chayce Stoddard	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diana Garcia	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thomas Zimmermann	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Andrew Greer	██████	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>		<b>8</b>					

## LOCAL GOVERNMENT CERTIFICATIONS

On this 19 of May, 2020, 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

Signature of Chief Elected Official

Date

*Scott R. Gryder*

*5/12/2020*

**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

**Kimberly R Hanson**

Typed Name of Chief Executive Officer

**Faith In Design's, Inc**

Name of Business

16267 Griswold Springs Rd, Plano, IL 60545

Business Address

**05/05/2020**

Date

FEIN #

DUNS #

SIC #

## MANDATORY DISCLOSURES

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

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

N/A

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

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

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

Grantee Organization: Kendall County, Illinois

By: Scott R. Gryder  
Signature of Authorized Representative

Printed Name: Scott R. Gryder

Printed Title: Kendall County Board Chairman

Date: 5/12/2020

## 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: 5/12/2020

**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

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**County of Kendall**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC       C Corporation       S Corporation       Partnership       Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Government entity**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

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

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

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

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

**111 West Fox Street**

6 City, state, and ZIP code

**Yorkville, IL 60560**

7 List account number(s) here (optional)

Print or type.  
See Specific Instructions on page 3.

### 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

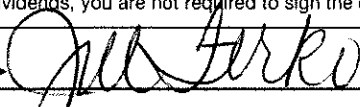
Under penalties of perjury, I certify that:

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 ▶



Date ▶

4/27/2020

### General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

## **SAM Registration**

Registered under Kendall, County of

Cage#: 5D9D9



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

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

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

Taxpayer Identification Number: 36-6006598

Form(s):

Dear Taxpayer:

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

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

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

Sincerely,

**Ms. Shanahan**  
0621489  
Customer Service Representative



**U.S. Department of Housing and Urban  
Development**

451 Seventh Street, SW  
Washington, DC 20410  
www.hud.gov

espanol.hud.gov

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

**Project Information**

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

**Responsible Entity:** Kendall County, Illinois

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

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

**Preparer:**

Scott 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:** 16267 Griswold Springs Rd, Plano, IL 60545

**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): Faith In Design's Inc.

**Level of Environmental Review Determination:**

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

**Funding Information**

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

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

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

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

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

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

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

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

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

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

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

Preparer Signature:  Date: 5/11/2020

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

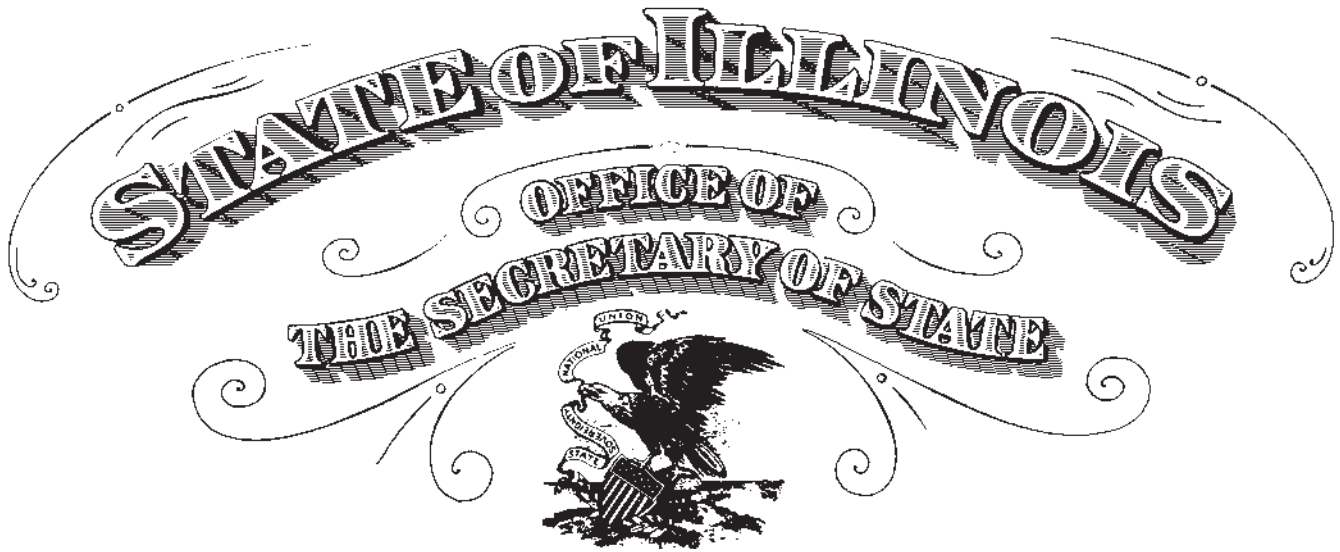
Responsible Entity Agency Official Signature:

 Date: 5/12/2020

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).

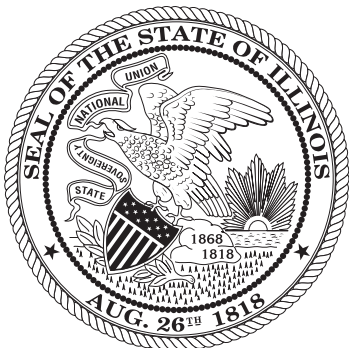


**To all to whom these Presents Shall Come, Greeting:**

*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*

FAITH IN DESIGNS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 02, 2018, 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 6TH day of MAY A.D. 2020 .***



Authentication #: 2012701892 verifiable until 05/06/2021

Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE