



## COUNTY OF KENDALL, ILLILNOIS

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

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

June 19, 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 The Home Shows, Inc. The Home Show, Inc. has been a part of the Kendall County community since 1986 and normally employs three individuals. The Home Shows, 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**

5/29/2020 DATE APPLICANT COMPLETED REGISTRATION ON GATA PORTAL (www.grants.illinois.gov)

4/14/2020 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):	06/20/16
Resolution Number:	

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

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

**III. APPLICATION WRITER**

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

**IV. BENEFITING BUSINESS INFORMATION**

**Name of Business this application is in support of:**

Supported Business Name: The Home Shows, Inc. DBA Chicago Home Shows

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

Yes, registered in Kendall County  No

Supported Business Address 1: PO Box 808

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

Supported Business City: Oswego

Supported Business State: Illinois

Supported Business Zip: 99999-9999: 60543

Supported Business Phone Number 630-385-4000

Supported Business E-Mail Address: jessica@chicagohomeshow.net

Supported Business FEIN or ITIN: [REDACTED]

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

Supported Business SIC: <https://www.naics.com/sic-codes-industry-drilldown/> 79991004

**Supported Business Authorized Signatory Contact:**

*Signatory must sign Participation Agreement and Business Certification Form*

Last Name: Keeneth-Zeuli

First Name: Jessica

Title: Executive Producer / VP

Daytime Phone: 630-385-4000

Home Phone: 630-361-2832 (mobile)

E-Mail: jessica@chicagohomeshow.net

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: \$1000/employee grant Amount Received: \$ 3000

Funding Program Name: PPP SBA Loan Amount Received: \$ 12,500

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

**PENDING LAWSUITS:** Is the business or any officers or principals of the business involved in any lawsuits?  No  Yes If yes, provide details

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

Organization Name:

County of Kendall

NOFO #

2398-1381

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

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

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

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

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

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

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

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

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

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

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

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

4)  For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:  
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5)) Or;  
 Complies with other statutory policies (please specify):  
 The Restricted Indirect Cost Rate is \_\_\_\_\_ %

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

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

Period Covered by the NICRA: From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/dd/yyyy)  
 Approving Federal/State agency (please specify): \_\_\_\_\_  
 The Indirect Cost Rate is: \_\_\_\_\_ 0 % The Distribution Base is: \_\_\_\_\_

<b>CERTIFICATION</b>		<b>STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE</b>	<b>AGENCY: Commerce &amp; Economic Opportunity</b>
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  
*L. Caldwell*  
Signature

Latreese Caldwell  
Name of Official

Deputy County Administrator  
Title  
Chief Financial Officer (or equivalent)  
*6/8/2020*  
Date of Execution

County of Kendall  
Institution/Organization  
*Scott R. Gryder*  
Signature

Scott R. Gryder  
Name of Official

Board Chairman  
Title  
Executive Director (or equivalent)  
*6/8/2020*  
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

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



<b>Agency Approval</b>	<b>STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE</b>	<b>AGENCY: Commerce &amp; Economic Opportunity</b>
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

## *Insert Project Summary here*

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

We are an event service, we produce the Chicago Home Shows and the Chicago Pet Shows. The Home Shows, Inc was established in 1986 as incorporated in January 2005. When the executive order was placed in effect, we were mid season of events. As such we lost approximately \$115,000 in advertising costs, overhead & outstanding accounts receivable revenue that couldn't be collected for the balance of shows.

Going forward we still need to produce the events that were missed, which means buying the advertising for a second time & covering our overhead expenses. We're unable to collect the missed a/r, because we have to combine 3 shows into one in order to make the best use of our dollars. The unearned dollars equals approximately \$45,000 of the \$115,000.

The \$25,000 would help us with the overhead and extra advertising costs to fulfill our agreements. Our events are trade shows that focus on local business', so any money received will go directly back to helping the local business' meet with customers and boost the economy through home improvement efforts. As well as, rescue animals at our Chicago Pet Shows.

Past that, if we're able to fulfill our agreements our clients will regain trust in events after COVID19 and extend our business of 34 years.

## 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	1,117.24	yes	yes	44,810.96
December 31, 2018	32,051.98	yes	yes	82,060.23
December 31, 2019	47,636.57	yes	yes	103,389.12
<b>Current:</b>				51,792.60

## 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
<b>Total Income</b>		50,155.76
Personnel (Salary & Wages)	12,918.80	
Fringe Benefits	1511	
Equipment		
Inventory		
Supplies	819.49	
Occupancy (Rent & Utilities)	1850.21	
Telecommunications	656.58	
Other (Specify) Credit Card Fees	3,554.36	
Other (Specify) January Event Expense	24,025.84	
Other (Specify) Computer Fees	40.92	
<b>Total of All Expenditures</b>		45,377.20
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>		<b>4,778.56</b>



Statement Period Date: 4/1/2020 - 4/30/2020  
Account Type: BUS BASICS CHECKING

Banking Center: Oswego  
Banking Center Phone: 630-636-5980  
Business Banking Support: 877-534-2264

44341

**Account Summary -**

<b>04/01</b>	<b>Beginning Balance</b>	<b>\$12,513.42</b>	Number of Days in Period	30
9	Checks	\$(7,392.87)		
4	Withdrawals / Debits	\$(5,285.02)		
6	Deposits / Credits	\$16,682.50		
<b>04/30</b>	<b>Ending Balance</b>	<b>\$16,518.03</b>		

**Analysis Period: 03/01/20 - 03/31/20**

Standard Monthly Service Charge	\$0.00
<b>Standard Monthly Service Charge Waived</b>	<b>\$0.00</b>
<b>Service Charge withdrawn on 04/10/20</b>	<b>\$0.00</b>

**Checks**

9 checks totaling \$7,392.87

\* Indicates gap in check sequence i = Electronic Image s = Substitute Check

Number	Date Paid	Amount	Number	Date Paid	Amount	Number	Date Paid	Amount
11505 i	04/06	250.64	11510 i	04/13	1,060.08	11513 i	04/21	1,217.26
11507*i	04/01	1,235.34	11511 i	04/09	1,217.25	11514 i	04/22	1,149.83
11509*i	04/06	10.00	11512 i	04/14	1,149.82	11515 i	04/28	102.65

**Withdrawals / Debits**

4 items totaling \$5,285.02

Date	Amount	Description
04/02	11.25	AUTHNET GATEWAY BILLING 111674604 THE HOME SHOWS, INC. 040220
04/02	1,629.23	BANKCARD-8138 MTOT DISC 543138750100472 THE HOME SHOW 040220
04/15	3,072.04	5/3 MORTGAGE LN #XXXXXX0535 PAID BY AUTO BILLPAYER
04/21	572.50	BANKCARD-8138 BTOT DEP 543138750100472 THE HOME SHOW 042120

**Deposits / Credits**

6 items totaling \$16,682.50

Date	Amount	Description
04/09	150.00	MOBILE DEPOSIT
04/09	1,360.00	MOBILE DEPOSIT
04/09	10,000.00	5/3 ONLINE TRANSFER FROM CK: XXXXXX0004 REF # 00641324432
04/21	1,600.00	5/3 ONLINE TRANSFER FROM CK: XXXXXX7948 REF # 00637981223
04/27	572.50	BANKCARD-8138 BTOT DEP 543138750100472 THE HOME SHOW 042720
04/28	3,000.00	SBAD TREAS 310 MISC PAY EIDG:3301503058 The Home Shows, Inc. NTE*PMT*EIDG:3301503058 042820

**Daily Balance Summary**

Date	Amount	Date	Amount	Date	Amount
04/01	11,278.08	04/13	18,609.63	04/22	13,048.18
04/02	9,637.60	04/14	17,459.81	04/27	13,620.68
04/06	9,376.96	04/15	14,387.77	04/28	16,518.03
04/09	19,669.71	04/21	14,198.01		



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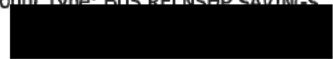
THE HOME SHOWS INC  
57 PONDEROSA DR  
YORKVILLE IL 60560-9571



0

45195

Statement Period Date: 4/1/2020 - 4/30/2020  
Account Type: BUS RELNSHP SAVINGS



Banking Center: Oswego  
Banking Center Phone: 630-636-5980  
Business Banking Support: 877-534-2264



04/01	Beginning Balance	\$49,337.95	Interest Earned	\$1.71
	Checks		Number of Days in Period	30
2	Withdrawals / Debits	\$(10,669.60)	Annual Percentage Yield Earned	0.05%
1	Deposits / Credits	\$1.71	Interest Earned YTD	\$5.42
04/30	Ending Balance	\$38,670.06	Prior Year Interest	\$20.81

**Withdrawals / Debits**

2 items totaling \$10,669.60

Date	Amount	Description
04/09	10,000.00	5/3 ONLINE TRANSFER TO CK: XXXXXX0012 REF # 00641324432
04/20	669.60	5/3 ONLINE TRANSFER TO CC: XXXXXXXXXXXX5141 REF # 00643356610

**Deposits / Credits**

1 item totaling \$1.71

Date	Amount	Description
04/30	1.71	INTEREST

**Daily Balance Summary**

Date	Amount	Date	Amount	Date	Amount
04/09	39,337.95	04/20	38,668.35	04/30	38,670.06





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WEST SUBURBAN BANK  
1071 STATION DR  
OSWEGO, IL 60543



PAGE: 1  
04/30/2020

TELEPHONE: 630-652-2000

HOME SHOWS INC 30-5  
PO BOX 808 0  
OSWEGO IL 60543-0808 0



MINIMUM BALANCE 15,216.42  
LAST STATEMENT 03/31/20 18,306.33  
CREDITS .00  
4 DEBITS 3,089.91  
THIS STATEMENT 04/30/20 15,216.42

----- OTHER DEBITS -----

DESCRIPTION	DATE	AMOUNT
GREAT LAKES STUDENT LN	04/02	500.00
UNEMPL TAX IL DEPT EMPL SEC	04/10	162.61
IRS USATAXPYMT	04/10	2,031.92
EDI PYMNTS IL DEPT OF REVEN	04/13	395.38

----- DAILY BALANCE -----

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
04/02	17,806.33	04/10	15,611.80	04/13	15,216.42





### 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
Beth Casazza	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jessica Keeneth-Zeuli	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margaret Ruh	██████	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<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"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>		<b>3</b>					

## LOCAL GOVERNMENT CERTIFICATIONS

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

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

14. DUNS Number: 361779440

  
Signature of Chief Elected Official

Date: 6/8/2020

**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

**Jessica Keeneth-Zeuli**

\_\_\_\_\_  
Typed Name of Chief Executive Officer

**The Home Shows, Inc.**

\_\_\_\_\_  
Name of Business

**57 Ponderosa Dr, Yorkville, IL 60560**

\_\_\_\_\_  
Business Address

**PO Box 808, OSwego, IL 60543**

**06/04/2020**  
\_\_\_\_\_  
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: \_\_\_\_\_

Signature of Authorized Representative

Printed Name: Scott R. Gryder

Printed Title: Kendall County Board Chairman

Date:



## CONFLICT OF INTEREST DISCLOSURE

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

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

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

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

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

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: 6/8/2020

**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

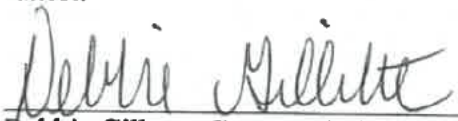
**BE IT FURTHER RESOLVED** that the County of Kendall shall publicize this Resolution and through this publicity shall cause real estate brokers and sellers, private home sellers, rental owners, rental property managers, real estate and rental advertisers, lenders, builders, developers, home buyers and 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) ▶ \_\_\_\_\_

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

**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.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**111 West Fox Street**

6 City, state, and ZIP code  
**Yorkville, IL 60560**

7 List account number(s) here (optional)

Requester's name and address (optional)

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:

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

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

**Sign Here**    Signature of U.S. person ▶    Date ▶ **4/27/2020**

### General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

## **SAM Registration**

Registered under Kendall, County of

Cage#: 5D9D9



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

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

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

Taxpayer Identification Number: 36-6006598

Form(s):

Dear Taxpayer:

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

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

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

Sincerely,

**Ms. Shanahan**  
**0621489**  
**Customer Service Representative**



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

**Development**

451 Seventh Street, SW

Washington, DC 20410

www.hud.gov

espanol.hud.gov

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

**Project Information**

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

**Responsible Entity:** Kendall County, Illinois

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

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

**Preparer:**

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

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

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

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

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

**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.

<b>Compliance Factors:</b> 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 Improvement Act of 1990 [16 USC 3501]	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<i>Illinois is not a covered state under these Acts.</i>

<p><b>Flood Insurance</b></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>
--	---	---

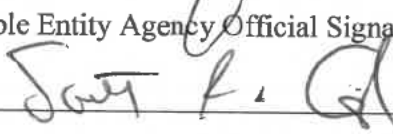
**Mitigation Measures and Conditions [40 CFR 1505.2(c)]**

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: 6/8/2020

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

Responsible Entity Agency Official Signature:  Date: 6/8/2020

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°38'52.63"N  
88°24'41.05"W



88°24'3.59"W

USGS The National Map: Orthoimagery Data (refreshed April, 2019)  
41°38'25.75"N



## Legend

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

**SPECIAL FLOOD HAZARD AREAS**

- Without Base Flood Elevation (BFE)  
*Zone A, V, A99*
- With BFE or Depth *Zones AE, AO, AH, VE, AR*
- Regulatory Floodway

**OTHER AREAS OF FLOOD HAZARD**

- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile *Zone X*
- Future Conditions 1% Annual Chance Flood Hazard *Zone X*
- Area with Reduced Flood Risk due to Levee. See Notes. *Zone X*
- Area with Flood Risk due to Levee *Zone D*

**OTHER AREAS**

- Area of Minimal Flood Hazard *Zone X*
- Effective LOMRs
- Area of Undetermined Flood Hazard *Zone D*

**GENERAL STRUCTURES**

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

**OTHER FEATURES**

- 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.

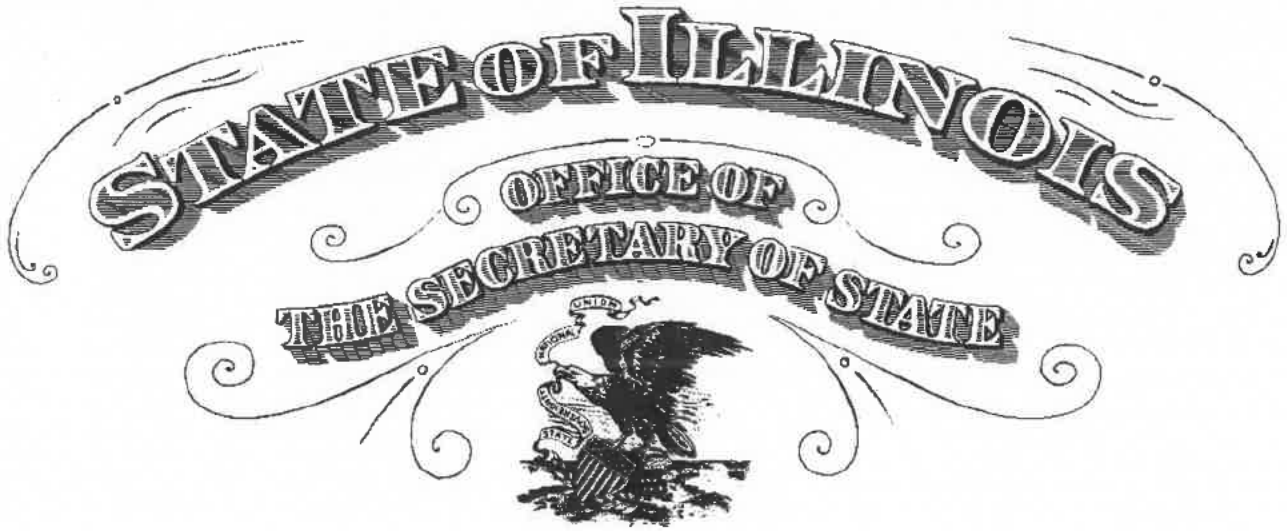
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **6/1/2020 at 5:00:38 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.

File Number

6400-229-5



**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*

THE HOME SHOWS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 20, 2005, 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 29TH*  
*day of MAY A.D. 2020 .*

*Jesse White*

SECRETARY OF STATE

Authentication #: 2015001882 verifiable until 05/29/2021

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