



## **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**

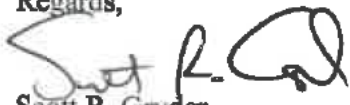
July 10, 2020

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 Emerson Creek Events, Inc. has been a part of the Kendall County community since February 1<sup>st</sup>, 2012 and normally employs seven individuals. Emerson Creek Events, 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)

<input checked="" type="checkbox"/> Amount Requested from the State	<input type="text" value="\$25,000.00"/>
<input type="checkbox"/> Applicant Contribution (e.g., in kind, matching)	<input type="text"/>
<input type="checkbox"/> Local Contribution	<input type="text"/>
<input type="checkbox"/> Other Source of Contribution	<input type="text"/>
<input type="checkbox"/> Program Income	<input type="text"/>
<b>Total Amount</b>	<input type="text" value="\$25,000.00"/>



**Applicant Certification:**

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

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

I Agree

**Authorized Representative**

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative



53. Date Signed



**CDBG APPLICANT PROJECT INFORMATION  
ECONOMIC DEVELOPMENT COMPONENT**

**I. PRE-APPLICATION REQUIREMENTS**

6/28/2016 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):	
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: Emerson Creek Events Inc.

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

 Yes, registered in \_\_\_\_\_ County  NoSupported Business Address 1: 5126 Stephens Rd

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

Supported Business City: OswegoSupported Business State: IllinoisSupported Business Zip: 99999-9999: 60543Supported Business Phone Number 6305547100Supported Business E-Mail Address: dave@emersoncreek.comSupported Business FEIN or ITIN: [REDACTED]

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

Supported Business SIC: <https://www.naics.com/sic-codes-industry-drilldown/> 7299**Supported Business Authorized Signatory Contact:***Signatory must sign Participation Agreement and Business Certification Form*Last Name: DemidukFirst Name: DavidTitle: OwnerDaytime Phone: 6303191460Home Phone: 6303191460E-Mail: dave@emersoncreek.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: PPP Amount Received: \$ 59,650.00Funding Program Name: SBAD Amount Received: \$ 150,000.00BANKRUPTCY: 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

<b>STATE OF ILLINOIS</b>	<b>UNIFORM GRANT BUDGET TEMPLATE</b>				<b>Commerce &amp; Economic Opportunity</b>
<b>Organization Name:</b>	<b>County of Kendall</b>	<b>DUNS#</b>	<b>361779440</b>	<b>NOFO #</b>	<b>2398-1381</b>
<b>CSFA Number:</b>	<b>420-75-2398</b>	<b>CSFA Description:</b>	<b>Downstate Small Business Stabilization</b>	<b>Fiscal Year:</b>	<b>2020</b>
<b>SECTION A -- STATE OF ILLINOIS FUNDS</b>					
<b>Revenues</b>					<b>Grant #</b>
(a). State of Illinois Grant Amount Requested					<b>TOTAL REVENUE</b>
					\$ 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)(i) & (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  
*Latresca Caldwell*  
Signature

Latresca Caldwell  
Name of Official  
  
Deputy Chief Administrator  
Title  
Chief Financial Officer (or equivalent)  
  
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)  
  
Date of Execution

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

## Section C - Budget Worksheet & Narrative

County of Kendall

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

Description	Quantity	Basis	Cost	Length of time	Capital Cost
Personnel (Salaries and Wages)	7	wages	\$ 485.36	4.25	\$ 14,439.36
Fringe Benefits	7		\$ 204.76	2	\$ 2,866.64
Occupancy (Rent/Mortgage Payments)	1	monthly	\$ 2,247.00	2	\$ 4,494.00
Utilities (Electrical, Gas, Water, Sewer)	1	monthly	\$ 746.00	2	\$ 1,492.00
Telecommunications & Internet	1	monthly	\$ 854.00	2	\$ 1,708.00
Inventory/Goods Necessary to do Business					
Supplies (office-related)					
Contractual Services (pest control, cleaning, etc.)					
Other (specify):					
Other (specify):					
<b>State Total</b>			<b>\$</b>		<b>\$ 25,000.00</b>

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

**Working Capital Narrative (State):**

Grant will go towards personnel, fringe benefits, rent/mortgage payments, utilities, and telecommunications.

## 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>
<b>15. Working Capital</b>	\$ 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	<u>0</u>	

Final Budget Amount Approved

\$ 25,000.00

Program Approval Signature

Date

Fiscal & Administrative Approval  
Signature

Date

Budget Revision Approved

Program Approval Signature

Date

Fiscal & Administrative Approval  
Signature

Date

\$200,308 Revision of budget and program plans

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

## *Insert Project Summary here*

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

Emerson Creek Events Inc. is a venue located on seven acres in Oswego Township. We have been in business since February 1st of 2012. We host weddings, parties and fundraisers. We also hold a monthly market on our grounds Emerson Creek will use the CDBG funds to keep our staff employed. Emerson Creek Events had 51 weddings booked May through the first week in November. Due to the COVID pandemic we now have 17 weddings left in 2020, 31 have been rescheduled to 2021 and 3 have been sent refunds. At this time we have 6 full time staff and one part timer. Emerson would normally have an additional 3 full time staff as well as 15 part time staff.

## 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	2836	yes		23476
December 31, 2018	54101	yes		55715
December 31, 2019	80867	yes		34946
<b>Current:</b>				

## 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>		
Personnel (Salary & Wages)	24636	
Fringe Benefits	1454	
Equipment		
Inventory		
Supplies		
Occupancy (Rent & Utilities)	2247	
Telecommunications	746	
Other (Specify)		
Other (Specify)		
Other (Specify)		
<b>Total of All Expenditures</b>		
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>		



JPMorgan Chase Bank, N.A.  
 P O Box 182051  
 Columbus, OH 43218-2051

May 01, 2020 through May 29, 2020

Primary Account: [REDACTED]

**CUSTOMER SERVICE INFORMATION**

Web site: **www.Chase.com**  
 Service Center: **1-877-425-8100**  
 Deaf and Hard of Hearing: **1-800-242-7383**  
 Para Espanol: **1-888-622-4273**  
 International Calls: **1-713-262-1679**

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EMERSON CREEK EVENTS INC.  
 5126 STEPHENS RD  
 OSWEGO IL 60543-4102

**We updated the Funds Availability Policy in the Deposit Account Agreement**

We increased the minimum amount of funds that we make available to you the next business day when you deposit a check. For more information, please see the Funds Availability Policy in the Deposit Account Agreement at [chase.com/disclosures](http://chase.com/disclosures).

Please call the number on your statement if you have questions. We accept operator relay calls.

**CONSOLIDATED BALANCE SUMMARY**

**ASSETS**

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Performance Business Checking	[REDACTED]	\$113,220.34	\$230,925.71
Chase Business Select High Yield Savings	[REDACTED]	167,006.13	167,010.10
<b>Total</b>		<b>\$280,226.47</b>	<b>\$397,935.81</b>
<b>TOTAL ASSETS</b>		<b>\$280,226.47</b>	<b>\$397,935.81</b>

**CHASE PERFORMANCE BUSINESS CHECKING**

EMERSON CREEK EVENTS INC.

Account Number: [REDACTED]

**CHECKING SUMMARY**

	INSTANCES	AMOUNT
<b>Beginning Balance</b>		<b>\$113,220.34</b>
Deposits and Additions	11	223,302.08
Checks Paid	4	-19,762.00
Electronic Withdrawals	34	-85,834.71
<b>Ending Balance</b>	<b>49</b>	<b>\$230,925.71</b>



May 01, 2020 through May 29, 2020

Primary Account: [REDACTED]

## DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
05/01	Small Business N/A Credit PPD ID: 2112690123	\$59,650.00
05/01	Beyond CR CD Dep 924751726715106 CCD ID: 9000009247	1,000.00
05/04	Beyond CR CD Dep 924751726715106 CCD ID: 9000009247	3,737.50
05/04	Beyond CR CD Dep 924751726715106 CCD ID: 9000009247	1,114.58
05/11	Beyond CR CD Dep 924751726715106 CCD ID: 9000009247	5,125.00
05/13	Credit / Deposit	1,000.00
05/13	Credit / Deposit	1,000.00
05/15	Beyond CR CD Dep 924751726715106 CCD ID: 9000009247	650.00
05/19	Orig CO Name:Sbad Treas 310 Orig ID:9101036151 Desc Date:051920 CO Entry Descr: Misc Paysec:CCD Trace#:101036152363850 Eed:200519 Ind ID:723490740173000 Ind Name:Emerson Creek Events I Rmt*CT*7234907401 200 05035 F8024** *****\ Trn: 1402363850Tc	149,900.00
05/26	Orig CO Name:Beyond Orig ID:9000009247 Desc Date:200524 CO Entry Descr:CR CD Dep Sec:CCD Trace#:124384602998187 Eed:200526 Ind ID:924751726715106 Ind Name:Emerson Creek Events I Trn: 1472998187Tc	25.00
05/29	Orig CO Name:Beyond Orig ID:9000009247 Desc Date:200529 CO Entry Descr:CR CD Dep Sec:CCD Trace#:124384609444587 Eed:200529 Ind ID:924751726715106 Ind Name:Emerson Creek Events I Trn: 1509444587Tc	100.00
<b>Total Deposits and Additions</b>		<b>\$223,302.08</b>

## CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
12085 ^		05/06	\$120.00
12086 ^		05/20	5,150.00
12087 ^		05/20	12,092.00
12090 * ^		05/28	2,400.00
<b>Total Checks Paid</b>			<b>\$19,762.00</b>

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

\* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

## ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
05/01	05/01 Online Payment 9388698242 To Bank of America	\$639.88
05/01	05/01 Online Payment 9382681211 To Bus Rev Crdt 9004	1,000.00
05/01	ADP Payroll Fees ADP - Fees 662381880659079 CCD ID: 9659605001	226.93
05/04	Beyond Merch Fees 924751726715106 CCD ID: 9000009247	1,253.51
05/04	ADP 401K ADP 401K R4Cdx 050109V02 CCD ID: 1223006057	252.00
05/04	Taxxsolutions Weekly 0518 CCD ID: 0006512453	104.00
05/04	Authnet Gateway Billing 111943746 CCD ID: 1870568569	35.60
05/06	Beyond CR CD Dep 924751726715106 CCD ID: 9000009247	250.00
05/07	05/07 Online Payment 9418860471 To Toyota Financial Services	800.00
05/08	ADP Payroll Fees ADP - Fees 2Rcdx 2018649 CCD ID: 9659605001	95.61
05/11	05/11 Online Payment 9423504262 To State Farm Insurance	54.00
05/11	Taxxsolutions Weekly 0518 CCD ID: 0006512453	104.00



May 01, 2020 through May 29, 2020

Primary Account: [REDACTED]

**ELECTRONIC WITHDRAWALS** (continued)

DATE	DESCRIPTION	AMOUNT
05/14	ADP Wage Pay Wage Pay 941413655873Cdx CCD ID: 9333006057	5,018.53
05/14	ADP Tax ADP Tax R4Cdx 051510A01 CCD ID: 1223006057	1,885.80
05/18	05/18 Online Payment 9631092957 To Brc 9001	3,108.87
05/18	05/18 Payment To Chase Card Ending IN 4011	17,729.35
05/18	05/18 Payment To Chase Card Ending IN 8381	23,282.99
05/18	05/18 Online Payment 9631188703 To Auto Owners Insurance	444.10
05/18	05/18 Online Payment 9631195713 To Auto-Owners Insurance	1,479.27
05/18	05/18 Online Payment 9631207838 To Premier Mailing & Printing	1,317.90
05/18	05/18 Online Payment 9631222483 To Country Life Insurance	663.98
05/18	Orig CO Name:Small Business Orig ID:1131414876 Desc Date:200517 CO Entry Descr:lcpayment Sec:PPD Trace#:021000022131420 Eed:200518 Ind ID: Ind Name:Emerson CR 00000001938 Trn: 1392131420Tc	629.01
05/18	Orig CO Name:ADP 401K Orig ID:1223006057 Desc Date:200518 CO Entry Descr:ADP 401K Sec:CCD Trace#:021000023398332 Eed:200518 Ind ID:R4Cdx 051510V02 Ind Name:Emerson Creek Events I	532.00
05/18	Orig CO Name:Liberty Mutual Orig ID:0000061050 Desc Date:200516 CO Entry Descr:602309620 Sec:CCD Trace#:021000021541167 Eed:200518 Ind ID:9618181 Ind Name:Emerson Creek Events *	409.65
05/18	Orig CO Name:Taxxsolutions Orig ID:0006512453 Desc Date: CO Entry Descr:Weekly Sec:CCD Trace#:242071753618288 Eed:200518 Ind ID:0518 Ind Name:Emerson Creek Trn: 1393618288Tc	104.00
05/18	Orig CO Name:Cardmember Serv Orig ID:5911111111 Desc Date:200518 CO Entry Descr:Web Pymt Sec:Web Trace#:042000013610245 Eed:200518 Ind ID:*****0962 Ind Name:Payable,Accounts 36 Trn: 1393610245Tc	19.00
05/22	05/22 Online Payment 9500770278 To Blue Peak Tents	2,247.00
05/22	05/22 Online Payment 9500770438 To Delta Dental of Illinois- Risk	105.20
05/22	Orig CO Name:ADP Payroll Fees Orig ID:9659605001 Desc Date:200522 CO Entry Descr:ADP - Feessec:CCD Trace#:021000026567303 Eed:200522 Ind ID:2Rcdx 3346453 Ind Name:Emerson Creek Events I	103.77
05/26	Orig CO Name:Beyond Orig ID:9000009247 Desc Date:200522 CO Entry Descr:CR CD Chbksec:CCD Trace#:124384605807871 Eed:200526 Ind ID:924751726715106 Ind Name:Emerson Creek Events I Trn: 1475807871Tc	9,000.00
05/26	Orig CO Name:Taxxsolutions Orig ID:0006512453 Desc Date: CO Entry Descr:Weekly Sec:CCD Trace#:242071754276549 Eed:200526 Ind ID:0518 Ind Name:Emerson Creek Trn: 1474276549Tc	104.00
05/28	Orig CO Name:ADP Wage Pay Orig ID:9333006057 Desc Date:200528 CO Entry Descr:Wage Pay Sec:CCD Trace#:021000020762267 Eed:200528 Ind ID:310040768965Cdx Ind Name:Emerson Creek Events I	8,478.02
05/28	Orig CO Name:ADP Tax Orig ID:1223006057 Desc Date:200528 CO Entry Descr:ADP Tax Sec:CCD Trace#:021000020754298 Eed:200528 Ind ID:R4Cdx 052911A01 Ind Name:Emerson Creek Events I	3,028.57
05/29	05/29 Online Payment 9528423965 To Health Care Services Corporation	1,328.17

**Total Electronic Withdrawals \$85,834.71**

The monthly service fee of \$30.00 was waived this period because you maintained a relationship balance (combined business deposits) of \$35,000.00 or more.



May 01, 2020 through May 29, 2020

Primary Account: [REDACTED]

### DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
05/01	\$172,003.53	05/13	180,911.89	05/20	257,595.44
05/04	175,210.50	05/14	174,007.56	05/22	255,139.47
05/06	174,840.50	05/15	174,657.56	05/26	246,060.47
05/07	174,040.50	05/18	124,937.44	05/28	232,153.88
05/08	173,944.89	05/19	274,837.44	05/29	230,925.71
05/11	178,911.89				

### SERVICE CHARGE SUMMARY

Maintenance Fee	\$0.00	Waived by checking and relationship balances
Excess Product Fees	\$0.00	
Other Service Charges	\$0.00	
<b>Total Service Charges</b>	<b>\$0.00</b>	

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	26
Deposits / Credits	9
Deposited Items	0
<b>Total Transactions</b>	<b>35</b>

### SERVICE CHARGE DETAIL

DESCRIPTION	VOLUME	ALLOWED	CHARGED	PRICE/ UNIT	TOTAL
Your Product Includes:					
<b>ACCOUNT [REDACTED]</b>					
Waived Monthly Service Fee	0			\$30.00	\$0.00
Transactions	35	0	35	\$0.00	\$0.00
<b>Subtotal</b>					<b>\$0.00</b>
<b>Other Fees</b>					
Electronic Credits	9	999,999,999	0	\$0.40	\$0.00
Non-Electronic Transactions	26	250	0	\$0.40	\$0.00
<b>Total Service Charge</b>					<b>\$0.00</b>
<b>ACCOUNT [REDACTED]</b>					
Electronic Credits	9				
Non-Electronic Transactions	26				



May 01, 2020 through May 29, 2020

Primary Account: [REDACTED]

# CHASE BUSINESS SELECT HIGH YIELD SAVINGS

EMERSON CREEK EVENTS INC.

Account Number: [REDACTED]

## SAVINGS SUMMARY

	INSTANCES	AMOUNT
<b>Beginning Balance</b>		<b>\$167,006.13</b>
Deposits and Additions	1	3.97
<b>Ending Balance</b>	<b>1</b>	<b>\$167,010.10</b>
Annual Percentage Yield Earned This Period		0.03%
Interest Paid This Period		\$3.97
Interest Paid Year-to-Date		\$5.78

Your monthly service fee was waived because you maintained an average savings balance of \$10,000 or more during the statement period.

## TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	<b>Beginning Balance</b>		<b>\$167,006.13</b>
05/29	Interest Payment	3.97	167,010.10
	<b>Ending Balance</b>		<b>\$167,010.10</b>

You earned a higher interest rate on your Chase Business Select High Yield Savings account during this statement period because you had a qualifying Chase Performance Business Checking account.

30 deposited items are provided with your account each month. There is a \$0.20 fee for each additional deposited item.

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:** Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:** Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC





May 01, 2020 through May 29, 2020

Primary Account: [REDACTED]

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## 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 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

6/25/2020  
Date:

**BUSINESS CERTIFICATIONS**

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

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

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

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

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

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

*David Demiduk*

*6/11/2020*

Signature of Chief Executive Officer  
David Demiduk

Date

Typed Name of Chief Executive Officer  
Emerson Creek Events Inc.



Name of Business  
5126 Stephens Rd Oswego Illinois 60543

FEIN #

Business Address

DUNS #

7299

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:

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: 6/28/2020

## 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: 6/25/2020

**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

As



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

[espanol.hud.gov](http://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): Emerson Creek Events, Inc.

**Level of Environmental Review Determination:**

- Activity/Project is Exempt per 24 CFR 58.34(a): \_\_\_\_\_
- Activity/Project is Categorical 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 Categorical 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>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<i>Illinois is not a covered state under these Acts.</i>

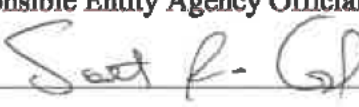
Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]		
<b>Flood Insurance</b>  Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes    No <input type="checkbox"/> <input checked="" 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: 6/25/20  
 Name/Title/Organization: Scott Koepfel, County Administrator, Kendall County

Responsible Entity Agency Official Signature:  Date: 6/25/20  
 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 FIRMMette



88°21'52"W 41°38'55"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 Zone AE, AO, AH, VE, AR	Regulatory Floodway

		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 OF FLOOD HAZARD

		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D

### OTHER AREAS

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

### GENERAL STRUCTURES

		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Coastal Transect
		Base Flood Elevation Line (BFE)

### OTHER FEATURES

		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 6/16/2020 at 12:30 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.

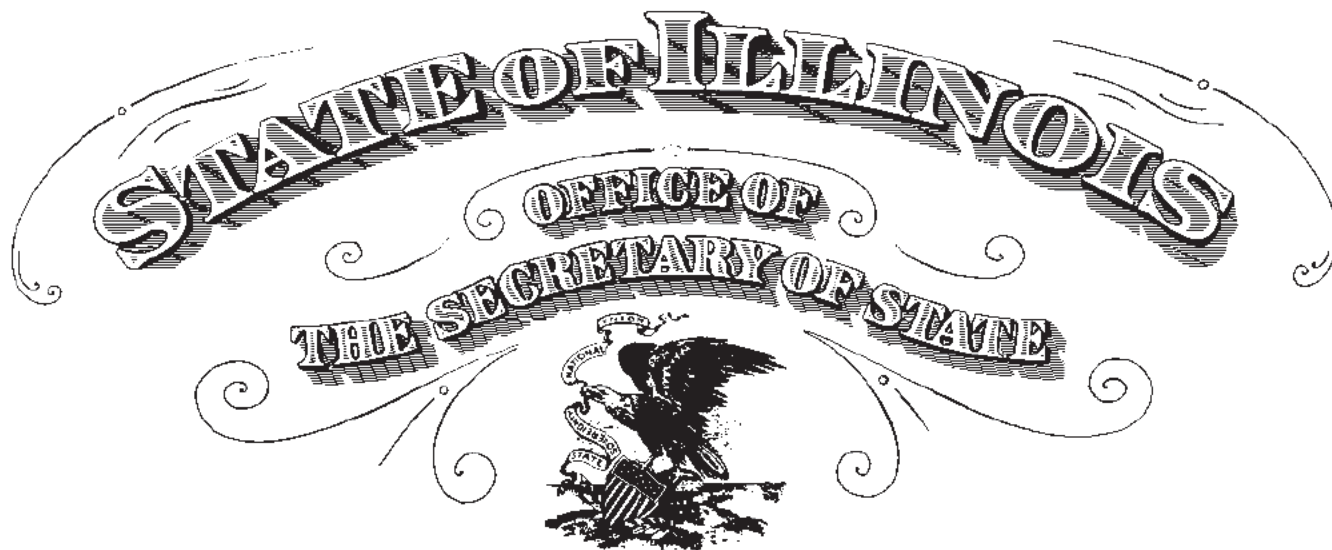
This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory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

USGS The National Map: Orthoimagery. Data refreshed April 2020

0 250 500 1,000 1,500 2,000 Feet 1:6,000

88°21'14"W 41°38'28"N





***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*

EMERSON CREEK EVENTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 01, 2012, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



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

*Jesse White*

SECRETARY OF STATE