

## CDBG Application Submission Checklist

All CDBG applications will be screened for completeness. Applicants must complete and submit this checklist with the application. **Please ensure your Application includes all of the listed information.** Use the right-hand column, labeled "Page Number" to indicate the page for each item.

### PROJECT INFORMATION

### PAGE NUMBER

<input type="checkbox"/>	Completed Submission Checklist (This Page)	<input type="text"/>
<input checked="" type="checkbox"/>	Letter of Transmittal from Chief Elected Official	<input type="text"/>
<input checked="" type="checkbox"/>	State of Illinois - DCEO Uniform Grant Application (completed by local government)	<input type="text"/>
<input checked="" type="checkbox"/>	Applicant Project Information (local government & benefiting business information)	<input type="text"/>
<input checked="" type="checkbox"/>	Uniform GATA Budget (completed by the local government and benefiting business)	<input type="text"/>
<input checked="" type="checkbox"/>	Project Summary (from benefiting business)	<input type="text"/>
<input checked="" type="checkbox"/>	Net Income Verification (from benefiting business)	<input type="text"/>
<input checked="" type="checkbox"/>	Copy of Most Recent Bank Statement (from benefiting business)	<input type="text"/>
<input checked="" type="checkbox"/>	Other Supporting Documentation (from benefiting business)	<input type="text"/>
<input checked="" type="checkbox"/>	Documentation of Employee Status (from benefiting business)	<input type="text"/>
<input type="checkbox"/>	Council Resolution of Support	<input type="text"/>
<input type="checkbox"/>	Resident Participation:	<input type="text"/>
	7-Day Public Hearing Notice	<input type="text"/>
	Publisher's certification	<input type="text"/>
	Certified minutes	<input type="text"/>
	Attendance sheet(s)	<input type="text"/>
<input checked="" type="checkbox"/>	Local Government Certifications	<input type="text"/>
<input checked="" type="checkbox"/>	Business Certifications	<input type="text"/>
<input checked="" type="checkbox"/>	Mandatory Disclosures (completed by local government)	<input type="text"/>
<input checked="" type="checkbox"/>	Conflict of Interest (completed by local government)	<input type="text"/>
<input checked="" type="checkbox"/>	Fair Housing Resolution	<input type="text"/>
<input checked="" type="checkbox"/>	W-9 (for local government)	<input type="text"/>
<input checked="" type="checkbox"/>	SAM Registration (CAGE # - for local government)	<input type="text"/>
<input checked="" type="checkbox"/>	IRS Certification Letter (for local government)	<input type="text"/>
<input checked="" type="checkbox"/>	HUD Exempt/Categorically Excluded not subject to 58.5 Environmental Review form	<input type="text"/>
<input checked="" type="checkbox"/>	FEMA FIRMette with business location marked	<input type="text"/>
<input checked="" type="checkbox"/>	Participation Agreement	<input type="text"/>
<input checked="" type="checkbox"/>	Certificate of Good Standing from the Secretary of State of Illinois (from benefiting business)	<input type="text"/>

# City of Rock Falls

603 W. 10<sup>th</sup> Street  
Rock Falls, IL 61071-2854

*Mayor*  
William B. Wescott  
815-380-5333

*City Administrator*  
Robbin D. Blackert  
815-564-1366



*Deputy City Clerk*  
Michelle Conklin  
815-622-1100

*City Treasurer*  
Kay Abner  
815-622-1100

May 5, 2020

Director's Office  
Illinois Department of Commerce and Economic Opportunity  
500 East Monroe  
Springfield, IL 62701

Re: Downstate Small Business Stabilization Program  
Harold's Furniture

Dear Director:

The City of Rock Falls 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 Harold's Furniture, Inc. Harold's Furniture has been a part of the Rock Falls community since 1957 and normally employs 8-10 people. Harold's Furniture, Inc. has been negatively and significantly impacted by the COVID-19 pandemic emergency and urgently requires financial assistance. Thank you for your consideration of our request.

Sincerely,

A handwritten signature in black ink that reads "Wm. B. Wescott".

William B. Wescott, Mayor  
City of Rock Falls, Illinois



**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 N/A

14. Competition Identification Title N/A

### Applicant Completed Section

### Applicant Information

15. Legal Name (Name used for DUNS registration and grantee pre-qualification) City of Rock Falls

16. Common Name (DBA) City of Rock Falls

17. Employer/Taxpayer identification number (EIN, TIN) 366006076

18. Organizational DUNS Number 087151569

19. SAM Cage Code 5FC64

20. Business Address  
(Address 1)  
(Address 2)  
(City), (State), (zip - 4)  
603 West 10th Street  
Rock Falls, IL 61071-1523

### Applicant's Organizational Unit

21. Department Name City of Rock Falls

22. Division Name N/A

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

23. First Name Robbin

24. Last Name Blackert

25. Suffix

26. Title City Administrator

27. Organizational Affiliation City Administrator

28. Telephone Number (815) 564-1366

29. Fax Number (815) 622-1109

30. E-mail Address rblackert@rockfalls61071.com

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

31. First Name Robbin

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

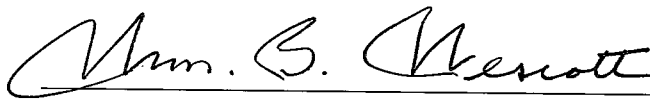
48. Title

49. Telephone Number

50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative



53. Date Signed

5/5/2020







## ECONOMIC DEVELOPMENT COMPONENT

### I. PRE-APPLICATION REQUIREMENTS

12-14-2016 DATE APPLICANT COMPLETED REGISTRATION ON GATA PORTAL ([www.grants.illinois.gov](http://www.grants.illinois.gov))

05-15-2019 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):	05/05/20
Resolution Number:	2020-843

### II. Amount of Funding Request: \$25,000.00

☒ FINANCING GAP - For Economic Development Grants, this argument will demonstrate that a business can raise only a portion of the financing necessary to complete the project. Banks and other financial institutions must disclose their legal lending units and other circumstances which would prevent them from financing the project without CDBG assistance. Reference the documentation within the application which supports the argument. Written evidence to include bank statements for a period beginning January 1, 2020 and an explanation of the credits and debits. 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	Robbin		
Last Name	Blackert		
Title	City Administrator		
Agency Name	City of Rock Falls		
Agency Type	Municipality		
Mailing Address	603 W 10 <sup>th</sup> Street, Rock Falls, IL 61071		
Telephone	(815) 564-1366	Email	rblackert@rockfalls61071.com
Federal Employer Identification Number	36-6006076		



**IV. BENEFITING BUSINESS INFORMATION**

Business Phone Number 815-625-7177

Business E-mail Haroldsfurniture1@gmail.com

Fiscal Year End Date 12 / 31

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

Supported Business Name: Harold's Furniture, Inc.

Supported Business Address 1: 1210 W Rock Falls Road

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

Supported Business City: Rock Falls

Supported Business State: Illinois

Supported Business Zip: 99999-9999: 61071-2649

Supported Business E-Mail Address: haroldsfurniture1@gmail.com

Supported Business FEIN: 36-3616372

Supported Business DUNS: N/A

Supported Business SIC: 5812

Supported Business Type: Corporation

**Supported Business Authorized Signatory Contact:**

*Signatory must sign Participation Agreement and Business Certification Form*

Last Name: Hunter

First Name: Becky

Title: Owner

Daytime Phone: 815-625-7177

Home Phone: 815-535-4034

E-Mail: haroldsfurniture1@gmail.com

**BANKRUPTCY:** Has the firm, officers or principals of the firm ever been involved in bankruptcy insolvency procedures?

X	NO
	YES

If yes, provide details:

**PENDING LAWSUITS:** Is the business or any officers or principals of the business involved in any lawsuits?

X	NO
	YES

If yes, provide details:

STATE OF ILLINOIS		UNIFORM GRANT BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	City of Rock Falls	DUNS#	87151569	NOFO #	2398-1381	
CSFA Number:	420-75-2398	CSFA Description:	Downstate Small Business Stabilization Program	Fiscal Year:	FY 20	
<b>SECTION A -- STATE OF ILLINOIS FUNDS</b>				Grant #		
<b>Revenues</b>				<b>TOTAL REVENUE</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 Federal Awards Reference 2 CFR 200</b>		<b>TOTAL EXPENDITURES</b>		
1. Personnel (Salaries & Wages)		200.430		\$	21,421.84	
2. Fringe Benefits		200.431		\$	-	
3. Travel		200.474		\$	-	
4. Equipment		200.439		\$	-	
5. Supplies		200.94		\$	-	
6. Contractual Services & Subawards		200.318 & 200.92		\$	-	
7. Consultant (Professional Services)		200.459		\$	-	
8. Construction				\$	-	
9. Occupancy (Rent & Utilities)		200.465		\$	3,578.16	
10. Research & Development (R&D)		200.87		\$	-	
11. Telecommunications				\$	-	
12. Training & Education		200.472		\$	-	
13. Direct Administrative costs		200.413 (c)		\$	-	
14. Miscellaneous Costs				\$	-	
15. A. <u>Grant Exclusive Line Item(s)</u>				\$	-	
B. <u>Grant Exclusive Line Item(s)</u>				\$	-	
16. Total Direct Costs (lines 1-15)		200.413		\$	25,000.00	
17. Indirect Costs* (see below)		200.414		\$	-	
Rate: _____						
Base: _____						
18. Total Costs State Grant Funds (16 & 17)				\$	25,000.00	

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

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

1) ☐

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

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

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

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

2a) ☐

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

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

2b) ☐

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

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

3) ☐

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

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

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

4) ☐

Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5)) Or;  
Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is \_\_\_\_\_ %

5) ☒

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

### Basic Negotiated Indirect Cost Rate Agreement information

If Option (1) or (2a) is selected

Period Covered by the NICRA: From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/dd/yyyy)

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

The Indirect Cost Rate is: \_\_\_\_\_ % 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: City of Rock Falls		CSFA Description: Downstate Small Business Stabilizati		NOFO # 2398-1381
CSFA #: 420-75-2398		DUNS # 87151569		Fiscal Year(s): FY 20

(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).

City of Rock Falls  
 Institution/Organization  
 Signature Robbin Blackbert  
 Robbin Blackbert  
 Name of Official  
 City Administrator  
 Title  
 Chief Financial Officer (or equivalent)  
5-5-2020  
 Date of Execution

City of Rock Falls  
 Institution/Organization  
 Signature William B. Wescott  
 William B. Wescott  
 Name of Official  
 Mayor  
 Title  
 Executive Director (or equivalent)  
5/5/2020  
 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

City of Rock Falls

1). Personnel (Salaries & Wages) (2 *CFR 200.430*) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Name	Position(s)	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of time	Personnel Cost
Becky Hunter	Manager/Owner	\$ 769.23	weekly	100%	8	\$ 6,153.84
Siar Delgado	Sales Associate	\$ 9.25	hourly	100%	20	\$ 185.00
Jordan Goodell	Delivery	\$ 12.00	hourly	100%	320	\$ 3,840.00
Sherry Haynes	Sales Associate	\$ 10.20	hourly	100%	240	\$ 2,448.00
Pat Hunter	Sales Associate	\$ 9.25	hourly	100%	20	\$ 185.00
Jodi Pontack	Sales Associate	\$ 9.25	hourly	100%	20	\$ 185.00
Greg Davis	Delivery	\$ 10.50	hourly	100%	320	\$ 3,360.00
Mary Rodriguez	Sales Associate	\$ 9.25	hourly	100%	20	\$ 185.00
Stacey Beer	Sales Manager	\$ 15.25	hourly	100%	320	\$ 4,880.00

State Total \$ 21,421.84

NON-State Total \$ -

Total Personnel \$ 21,421.84

### Personnel Narrative (State):

These grant funds will allow us to continue to employ these individuals who are all moderate to low income persons. It will be crucial for our operation to continue to employ them in order to recover once we are allowed to reopen.

### Personnel Narrative (Non-State) i.e. "Match" or "Other Funding"



## Section C - Budget Worksheet & Narrative

City of Rock Falls

9). **Occupancy -Rent and Utilities** (2 CFR 200.465) -- List items and descriptions by major type and the basis of the computation. Explain how rental and utility expenses are allocated for distribution as an expense to the program/service. For example, provide the square footage and the cost per square foot rent and utility, and provide a monthly rental and utility cost and how many months to rent. **NOTE:** This budgetary line item is to be used for direct program rent and utilities, all other indirect or administrative occupancy costs should be listed in the indirect expense section of the Budget worksheet and narrative. Maintenance and repair costs may be included here if directly allocated to program.

Description	Quantity	Basis	Cost	Length of time	Occupancy Cost
<i>Electric, Sewer &amp; Water</i>	1	Monthly	\$ 750.00	2	\$ 1,500.00
<i>Republic Waste Service</i>	1	Monthly	\$ 300.00	2	\$ 600.00
<i>Comcast</i>	1	Monthly	\$ 238.00	2	\$ 476.00
<i>Nicor Gas</i>	1	Monthly	\$ 250.00	2	\$ 500.00
<i>Insurance</i>	1	Monthly	\$ 251.08	2	\$ 502.16

**State Total** \$ 3,578.16

\$ -  
\$ -

**NON-State Total** \$ -

**Total Occupancy** \$ 3,578.16

### Occupancy Narrative (State):

While we have not been allowed to operate our business, the costs for utilities and insurance have continued to accumulate. It is essential for continuation of services that we have assistance to pay our utilities. These grant funds would allow us to continue operations once we are allowed to reopen after the COVID-19 pandemic crisis is over.

### Occupancy Narrative (Non-State) i.e. "Match" or "Other Funding"

# Harold's Furniture Co.

HOME AND OFFICE FURNISHINGS

1210 WEST ROUTE 30 - ROCK FALLS ILLINOIS 61071

TELEPHONE (815) 625-7177

[www.haroldsfurniture1.com](http://www.haroldsfurniture1.com)

To Whom It May Concern,

Homer Harold Harrison started this furniture store in his garage in 1957 and has been growing ever since. He had a vision that he passed down to me and we have kept it going and going strong for over half a century. I would first like to start by introducing myself and my dedicated employees. I have worked at Harold's Furniture since I was 17 years old, who would have thought a 17-year-old could sell? I know I didn't at the time and never dreamt that I would be the owner someday but here I am. The only other job I have had is at a bank for a year and during that time I worked part-time at the store. We purchased the store after the original owner Homer Harold Harrison passed away and his son sold it to us 25 years ago. My store is all I know, and I can't imagine what my husband and myself would do without it for so many different reasons. My husband has had medical issues for the last 10 years and only allows him to work part-time at a food pantry so the store is our main income and without help to keep it going we will have a very hard time. This is also the main source of income for 4 other employees. We employ 9 people who are amazing employees and are dedicated to help keep us up and running. My manager has been with me for 25 years and I could not ask for a better person to have been at my side for all these years, we also have other employees that have been with us for 15 + years and very dedicated.

This extra money will be going to our monthly budget and that will help us to keep my doors open. As you can see our monthly expenses are not very high and we have worked very hard over the past 25 years to get to this point. We are very lucky we can keep expenses down and with hard work and if this grant is awarded to us it will help us prevail and move forward. With this grant we would be able to put the income right back into the store and keep it running without out the stress of monthly bills.

What makes us different than the rest of us is our customer service. I do not send out a tech to take care of any issues my husband and myself or just I go out on service calls. We take pride in knowing how our furniture is made and how to repair it if needed. If I am needed to unload a truck or my manager and myself are not afraid to get a bit dirty and take care of what needs done. I do not ask my employees to do anything that I wouldn't do. We take pride in being a small family owned business for the last 63 years and we are well known in our community. We sell our products at a very reasonable price therefore we can service all economic classes. We also do a tremendous amount of donations of furniture to the needy and if we are not able to do that, they will lose out also!

Thank you for your consideration of our request and we would appreciate your help!

Sincerely,

Shawn and Becky Hunter and 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	\$58,440.79	Yes	No	\$12,347.76
December 31, 2018	\$113,318.76	Yes	No	\$23,235.46
December 31, 2019	\$127,270.79	Yes	No	\$44,378.87
<b>Current:</b>	<b>\$16,678</b>	<b>Yes</b>	<b>No</b>	<b>\$49,629.51</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>	\$	\$85,520.24
Personnel (Salary & Wages)	\$12,273.40	
Fringe Benefits	\$0	
Equipment	\$0	
Inventory	\$57,707.48	
Supplies	\$1,414.87	
Occupancy (Rent & Utilities)	\$3,126.22	
Telecommunications	\$414.42	
Other (Specify) Advertising & Insurance	\$3,944.08	
Other (Specify) Credit card fees, uniforms, licenses & permits, bank fees	\$1,780.75	
Other (Specify) Delivery Expense	\$1,057.50	
<b>Total of All Expenditures</b>	<b>\$81,718.72</b>	
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>	<b>\$</b>	<b>\$3801.52</b>



1801 FIRST AVENUE  
ROCK FALLS, ILLINOIS 61071  
815/625-1110

3210 E. LINCOLNWAY  
STERLING, ILLINOIS 61081  
815/625-4300

1325 17TH STREET  
FULTON, ILLINOIS 61252  
815/589-9090

1021 N. GALENA AVENUE  
DIXON, ILLINOIS 61021  
815/284-8500

220 EAST MAIN STREET  
MORRISON, ILLINOIS 61270  
815/772-4011

\*\*\*\*\*EXCLUDE-DoNotMailAddr  
2121 0.3401 EX 0.000 10 1 4

20 12 Account Number: [REDACTED]  
Statement Date: 3/31/20  
Page Number: 1

HAROLD'S FURNITURE INC  
BECKY HUNTER  
HOLD IN DRIVE UP  
ROCK FALLS IL 61071  
\*\*\*\* DO NOT MAIL \*\*\*\*

PRIVACY NOTICE-Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at <http://www.comstbk.com/PrivacyPolicy.htm> or we will mail you a free copy upon request if you call us at 815-772-7375.

-COMMERCIAL SAVINGS [REDACTED]

Interest Paid Year to Date is 5.22  
Low Balance for Period was 6,205.23

Previous Balance on	2/29/20	\$	6,205.23
1 Deposits and Other Additions (Credits)		+	1.91
Current Balance on	3/31/20	\$	6,207.14

3/04/20 INTEREST RATE CHANGE	.3490
3/31/20 INTEREST DEPOSIT	1.91 +



1801 FIRST AVENUE  
ROCK FALLS, ILLINOIS 61071  
815/625-1110

3210 E. LINCOLNWAY  
STERLING, ILLINOIS 61081  
815/625-4300

1325 17TH STREET  
FULTON, ILLINOIS 61252  
815/589-9090

1021 N. GALENA AVENUE  
DIXON, ILLINOIS 61021  
815/284-8500

220 EAST MAIN STREET  
MORRISON, ILLINOIS 61270  
815/772-4011

HAROLD'S FURNITURE INC  
SHAWN HUNTER  
BECKY HUNTER  
HOLD IN DRIVE UP  
ROCK FALLS IL 61071  
\*\*\*\* DO NOT MAIL \*\*\*\*

10 20 Customer Number: \*\*\*\*  
Statement Date: 2/29/20  
Page Number: 2  
Items: 39

2/12/20	AUTOMATIC DEBIT SYNCHRONY BANK MTOT DEP	1,436.98 -
2/13/20	CSH.MGMNT TRANSFER IN Checking	3,000.00 +
2/13/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	897.18 +
2/13/20	AUTOMATIC DEBIT FYR FYTER INC. ONLINE PMT	117.42 -
2/13/20	AUTOMATIC DEBIT PEKIN INS. PEKIN EFT	354.50 -
2/13/20	AUTOMATIC DEBIT PEKIN INS. PEKIN EFT	354.67 -
2/13/20	AUTOMATIC DEBIT COASTER CO. OF A ONLINE PMT	777.00 -
2/13/20	AUTOMATIC DEBIT TENNESSE ENT. IN ONLINE PMT	1,178.00 -
2/13/20	AUTOMATIC DEBIT Ashley Furniture AshleyEpay	3,809.98 -
2/13/20	AUTOMATIC DEBIT CAPITAL ONE ONLINE PMT	5,164.75 -
2/13/20	POINT OF SALE D SQ HHC USA CORP ARCADIA CA	29.92 -
2/18/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	637.12 +
2/18/20	DIRECT DEPOSIT SYNCHRONY BANK MTOT DEP	857.60 +
2/18/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	1,177.08 +
2/18/20	DIRECT DEPOSIT Tower Loan TOWER CPO 0730 INV# 00 RVANTES C	2,232.77 +
2/18/20	DIRECT DEPOSIT Transfer from Sav	4,500.00 +
2/18/20	AUTOMATIC DEBIT CTYROCK2 DIRECT PAY	717.22 -
2/18/20	AUTOMATIC DEBIT IL DEPT OF REVEN EDI PYMNTS 46421\ T*	1,464.21 -
2/18/20	AUTOMATIC DEBIT IRS USATAXPYMT	3,715.86 -
2/18/20	POINT OF SALE D SHOPIFY 75529343 HTTPSSHOPIFY IL	29.00 -
2/18/20	POINT OF SALE D SQ NAILS BY C ROCK FALLS IL	30.00 -
2/18/20	POINT OF SALE D AMERICAN PEST CONTROL IN309 565 4251 IL	70.00 -
2/19/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	887.95 +
2/19/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	975.79 +
2/19/20	DIRECT DEPOSIT SYNCHRONY BANK MTOT DEP	1,390.18 +
2/19/20	REGULAR DEPOSIT	4,231.64 +
2/19/20	REGULAR DEPOSIT	5,858.57 +
2/19/20	REGULAR DEPOSIT	6,187.99 +
2/19/20	AUTOMATIC DEBIT Ashley Furniture AshleyEpay	3,896.25 -
2/19/20	CSH MGMNT TRANSFER OUT Checking	3,000.00 -
2/20/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	194.74 +
2/20/20	AUTOMATIC DEBIT GUARDSMAN FURNIT ONLINE PMT	43.50 -
2/20/20	AUTOMATIC DEBIT N & M TRANSFER C ONLINE PMT	118.70 -
2/20/20	AUTOMATIC DEBIT U.S. CELLULAR CELLULAR	208.14 -
2/20/20	AUTOMATIC DEBIT HANOVER/CITIZENS PREM COLL	623.50 -
2/20/20	AUTOMATIC DEBIT IL DEPT OF REVEN EDI PYMNTS \ 00	6,730.00 -
2/21/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	1,199.86 +
2/21/20	DIRECT DEPOSIT SYNCHRONY BANK MTOT DEP	2,030.13 +
2/21/20	AUTOMATIC DEBIT Nicor Gas GAS PAYMNT	137.00 -
2/21/20	AUTOMATIC DEBIT REPUBLIC SERVICE ONLINE PMT	300.87 -
2/24/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	640.06 +
2/24/20	DIRECT DEPOSIT SYNCHRONY BANK MTOT DEP	736.62 +
2/24/20	DIRECT DEPOSIT SYNCHRONY BANK MTOT DEP	1,247.43 +
2/24/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	1,668.29 +
2/24/20	AUTOMATIC DEBIT BECKY HUNTER ONLINE PMT	1,600.00 -
2/24/20	POINT OF SALE D INTUIT PAYROLLEE USAG 833 830 9255 CA	17.00 -
2/25/20	DIRECT DEPOSIT SYNCHRONY BANK MTOT DEP	920.83 +
2/25/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	1,003.88 +
2/25/20	REGULAR DEPOSIT	1,635.11 +
2/25/20	REGULAR DEPOSIT	2,516.46 +
2/26/20	DIRECT DEPOSIT SYNCHRONY BANK MTOT DEP	1,036.75 +
2/26/20	DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	5,536.10 +
2/26/20	AUTOMATIC DEBIT Ashley Furniture AshleyEpay	6,222.87 -





1801 FIRST AVENUE  
ROCK FALLS, ILLINOIS 61071  
815/625-1110

3210 E. LINCOLNWAY  
STERLING, ILLINOIS 61081  
815/625-4300

1325 17TH STREET  
FULTON, ILLINOIS 61252  
815/589-9090

1021 N. GALENA AVENUE  
DIXON, ILLINOIS 61021  
815/284-8500

220 EAST MAIN STREET  
MORRISON, ILLINOIS 61270  
815/772-4011

HAROLD'S FURNITURE INC  
SHAWN HUNTER  
BECKY HUNTER  
HOLD IN DRIVE UP  
ROCK FALLS IL 61071  
\*\*\*\* DO NOT MAIL \*\*\*\*

10 20 Customer Number: \*\*\*  
Statement Date: 3/31/20  
Page Number: 3  
Items: 40

3/25/20 AUTOMATIC DEBIT SYNCHRONY BANK MTOT DEP	716.90 -
3/25/20 CSH_MGMNT TRANSFER OUT Checking	1,000.00 -
3/30/20 DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	1,690.16 +
3/30/20 REGULAR DEPOSIT	2,603.54 +
3/30/20 AUTOMATIC DEBIT AFLAC INSURANCE	37.90 -
3/30/20 AUTOMATIC DEBIT COMCAST CABLE	238.35 -
3/30/20 AUTOMATIC DEBIT HCSC HPS IVR/CW BILL PAY	1,511.64 -
3/30/20 AUTOMATIC DEBIT Ashley Furniture AshleyEpay	5,546.61 -
3/31/20 DIRECT DEPOSIT MERCHANT SERVICE MERCH DEP	4,500.00 +
3/31/20 AUTOMATIC DEBIT MCFALLS, BERGE & ONLINE PMT	200.00 -
3/31/20 CSH MGMNT TRANSFER OUT Checking	1,000.00 -

Check #	Date Paid	Amount	Check #	Date Paid	Amount
39867	3/05/20	87.40	39887	3/17/20	3,216.36
39868	3/02/20	1,933.54	39888	3/17/20	2,665.60
39870*	3/02/20	2,500.00	39889	3/16/20	300.00
39871	3/03/20	1,800.00	39890	3/13/20	374.52
39872	3/09/20	439.16	39891	3/13/20	344.56
39874*	3/05/20	323.60	39892	3/17/20	439.16
39875	3/03/20	260.65	39893	3/17/20	217.61
39878*	3/17/20	100.00	39894	3/17/20	1,323.65
39880*	3/18/20	43.70	39895	3/16/20	120.00
39881	3/10/20	439.14	39897*	3/24/20	439.16
39882	3/06/20	374.52	39899*	3/20/20	1,323.63
39883	3/10/20	278.93	39900	3/20/20	350.77
39884	3/06/20	1,323.64	39901	3/20/20	381.38
39885	3/06/20	344.56	39903*	3/31/20	439.15
39886	3/11/20	659.24	996957*	3/06/20	702.60

\* = Out of Sequence Check

#### DAILY BALANCE SUMMARY

-Balance Date-	-Balance Date-	-Balance Date-	-Balance Date-
16,110.61 2/29	18,986.90 3/09	10,225.98 3/17	20,783.91 3/25
17,250.15 3/02	20,855.39 3/10	14,296.92 3/18	17,743.11 3/30
20,457.75 3/03	20,743.54 3/11	16,277.62 3/19	20,603.96 3/31
18,323.44 3/04	19,861.84 3/12	10,277.77 3/20	
12,081.41 3/05	13,656.66 3/13	20,458.70 3/23	
17,662.01 3/06	16,020.84 3/16	20,587.32 3/24	

Low Balance for Period was 10,225.98  
Average Collected Balance for Period was 15,195.21

TARGET BALANCE FUNDS  
Previous Balance on 2/29/20  
8 Deposits and Other Additions (Credits)  
2 Checks and Other Charges (Debits)  
Current Balance on 3/31/20

Items: 0  
\$ 8,525.75  
+ 24,008.11  
- 5,000.00  
\$ 27,533.86

Checking Account Transactions

PLEASE EXAMINE AT ONCE. IF NO ERRORS REPORTED IN SIXTY DAYS THE ACCOUNT WILL BE CONSIDERED CORRECT.



1801 FIRST AVENUE  
ROCK FALLS, ILLINOIS 61071  
815/625-1110

3210 E. LINCOLNWAY  
STERLING, ILLINOIS 61081  
815/625-4300

1325 17TH STREET  
FULTON, ILLINOIS 61252  
815/589-9090

1021 N. GALENA AVENUE  
DIXON, ILLINOIS 61021  
815/284-8500

220 EAST MAIN STREET  
MORRISON, ILLINOIS 61270  
815/772-4011

HAROLD'S FURNITURE INC  
SHAWN HUNTER  
BECKY HUNTER  
ROCK FALLS IL 61071

10 25 Customer Number: \*\*\*  
Statement Date: 3/31/20  
Page Number: 4  
Items: 0

\*\*\*\* DO NOT MAIL \*\*\*\*

PRIVACY NOTICE-Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at <http://www.commstbk.com/PrivacyPolicy.htm> or we will mail you a free copy upon request if you call us at 815-772-7375.

3/03/20 CSH MGMNT TRANSFER IN Checking	2,000.00 +
3/10/20 CSH MGMNT TRANSFER IN Checking	3,000.00 +
3/11/20 CSH MGMNT TRANSFER IN Checking	10,000.00 +
3/17/20 CSH MGMNT TRANSFER OUT Checking	4,000.00 -
3/20/20 CSH MGMNT TRANSFER OUT Checking	1,000.00 -
3/23/20 CSH MGMNT TRANSFER IN Checking	3,000.00 +
3/24/20 CSH MGMNT TRANSFER IN Checking	4,000.00 +
3/25/20 CSH MGMNT TRANSFER IN Checking	1,000.00 +
3/31/20 CSH MGMNT TRANSFER IN Checking	1,000.00 +
3/31/20 INTEREST DEPOSIT	8.11 +

#### DAILY BALANCE SUMMARY

-Balance Date-	-Balance Date-	-Balance Date-	-Balance Date-
8,525.75 2/29	23,525.75 3/11	21,525.75 3/23	27,533.86 3/31
10,525.75 3/03	19,525.75 3/17	25,525.75 3/24	
13,525.75 3/10	18,525.75 3/20	26,525.75 3/25	

Interest Paid Year to Date is	18.64
Low Balance for Period was	8,525.75
Average Collected Balance for Period was	19,138.65
Current Interest Rate is	.4990%

# City of Rock Falls

Customer Service Center  
603 W. 10th Street  
Rock Falls, IL 61071-2854  
(815) 622-1115



ACCOUNT NUMBER
15-00060-00
Total Amount Due
<b>\$717.22</b>

Total Due After 02/18/2020 \$752.07

HAROLD'S FURNISHINGS  
1210 W ROCK FALLS RD  
ROCK FALLS IL 61071-2649

Service Address: 1210 W ROCK FALLS RD

DETACH AND RETURN THIS PORTION WITH PAYMENT

CITY OF ROCK FALLS Customer Service Center, 603 W. 10th Street, Rock Falls, IL 61071-2854

Account Number: 15-00060-00  
Service Address: 1210 W ROCK FALLS RD  
Rate: ELECTRIC RATE C - COMMERCIAL  
Rate:

Customer: HAROLD'S FURNISHINGS  
Meter Number: 89110943  
Meter Number:

Billing Period: 12/16/19 to 1/15/20

Meter ID	Date	Previous Rd	Date	Current Rd	Multiplier	Usage	Read Comment
89110943	12/16/19	78,879	01/15/20	82,586	1	3,707	
46373884	12/16/19	777	01/15/20	777	1	0	

ELECTRIC USAGE  
WATER USAGE CHARGE

Meter Detail Information Listed Above

Billed Amounts and Usages Listed Below

Service Dates:  
12/16/2019 to 01/15/2020

Usage		
3,707	\$397.39	ELECTRIC USAGE
3,707	175.34	DISTRIBUTION CHARGE
3,707	25.95	CAPITAL COST RECOVER
3,707	12.72	PURCHASE POWER ADJ
	27.85	ELECTRIC CUST CHARGE
	10.80	WATER MINIMUM CHARGE
	3.50	WATER CAPITAL IMPROV
	4.85	WATER DEBT CHARGE
	17.80	SEWER MINIMUM CHARGE
	3.66	SEWER CAPITAL IMPROV
	25.50	SEWER PLANT IMPROV
	11.86	ELECT EXCISE TAX

BANKING CUSTOMER

Current Amount Due On Or  
Before 02/18/2020

**\$717.22**

Total Amount Due After  
02/18/2020

**\$752.07**

Total Current Charges **\$717.22**

Previous Balance **\$753.71**

Previous Payments **\$753.71 CF**

Assistance Balance



1214 South Bataan Road  
Dixon IL 61021-830808

Customer Service (815) 284-2432  
RepublicServices.com/Support

#### Important Information

With My Republic Services, you can easily pay your bill, schedule a pickup and more. Sign up today at RepublicServices.com/MyAccount

Account Number 3-0721-8000193  
Invoice Number 0721-006415501  
Invoice Date January 20, 2020  
Previous Balance \$2,396.74  
Payments/Adjustments -\$2,396.74  
Current Invoice Charges \$300.87

Total Amount Due	Payment Due Date
<b>\$300.87</b>	<b>February 09, 2020</b>

#### PAYMENTS/ADJUSTMENTS

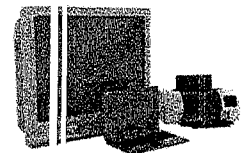
Description	Reference	Amount
Payment - Thank You 12/31	478086	-\$300.87
Payment - Thank You 01/06	204266	-\$1,795.00
Payment - Thank You 01/09	996926	-\$300.87

#### CURRENT INVOICE CHARGES

Description	Reference	Quantity	Unit Price	Amount
<b>Harolds Furniture 1210 W Rock Falls Rd CSA A183234308</b>				
<b>Rock Falls, IL</b>				
<b>1 Waste Container 30 Cu Yd, On Call Service</b>				
Disposal/Recycling 01/14	Becky	1.0000		\$92.58
Receipt Number 17610				
Pickup Service 01/14	Becky	1.0000	\$208.29	\$208.29
Receipt Number 17610				
<b>CURRENT INVOICE CHARGES</b>				<b>\$300.87</b>

## Electronics Recycling with BlueGuard™

Convenient recycling solutions that are safe for your business and good for our planet. To learn more, visit RepublicServices.com/Electronics



1214 South Bataan Road  
Dixon IL 61021-830808

Please Return This  
Portion With Payment

Total Enclosed

Return Service Requested

045923 1 AV 0.383 1976



HAROLDS FURNITURE  
BECKY HUNTER  
1210 W ROCK FALLS RD  
ROCK FALLS IL 61071-2649

Total Amount Due	\$300.87
Payment Due Date	February 09, 2020
Account Number	3-0721-8000193
Invoice Number	0721-006415501

Make Checks Payable To:

REPUBLIC SERVICES

REPUBLIC SERVICES : 766  
PO BOX 9001154  
LOUISVILLE KY 40290-1154

30721800019300000064155010000300870000300873

Hello,

Thanks for choosing Comcast Business.

1/31/2020 \$237.90  
7499259421

## Your bill at a glance

For 1210 W ROCK FALLS RD, ROCK FALLS, IL, 61071-2649

Previous balance		\$230.76
One-time EFT Payment - thank you	Dec 31	-\$230.76
<b>Balance forward</b>		<b>\$0.00</b>
Regular monthly charges	Page 3	\$208.60
One-time charges	Page 3	\$0.40
Taxes, fees and other charges	Page 3	\$28.90
<b>New charges</b>		<b>\$237.90</b>

**Amount due Jan 29, 2020****\$237.90**

## Your bill explained

- This page gives you a quick summary of your monthly bill. A detailed breakdown of your charges begins on page 3.
- The charge on your bill is different this month because you have some one-time charges on your account. See One-time charges for more details.

Visit [xfinity.com/customersupport](http://xfinity.com/customersupport) or see page 2 for other ways to contact us.

Detach the bottom portion of this bill and enclose with your payment

Please write your account number on your check or money order

Do not include correspondence with payment

COMCAST  
BUSINESSP O BOX 4928 OAK  
BROOK IL 60522-4928  
96330010 NO RP 01 20200101 NNNNNNNY 0002759 0008HAROLDS FURNITURE  
1210 W ROCK FALLS RD  
ROCK FALLS, IL 61071-2649

Account number

8771 10 332 0266390

Payment due

Jan 29, 2020

Please pay

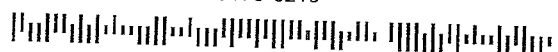
**\$237.90**

Amount enclosed

\$

Make checks payable to Comcast  
Do not send cash

Send payment to

COMCAST  
PO BOX 70219  
PHILADELPHIA PA 19176-0219

877110332026639000237909





### Account Summary for Harold's Furniture

Account Number: 21-22-63-2000 6	
Meter Number: 4914392	
Service Address: 1210 W Rock Falls Rd Rock Falls	
Bill Period: 01/07/20 - 02/05/20 (29 days)	
Bill Issue Date: 02/06/20	
Total Previous Balance	\$169.86
Payment Received 01/22/2020 - Thank you!	-\$30.85
Remaining Balance	\$139.01
New Charges - Utility	\$229.27
<b>Budget Plan Amount Due 02/21/2020</b>	<b>\$137.00</b>
Your Account Balance is	\$368.28

### New Charges - Commercial - Heat

Rate 4: Commercial Service

<b>Delivery Charges 01/07/2020 - 02/04/2020</b>	<b>\$185.64</b>
Monthly Customer Charge	\$37.15
First 150 Therms 150.00 @ \$0.131	\$19.65
151 - 5000 Therms 1,261.65 @ \$0.0599	\$75.57
Environmental Cost Recovery 1,411.65 @ \$0.0055 =	\$7.76
Franchise Cost Adjustment	\$0.34
Transportation Service Credit 1,411.65 Therms @ \$-0.003 =	-\$4.23
Balancing and Storage Adjustment	\$30.11
Efficiency Program 1,411.65 @ \$0.0126	\$17.79
Tax Cost Adjustment 1,411.65 @ \$0.0002	\$0.28
Qualified Infrastructure Chrg \$ 110.33 @ 0.88%	\$0.97
Qualified Infrastructure Chrg \$ 17.65 @ 1.39%	\$0.25
<b>Taxes</b>	<b>\$43.63</b>
Municipal Utility Tax for IL - Rock Falls \$185.64 @ 5.15%	\$9.56
Utility Fund Tax \$185.64 @ 0.1%	\$0.19
State Gas Use Tax 1,411.65 @ \$0.024 =	\$33.88
<b>Total</b>	<b>\$229.27</b>

### A Message for You

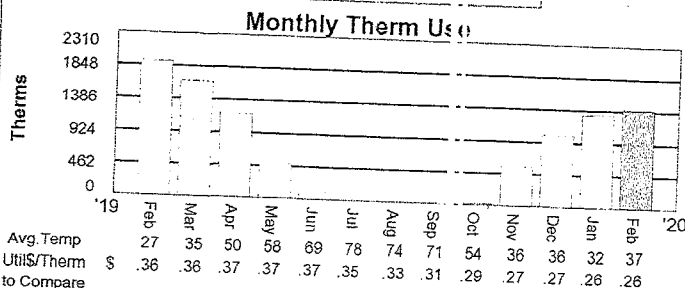
As you requested, your monthly Budget Plan payment and any applicable charges for additional services requested will be withdrawn automatically from your account on the due date of this bill.

Your Customer Select supplier is Constellation NewEnergy. For questions relating to your natural gas cost, contact your supplier at: 800 785-4373. If you have any questions regarding natural gas safety, call Nicor Gas at 1 888 642-6748.

### Monthly Energy Profile

Current Reading	Previous Reading	Usage CCF	BTU Factor	Therms	Avg. Daily Therms	Avg. Daily Therms
02/05/20 (Actual)	01/07/20 (Estimated)	1347	1.048	1411.65	2019	2020
4733	3386				66.15	48.68

CCF x BTU Factor = Therms

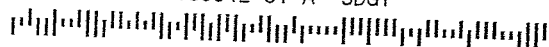


Please see the reverse side of this bill for additional billing explanations.



PO Box 2020  
Aurora, IL 60507-2020

AV 01 034680 18334E 91 A\*\*5DGT



Harold's Furniture  
1210 W Rock Falls Rd  
Rock Falls IL 61071-2649

Account Number:  
2122632000 6

### Receipt of Electronic Payment

**\$137.00**

will be automatically  
withdrawn from your account  
on 02/21/20

Thank you.

Prairie Hill RDF

Original

18762 Lincoln Road  
Morrison, IL, 61270  
Ph: (815) 772-7308

Ticket# 49597

Customer Name PRAIRIEHILLRDFC PRAIRIE HILL  
Ticket Date 01/14/2020  
Payment Type Check  
Manual Ticket#  
Hauling Ticket#  
Route  
State Waste Code  
Manifest  
Destination  
PO  
Profile ()  
Generator

Carrier PRAIRIEHILLRDFC PRAIRIE HILL RDF - C  
Vehicle# HAROLDS Volume: 20.0  
Container  
Driver  
Check# 39809  
Billing # 0000075  
Gen EPA ID  
Grid

	Time	Scale	Operator	Inbound	Gross	
In	01/14/2020 09:26:46	Scale 1	dhouseng		Tare	9640 lb
Out	01/14/2020 09:26:46		dhouseng		Net	8320 lb
					Tons	1320 lb
						0.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 1001T-MSW WHITESID 100		0.66	Tons	21.85		\$43.70	Whiteside-

Amt \$43.70, Amt Tendered \$43.70, Chg Due \$0.00

Total Tax  
Total Ticket \$43.70

Driver's Signature

Prairie Hill RDF

18762 Lincoln Road  
Morrison, IL, 61270  
Ph: (815) 772-7308

Original

\$8740

Ticket# 495915

Customer Name PRAIRIEHILLRDFC PRAIRIE HILL Carrier PRAIRIEHILLRDFC PRAIRIE HILL RDF - C  
Ticket Date 01/14/2020 Vehicle# HAROLDS Volume 20.0  
Payment Type Check Container  
Manual Ticket# Driver  
Hauling Ticket# Check# 39809  
Route Billing # 0000075  
State Waste Code Gen EPA ID  
Manifest  
Destination Grid  
PO  
Profile ()  
Generator

	Time	Scale	Operator	Inbound	Gross	
In	01/14/2020 10:37:20	Scale 1	dhouseng		Tare	9760 lb
Out	01/14/2020 10:37:20		dhouseng		Net	8320 lb
Comments					Tons	1440 lb
						0.72

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 1001T-MSW WHITESID 100		0.72	Tons	21.85		\$43.70	Whiteside-

Amt \$43.70, Amt Tendered \$43.70, Chg Due \$0.00

Total Tax  
Total Ticket \$43.70

Driver's Signature

## DOCUMENTATION of EMPLOYEE STATUS

*Expand as Needed*

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

Employee Name	Employee's Last 4 Digits of Social Security #	Status on 12/31/19		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
Becky Hunter	7645	X		X	X		
Star Delgado	1077	X				X	
Jordan Goodell	7202	X		X			
Bailey Harris	4088	X					X
Sherry Haynes	1700	X				X	
Pat Hunter	7495	X				X	
Jodi Pontnack	4615	X				X	
Devin Zinke	2598	X					X
Greg Davis	9264		X	X			
Mary Rodriguez	4357	X				X	
Stacey Beer	8981	X		X	X		
<b>TOTAL:</b>	<b>11</b>	<b>10</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>2</b>

## LOCAL GOVERNMENT CERTIFICATIONS

On this 5th of May 2020, the Mayor William B. Wescott of the City of Rock Falls 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 City of Rock Falls to effectively administer the program, and to fulfill the requirements of the CDBG program.
6. It will coordinate with the County Soil and Water Conservation District regarding standards for surface and sub-surface (tile) drainage restoration and erosion control in the fulfillment of any project utilizing CDBG funds and involving construction.
7. It is understood that the obligation of the State will cease immediately without penalty of further payment being required if in any fiscal year the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this agreement.
8. It acknowledges the applicability of Davis-Bacon prevailing wage rate requirements to construction projects; a wage rate determination must be obtained prior to commencement of any construction or equipment installation; and, it shall discuss these requirements with the contractor.
9. It will comply with Section 3 of the Housing and Urban Development Act of 1968 to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing federal, state, and local laws and regulations, be directed to low and very low income persons and businesses.
10. It certifies that no occupied or vacant occupiable low-to-moderate income dwellings will be demolished or converted to a use other than low-to-moderate income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.
11. It will conduct a Section 504 self-evaluation of its policies and practices to determine whether its employment opportunities and services are accessible to persons with disabilities.
12. It will comply with 2 CFR 200, 24 CFR 570, Part 85, and the Illinois' Grant Accountability and Transparency Act (GATA).
13. The area, in whole or in part, in which project activities will take place, IS or IS NOT located in a floodplain.

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

14. DUNS Number: 087151569



Signature of Chief Elected Official , William B. Wescott, Mayor

May 5, 2020  
Date

## BUSINESS CERTIFICATIONS

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

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

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

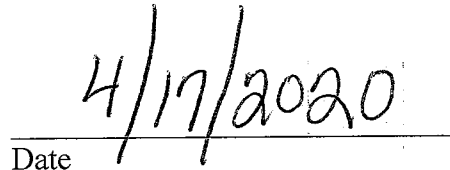
The Business authorizes the Department of Commerce and Economic Opportunity to verify in any manner deemed appropriate any and all items indicated in this application which includes information obtained through the Illinois Department of Employment Security, Consumer Credit Bureau Services, business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

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

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



Signature of Chief Executive Officer



Date

Becky Hunter  
Typed Name of Chief Executive Officer

Harold's Furniture

FEIN # 36-3616372

1210 W Route 30  
Rock Fall, IL 61071

DUNS # N/A

SIC # 5712

## 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:

NONE

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: The City of Rock Falls

By: William B. Wescott  
Signature of Authorized Representative

Printed Name: William B. Wescott

Printed Title: Mayor

Date: May 5, 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.*

NONE

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: The City of Rock Falls

By: William B. Wescott  
Signature of Authorized Representative

Printed Name: William B. Wescott

Printed Title: Mayor

Date: May 5, 2020

## CERTIFICATE

STATE OF ILLINOIS       )  
CITY OF ROCK FALLS     ) ss  
WHITESIDE COUNTY       )

I, Michelle K. Conklin, Deputy City Clerk of the City of Rock Falls, Whiteside County, Illinois do hereby certify that the following is a true and correct copy of:

### **Resolution 2020-841 – City of Rock Falls – Fair Housing Resolution**

As the same appears in the files of the City of Rock Falls in the City Clerk's Office.

Dated this 22<sup>nd</sup> day of April, 2020.



Michelle K. Conklin  
Michelle K. Conklin, Deputy City Clerk

CITY OF ROCK FALLS

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RESOLUTION NO. 2020-841

CITY OF ROCK FALLS  
FAIR HOUSING RESOLUTION

---

ADOPTED BY THE  
CITY COUNCIL  
OF THE  
CITY OF ROCK FALLS  
THIS 21ST DAY OF APRIL, 2020

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Published in pamphlet form by authority of the City Council of the City of Rock Falls,  
Illinois, this 21st day of April, 2020.

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## RESOLUTION 2020-841

### FAIR HOUSING RESOLUTION

LET IT BE KNOWN TO ALL PERSONS of the City of Rock Falls that discrimination in the sale, rental, lease, advertising of sale, rental or lease, financing of housing or land to be used for construction of housing, or in the provision of brokerage or rental services because of race, color, religion, sex, disability (physical or mental), familial status (children) or national origin is prohibited by Title VIII of the federal Fair Housing Amendments Act of 1988. It is the policy of the City of Rock Falls to support the Fair Housing Amendments Act of 1988 and to implement a Fair Housing Program to ensure equal opportunity in housing for all persons regardless of race, color, religion, sex, disability (physical and mental), familial status (1. Children, and 2. Actual or perceived sexual orientation, gender identity or marital status or its members), or national origin. Therefore, the City of Rock Falls does hereby pass the following Resolution:

WHEREAS, within the resources available to the City through city, county, state, federal and community volunteer sources, the City 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, that they may seek equity under federal and state laws.

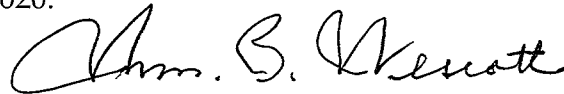
WHEREAS, the Fair Housing Program, for the purpose of informing those affected of their respective responsibilities and rights concerning Fair Housing law and complaint procedures, will at a minimum include, but not be limited to: 1) the printing, publicizing and distribution of this Resolution; 2) the distribution of posters, flyers, pamphlets and other applicable Fair Housing information provided by local, state and federal sources, through local media or community contacts; and 3) the publicizing of locations where assistance will be provided to those seeking to file a discrimination complaint.

BE IT FURTHER RESOLVED that the City 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 the Fair Housing Amendments Act of 1988 and any applicable state or local laws or ordinances.

NOW, THEREFORE, BE IT RESOLVED, by the Mayor and City Council of the City of Rock Falls that:

1. The City Council finds that all other recitals contained in the preamble to this Resolution are full, true and correct, and hereby incorporates them into this Resolution by this reference.
2. The City Clerk is hereby authorized to provide a certified copy of this Resolution to any party so requesting.
3. All Resolutions and parts of resolutions in conflict herewith are, to the extent of such conflict, hereby repealed.
4. This Resolution shall be in full force and effect from and after its passage, approval and publication as required by law.

Passed this 21st day of April, 2020.



William B. Wescott, Mayor

ATTEST:



Michelle K. Conklin, Deputy City Clerk



AYE

NAY

Palmer

None

Wangelin

Snow

Schuneman

Kleckler

Sobottka

ABSENT

Kuhlemier

Folsom

# 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.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>City of Rock Falls</b>	
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 <b>one</b> of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC   <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____  <b>Note:</b> 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 <b>not</b> 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.           </div> <div style="width: 48%;"> <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate   <input checked="" type="checkbox"/> Other (see instructions) ► _____           </div> </div>	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <b>603 W 10th Street</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Rock Falls, IL 61071</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
3	6	-	6	0	0	6	0	7	6

## 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 ► *Ann B. Keenath*

Date ► *May 5, 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.*

▲ ALERT: SAM.gov will be down for scheduled maintenance Saturday, 04/23/2020 from 8:00 AM to 3:00 PM

▲ ALERT: CAGE is experiencing a high volume of entity registrations; processing time is currently exceeding the normal window of ten business days. Please respond promptly by email to the DLA CAGE Program if you are contacted for additional information to prevent further delays.

## Entity Dashboard

- Entity Overview
- Entity Registration
- Core Data
- Assertions
- Rep & Certs
- POCs
- Reports
- Service Contract Report
- BioPreferred Report
- Exclusions
- Active Exclusions
- Inactive Exclusions
- Excluded Family Members

BACK TO USER DASHBOARD

### Rock Falls City Of

DUNS: 087151569 CAGE Code: 5FC64

Status: Active

Expiration Date: 04/09/2021

Purpose of Registration: Federal Assistance Awards Only

603 W 16TH ST  
ROCKFALLS, IL, 61071-1523,  
UNITED STATES

### Entity Overview

#### Entity Registration Summary

DUNS: 087151569

Name: Rock Falls City Of

Doing Business As: DEPARTMENT OF ELECTRIC

Business Type: US Local Government

Last Updated By: Robbin Blackett

Registration Status: Active

Activation Date: 04/09/2020

Expiration Date: 04/09/2021

#### Exclusion Summary

Active Exclusion Records? No

# City of Rock Falls

603 W. 10<sup>th</sup> Street  
Rock Falls, IL 61071-2854

*Mayor*  
William B. Wescott  
815-380-5333

*City Administrator*  
Robbin Blackert  
815-564-1366



*Deputy City Clerk*  
Michelle Conklin  
815-622-1104

*City Treasurer*  
Kay Abner  
815-622-1100

April 9, 2020

Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0046

Dear Sir or Madam:

The City of Rock Falls is requesting a 147C letter verifying our Employer Identification Number (EIN) and name.

We attempted to contact you by phone but due to the COVID-19 Pandemic we were unable to receive live assistance due to reduced staff levels.

If possible, could you please fax the verification letter to us at 815-622-1113 or by email to [mconklin@rockfalls61071.com](mailto:mconklin@rockfalls61071.com).

Thank you for your assistance in this matter.

Sincerely,

*Michelle Conklin*

Michelle Conklin  
Deputy City Clerk





OGDEN UT 84201-0046

In reply refer to: 0423657303  
Apr. 30, 2012 LTR 147C 0  
36-6006076 000000 00

00004141  
BODC: TE

CITY OF ROCK FALLS  
WESCOTT WILLIAM B CITY CLERK  
603 W 10TH STREET  
ROCK FALLS IL 61071-1523



026239

Employer Identification Number: 36-6006076

Dear Taxpayer:

We received your request dated Mar. 26, 2012, asking us to verify your Employer Identification Number (EIN) and name.

Your Employer Identification Number (EIN) is 36-6006076. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

If you need forms, schedules, or publications, you can obtain them by visiting the IRS web site at [www.irs.gov](http://www.irs.gov) or by calling toll free at 1-800-TAX-FORM (1-800-829-3676).

Please call our toll-free telephone number at 1-800-829-0115 with any questions you may have.

You also can write to us at the address shown at the top of this letter's first page.

When you write to us, please attach this letter and, in the spaces below, give us your telephone number with the hours we can reach you in case we need more information. You also may want to keep a copy of this letter for your records.

Telephone Number (815) 622-1104 Hours 8am-5pm

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

0423657303  
Apr. 30, 2012 LTR 147C 0  
36-6006076 000000 00  
00004142

CITY OF ROCK FALLS  
WESCOTT WILLIAM B CITY CLERK  
603 W 10TH STREET  
ROCK FALLS IL 61071-1523

Sincerely yours,



Sheila Bronson  
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):  
Copy of this letter



U.S. Department of Housing and Urban  
Development  
451 Seventh Street, SW  
Washington, DC 20410  
[www.hud.gov](http://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 the City of Rock Falls.

**Responsible Entity:** City of Rock Falls

**Grant Recipient** (if different than Responsible Entity): Same as Responsible Entity Above

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

**Preparer:** Robbin Blackert, City Administrator, City of Rock Falls, 603 West 10<sup>th</sup> Street, Rock Falls, IL 61071, (815) 564-1366

**Certifying Officer Name and Title:** William B. Wescott, Mayor

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

**Project Location:** 603 West 10<sup>th</sup> Street, Rock Falls, IL 61071

**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 Rock Falls, Whiteside County, Illinois, to assist the following specific small business(es): Harold's Furniture, Inc.

**Level of Environmental Review Determination:**

City of Rock Falls Exempt-CENST-ER-Format for Downstate SBS

- ☐ 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>

<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: Robbin Blackert Date: 5-5-20

Name/Title/Organization: Robbin Blackert, City Administrator, City of Rock Falls

Responsible Entity Agency Official Signature:

William B. Wescott Date: 5/5/20

Name/Title: William B. Wescott, Mayor

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°46'30.73"N



## Legend

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

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

0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile (Zone 2)









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

	Area of Minimal Flood Hazard Zone X
	Area of Undetermined Flood Hazard Zone

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

	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

	Digital Data Available
	No Digital Data Available
	Unmapped

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

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

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 4/2/2020 at 3:38:21 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 unmapped areas cannot be used for regulatory purposes.



## **PARTICIPATION AGREEMENT**

**THIS AGREEMENT** is made as of the 5th day of May, 2020 by and between the City of **Rock Falls, Illinois** ("Unit of Local Government") and Wheelock Furniture, (Benefiting "Business").

**WHEREAS**, the Unit of Local Government is interested in maintaining its economic base with the primary emphasis on retaining jobs.

**WHEREAS**, the Unit of Local Government has entered into an agreement with the Illinois Department of Commerce and Economic Opportunity to implement an economic development program that significantly impacts upon the Unit of Local Government's economic base; and

**WHEREAS**, the Business is interested in maintaining its employment base; and

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein, the parties agree as follows:

### **I. GENERAL DEFINITIONS**

- 1.1 "Application" shall mean all materials submitted by the Business to the Unit of Local Government or the State of Illinois in connection with this Agreement.
- 1.2 "DCEO Funds" shall mean the sum of \$25,000. representing the grant received by the Unit of Local Government pursuant to its agreement with the Illinois Department of Commerce and Economic Opportunity (DCEO).

### **II. PERFORMANCE**

- 2.1 The Unit of Local Government agrees, subject to the terms and conditions of this Agreement, to provide grant funds to the Business for the purpose of working capital.
- 2.2 Grant funds shall be paid with Community Development Block Grant funds through DCEO.
- 2.3 Business must remain open or reopen and retain or re-employ permanent jobs prior to the grant end date (one year from grant award).
- 2.4 In the event the Unit of Local Government fails to receive the DCEO funds, for any reason, this Agreement shall be terminated, at the sole option of the Unit of Local Government, without fault as to either party.

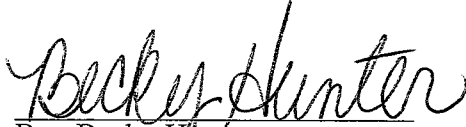
### **III. COVENANTS, REPRESENTATIONS AND WARRANTIES OF THE BUSINESS**

- 3.1 On or prior to the date of this Agreement, all legal matters incident to this Agreement and the transactions contemplated hereby shall be satisfactory to the Unit of Local Government.

- 6.11 The Business acknowledges that receipt of benefits under this agreement may require compliance with the Prevailing Wage Act (820 ILCS 130). Persons willfully failing to comply with or violating this act may be in violation of the Criminal Code. Questions concerning compliance with the Prevailing Wage Act should be directed to the Illinois Department of Labor.
- 6.12 The Unit of Local Government acknowledges that if the project as proposed by this Agreement is completed in accordance with this Agreement and the Agreement executed between the Unit of Local Government and the Department of Commerce and Economic Opportunity then the provisions cited above in 6.9; 6.10; and 6.11 do not apply to the Business but do apply to the activities to be completed by the Unit of Local Government.

**IN WITNESS WHEREOF**, the parties executed this Agreement the day and year first above written.

Harold's Furniture, Inc.

  
By: Becky Hunter  
Its: Owner

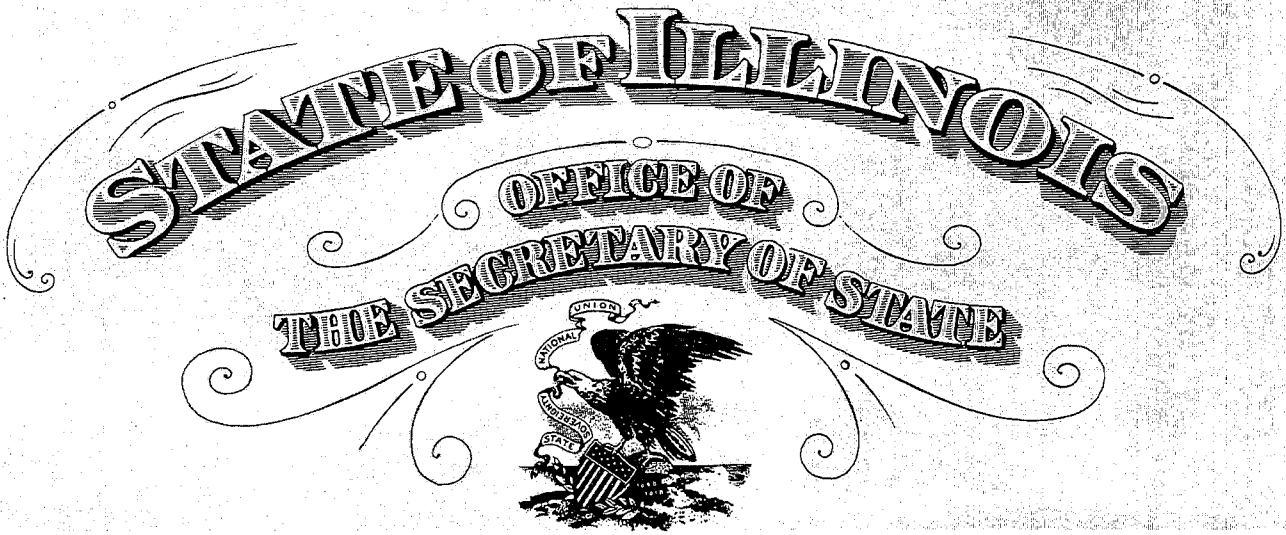
Address:  
1210 W Rock Falls Road  
Rock Falls, IL 61071

City of Rock Falls, Illinois

By: Honorable William B. Wescott  
Its: Mayor

Address:  
603 West 2<sup>nd</sup> Street  
Rock Falls, IL 61071





**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*

HAROLD'S FURNITURE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 15, 1988, 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 3RD***  
***day of APRIL A.D. 2020 .***

*Jesse White*

SECRETARY OF STATE