

## 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

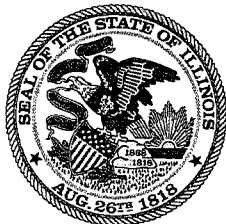
Dear Director:

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 Ren & Ken Enterprises, Inc. d/b/a The Cooler has been a part of the Rock Falls community since 2013 and normally employs 6-8 people. The Cooler 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 cursive script 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

Department of Commerce and Economic Opportunity

5. Catalog of State Financial Assistance (CSFA) Number

420-75-2398

6. CSFA Title

Downstate Small Business Stabilization Program

Catalog of Federal Domestic Assistance (CFDA)

☐ Not Applicable (No federal funding)

7. CFDA Number

14.228

8. CFDA Title

Community Development Block Grants/States

9. CFDA Number

N/A

10. CFDA Title

N/A

Additional CFDA  
Number, if required

N/A

Additional CFDA  
Title, if required

N/A

### Funding Opportunity Information

11. Funding Opportunity Number

2380-1381

12. Funding Opportunity Title

Downstate Small Business Stabilization Program

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

**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)

Rock Falls  
Whiteside County  
Map Attached as Exhibit A

40. Legislative and Congressional District of Applicant

Illinois Senate 36th District, Illinois House 71st District  
17th Congressional District

41. Legislative and Congressional Districts or Program Project

Illinois Senate 36th District, Illinois House 71st District, 17th Congressional District

### Applicant's Project

42. Description Title of Applicant's Project

To provide 60 days of working capital to Ren & Ken Enterprises, Inc. d/b/a The Cooler which has been negatively and severely impacted by the COVID-19 pandemic emergency and urgently requires financial assistance.

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



Rock-Ave Film Co.



## 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:	2020-846

### 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 815-632-3010  
Business E-mail sotelo.songbird@gmail.com  
Fiscal Year End Date 12 /31

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

Supported Business Name: Ren & Ken Enterprises, Inc. d/b/a The Cooler  
Supported Business Address 1: 311 w 2<sup>nd</sup> Street  
Supported Business Address 2:  
Supported Business City: Rock Falls  
Supported Business State: Illinois  
Supported Business Zip: 99999-9999: 61071-1220  
Supported Business E-Mail Address: sotelo.songbird@gmail.com  
Supported Business FEIN: 90-0787306  
Supported Business DUNS: N/A  
Supported Business SIC: 5813  
Supported Business Type: Corporation

**Supported Business Authorized Signatory Contact:**

*Signatory must sign Participation Agreement and Business Certification Form*

Last Name: Sotelo  
First Name: Kendra  
Title: Secretay  
Daytime Phone: 815-499-1106  
Home Phone: 815-499-1106  
E-Mail: sotelo.songbird@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?

	NO
X	YES

If yes, provide details: Dram Shop claim with multiple other bars – being handled by our insurance company.  
See Case Attached.

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF FOURTEENTH JUDICIAL CIRCUIT  
COUNTY OF WHITESIDE

DONALD E. SCHICK,

Plaintiff,

vs.

Case No. **2020L11**

ERIC S. STROCK, WARNER'S MVP  
LOUNGE, LLC, d/b/a THE BOULEVARD  
PUB AND GRILL, WHISKEY BARREL  
SALOON, LLC, and THE COOLER,

Defendants.

**COMPLAINT**

NOW COMES the Plaintiff, DONALD E. SCHICK, by and through his attorneys, BARRICK, SWITZER, LONG, BALSLEY & VAN EVERA, and for his Complaint against the Defendants, ERIC S. STROCK, WARNER'S MVP LOUNGE, LLC, d/b/a THE BOULEVARD PUB AND GRILL, WHISKEY BARREL SALOON, LLC, and THE COOLER, states as follows:

**ALLEGATIONS COMMON TO ALL COUNTS**

1. At all times relevant hereto, Plaintiff, DONALD E. SCHICK, is an individual residing in Whiteside County, Illinois.
2. At all times relevant hereto, Defendant, ERIC S. STROCK, is an individual residing in Whiteside County, Illinois.
3. At all times relevant hereto, Defendant, WARNER'S MVP LOUNGE, LLC, d/b/a THE BOULEVARD PUB AND GRILL, is a business/tavern located at 2501 Avenue E, Sterling, IL 61081, and licensed to sell alcoholic liquor under the laws of the State of Illinois.
4. At all times relevant hereto, Defendant, WHISKEY BARREL SALOON, LLC, is a business/tavern located at 305 W. 2<sup>nd</sup> St, Rock Falls, IL 61071, and licensed to sell alcoholic liquor under the laws of the State of Illinois.

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	
SECTION A -- STATE OF ILLINOIS FUNDS				Grant #		
Revenues				TOTAL REVENUE		
(a). State of Illinois Grant Amount Requested				\$	25,000.00	
BUDGET SUMMARY STATE OF ILLINOIS FUNDS						
Budget Expenditure Categories		OMB Uniform Guidance Federal Awards Reference 2 CFR 200		TOTAL EXPENDITURES		
1. Personnel (Salaries & Wages)		200.430		\$	10,808.00	
2. Fringe Benefits		200.431		\$	-	
3. Travel		200.474		\$	-	
4. Equipment		200.439		\$	-	
5. Supplies		200.94		\$	9,796.00	
6. Contractual Services & Subawards		200.318 & 200.92		\$	-	
7. Consultant (Professional Services)		200.459		\$	-	
8. Construction				\$	-	
9. Occupancy (Rent & Utilities)		200.465		\$	4,396.00	
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 Blackert  
Robbin Blackert  
Name of Official  
City Administrator  
Title  
Chief Financial Officer (or equivalent)  
5-5-2020  
Date of Execution

City of Rock Falls  
Institution/Organization  
Signature Wm. 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
<i>Julia Duncan</i>	<i>Bartender</i>	\$ 9.25	<i>hour</i>	100%	64	\$ 592.00
<i>Shannai Kaehler</i>	<i>Bar Manager</i>	\$ 9.25	<i>hour</i>	100%	160	\$ 1,480.00
<i>Kendra Last Sotelo</i>	<i>Manager of Operations</i>	\$ 12.50	<i>hour</i>	100%	320	\$ 4,000.00
<i>Daniele Lewis</i>	<i>Bartender</i>	\$ 9.25	<i>hour</i>	100%	64	\$ 592.00
<i>Karl Schleiwiler</i>	<i>Bartender</i>	\$ 9.25	<i>hour</i>	100%	64	\$ 592.00
<i>Arthur Sotelo</i>	<i>Manager of Entertainment</i>	\$ 9.25	<i>hour</i>	100%	320	\$ 2,960.00
<i>Julie Wilkinson</i>	<i>Bartender</i>	\$ 9.25	<i>hour</i>	100%	64	\$ 592.00
<b>State Total</b>						<b>\$ 10,808.00</b>
<b>NON-State Total</b>						<b>\$ -</b>
<b>Total Personnel</b>						<b>\$ 10,808.00</b>

### Personnel Narrative (State):

Our establishment has prided itself on great service and live entertainment for our customers. Each of employees are intricate in maintaining our high levels of service and will be even more important when we are allowed to open our establishment after the COVID-19 pandemic is over.

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

## City of Rock Falls

City of Rock Falls  
tape recorders) and

City of Rock Falls tape recorders) and	
<b>Supplies Cost</b>	
\$ 8,796.	
\$ 1,000.	
\$ -	
\$ -	
\$ -	
\$ -	
\$ 9,796.	
\$ -	
\$ -	
\$ 9,796.	

100

ar liquor, beer and fo

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2

## City of Rock Falls

directly allocated to program.

*Total Occupancy* \$ 4,396.00

will be impossible without grant funds to pay our utilities. This grant will allow us to continue operations after the pandemic is over.

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

# Project Summary

---

I am writing this project summary on behalf of Ren & Ken Enterprises, Inc dba The Cooler for the Downstate Small Business Stabilization Program. Due to the spread of COVID-19 all bars, taverns and restaurants in Illinois were mandated to close as of 9pm on Monday March 16, 2020. We are a small local run tavern in Rock Falls. Although we hire only a handful of employees our staff lives and shops locally. We purchase locally when at all possible for our supplies to run daily business and we utilize local hardware stores and businesses for our repairs and maintenance. At The Cooler we try to provide quality entertainment to the local people of our city. Along with this we provide a place for locals to meet friends and co-worker to catch up and relax. We run several fundraisers to assist local charities around our community such as April House, Community Christmas for Children and Touch Down for Tatas Breast Cancer Awareness.

If we are granted funds we will use those to pay our monthly utilities such as our city bill to Rock Falls for electric, water and sewer. Additionally utilities in need of payment will be NIOR Gas, Wiersema Waste for garbage, Comcast Cable (who would not allow us to hold the account until reopening), rent for the building we do business in and Lectronics Alarm System to keep our property safe. Along with utilities we have insurance premiums that are due for both our property and our DRAM Shop. Additionally, we have licensing fees that will soon be due. These include city gaming and liquor licenses and entertainment licenses to 3 different agencies. As important as all of these things are we still have employees to consider. If these things are not paid, we may not be able to re-open our business at the end of this crisis.

Without this grant, we as a company may not be able to meet our financial responsibilities. If we do not come up with the working capital to sustain our operating needs we will not be able to re-open after the COVID-19 crisis. This need is entirely due to the mandated closures as a result of COVID-19.

## 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	\$438,358.11	Yes	No	\$24,441.53
December 31, 2018	\$372,562.69	Yes	No	\$26,828.24
December 31, 2019	\$356,245.18	Yes	No	891.87
<b>Current:</b>	\$27,532.43	Yes	No	(\$112.12)

## 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>		\$27,532.43
Personnel (Salary & Wages)	\$5,767.68	
Fringe Benefits		
Equipment		
Inventory	\$13,851.93	
Supplies	\$879.27	
Occupancy (Rent & Utilities)	\$1,306.55	
Telecommunications		
Other (Specify) Advertising, Live Entertainment, licenses & permits	\$3,238.58	
Other (Specify) Legal & Professional Fees, Insurance, Cleaning Service	\$1,270.00	
Other (Specify) Repairs & Maintenance,	\$1,069.81	
<b>Total of All Expenditures</b>	\$27,383.82	
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>		\$148.61



1201 Network Centre Drive Effingham, IL 62401

Page 1 of 4  
Period Beginning March 02, 2020  
Period Ending March 31, 2020  
Days in Period 30  
Statement Date March 31, 2020

How to contact us  
Customer Care 1-855-MY-MIDLAND

Get current account information  
Bank by Phone 1-800-952-1529  
Visit us online midlandsb.com

OZ 01 RETURN SERVICE REQUESTED  
REN & KEN ENTERPRISES INC  
THE COOLER  
311 W 2ND ST  
ROCK FALLS IL 61071



**Go Paperless.**  
Switch to Online Statements at  
midlandsb.com/gopaperless

## Your Statement

### Summary

Business Checking - \$112.12

## Stay healthy. Bank from home.

Bank from anywhere with our  
mobile app and online banking!

In an effort to keep customers and employees  
healthy, we are suspending lobby access at our  
branch locations effective March 17, 2020.

Drive thru services will remain open, however.

For information on branch closings, please visit  
midlandsb.com/coronavirus-impact-update or  
call us at 1-855-696-4352.

### Business Checking

Owner(s): REN & KEN ENTERPRISES INC  
THE COOLER

Account# [REDACTED]  
Service Charge \$ .53

Previous Balance \$620.47  
26 Deposits \$12,942.14  
49 Withdrawals \$13,674.20  
**Ending Balance - \$112.12**  
Average Ledger Balance \$1,221.67  
Average Collected Balance \$1,218.39

	Total For This Period	Total Year-To-Date
Total Overdraft Fees	\$144.53	\$911.23
Total Returned Item fees	\$ .00	\$ .00

### All Credit Activity

Transaction Date	Deposit	Transaction Description
03/02	228.66	200302P2 Square Inc PPD
03/02	317.03	200302P2 Square Inc PPD
03/02	758.53	200302P2 Square Inc PPD
03/03	362.51	200303P2 Square Inc PPD
03/03	2,996.09	PAYABLES ACCEL ENTERTAINM PPD
03/04	60.37	200304P2 Square Inc PPD

**All Credit Activity (continued)**

Transaction Date	Deposit	Transaction Description
03/05	187.55	200305P2 Square Inc PPD
03/05	298.50	Deposit
03/06	191.07	200306P2 Square Inc PPD
03/09	62.00	PAYABLES ACCEL ENTERTAINM PPD
03/09	279.94	200309P2 Square Inc PPD
03/09	432.11	200309P2 Square Inc PPD
03/09	827.62	200309P2 Square Inc PPD
03/10	203.12	200310P2 Square Inc PPD
03/10	2,270.80	PAYABLES ACCEL ENTERTAINM PPD
03/11	79.23	200311P2 Square Inc PPD
03/12	391.17	200312P2 Square Inc PPD
03/13	120.42	200313P2 Square Inc PPD
03/16	266.71	200316P2 Square Inc PPD
03/16	310.31	200316P2 Square Inc PPD
03/16	676.73	200316P2 Square Inc PPD
03/17	140.72	200317P2 Square Inc PPD
03/17	825.81	PAYABLES ACCEL ENTERTAINM PPD
03/18	242.52	200318P2 Square Inc PPD
03/18	380.93	PAYABLES ACCEL ENTERTAINM PPD
03/30	31.69	200330P2 Square Inc PPD

**All Debit Activity**

Transaction Date	Withdrawal	Transaction Description
03/02	-79.53	COUNTY MARKET 348 POS DEB 0809 02/28/20 4360493 210 W. 3RD STREET STERLING IL C#5727
03/02	-10.50	RHYTHM CITY CASINO DBT CRD 0000 02/28/20 3021650 7077 ELMORE AVE DAVENPORT IA C#5727
03/02	-12.99	IPSY GLAM BAG DBT CRD 0000 03/01/20 4566627 201 Baldwin Ave FI HELP.IPSY.COM CA C#5727
03/02	-993.00	DIRECT PAY CTYROCK2 PPD
03/02	-72.00	Paid Item Fee
03/03	-29.00	ELECTRONICS DBT CRD 0747 03/02/20 1840513 522 NORTH 2ND STRE 5632421223 IA C#5727
03/03	-159.00	787Networks DBT CRD 0000 03/01/20 0113507 787 ADELAIDE 866-6848324 NY C#5727
03/03	-1.08	IPSY GLAM BAG DBT CRD 0000 03/02/20 8323659 201 Baldwin Ave FI HELP.IPSY.COM CA C#5727
03/04	-74.03	UNEMPL TAX IL DEPT EMPL SEC CCD 512998016 TXP*4659127**191231**00000000 0**0000007403**900787306\
03/05	-97.76	WIERSEMA WASTE SERVICE DBT CRD 0858 03/03/20 8018836 26665 CLARK RD CHADWICK IL C#5727



All Debit Activity (continued)

Transaction Date	Withdrawal	Transaction Description
03/05	-04	UNEMPL TAX IL DEPT EMPL SEC CCD 1419271680 TXP*4659127**191231**00000000 0**0000000004**900787306\
03/06	-21.00	ADRENALINE FUNDRAISING DBT CRD 0000 03/04/20 0119000 3315 WILLIAMS BLVD 319-8990842 IA C#5727
03/06	-40.01	EXXONMOBIL 99262479 DBT CRD 0000 03/04/20 0045908 1308 1ST AVE ROCK FALLS IL C#5727
03/06	-1,823.11	EDI PYMNTS IL DEPT OF REVEN CCD 00000066217824 TXP*90078730601*20099*2020013 *T*182311\
03/09	-29.69	AMAZON.COM*5N2FP1FP3 DBT CRD 0940 03/09/20 IAXCK5C AMAZON.COM SEATTLE WA C#5727
03/09	-20.63	SXM*SIRIUSXM.COM/ACCT DBT CRD 0000 03/08/20 3360066 1221 Avenue of th 888-635-5144 NY C#5727
03/09	-40.00	Intuit *QuickBooks DBT CRD 0000 03/09/20 5535641 2535 Garcia Ave 800-446-8848 CA C#5727
03/10	-21.25	SO *SQUARE HARDWARE DBT CRD 0000 03/09/20 6123229 7486 Alaska Rdg SE gosq.com MI C#5727
03/10	-63.00	INTUIT *PAYROLL DBT CRD 0000 03/09/20 6468375 2535 Garcia Ave 888-537-7794 CA C#5727
03/10	-59.00	LEASE PYMT FDGL PPD
03/11	-235.41	REGISTER TAPES UNLIM I DBT CRD 0213 03/10/20 7528562 17015 PARK ROW 8002474793 TX C#5727
03/12	-582.64	EDI PYMNTS IL DEPT OF REVEN CCD 00000621664096 TXP*90078730601*20099*2019123 *T*58264\
03/16	-69.92	DIRECT PAY www.ilcasco.com CCD 154281
03/16	-486.78	320282827 COMCAST 8771103 PPD
03/16	-732.80	DIRECT PAY www.ilcasco.com CCD 154281
03/18	-120.00	ALLSTATE *PAYMNT DBT CRD 0000 03/17/20 5492230 2775 SANDERS RD 800-255-7828 IL C#5727
03/19	-156.16	THE WEBSTAUANT STORE DBT CRD 0000 03/17/20 2990614 2205 OLD PHILADELP 717-392-7472 PA C#5727
03/23	-90.17	THE WEBSTAUANT STORE DBT CRD 0000 03/21/20 2990620 2205 OLD PHILADELP 717-392-7472 PA C#5727
03/23	-141.92	GAS PAYMNT Nicor Gas WEB
03/25	-10.82	IPSY MARKETPLACE DBT CRD 0000 03/24/20 0243228 201 Baldwin Ave FI 888-769-4526 CA C#5727
03/27	-99	APPLE.COM/BILL DBT CRD 0000 03/26/20 4269207 One Apple Park Way 866-712-7753 CA C#5727
03/30	-12.99	IPSY GLAM BAG DBT CRD 0000 03/29/20 0241890 201 Baldwin Ave FI HELP.IPSY.COM CA C#5727
03/30	-23.82	IPSY MARKETPLACE DBT CRD 0000 03/27/20 6756974 201 Baldwin Ave FI 888-769-4526 CA C#5727
03/30	-1,165.84	DIRECT PAY CTYROCK2 PPD
03/30	-36.00	Paid Item Fee
03/31	-12.99	IPSY GLAM BAG DBT CRD 0000 03/30/20 2378021 201 Baldwin Ave FI HELP.IPSY.COM CA C#5727
03/31	-36.00	Paid Item Fee

**All Debit Activity (continued)**

Transaction Date	Withdrawal	Transaction Description
03/31	-.53	Negative Collected Bal Change

**Summary of Cleared Checks**

\*Indicates check number out of sequence.

Check #	Date	Amount	Check #	Date	Amount
3638	03/02	1,453.69	3646	03/16	614.32
3641*	03/02	200.00	3647	03/13	647.86
3642	03/11	520.00	3648	03/13	136.20
3643	03/13	74.07	3649	03/17	148.50
3644	03/09	1,592.31	3651*	03/23	162.00
3645	03/05	376.88	3653*	03/19	186.50

**Daily Balance Summary**

Date	Balance	Date	Balance	Date	Balance
03/02	-897.02	03/11	2,150.69	03/23	1,156.17
03/03	2,272.50	03/12	1,959.22	03/25	1,145.35
03/04	2,258.84	03/13	1,221.51	03/27	1,144.36
03/05	2,270.21	03/16	571.44	03/30	-62.60
03/06	577.16	03/17	1,389.47	03/31	-112.12
03/09	496.20	03/18	1,892.92		
03/10	2,826.87	03/19	1,550.26		

**The Cooler**  
**PROFIT AND LOSS**  
January - December 2019

	TOTAL
Income	\$356,245.18
Cost of Goods Sold	\$189,545.49
GROSS PROFIT	\$166,699.69
Expenses	\$165,607.82
NET OPERATING INCOME	\$1,091.87
Other Expenses	\$200.00
NET OTHER INCOME	\$ -200.00
NET INCOME	\$891.87

# City of Rock Falls

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



ACCOUNT NUMBER  
32-00620-03

Total Amount Due

**\$993.00**

Total Due After 03/02/2020 \$1,041.48

THE COOLER  
311 W 2ND ST  
ROCK FALLS IL 61071

Service Address: 311 W 2ND ST

CITY OF ROCK FALLS Customer Service Center, 603 W. 10th Street, Rock Falls, IL 61071-2854  
Account Number: 32-00620-03 Customer: THE COOLER  
Service Address: 311 W 2ND ST  
Rate: ELECTRIC RATE C - COMMERCIAL Meter Number: 53522283  
Rate: WATER USAGE - 5/8" COMMERCIAL Meter Number: 68652136  
Billing Period: 1/2/20 to 1/31/20

Meter ID	Date	Previous Rd	Date	Current Rd	Multiplier	Usage	Read Comment
53522283	01/02/20	20,246	01/31/20	24,917	1	4,671	
68652136	01/02/20	1,261	01/31/20	1,274	1	13	INT LEAK

ELECTRIC USAGE  
WATER USAGE CHARGE

## Billed Amounts and Usages Listed Below

Service Dates:  
01/02/2020 to 01/31/2020

Usage		
4,671	\$500.73	ELECTRIC USAGE
4,671	220.94	DISTRIBUTION CHARGE
4,671	32.70	CAPITAL COST RECOVER
4,671	16.02	PURCHASE POWER ADJ
13	44.00	ELECTRIC CUST CHARGE
	10.80	WATER USAGE CHARGE
	3.50	WATER MINIMUM CHARGE
	4.85	WATER CAPITAL IMPROV
13	61.20	WATER DEBT CHARGE
	17.80	SEWER USAGE
	3.66	SEWER MINIMUM CHARGE
13	34.00	SEWER CAPITAL IMPROV
	14.95	SEWER PLANT IMPROV
		ELECT EXCISE TAX

BANKING CUSTOMER

Current Amount Due On Or  
Before 03/02/2020 **\$993.00**

Total Amount Due After  
03/02/2020 **\$1,041.48**

Total Current Charges **\$993.00**

Previous Balance **\$1,109.69**

Previous Payments **\$1,109.69 CR**

Assistance Balance

# Hello,

Thanks for choosing Comcast Business.

## Your bill at a glance

For 311 W 2ND ST REAR, ROCK FALLS, IL, 61071-1220

Previous balance		\$486.78
EFT Payment - thank you	Mar 12	-\$486.78
<b>Balance forward</b>		<b>\$0.00</b>
Regular monthly charges	Page 3	\$454.30
Taxes, fees and other charges	Page 3	\$32.48
<b>New charges</b>		<b>\$486.78</b>

**Amount due** **\$486.78**

### ! Thanks for paying by Auto Pay

Your electronic payment of \$486.78 will be applied on Apr 11, 2020.

### Need help?

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

## Your bill explained

- This page gives you a quick summary of your monthly bill. A detailed breakdown of your charges begins on page 3.

Building  
Rent is  
\$1,000<sup>00</sup>  
per mth  
Aramark Laundry \$260<sup>00</sup>  
mth  
Garbage  
Weisema Waste  
\$97.76 per mth

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  
BUSINESS

P.O. BOX 4638 OAK  
BROOK IL 60522-4928

THE COOLER  
311 W 2ND ST REAR  
ROCK FALLS, IL 61071-1220

Account number **8771 10 332 0282827**  
Automatic payment **Apr 11, 2020**  
Please pay **\$486.78**

**Electronic payment will be applied Apr 11, 2020**

COMCAST  
PO BOX 70219  
PHILADELPHIA PA 19176-0219

877110332028282700486787

# Lectronics, Inc.

522 North 2nd St  
PO Box 3057  
Clinton, IA 52732-3057

## Invoice

DATE	INVOICE #
4/1/2020	53977

BILL TO
THE COOLER 311 W 2ND ST ROCK FALLS IL 61071

SHIP TO
THE COOLER 311 W 2ND ST ROCK FALLS, IL 61071

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

ACCOUNT#	TERMS	PURCHASE ORDER	JOB TICKET
7162	Net 10		

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	Monthly Burglar Alarm Service	29.00	29.00

A FINANCE CHARGE of 1.5% per month will  
be charged on all PAST DUE INVOICES.

*Lectronics, Inc.*

522 N 2nd St  
PO Box 3057  
Clinton, IA 52732  
563-242-1223

Total	\$29.00
Payments/Credits	\$0.00
Balance Due	\$29.00
Customer Total Balance	\$29.00

*pk*

## Employee Details

PERSONAL INFO	PAY INFO	TAX INFO
<b>Julia N. Duncan</b> 24950 Penrose Road Sterling IL 61081 Hired: 02/22/2019 Born: 11/06/1987	Regular Pay: <b>\$7.00/hr</b>  Pay By:	SSN: 319-80-1769  Fed: Married / 1  IL: Withhold/ 1
<b>Shauntai L. Kaehler</b> 402 4th Ave Rock Falls IL 61071 Hired: 02/01/2018 Born: 03/30/1986	Regular Pay: <b>\$9.00/hr</b>  Pay By:	SSN: 329-84-6763  Fed: Single / 1  IL: Withhold/ 1
<b>Kendra M. Last Sotelo</b> 1106 Locust St Sterling IL 61081 Hired: 01/01/2012 Born: 05/21/1970	Salary: <b>\$500.00/Week</b>  Pay By:	SSN: 328-64-6980  Fed: Married, but withhold at higher S  IL: Withhold/ 0/ \$5.00
<b>Daniele R. Lewis</b> 1008 Steinman St. Dixon IL 61021 Hired: 08/17/2018 Born: 01/01/1990	Regular Pay: <b>\$8.00/hr</b>  Pay By:	SSN: 349-80-2056  Fed: Single  IL: Withhold/ 0
<b>Karl M. Schleitwiler</b> 1014 w 6th st Dixon IL 61021 Hired: 02/09/2020	Regular Pay: <b>\$8.00/hr</b>  Pay By:	SSN: 338-72-8918  Fed: Single or Married Filing Separate  IL: Withhold/ 0
<b>Arthur R. Sotelo</b> 1106 Locust St  Sterling IL 61081 Hired: 02/01/2020 Born: 03/17/1965	Salary: <b>\$250.00/Week</b>  Pay By:	SSN: 340-68-7449  Fed: Married Filing Jointly (or Qualifyir  IL: Withhold/ 0/ \$5.00
<b>Julie A. Wilkinson</b> 314 1/2 West 1st St Dixon IL 61021 Hired: 02/06/2019 Born: 01/05/1991	Regular Pay: <b>\$7.00/hr</b>  Pay By:	SSN: 326-88-3267  Fed: Single  IL: Withhold/ 0



**Illinois  
Casualty  
Company**

## POLICY RENEWAL STATEMENT

PO Box 4208, Rock Island, IL 61204 • (309) 793-1700 • (800) 445-3726 • Fax: (309) 793-1707 • [www.ilcasco.com](http://www.ilcasco.com)

**Due on 03/14/2020:** \$732.80  
**Total Down Payment\*:** \$1,465.59  
**Total Down Payment due by:** 04/14/2020  
**Statement Date:** 02/14/2020  
**Account Number:** 154281

Ren & Ken Enterprises Inc DBA The Cooler  
 c/o Renee & Kendra Sotelo  
 311 W 2nd St  
 Rock Falls, IL 61071

**Your Agent:** Nelson Brothers Agency  
 (563) 323-9233

For inquiries regarding your bill, call 1-800-445-3726 or email [Billing@ilcasco.com](mailto:Billing@ilcasco.com)

### RENEWAL INFORMATION

<u>Policy Number</u>	<u>Expiration Date</u>	<u>Payment Plan</u>	<u>Payment Plan Description</u>	<u>Down Payment Amount*</u>
BP37405	04/14/2020 12:01 AM	16.66%/10 Continuous	16.7% down & 10 monthly installments; continuous	\$753.37
LL99611	04/14/2020 12:01 AM	16.66%/10 Continuous	16.7% down & 10 monthly installments; continuous	\$572.94
UL17096	04/21/2020 12:01 AM	16.66%/10 Continuous	16.7% down & 10 monthly installments; continuous	\$139.28

Total Renewal Amount

\$1,465.59

This billing statement will be paid electronically. The Total Amount Due will be withdrawn out of your bank account on the due date. If you have any questions regarding the electronic payment, please contact Illinois Casualty Company at the phone number or email address above. If you do not want to have the money withdrawn, please contact us at least 10 days prior to the Date Due, otherwise, the Total Amount Due will be withdrawn out of your bank account.

If you do not want coverage continued, please contact your agency. **YOU WILL BE RESPONSIBLE FOR EARNED PREMIUM.**

If the Total Amount Due is not in your bank account on the date due, we will process your policy(ies) for cancellation due to nonpayment of premium and assess a late fee.

\* Down payment shown is calculated based upon payment plan shown using renewal premiums.  
 Actual amount withdrawn is subject to change based on account activity between statement date and due date.

Keep for your records

## POLICY RENEWAL STATEMENT

Ren & Ken Enterprises Inc DBA The Cooler  
 c/o Renee & Kendra Sotelo  
 311 W 2nd St  
 Rock Falls, IL 61071

**Total amount due will be paid electronically.**

<b>Total Due on 03/14/2020*:</b>	<b>\$732.80</b>
<b>Total Down Payment Due by 04/14/2020:</b>	<b>\$1,465.59</b>
<b>Account Number:</b>	<b>154281</b>

**TOTAL amount due will be withdrawn automatically on due date.**

Agency# 5766

000015428100000000000732800000000000000002020050527



## 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
Julia Duncan	1769	x				x	
Shauntai Kaehler	6763	x				x	
Kendra Last Sotelo	6980	x				x	
Daniele Lewis	2056	x				x	
Karl Schleitwiler	8918		x			x	
Arthur Sotelo	7449		x			x	
Julie Wilkinson	3267	x				x	
<b>TOTAL:</b>		<b>5</b>	<b>2</b>			<b>7</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

April 15, 2020  
Date

Kendra Sotelo  
Typed Name of Chief Executive Officer

Kendra Sotelo, Secretary

90-0787306

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

\_\_\_\_\_  
FEIN #

Ren & Ken Enterprises, Inc. d/b/a The Cooler

N/A

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

\_\_\_\_\_  
DUNS #

SIC # 5813

## 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

---

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

Palmer

Wangelin

Snow

Schuneman

Kleckler

Sobottka

NAY

None

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.  <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.  <input checked="" type="checkbox"/> Other (see instructions) ► _____	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.

Social security number								
			-				-	
or								
Employer identification number								
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

*Am. B. Kewitt*

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.

MY SAM | SEARCH RECORDS | DATA ACCESS | CHECK STATUS | ABOUT | HELP

Search



▲ ALERT: SAM.gov will be down for scheduled maintenance Saturday, 04/25/2020 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

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 10TH ST  
ROCK FALLS, IL, 61071-1523,  
UNITED STATES

- Entity Overview
- Entity Registration

### 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 Blackert  
Registration Status: Active  
Activation Date: 04/09/2020  
Expiration Date: 04/09/2021

#### Exclusion Summary

Active Exclusion Records? No

- Exclusions
- Active Exclusions
- Inactive Exclusions
- Excluded Family Members

BACK TO USER DASHBOARD

# 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.

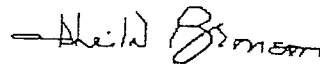
Telephone Number (815) 622-1104 Hours 8am-5pm

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

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): Ren & Ken Enterprises, Inc. d/b/a The Cooler

**Level of Environmental Review Determination:**

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

**Funding Information**

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

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

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

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

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

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

<b>Compliance Factors:</b> Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6	Are formal compliance steps or mitigation required?	Compliance determinations
<b>STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6</b>		
<b>Airport Hazards</b>  24 CFR Part 51 Subpart D	Yes   No <input type="checkbox"/> <input checked="" type="checkbox"/>	No sale or acquisition of property will occur.
<b>Coastal Barrier Resources</b>  Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]	Yes   No <input type="checkbox"/> <input checked="" type="checkbox"/>	<i>Illinois is not a covered state under these Acts.</i>

<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>
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### **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: 5-5-2020

Name/Title/Organization: City of Rock Falls

Responsible Entity Agency Official Signature:

Ann. B. Wescott Date: 5/5/2020

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








## 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, AR
	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 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


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

	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

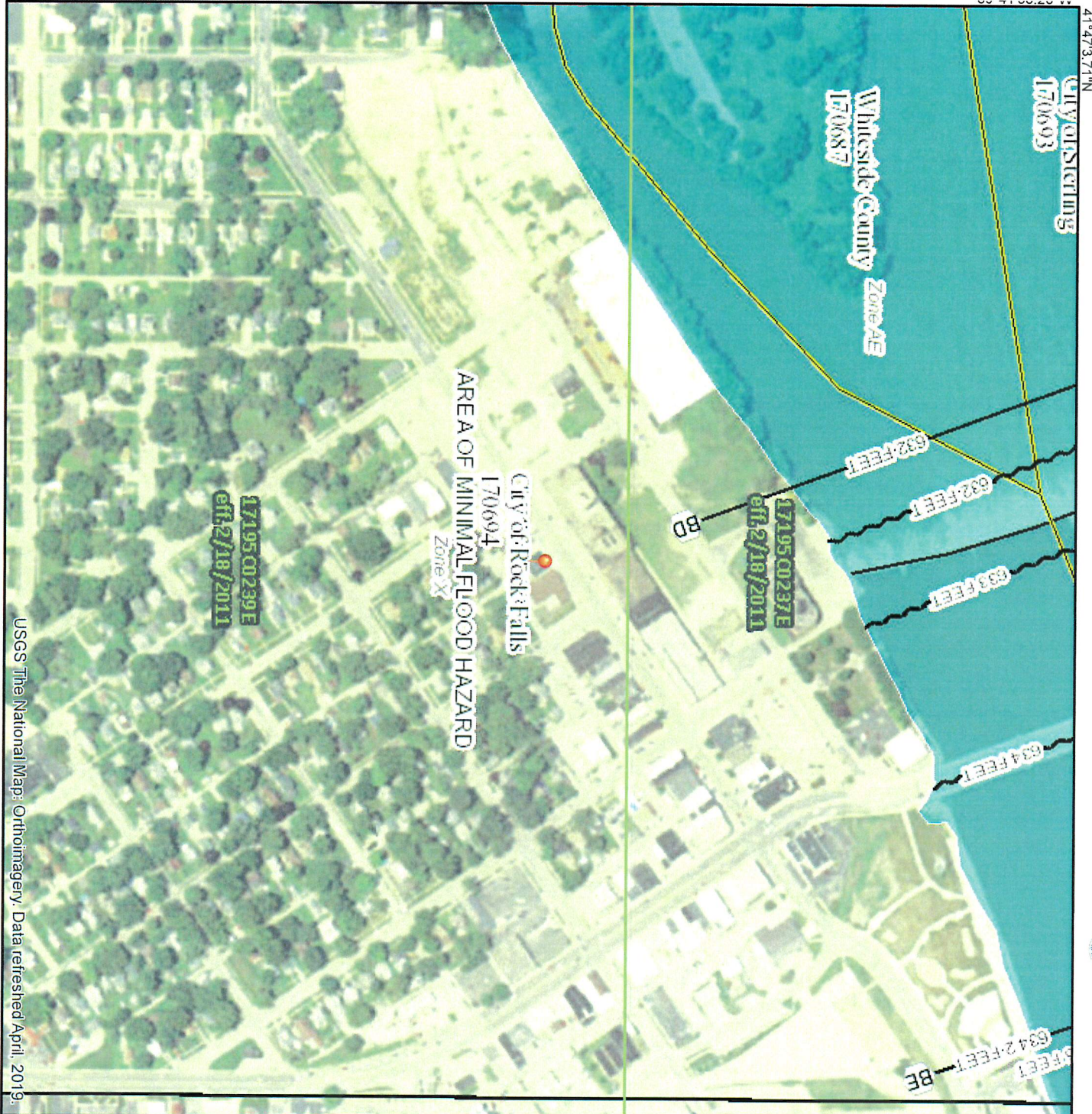
	The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.
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This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The 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 4/1/2020 at 1:37:21 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.



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



## **PARTICIPATION AGREEMENT**

**THIS AGREEMENT** is made as of the 5th day of May, 2020 by and between the City of **City of Rock Falls, Illinois** ("Unit of Local Government") and Ren & Ken Enterprises, Inc. d/b/a The Cooler, (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 \$25,000.00 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.

3.2 Business represents and warrants that:

(a) Business is a sole proprietorship, corporation or partnership, as the case may be, duly formed, validly existing and in good standing under the laws of Illinois, is duly licensed and duly qualified as a foreign corporation or partnership, as the case may be, in good standing in all the jurisdictions in which the character of the property owned or leased or the nature of the business conducted by it requires such licensing or qualification and has all proprietorship, corporate or partnership powers, as the case may be, and all material governmental licenses, authorizations, consents and approvals required to carry on its business as now conducted.

(b) The execution, delivery and performance by Business of this Agreement, are within Business's proprietorship, corporate or partnership powers, have been duly authorized by all necessary proprietorship, corporate or partnership action, require no action by or in respect of, or filing with, any governmental body, agency or official and do not contravene any provision of applicable law or regulation or of the Articles of Incorporation or By-Laws or Partnership Agreement of Business, as the case may be.

(c) This Agreement constitutes a valid and binding agreement of Business.

(d) The Application is in all respects true and accurate and there are no omissions or other facts or circumstances which may be material to this Agreement or the Project.

(e) The financial information delivered to Unit of Local Government pursuant to the Application fully and accurately present the financial condition of the Business. No material adverse change in the condition, financial or otherwise, of Business has occurred since the date of the financial statements most recently delivered to the Unit of Local Government.

(f) Neither Business nor, to the best of Business's knowledge, any of Business's employees have been convicted of bribing or attempting to bribe an officer or employee of the Unit of Local Government, nor has the Business made an admission of guilt of such conduct which is a matter of record.

3.3 The Business shall keep detailed records of all matters related to this Agreement (including the Exhibits hereto). The Business shall provide to the Unit of Local Government all materials necessary for the Unit of Local Government to meet reporting and other requirements of this grant.

3.4 The Business shall comply with all applicable state and federal law and regulations promulgated thereunder. Business shall comply with all applicable laws and regulations prohibiting discrimination on the basis of race, sex, religion, national origin, age or handicap, including but not limited to the Illinois Human Rights Act,

as now or hereafter amended, and the Equal Employment Opportunity Clause promulgated pursuant thereto.

- 3.5 Business shall fully and completely indemnify, defend and hold harmless the Unit of Local Government and the State of Illinois and their officers, directors, employees and agents against any liability, judgment, loss, cost, claim, damage (including consequential damage) or expense (including attorney's fees and disbursements, settlement costs, consultant fees, investigation and laboratory fees) to which any of them may become subject insofar as they may arise out of or are based upon this Agreement or any agreement or document executed by Business and Unit of Local Government as part of the transaction described herein.
- 3.6 The Unit of Local Government shall have the right of access, at all reasonable hours, to Business's premises and books and records for purpose of determining compliance with this Agreement. In addition to the reporting specifically required hereunder, Business shall furnish to the Unit of Local Government such information as the Unit of Local Government may reasonably request with respect to this Agreement.

#### **IV. DEFAULT AND REMEDIES**

- 4.1 If one or more of the following events ("Defaults") occurs and is not timely cured, then, the Unit of Local Government may declare Business in default under this Agreement and seek any of the enumerated remedies described in this Section.
- (a) Business fails to observe or perform any covenant or agreement contained in this Agreement, including the Exhibits hereto, for 10 days after written notice to cure thereof has been given to Business by the Unit of Local Government;
- (b) Any representation, warranty, certificate or statement made by Business in this Agreement, including the Exhibits hereto, or in any certificate, report, financial statement or other document delivered pursuant to this Agreement shall prove to have been incorrect when made in any material respect;
- (c) Business shall commence a voluntary case or other proceeding seeking liquidation, reorganization or other relief with respect to itself or its debts under any bankruptcy, insolvency or other similar law now or hereafter in effect or seeking the appointment of a trustee, receiver, liquidator, custodian or other similar official of it or any substantial part of its property, or shall consent to any such relief or to the appointment of or taking possession by any such official in an involuntary case or other proceeding commenced against it, or shall make a general assignment for the benefit of creditors, or shall fail generally to pay its debts as they become due, or shall take any corporate action to authorize any of the foregoing;
- (d) An involuntary case or other proceeding shall be commenced against Business seeking liquidation, reorganization or other relief with respect to it or its debts under any bankruptcy, insolvency or other



similar law now or hereafter in effect or seeking the appointment of a trustee, receiver, liquidator, custodian or other similar official of it or any substantial part of its property, and such involuntary case or other proceedings shall remain undismissed and unstayed for a period of 60 days; or an order for relief shall be entered against Business under the federal bankruptcy laws as now or hereafter in effect;

(e) Business ceases the conduct of active trade or business in the Unit of Local Government's community for any reason, including, but not limited to, fire or other casualty; and does not reopen prior to the end date of the grant agreement.

- 4.2 If a Default occurs and is not timely cured, then the Unit of Local Government shall seek reimbursement from the Business for all funds (including DCEO funds) expended by the Unit of Local Government on or related to the Project, including, but not limited to working capital, equipment, architectural engineering, construction, administrative, real estate and incidental costs related thereto.
- 4.3 Upon notice of a Default and if said Default is not timely cured, the Unit of Local Government shall notify the Business that reimbursement shall be made to the Unit of Local Government within 30 days after said notice. If the Business fails to reimburse the Unit of Local Government within 30 days after the date of the notice, the Unit of Local Government shall have the right to collect interest on the unpaid balance beginning on the 31<sup>st</sup> day after notice at a rate equal to 12% per annum.
- 4.4 If the Unit of Local Government is successful in any proceeding to enforce the terms of this Agreement, then the Unit of Local Government shall have the right to obtain from the Business, as an additional remedy, attorney fees, costs and expenses, related to the proceeding.

## **V. TERMINATION**

- 5.1 This Agreement may be terminated at any time by written, mutual agreement of the parties, provided the Unit of Local Government has obtained written consent from the Illinois Department of Commerce and Economic Opportunity as to such termination.
- 5.2 This Agreement may be terminated by the Unit of Local Government whenever it issues a notice of Default to the Business and the Business does not timely cure the Default pursuant to Section IV.
- 5.3 This Agreement will terminate when the Project has been completed and when all of the terms and conditions of this Agreement (including the Exhibits thereto) creating duties upon the Business, have been satisfied by the Business.

## **VI. GENERAL PROVISIONS**

- 6.1 Notice required hereunder shall be in writing and shall be deemed to have validly served, given or delivered upon deposit in the United States mail, by registered mail, return receipt requested, at the address set forth on the signature page hereof or to such other address as each party may specify for itself by like notice.
- 6.2 All covenants, agreements, representations and warranties made herein and, in the certificates, delivered pursuant hereto shall survive the execution of the Agreement and shall continue in full force and effect so long as the Agreement shall be in force.
- 6.3 No failure or delay by the Unit of Local Government in exercising any right, power or privilege hereunder shall operate as a waiver thereof nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any other right, power or privilege. The rights and remedies herein provided shall be cumulative and not exclusive of any rights or remedies provided by law.
- 6.4 Wherever possible each provision of this Agreement shall be interpreted in such manner as to be effective and valid under applicable law, but if any provision shall be invalid under applicable law, such provision shall be ineffective to the extent of such invalidity without invalidating the remaining provisions of this Agreement.
- 6.5 This Agreement represents the full and complete agreement between the parties with respect to the matters addressed herein and there are no oral agreements or understandings between the parties.
- 6.6 This Agreement shall be construed in accordance with and governed by the law of the State of Illinois.
- 6.7 This Agreement may be signed in any number of counterparts, each of which shall be an original, with the same effect as if the signatures thereto and hereto were upon the same instrument.
- 6.8 No modification of or waiver of any provision of this Agreement shall be effective unless the same shall be in writing and signed by the parties hereto, and provided further, that the Unit of Local Government shall obtain written consent of the Illinois Department of Commerce and Economic Opportunity prior to executing any such modification or waiver.
- 6.9 The Business certifies that it has not been barred from bidding on or receiving State contracts as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 (bid rigging or bid rotating, respectively) (720 ILCS 5/33E-3 and 5/33-4).
- 6.10 The Business certifies that it has not been barred from being awarded a contract or subcontract under Section 50-5 of the Illinois Procurement (Code 30 ILCS 500).

- 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.

Ren & Ken Enterprises, Inc. d/b/a The Cooler

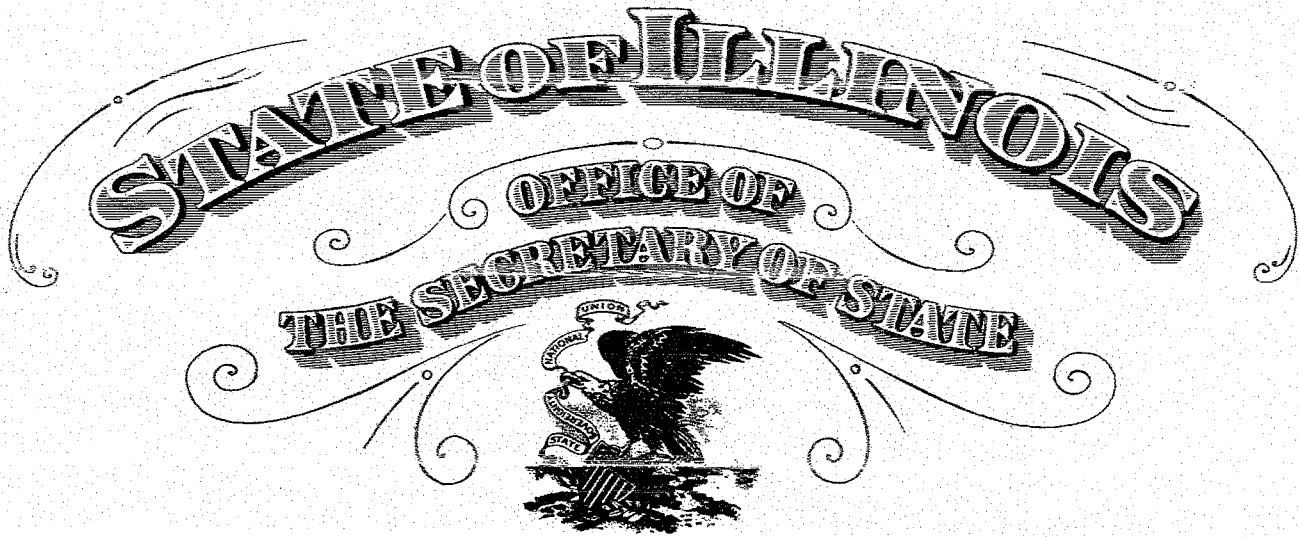
City of Rock Falls, Illinois

  
By: Kendra Sotelo  
Its: Secretary

\_\_\_\_\_  
By: Honorable William B. Wescott  
Its: Mayor

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

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*

REN & KEN ENTERPRISES INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 20, 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 6TH  
day of APRIL A.D. 2020 .

*Jesse White*

SECRETARY OF STATE