

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.

<u>PROJECT INFORMATION</u>	<u>PAGE NUMBER</u>
<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 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. 10th 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
Touch of Thai Properties, LLC

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 \$22,520. to be used to provide working capital needs for Touch of Thai. Touch of Thai has been a welcomed addition to the Rock Falls community since 2016 and normally employs 5-7 people. Touch of Thai 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, appearing to read 'Wm. B. Wescott'. The signature is fluid and cursive.

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

14. Competition Identification Title

Applicant Completed Section

Applicant Information

15. Legal Name (Name used for DUNS registration and grantee pre-qualification)

16. Common Name (DBA)

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

18. Organizational DUNS Number

19. SAM Cage Code

20. Business Address
(Address 1)
(Address 2)
(City), (State), (zip - 4)

Applicant's Organizational Unit

21. Department Name

22. Division Name

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

23. First Name

24. Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number

29. Fax Number

30. E-mail Address

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

31. First Name

32. Last Name Blackert
33. Suffix
34. Title City Administrator
35. Organizational Affiliation City Administrator
36. Telephone Number (815) 564-1366
37. Fax Number (815) 622-1109
38. E-mail Address rblackert@rockfalls61071.com

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 Touch of Thai Properties, LLC. which has been negatively and severely impacted by the COVID-19 pandemic emergency and urgently requires financial assistance.

43. Proposed Project Term

Start Date 6-1-2020

End Date 5-31-2021

44. Estimated Funding (Include all that apply)

☒ Amount Requested from the State

\$22,520.00

☐ Applicant Contribution (e.g., in kind, matching)

☐ Local Contribution

☐ Other Source of Contribution

☐ Program Income

Total Amount \$22,520.00

Applicant Certification:

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

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

☒ I Agree

Authorized Representative

45. First Name

46. Last Name

47. Suffix

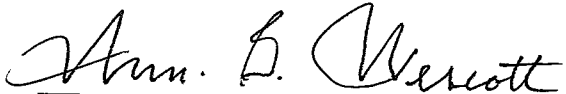
48. Title

49. Telephone Number

50. Fax Number

51. E-mail Address

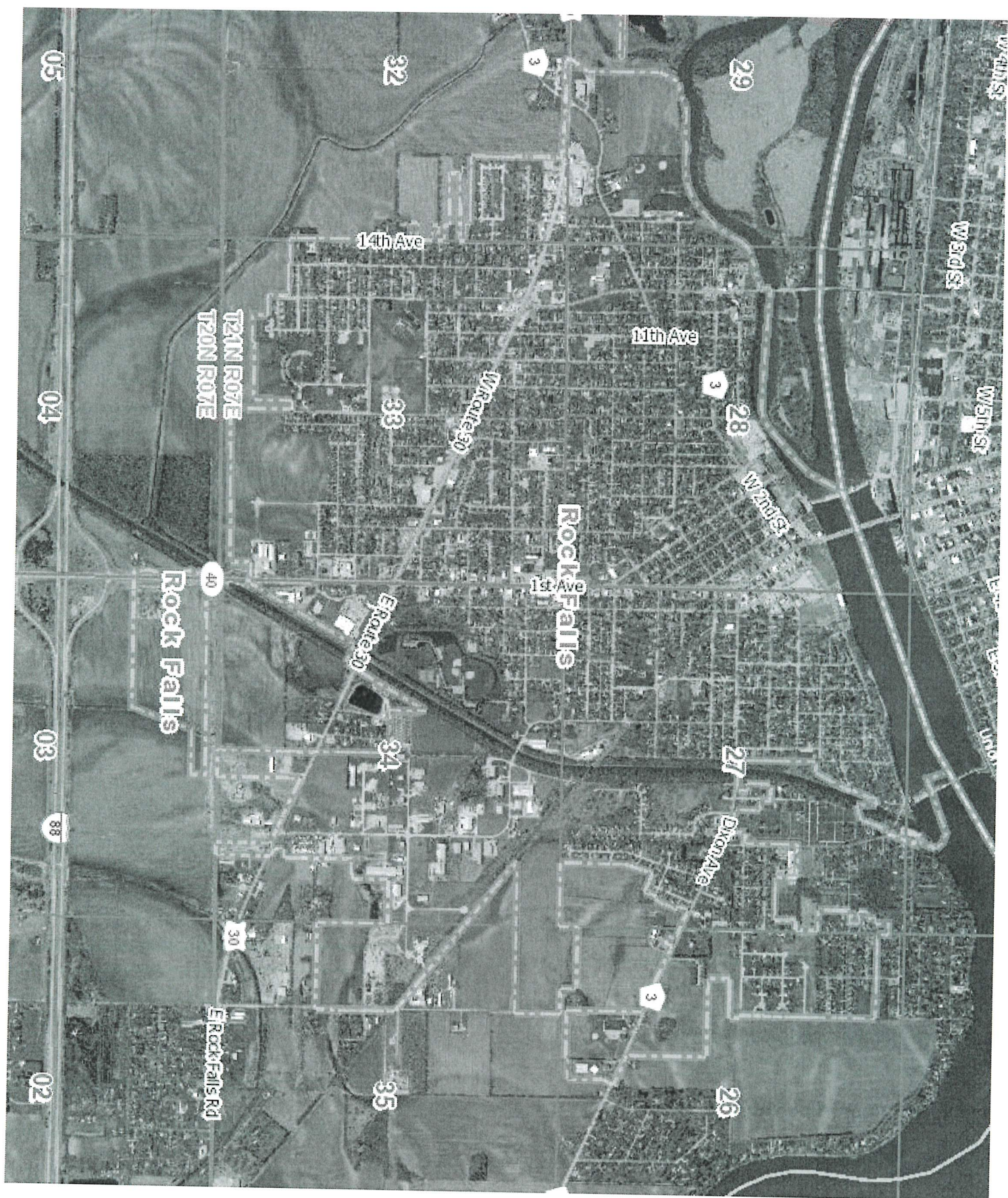
52. Signature of Authorized Representative



53. Date Signed

5.5.2020

Exhibit A



ECONOMIC DEVELOPMENT COMPONENT

I. PRE-APPLICATION REQUIREMENTS

12-14-2016 DATE APPLICANT COMPLETED REGISTRATION ON GATA PORTAL (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:	2020-845

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

☒ FINANCING GAP - For Economic Development Grants, this argument will demonstrate that a business can raise only a portion of the financing necessary to 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 th 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

815-716-8559

Business E-mail

pavida_pra@yahoo.com

Fiscal Year End Date

12/31

Name of Business this application is in support of:

Supported Business Name: Touch of Thai II

Supported Business Address 1: 102 W 2nd Street

Supported Business Address 2:

Supported Business City: Rock Falls

Supported Business State: Illinois

Supported Business Zip: 99999-9999: 61071-1246

Supported Business E-Mail Address: pavida_pra@yahoo.com

Supported Business FEIN: 81-1141582

Supported Business DUNS: 884670584

Supported Business SIC: 5812

Supported Business Type: Corporation

Supported Business Authorized Signatory Contact:

Signatory must sign Participation Agreement and Business Certification Form

Last Name: Pratumrat

First Name: Pavida

Title: Owner

Daytime Phone: (815) 716-8559

Home Phone: N/A

E-Mail: pavida_pra@yahoo.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	
Revenues			SECTION A -- STATE OF ILLINOIS FUNDS		Grant #	
(a). State of Illinois Grant Amount Requested					TOTAL REVENUE	
					\$ 22,520.00	
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		\$ 14,380.00		
2. Fringe Benefits		200.431		\$ -		
3. Travel		200.474		\$ -		
4. Equipment		200.439		\$ -		
5. Supplies		200.94		\$ 2,880.00		
6. Contractual Services & Subawards		200.318 & 200.92		\$ -		
7. Consultant (Professional Services)		200.459		\$ -		
8. Construction				\$ -		
9. Occupancy (Rent & Utilities)		200.465		\$ 4,695.00		
10. Research & Development (R&D)		200.87		\$ -		
11. Telecommunications				\$ 565.00		
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		\$ 22,520.00		
17. Indirect Costs* (see below)		200.414		\$ -		
Rate: _____						
Base: _____						
18. Total Costs State Grant Funds (16 & 17)				\$ 22,520.00		

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)(e)).

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;

The Restricted Indirect Cost Rate is _____ %

5) ☒

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

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

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

Approving Federal/State agency (please specify): _____

The Indirect Cost Rate is: _____ %

The Distribution Base is: _____

CERTIFICATION		STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE		AGENCY: Commerce & Economic Opportunity	
Organization Name: 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>Pavida Pratumrat</i>	<i>Manager</i>	<i>\$5,000</i>	<i>month</i>	<i>100%</i>	<i>1</i>	<i>\$ 5,000.00</i>
<i>Jennifer Farmer</i>	<i>Server</i>	<i>\$12</i>	<i>hour</i>	<i>100%</i>	<i>160</i>	<i>\$ 1,920.00</i>
<i>Ashley Knight</i>	<i>Delivery</i>	<i>\$12</i>	<i>hour</i>	<i>40%</i>	<i>160</i>	<i>\$ 768.00</i>
<i>Ariana Taner</i>	<i>Hostess</i>	<i>\$12</i>	<i>hour</i>	<i>40%</i>	<i>160</i>	<i>\$ 768.00</i>
<i>Tirong Khuntantua</i>	<i>Bar Manager</i>	<i>\$2,500</i>	<i>month</i>	<i>100%</i>	<i>1</i>	<i>\$ 2,500.00</i>
<i>Chris Cash</i>	<i>Bartender</i>	<i>\$15</i>	<i>hour</i>	<i>100%</i>	<i>160</i>	<i>\$ 2,400.00</i>
<i>Akarawat Amusonhi</i>	<i>Cook</i>	<i>\$16</i>	<i>hour</i>	<i>40%</i>	<i>160</i>	<i>\$ 1,024.00</i>
<i>State Total</i>						<i>\$ 14,380.00</i>
						<i>\$ -</i>
						<i>\$ -</i>
<i>NON-State Total</i>						<i>\$ -</i>
<i>Total Personnel</i>						<i>\$ 14,380.00</i>

Personnel Narrative (State):

Touch of Thai is run with very little manpower. The Manager assists both the waitresses and cook on a full-time basis. In late January, we expanded our business to include a bar which was just starting to increase business when the COVID-19 pandemic halted our business.

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

City of Rock Falls

Beer - 15.5 gallon kegs

Item	Quantity/ Duration	Cost	Supplies Cost
Beer - 15.5 gallon kegs	16 \$	180.00	\$ 2,880.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
State Total			\$ 2,880.00
			\$ -
			\$ -
NON-State Total			\$ -
Total Supplies		\$	2,880.00

The kegs of beer currently in the bar will need to be replaced as they have sat for an extended period of time "tapped".

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

Year	Number of cases	Percentage of total cases
1990	10	10.0
1991	15	15.0
1992	20	20.0
1993	25	25.0
1994	30	30.0
1995	35	35.0
1996	40	40.0
1997	45	45.0
1998	50	50.0
1999	55	55.0
2000	60	60.0
2001	65	65.0
2002	70	70.0
2003	75	75.0
2004	80	80.0
2005	85	85.0
2006	90	90.0
2007	95	95.0
2008	100	100.0
2009	105	105.0
2010	110	110.0
2011	115	115.0
2012	120	120.0
2013	125	125.0
2014	130	130.0
2015	135	135.0
2016	140	140.0
2017	145	145.0
2018	150	150.0
2019	155	155.0
2020	160	160.0
2021	165	165.0
2022	170	170.0
2023	175	175.0
2024	180	180.0
2025	185	185.0
2026	190	190.0
2027	195	195.0
2028	200	200.0
2029	205	205.0
2030	210	210.0
2031	215	215.0
2032	220	220.0
2033	225	225.0
2034	230	230.0
2035	235	235.0
2036	240	240.0
2037	245	245.0
2038	250	250.0
2039	255	255.0
2040	260	260.0
2041	265	265.0
2042	270	270.0
2043	275	275.0
2044	280	280.0
2045	285	285.0
2046	290	290.0
2047	295	295.0
2048	300	300.0
2049	305	305.0
2050	310	310.0
2051	315	315.0
2052	320	320.0
2053	325	325.0
2054	330	330.0
2055	335	335.0
2056	340	340.0
2057	345	345.0
2058	350	350.0
2059	355	355.0
2060	360	360.0
2061	365	365.0
2062	370	370.0
2063	375	375.0
2064	380	380.0
2065	385	385.0
2066	390	390.0
2067	395	395.0
2068	400	400.0
2069	405	405.0
2070	410	410.0
2071	415	415.0
2072	420	420.0
2073	425	425.0
2074	430	430.0
2075	435	435.0
2076	440	440.0
2077	445	445.0
2078	450	450.0
2079	455	455.0
2080	460	460.0
2081	465	465.0
2082	470	470.0
2083	475	475.0
2084	480	480.0
2085	485	485.0
2086	490	490.0
2087	495	495.0
2088	500	500.0
2089	505	505.0
2090	510	510.0
2091	515	515.0
2092	520	520.0
2093	525	525.0
2094	530	530.0
2095	535	535.0
2096	540	540.0
2097	545	545.0
2098	550	550.0
2099	555	555.0
2100		

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
Rent	1	monthly	\$ 2,500.00	1	\$ 2,500.00
City of Rock Falls Electric, Sewer Water	1	monthly	\$ 1,760.00	1	\$ 1,760.00
Nicor Gas	1	monthly	\$ 435.00	1	\$ 435.00
State Total					\$ 4,695.00

\$ -
\$ -
NON-State Total \$ -

Total Occupancy \$ 4,695.00

Occupancy Narrative (State):

With no income for the period of the Executive Order we do not have sufficient cash to pay all the utilities and rent when we are allowed to reopen.

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

Section C - Budget Worksheet & Narrative

City of Rock Falls

11). Telecommunications -- List items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense to the program/service. NOTE: This budgetary line item is to be used for direct program telecommunications, all other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet and narrative.

Description	Quantity	Basis	Cost	Length of time	Telecommunications Cost
Comcast Business Cable	1	monthly	\$ 565.00	1	\$ 565.00
State Total					\$ -
NON-State Total					\$ -

Total Telecommunications \$ 565.00

Telecommunications Narrative (State):

Our televisions are an important part of drawing in bar clientele to watch a variety of sports. Hopefully when the pandemic crisis is over we will be able to enjoy sports again.

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

Touch of Thai II / Project Summary

Overview -

Touch of Thai Properties LLC has operated a Thai and Sushi restaurant offering a delicious dining, takeout and delivery to Rock Falls, IL. The restaurant is in Rock Falls community and is known for its modern interpretation of classic dishes and its insistence on using high quality fresh ingredients.

Business started :

06/06/2016 (about 4 years)

The Problem

- Since COVID-19 The governor of IL ordered for restaurants to close dine-in traffic.
- Business have lower income
- Need funds to continue running the business
- Business can not afford expenses such as Payroll, Utility, Rent, Auto payment etc.

The business really needs this funds to be used to continue services.

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	(11,403)	Yes	Yes	13,439.08
December 31, 2018	13,183	Yes	Yes	8,806.86
December 31, 2019	12,733	Yes	Yes	2,911.64
Current:	1,235	No	No	4,268.46

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
Total Income	21,790	
Personnel (Salary & Wages)	8,600	
Fringe Benefits		
Equipment	99	
Inventory	4,358	
Supplies	1,500	
Occupancy (Rent & Utilities)	3,538	
Telecommunications	197	
Other (Specify) Bank fee, Accounting fee, Credit card processing	1,442	
Other (Specify) Gas/ Car payment	654	
Other (Specify) Disposal, Misc.	167	
Total of All Expenditures	20,555	
Monthly Net Income (Total Income – Total of All Expenditures)	1,235	



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

9468 IMG S Y ST01

Business Statement

Account Number:

Statement Period:

Mar 2, 2020
through
Mar 31, 2020

Page 1 of 7



000003132 01 SP 000638417018269 E
PAVIDA PRATUMRAT
DBA TOUCH OF THAI PROPERTIES LLC
216 W 1ST ST
DIXON IL 61021-3028



To Contact U.S. Bank

**24-Hour Business
Solutions:**

1-800-673-3555

U.S. Bank accepts Relay Calls

Internet:

usbank.com

NEWS FOR YOU

Scan here with your phone's camera to download the U.S. Bank Mobile App.



INFORMATION YOU SHOULD KNOW

Effective May 11, 2020 the **"Your Deposit Account Agreement"** booklet will include updates that may affect your rights. The main updates to note in the revised **"Your Deposit Account Agreement"** booklet sections, and sub sections, are:

- Included in multiple sections
 - Clarification around reoccurring or one-time merchant debit card transactions
 - Rebranding of the Premier Line of Credit product to Personal Line of Credit
 - Clarification on ATM deposit availability
- Addition of "Special Provisions for Third Party Accounts" section
- Definitions section
 - Added the definition for "account" or "statement" cycle
- Savings Account section
 - Clarification on "Transfer and/or Withdrawal Restrictions"
 - Clarification on "Excessive Transfers and/or Withdrawals"
- Levies, Garnishments and other Legal Process section
 - Additional language and clarity on the legal process
- Funds Availability section
 - Changes to the Funds Availability section to reflect inflationary adjustments to certain specified dollar amounts for deposited funds:

Funds Availability Section	Current Amounts	Amounts effective as of May 11, 2020
Immediate Availability - All Accounts	Up to first \$200	Up to first \$225
Longer Delays May Apply - Case by Case Delays	The first \$200 of your deposit	(Increases to) \$225
Longer Delays May Apply - Safeguard Exceptions	Deposit of Check(s) greater than \$5,000	(Increases to) \$5,525
Special Rules for New Accounts - Retail Consumer and Business Accounts	All references of \$5,000	(Increases to) \$5,525

- Determining the Availability of a Deposit - All Accounts sub-section
 - Updated timing on deposits done at an ATM
- Deposits at Automated Teller Machines sub-section



BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	\$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	\$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Debit Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. \$
4. Enter the total deposits recorded in the Outstanding Deposits section. \$
5. Total lines 3 and 4. \$
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. \$
7. Subtract line 6 from line 5. This is your balance. \$
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Debit Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank, EP-MN-WS5D, 60 Livingston Ave., St. Paul, MN 55107.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

CONSUMER BILLING RIGHTS SUMMARY REGARDING YOUR RESERVE LINE

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at:

U.S. Bank, P.O. Box 3528, Oshkosh, WI 54903-3528.

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar Amount:** The dollar amount of the suspected error.
- **Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

CONSUMER REPORT DISPUTES

We may report information about account activity on consumer and small business deposit accounts and consumer reserve lines to Consumer Reporting Agencies (CRA). As a result, this may prevent you from obtaining services at other financial institutions. If you believe we have inaccurately reported information to a CRA, you may submit a dispute by calling 844.624.8230 or by writing to: U.S. Bank Attn: Consumer Bureau Dispute Handling (CBDH), P.O. Box 3447, Oshkosh, WI 54903-3447. In order for us to assist you with your dispute, you must provide: your name, address and phone number; the account number; the specific information you are disputing; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.



PAVIDA PRATUMRAT
DBA TOUCH OF THAI PROPERTIES LLC
216 W 1ST ST
DIXON IL 61021-3028

Business Statement

Account Number:

Statement Period:

Mar 2, 2020

through

Mar 31, 2020

Page 2 of 7



INFORMATION YOU SHOULD KNOW

(CONTINUED)

- Addition of Partner ATMs section
- Removed the following content and will be distributed upon individual product purchase
 - Safe Deposit Box Agreement
 - Consumer Reserve Line Agreement
 - Business Reserve Line Agreement

Starting May 11, you may pick up a copy at your local branch, view on usbank.com, or call 800.USBANKS (872.2657) to request a copy. If you have any questions, our bankers are available to help at your local branch. You can also call us at U.S. Bank 24-Hour Banking at 800.USBANKS (872.2657). We accept relay calls.

SILVER BUSINESS CHECKING

U.S. Bank National Association

Member FDIC

Account Summary

Account Number 1-993-7551-2266

	# Items		
Beginning Balance on Mar 2		\$	834.30
Other Deposits	42		32,350.27
Card Deposits	2		1,100.00
Card Withdrawals	20		11,033.27-
Other Withdrawals	32		20,619.54-
Checks Paid	5		2,048.07-
Ending Balance on Mar 31, 2020		\$	583.69

Other Deposits

Date	Description of Transaction	Ref Number	Amount
Mar 2	Electronic Deposit From VENMO REF=200620123146430N00	5264681992CASHOUT 3176198033	\$ 318.48
Mar 2	Mobile Banking Transfer From Account 199377181862		425.00
Mar 2	Electronic Deposit From 5/3 BANKCARD SYS REF=200620137786320N00	7300604847COMB. DEP.4445021785832	866.21
Mar 2	Electronic Deposit From 5/3 BANKCARD SYS REF=200620156407780N00	7300604847COMB. DEP.4445021785832	1,390.21
Mar 3	Mobile Banking Transfer From Account 199376512927		500.00
Mar 3	Electronic Deposit From 5/3 BANKCARD SYS REF=200630078411700N00	7300604847COMB. DEP.4445021785832	1,172.32
Mar 3	Electronic Deposit From 5/3 BANKCARD SYS REF=200630078411670N00	7300604847COMB. DEP.4445021785832	1,275.14
Mar 4	Mobile Banking Transfer From Account 199376512927		1,000.00
Mar 5	Electronic Deposit From 5/3 BANKCARD SYS REF=200650081037410N00	7300604847COMB. DEP.4445021785832	624.33
Mar 9	Electronic Deposit From 5/3 BANKCARD SYS REF=200690055145280N00	7300604847COMB. DEP.4445021785832	639.99
Mar 9	Electronic Deposit From 5/3 BANKCARD SYS REF=200690055145310N00	7300604847COMB. DEP.4445021785832	743.09
Mar 9	Mobile Banking Transfer From Account 199376512927		1,000.00
Mar 9	Electronic Deposit From 5/3 BANKCARD SYS REF=200690065862140N00	7300604847COMB. DEP.4445021785832	1,151.95
Mar 10	Electronic Deposit From 5/3 BANKCARD SYS REF=200700064243200N00	7300604847COMB. DEP.4445021785832	948.84
Mar 10	Electronic Deposit From 5/3 BANKCARD SYS REF=200700064243170N00	7300604847COMB. DEP.4445021785832	1,362.55
Mar 12	Electronic Deposit From 5/3 BANKCARD SYS REF=200720043862170N00	7300604847COMB. DEP.4445021785832	1,121.20
Mar 13	Electronic Deposit From 5/3 BANKCARD SYS REF=200730023977190N00	7300604847COMB. DEP.4445021785832	8.00
Mar 16	Mobile Banking Transfer From Account 199376512927		70.00
Mar 16	Electronic Deposit From 5/3 BANKCARD SYS REF=200760126104880N00	7300604847COMB. DEP.4445021785832	729.90



PAVIDA PRATUMRAT
DBA TOUCH OF THAI PROPERTIES LLC
216 W 1ST ST
DIXON IL 61021-3028

Business Statement

Account Number:

Statement Period:

Mar 2, 2020
through
Mar 31, 2020

Page 3 of 7

SILVER BUSINESS CHECKING

U.S. Bank National Association

(CONTINUED)

Account Number 1-993-7551-2266

Other Deposits (continued)

Date	Description of Transaction	Ref Number	Amount
Mar 16	Electronic Deposit REF=200760114107360N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	1,041.42
Mar 16	Electronic Deposit REF=200760126294630N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	2,007.14
Mar 17	Electronic Deposit REF=200770026729620N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	1,870.54
Mar 18	Electronic Deposit REF=200780008785980N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	1,155.03
Mar 19	Electronic Deposit REF=200790007564800N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	130.30
Mar 19	Electronic Deposit REF=200790007564830N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	355.00
Mar 19	Mobile Banking Transfer	From Account 199376512927	1,015.00
Mar 20	Electronic Deposit REF=200800079396620N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	241.90
Mar 20	Mobile Banking Transfer	From Account 199376512927	1,000.00
Mar 23	Electronic Deposit REF=200830067752480N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	245.47
Mar 23	Electronic Deposit REF=200830076194570N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	516.47
Mar 23	Electronic Deposit REF=200830076043820N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	527.73
Mar 24	Electronic Deposit REF=200840066329640N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	404.84
Mar 25	Zelle Instant On 03/25/20	PMT From SAWITREE BANGTHUP PMT ID=USB0ob2yR4Vj	51.00
Mar 26	Electronic Deposit REF=200860029307690N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	706.08
Mar 26	Mobile Banking Transfer	From Account 199376512927	1,010.00
Mar 26	Mobile Banking Transfer	From Account 199376512927	1,010.00
Mar 27	Electronic Deposit REF=200870018676930N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	297.05
Mar 30	Electronic Deposit REF=200900106716680N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	337.03
Mar 30	Electronic Deposit REF=200900118582650N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	583.15
Mar 30	Electronic Deposit REF=200900118446090N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	971.73
Mar 30	Mobile Banking Transfer	From Account 199376512927	1,000.00
Mar 31	Electronic Deposit REF=200910016048170N00	From 5/3 BANKCARD SYS 7300604847COMB. DEP.4445021785832	526.18
Total Other Deposits			\$ 32,350.27

Card Deposits

Card Number: xxxx-xxxx-xxxx-3859

Date	Description of Transaction	Ref Number	Amount
Mar 11	ATM Deposit US BANK ROCK FAL ROCK FALLS IL Serial No. 005980124508SUS28438		\$ 100.00
Mar 25	ATM Deposit US BANK ROCK FAL ROCK FALLS IL Serial No. 008323131309SUS28438		1,000.00
Card xxxx-xxxx-xxxx-3859 Deposit Subtotal			\$ 1,100.00
Total Card Deposits			\$ 1,100.00



PAVIDA PRATUMRAT
DBA TOUCH OF THAI PROPERTIES LLC
216 W 1ST ST
DIXON IL 61021-3028

Business Statement

Account Number:

Statement Period:
Mar 2, 2020
through
Mar 31, 2020

Page 4 of 7



SILVER BUSINESS CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-993-7551-2266

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3859

Date	Description of Transaction	Ref Number	Amount
Mar 2	ATM Withdrawal *****3859	US BANK ROCK FAL ROCK FALLS IL Serial No. 004072065717SUS28438	\$ 1,000.00-
Mar 2	ATM Withdrawal *****3859	US BANK ROCK FAL ROCK FALLS IL Serial No. 004074065844SUS28438	1,000.00-
Mar 6	Debit Purchase 019159 *****3859	GOLDEN MARKET ROCKFORD IL On 030620 MAESTER REF 019159	49.43-
Mar 10	Debit Purchase 336539 *****3859	C.O.W.M INC 1902 CHICAGO IL On 031020 ILK1TERM REF 007017336539	3903101247 461.65-
Mar 12	ATM Withdrawal *****3859	US BANK ROCK FAL ROCK FALLS IL Serial No. 006182103717SUS28438	600.00-
Mar 13	Debit Purchase 408685 *****3859	GFS STORE 6955 G Rockford IL On 031320 MAESTER REF 408685	144.42-
Mar 13	Debit Purchase 019945 *****3859	GOLDEN MARKET ROCKFORD IL On 031320 MAESTER REF 019945	161.76-
Mar 16	Debit Purchase 383599 *****3859	ALDI 68011 STERLING IL On 031420 MAESTER REF 383599	7.78-
Mar 16	Debit Purchase 345914 *****3859	WM SUPERC Wal-Ma STERLING IL On 031420 MAESTER REF 345914	51.36-
Mar 16	Debit Purchase 487858 *****3859	H MART - NAPERVI NAPERVILLE IL On 031520 ILK1TERM REF 007510487858	5803150948 136.23-
Mar 16	Debit Purchase 709259 *****3859	C.O.W.M INC 1902 CHICAGO IL On 031620 ILK1TERM REF 007615709259	5903161034 256.90-
Mar 16	Debit Purchase 830306 *****3859	RESTAURANT DEPOT LOMBARD IL On 031520 ILK1TERM REF 007514830306	0603150912 274.54-
Mar 16	ATM Withdrawal *****3859	US BANK ROCK FAL ROCK FALLS IL Serial No. 006990061831SUS28438	1,000.00-
Mar 16	ATM Withdrawal *****3859	US BANK ROCK FAL ROCK FALLS IL Serial No. 006992061957SUS28438	1,000.00-
Mar 18	ATM Withdrawal *****3859	US BANK ROCK FAL ROCK FALLS IL Serial No. 007355172228SUS28438	1,000.00-
Mar 19	ATM Withdrawal *****3859	US BANK ROCK FAL ROCK FALLS IL Serial No. 007424091529SUS28438	700.00-
Mar 25	ATM Withdrawal *****3859	US BANK ROCK FAL ROCK FALLS IL Serial No. 008321131042SUS28438	1,000.00-
Mar 27	ATM Withdrawal *****3859	US BANK ROCK FAL ROCK FALLS IL Serial No. 008667134604SUS28438	1,000.00-
Mar 30	Debit Purchase 738814 *****3859	C.O.W.M INC 1902 CHICAGO IL On 033020 ILK1TERM REF 009019738814	1403301434 489.20-
Mar 30	ATM Withdrawal *****3859	US BANK ROCK FAL ROCK FALLS IL Serial No. 009143185731SUS28438	700.00-

Card 3859 Withdrawals Subtotal \$ 11,033.27-

Total Card Withdrawals \$ 11,033.27-



PAVIDA PRATUMRAT
DBA TOUCH OF THAI PROPERTIES LLC
216 W 1ST ST
DIXON IL 61021-3028

Business Statement

Account Number:

Statement Period:

Mar 2, 2020
through
Mar 31, 2020

Page 5 of 7

SILVER BUSINESS CHECKING

U.S. Bank National Association

(CONTINUED)

Account Number 1-993-7551-2266

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Mar 2	MERCH 8035013971	ROCK FAL BILLING	\$ 124.99-
Mar 2	Mobile Banking Transfer	To Account 199376512927	318.48-
Mar 2	Mobile Banking Transfer	To Account 199376512927	425.00-
Mar 2	Mobile Banking Transfer	To Account 199376513180	637.54-
Mar 3	Electronic Withdrawal	To IL DEPT OF REVEN	336.71-
	REF=200620220131440N00	5555566257EDI PYMNTS00001818611552	
Mar 3	Electronic Withdrawal	To 000159RETIRE2045	500.00-
	REF=200620244677300N00	1651253987TRAN000159000001590037591	
Mar 3	Mobile Banking Transfer	To Account 199376512927	1,500.00-
Mar 4	Electronic Withdrawal	To VANTIV INTG PYMT	634.21-
	REF=200640070341180N00	7300604847BILLING 4445021785832	
Mar 5	Mobile Banking Transfer	To Account 199376512927	1,000.00-
Mar 9	Overdraft Paid Fee	9251850476	36.00-
Mar 9	Overdraft Paid Fee	9254571923	36.00-
Mar 9	Mobile Banking Transfer	To Account 199376512927	1,000.00-
Mar 9	Mobile Banking Transfer	To Account 199376512927	1,500.00-
Mar 10	Mobile Banking Payment	To Credit Card	2,000.00-
Mar 16	Mobile Banking Transfer	To Account 199377181862	193.85-
Mar 16	Mobile Banking Payment	To Credit Card	500.00-
Mar 17	Mobile Banking Payment	To Credit Card	500.00-
Mar 17	Mobile Banking Transfer	To Account 199376512927	1,000.00-
Mar 18	Electronic Withdrawal	To FORD MOTOR CR	304.01-
	REF=200770040269840N00	3534610001FORDCREDIT056253962	
Mar 18	Mobile Banking Transfer	To Account 199376512927	1,000.00-
Mar 20	Electronic Withdrawal	To CARDMEMBER SERV	2,218.00-
	REF=200780100743760Y00	5911111111WEB PYMT *****8001	
Mar 23	Electronic Withdrawal	To Nicor Gas	435.21-
	REF=200800088488430N00	8121119770GAS PAYMNT8289599340	
Mar 24	Electronic Withdrawal	To AUTO-OWNERS	169.17-
	REF=200830103879250N00	1380315280INS. PREM CB016835775	
Mar 25	Mobile Banking Transfer	To Account 199376512927	51.00-
Mar 25	Mobile Banking Transfer	To Account 199376512927	82.00-
Mar 25	Electronic Withdrawal	To GORDON FOOD SERV	475.68-
	REF=200840108294000N00	1381249848AR PAYMENT0001-100146784	
Mar 26	Electronic Withdrawal	To WESTGUARD INS CO	289.40-
	REF=200850090820620N00	7232240321INS PREM TOBP030441	
Mar 26	Mobile Banking Transfer	To Account 199376512927	1,010.00-
Mar 30	Mobile Banking Transfer	To Account 199376512927	875.04-
Mar 30	Mobile Banking Transfer	To Account 199376512927	1,000.00-
Mar 31	Electronic Withdrawal	To IL DEPT OF REVEN	156.71-
	REF=200900176941510N00	5555566257EDI PYMNTS00001520926560	
Mar 31	Mobile Banking Transfer	To Account 199376512927	310.54-

Total Other Withdrawals \$ 20,619.54-

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
0000	Mar 13	9253705280	236.99	3083	Mar 6	9254571923	180.00
3081*	Mar 3	8358087466	367.83	3084	Mar 30	8056638278	688.25
3082	Mar 6	9251850476	575.00				

* Gap in check sequence

Conventional Checks Paid (5) \$ 2,048.07-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Mar 2	328.19	Mar 5	561.23	Mar 10	569.57
Mar 3	571.11	Mar 6	243.20-	Mar 11	669.57
Mar 4	936.90	Mar 9	719.83	Mar 12	1,190.77



PAVIDA PRATUMRAT
DBA TOUCH OF THAI PROPERTIES LLC
216 W 1ST ST
DIXON IL 61021-3028

Business Statement

Account Number:

Statement Period:

Mar 2, 2020

through

Mar 31, 2020

Page 6 of 7



SILVER BUSINESS CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-993-7551-2266

Balance Summary (continued)

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Mar 13	655.60	Mar 20	129.16	Mar 26	2,088.29
Mar 16	1,083.40	Mar 23	983.62	Mar 27	1,385.34
Mar 17	1,453.94	Mar 24	1,219.29	Mar 30	524.76
Mar 18	304.96	Mar 25	661.61	Mar 31	583.69
Mar 19	1,105.26				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: February 2020

Account Number:	1-993-7551-2266	\$	0.00
Account Number:	1-993-7651-3180	\$	0.00
Analysis Service Charge assessed to	1-993-7551-2266	\$	0.00

Service Activity Detail for Account Number 1-993-7551-2266

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	53		No Charge
Reject Checks Paid	1		No Charge
Charge For Neg Coll Balance	11.92		No Charge
Subtotal: Depository Services			0.00
Branch Coin/Currency Services			
Cash Deposited-per \$100	12		No Charge
Subtotal: Branch Coin/Currency Services			0.00
Fee Based Service Charges for Account Number 1-993-7551-2266		\$	0.00

Service Activity Detail for Account Number 1-993-7651-3180

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	2		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-993-7651-3180		\$	0.00



32-01000-00

\$757.33

DUE UPON RECEIPT

TKBS ROCK FALLS PROPERTIES LLC
102 W 2ND ST
ROCK FALLS IL 61071

Service Address: 104 1ST AVE

Account Number: 32-01000-00

Service Address: 104 1ST AVE

Rate: ELECTRIC RATE C - COMMERCIAL

Rate:

Customer: TKBS ROCK FALLS PROPERTIES LLC

Meter Number: 89110994

Meter Number:

Billing Period: 3/2/20 to 4/1/20

<u>Meter ID</u>	<u>Date</u>	<u>Previous Rd</u>	<u>Date</u>	<u>Current Rd</u>	<u>Multiplier</u>	<u>Usage</u>	<u>Read</u> <u>Comment</u>
89110994	03/02/20	50,791	04/01/20	52,518	1	1,727	ELECTRIC USAGE

Meter Detail Information Listed Above

Billed Amounts and Usages Listed Below

Service Dates:

03/02/2020 to 04/01/2020

<u>Usage</u>		
1,727	\$185.13	ELECTRIC USAGE
1,727	81.69	DISTRIBUTION CHARGE
1,727	12.09	CAPITAL COST RECOVER
1,727	5.92	PURCHASE POWER ADJ
	27.85	ELECTRIC CUST CHARGE
	5.53	ELECT EXCISE TAX

**Current Amount Due On Or
Before 05/04/2020** **\$757.33**

**Total Amount Due After
05/04/2020** **\$772.96**

Total Current Charges **\$318.21**

Previous Balance **\$439.12**

Previous Payments

Assistance Balance



32-00130-03

\$898.48

DUE UPON RECEIPT

TKBS ROCK FALLS PROPERTIES LLC
102 W 2ND ST
ROCK FALLS IL 61071

Service Address: 102 W 2ND ST

Account Number: 32-00130-03
Service Address: 102 W 2ND ST

Customer: TKBS ROCK FALLS PROPERTIES LLC

Rate: ELECTRIC RATE C - COMMERCIAL
Rate: WATER USAGE - 1.5" COMMERCIAL

Meter Number: 89110995
Meter Number: 60842538

Billing Period: 3/2/20 to 4/1/20

<u>Meter ID</u>	<u>Date</u>	<u>Previous Rd</u>	<u>Date</u>	<u>Current Rd</u>	<u>Multiplier</u>	<u>Usage</u>	<u>Read Comment</u>
89110995	03/02/20	53,547	04/01/20	55,457	1	1,910	ELECTRIC USAGE
60842538	03/02/20	183	04/01/20	184	1	1	WATER USAGE CHARGE

Meter Detail Information Listed Above

Billed Amounts and Usages Listed Below

Service Dates:	Usage		
03/02/2020 to 04/01/2020	1,910	\$204.75	ELECTRIC USAGE
	1,910	90.34	DISTRIBUTION CHARGE
	1,910	13.37	CAPITAL COST RECOVER
	1,910	6.55	PURCHASE POWER ADJ
		27.85	ELECTRIC CUST CHARGE
	1	.00	WATER USAGE CHARGE
		63.60	WATER MINIMUM CHARGE
		3.50	WATER CAPITAL IMPROV
		4.85	WATER DEBT CHARGE
		18.75	FIRE SERVICE
	1	.00	SEWER USAGE
		17.80	SEWER MINIMUM CHARGE
		3.66	SEWER CAPITAL IMPROV
	1	25.50	SEWER PLANT IMPROV
		6.11	ELECT EXCISE TAX

Current Amount Due On Or
Before 05/04/2020

\$898.48

Total Amount Due After
05/04/2020

\$922.10

Total Current Charges

\$486.63

Previous Balance

\$411.85

Previous Payments

Assistance Balance



32-00990-00

\$105.06

DUE UPON RECEIPT

TKBS ROCK FALLS PROPERTIES LLC
102 W 2ND ST
ROCK FALLS IL 61071

Service Address: 102 1ST AVE

Account Number: 32-00990-00

Service Address: 102 1ST AVE

Rate: ELECTRIC RATE C - COMMERCIAL

Rate:

Customer: TKBS ROCK FALLS PROPERTIES LLC

Meter Number: 89110996

Meter Number:

Billing Period: 3/2/20 to 4/1/20

<u>Meter ID</u>	<u>Date</u>	<u>Previous Rd</u>	<u>Date</u>	<u>Current Rd</u>	<u>Multiplier</u>	<u>Usage</u>	<u>Read</u> <u>Comment</u>
89110996	03/02/20	69,624	04/01/20	69,760	1	136	ELECTRIC USAGE

Meter Detail Information Listed Above

Billed Amounts and Usages Listed Below

Service Dates:

03/02/2020 to 04/01/2020

<u>Usage</u>		
136	\$14.58	ELECTRIC USAGE
136	6.43	DISTRIBUTION CHARGE
136	.95	CAPITAL COST RECOVER
136	.47	PURCHASE POWER ADJ
	27.85	ELECTRIC CUST CHARGE
	.44	ELECT EXCISE TAX

Current Amount Due On Or
Before 05/04/2020

\$105.06

Total Amount Due After
05/04/2020

\$107.57

Total Current Charges

\$50.72**Previous Balance****\$54.34**

Previous Payments

Assistance Balance



nicorgas.com/myaccount

1 888 Nicor4U 1 888 642-6748

Account Summary for TKBS RockFalls Property LLC

Account Number: 82-89-59-9340 8

Meter Number: 4767474

Service Address: 102 W 2nd St Rock Falls

Bill Period: 02/04/20 - 03/06/20 (31 days)

Bill Issue Date: 03/06/20

Total Previous Balance \$549.64

Payment Received 02/20/2020 - Thank you! -\$549.64

Remaining Balance \$0.00

New Charges - Utility \$435.21

Total Amount Due by 03/23/2020 \$435.21

A Message for You

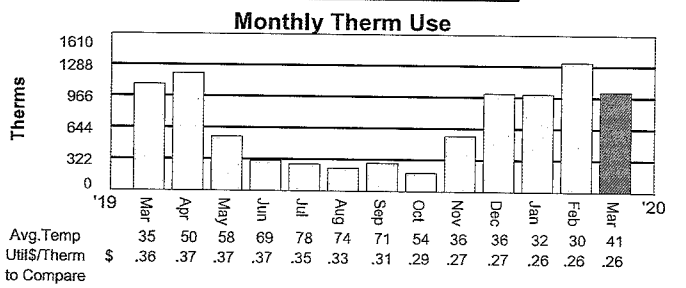
As you requested, the total bill amount will be automatically withdrawn from your account on the due date of this bill. Thank you.

You've enjoyed the convenience of Nicor Gas' Auto Payment program. But have you considered our Budget Plan? Your recommended minimum payment is \$324.00. To adjust your bank withdrawal, you can call, write or e-mail us.

Monthly Energy Profile

Current Reading 03/06/20 (Estimated) 8734	Previous Reading 02/04/20 (Actual) 7755	Usage CCF 979	BTU Factor 1.049	Therms 1026.97	Avg. Daily Therms 2019 36.47	Avg. Daily Therms 2020 33.13
--	--	------------------	---------------------	-------------------	------------------------------------	------------------------------------

CCF x BTU Factor = Therms



New Charges - Commercial - Heat

Rate 4: Commercial Service

Delivery Charges 02/04/2020 - 03/05/2020 \$129.49

Monthly Customer Charge \$36.75

First 150 Therms 150.00 @ \$0.131 \$19.65

151 - 5000 Therms 876.97 @ \$0.0599 \$52.53

Environmental Cost Recovery 1,026.97 @ \$0.0055 = \$5.65

Franchise Cost Adjustment \$0.34

Efficiency Program 1,026.97 @ \$0.0126 \$12.94

Tax Cost Adjustment 1026.97 @ \$0.0002 \$0.20

Qualified Infrastructure Chrg \$ 88.57 @ 1.39% \$1.23

Qualified Infrastructure Chrg \$ 17.03 @ 1.17% \$0.20

Natural Gas Cost \$265.26

February @ 861.33 Therms x \$0.2583 \$222.48

March @ 165.64 Therms x \$0.2583 \$42.78

Taxes \$40.46

Municipal Utility Tax for IL - Rock Falls \$394.75 @ 5.15% \$20.33

Utility Fund Tax \$394.75 @ 0.1% \$0.39

State Revenue Tax \$394.75 @ 5% \$19.74

Total \$435.21

EMA

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



PO Box 2020
Aurora, IL 60507-2020

TKBS RockFalls Property LLC
102 W 2nd St
Rock Falls IL 61071-1246

Receipt of Electronic Payment \$435.21

Account Number:
8289599340 8

will be automatically
withdrawn from your account
on 03/23/20

Thank you.

82 89 59 9340 8 0000435214 0000435214 922

074261 1/1



4

Hello,

Thanks for choosing Comcast Business.

Your bill at a glance

For 102 W 2ND ST OFC, ROCK FALLS, IL, 61071-1246

Previous balance		\$186.64
Credit card payment - thank you	Mar 04	-\$186.64
Balance forward		\$0.00
Partial charges	Page 3	\$40.59
Regular monthly charges	Page 3	\$405.93
One-time charges	Page 4	\$99.95
Taxes, fees and other charges	Page 4	\$19.48
New charges		\$565.95

Amount due

\$565.95

Thanks for paying by Auto Pay

Your credit card payment of \$565.95 will be applied on Apr 03, 2020.

Need help?

Visit 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.
- Your regular monthly charges have changed because a change was made to your Comcast Business services. See Regular monthly charges for details.
- 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.

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 4928 OAK
BROOK IL 60522-4928

TOUCH TAI II
ATTN TRIRONG KHUNTANGTA
102 W 2ND ST OFC
ROCK FALLS, IL 61071-1246

Account number **8771 10 332 0296009**

Automatic payment **Apr 03, 2020**

Please pay \$565.95

Credit card payment will be applied Apr 03, 2020

COMCAST
PO BOX 70219
PHILADELPHIA PA 19176-0219

877110332029600900565952

Your regular monthly charges have changed

A change was made to your service, so this bill will be a little different. Here's why:

	■ Regular monthly charges	■ Partial charges
Last month (Feb 12 - Mar 11)	\$178.30	
This month (Mar 12 - Apr 11)	\$405.93	\$40.59
Your regular monthly charges have increased by \$227.63. Plus, a partial charge of \$40.59 has been applied due to changes made on Mar 06.		
Next month (Apr 12 - May 11)	\$405.93	
Your new regular monthly charges with no partial charges or credits.		

Please note: amounts shown exclude one-time charges, taxes and fees, additional change of service, discount expiration or rate adjustments.

Partial charges \$40.59**Services removed** Mar 06 - Mar 11 **-\$26.10**

Business Internet 150 and Mobility Voice Line

Services added Mar 06 - Mar 11 **\$66.69**

Business Internet 300, Sports & Entertainment, Mobility Voice Line and other charges

Please note: Credits for service you were billed for in advance last month.

Please note: Charge for new service up to the start of your bill period. Your new regular monthly charge is shown below.

On your last bill you were billed in advance for services between Feb 12 - Mar 11. We've applied a charge of \$40.59 as a result of your change(s) on Mar 06. For more details about the change to your service please go to business.comcast.com/myaccount.

Regular monthly charges \$405.93**Comcast Business services** **\$334.85**

Sports & Entertainment \$109.95

Business Video

Includes \$24.00 Service Discount

HD Technology Fee \$19.95

Business Internet 300 \$175.00

Includes \$174.95 Service Discount

Wifi Pro \$14.95

Ecobill/autopay Discount -\$10.00

Mobility Voice Line \$25.00

Business Voice

Includes \$19.95 Service Discount

What's included?

Internet: Fast, reliable internet on our Gig-speed network



TV: Keep your employees informed and customers entertained



Voice Numbers: (815)716-8559

Visit business.comcast.com/myaccount for more details

You've saved \$218.90 this month with your service discounts.

Equipment & services **\$38.40**

TV Box + Remote \$5.00

Service To Additional TV \$9.95

With TV Box and Remote

continues...

...continued

Equipment Fee	\$5.00
Access Point	
Equipment Fee	\$18.45
Voice	

Service fees	\$32.68
Broadcast TV Fee	\$17.84
Voice Network Investment	\$3.00
Directory Listing Management Fee	\$2.00
Regional Sports Fee	\$9.84

One-time charges		\$99.95
Installation fees		\$99.95
Install Fee	Mar 06	\$99.95
Install Fee	Mar 06	\$0.00

Taxes, fees and other charges	\$19.48
Other charges	\$14.34
Franchise Fee	\$12.12
Public, Educ & Govt Fee	\$0.16
Maintenance Fee	\$0.15
Federal Universal Service Fund	\$0.93
Regulatory Cost Recovery	\$0.98

Taxes & government fees	\$5.14
State & Local Excise Tax	\$3.64
911 Fees	\$1.50

Additional information

Your Local Cable Franchise Authority Is: City Of Rock Falls 603 W. 10th St., Rock Falls, IL 61071 FCC Community ID Number: IL0059

Effective May 5, 2020, Cartoon Network will be available as part of Preferred and Digital Deluxe. It will no longer be available as part of Standard and Digital Standard.

The Regulatory Cost Recovery fee is neither government mandated nor a tax, but is assessed by Comcast to recover certain federal, state, and local regulatory costs.

Information on programmer contract expirations, which could affect our carriage of the programmer's channels, can be found at <https://my.xfinity.com/contractrenewals/> or by calling 866.216.8634

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
Pavida Pratumrat	3473	✓			✓		
Ashley K Kngight	2389	✓		✓		✓	
Jennifer Seeley Former	1784	✓		✓			
Ariana M Tarner	8760	✓		✓		✓	
Trirong Khuntangta	6803		✓	✓		✓	
Chris Cash	9047		✓	✓		✓	
Akarawat Anusonthi	2618		✓	✓			
TOTAL:	7						

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.



04/06/2020

Signature of Chief Executive Officer

Date

Pavidia Pratumrat

Typed Name of Chief Executive Officer

Touch of Thai II

81-1141582

Name of Business

FEIN #

102 W.2nd ST Rock Falls, IL 61071

884670584

Business Address

DUNS #

722511

SIC #

MANDATORY DISCLOSURES

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

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

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 22nd 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

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

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.

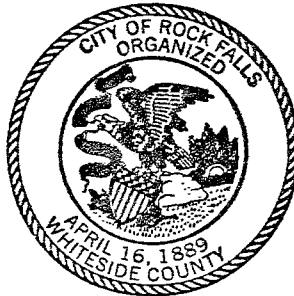


William B. Wescott, Mayor

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 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. City of Rock Falls	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <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) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <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) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions. 603 W 10th Street	
	6 City, state, and ZIP code Rock Falls, IL 61071	
	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.

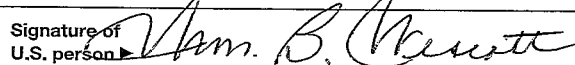
Social security number								
			-			-		
or								
Employer identification number								
3	6		-	6	0	0	6	0 7 6

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person 

Date ► 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.

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, 04/25/2020 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

- Entity Overview
- Entity Registration

Core Data

Assertions

Reps & Cents

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 10TH 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 Blackert

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. 10th 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.

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 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 10th 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 10th 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: Touch of Thai Properties, LLC.

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	\$22,520.00

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)]: \$22,520.00 in CDBG Downstate Small Business Stabilization (DSBS) funds, for the small business economic development activities noted in Description above.

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

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

Compliance Factors: Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6	Are formal compliance steps or mitigation required?	Compliance determinations
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6		
Airport Hazards 24 CFR Part 51 Subpart D	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	No sale or acquisition of property will occur.
Coastal Barrier Resources 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>

Flood Insurance 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: 5-5-2020

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

Responsible Entity Agency Official Signature:

William 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

SPECIAL FLOOD HAZARD AREAS

- Without Base Flood Elevation (BFE)
Zone A, V, AE9
- With BFE or Depth Zone AE, AO, AH, VE, AR
- Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD

- 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)

OTHER AREAS

- NO SCREEN
- Effective LOMRS
- Area of Undetermined Flood Hazard (Zone X)

GENERAL STRUCTURES

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

OTHER FEATURES

- Cross Sections with 1% Annual Chance Water Surface Elevation
- Coastal Transect
- Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS

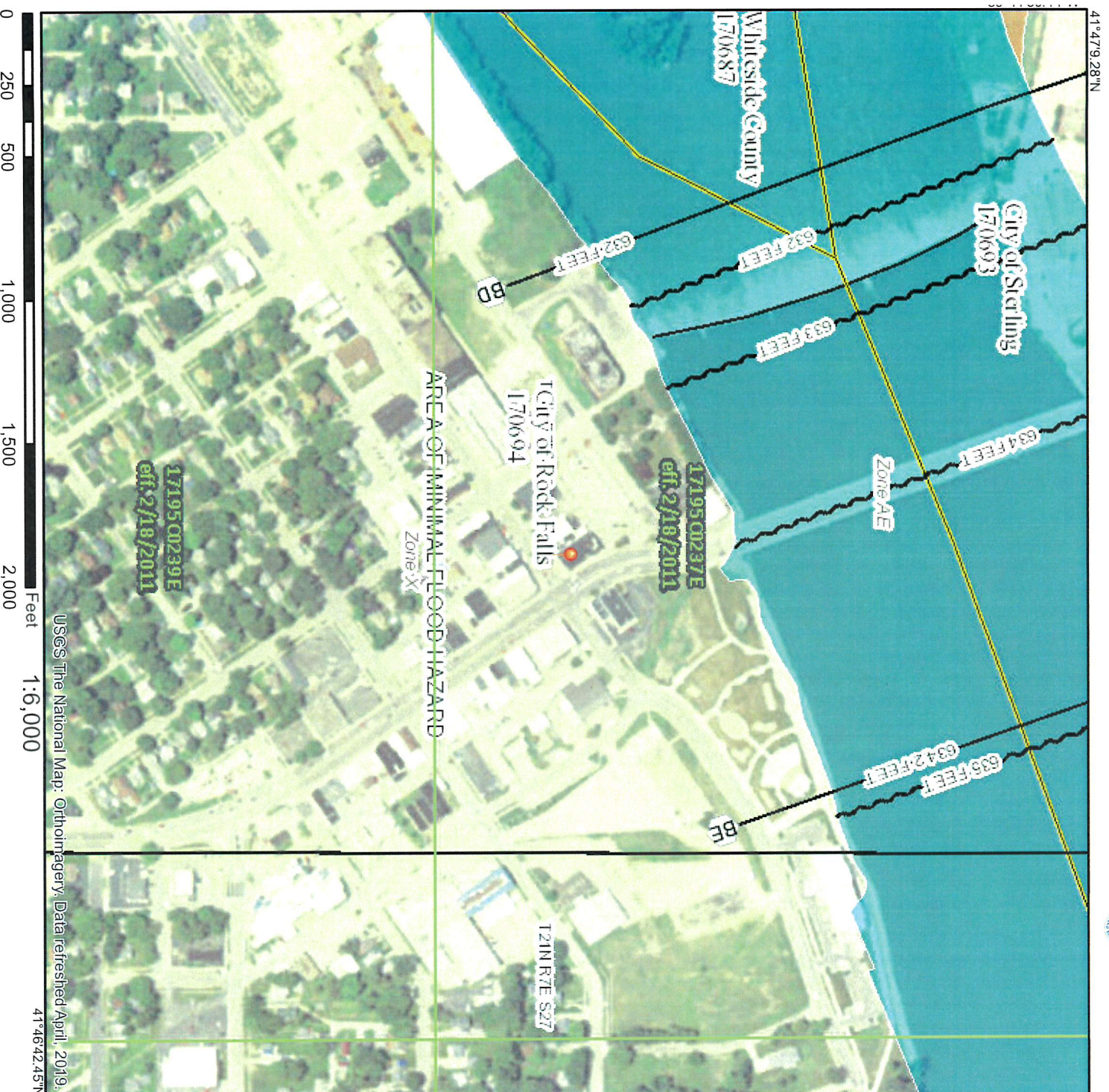
- Digital Data Available
- No Digital Data Available
- Unmapped

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

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

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 4/9/2020 at 4:59:12 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 undetermined 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 ("Unit of Local Government") and Touch of Thai Properties, (Benefiting
"Business"). LLC

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 \$ 22,520.00 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 31st 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

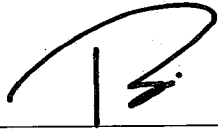
- 5.1 This Agreement may be terminated at any time by written, mutual agreement of the parties, provided the Unit of Local Government has obtained written consent from the Illinois Department of Commerce and Economic Opportunity as to such termination.
- 5.2 This Agreement may be terminated by the Unit 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.



By: (Pavidia Pratumrat)
Its: President

Address: 102 W.2nd ST Rock Fall IL 61071

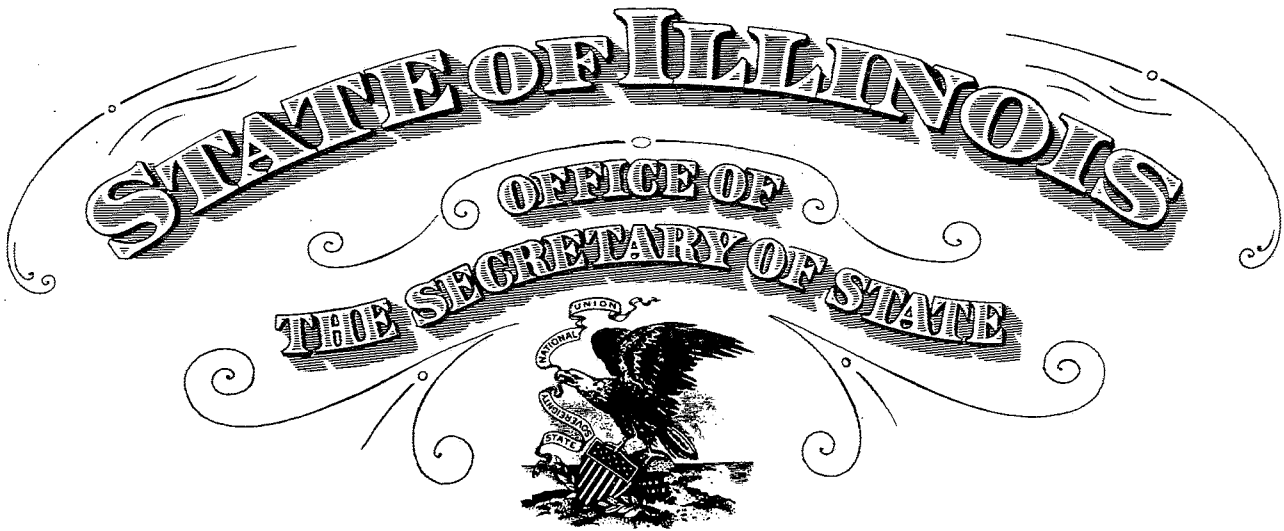
By: Honorable (Name of Mayor)

Its: Mayor William B. Wescott

Address: 603 West 10th Street
Rock Falls, IL 61071

File Number

0557376-9



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

TOUCH OF THAI PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 19, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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

Authentication #: 2009703604 verifiable until 04/06/2021

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