

## CDBG Application Submission Checklist

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

### PROJECT INFORMATION

### PAGE NUMBER

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

# City of Rock Falls

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

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

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



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

*City Treasurer*  
Kay Abner  
815-622-1100

May 5, 2020

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

Re: Downstate Small Business Stabilization Program  
Wheelock Furniture

Dear Director:

The City of Rock Falls is submitting an application for an Economic Development Downstate Small Business Stabilization grant under the Community Development Block Grant (CDBG) Program. The grant request is in the amount of \$25,000. to be used to provide working capital needs for Wheelock Furniture. Wheelock Furniture has been a staple of the Rock Falls community since 1913 and normally employs 3 to 5 employees. Wheelock Furniture has been negatively and significantly impacted by the COVID-19 pandemic emergency and urgently requires financial assistance. Thank you for your consideration of our request.

Sincerely,

A handwritten signature in black ink that reads "William B. Wescott". The signature is fluid and cursive, with the first and last names being more prominent.

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



**Illinois**  
**Department of Commerce**  
& Economic Opportunity

**Uniform Application for State Grant Assistance**

**Agency Completed Section**

1. Type of Submission ☐ Pre-Application  
☒ Application  
☐ Changed / Corrected Application

2. Type of Application ☒ New  
☐ Continuation (i.e. multiple year grant)  
☐ Revision (modification to initial application)

3. Date/Time Received By State (Completed by State Agency upon Receipt of Application)

4. Name of Awarding State Agency

Department of Commerce and Economic Opportunity

5. Catalog of State Financial Assistance (CSFA) Number

6. CSFA Title

Downstate Small Business Stabilization Program

Catalog of Federal Domestic Assistance (CFDA) ☐ Not Applicable (No federal funding)

7. CFDA Number

8. CFDA Title

9. CFDA Number

10. CFDA Title

Additional CFDA  
Number, if required

Additional CFDA  
Title, if required

**Funding Opportunity Information**

11. Funding Opportunity Number

12. Funding Opportunity Title

Competition Identification ☒ Not Applicable

13. Competition Identification Number N/A

14. Competition Identification Title N/A

**Applicant Completed Section**

**Applicant Information**

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

16. Common Name (DBA) City of Rock Falls

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

18. Organizational DUNS Number 087151569

19. SAM Cage Code 5FC64

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

**Applicant's Organizational Unit**

21. Department Name City of Rock Falls

22. Division Name N/A

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

23. First Name Robbin

24. Last Name Blackert

25. Suffix

26. Title City Administrator

27. Organizational Affiliation City Administrator

28. Telephone Number (815) 564-1366

29. Fax Number (815) 622-1109

30. E-mail Address rblackert@rockfalls61071.com

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

31. First Name Robbin

32. Last Name 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 Wheelock Furniture 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

\$25,000.00

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

☐ Local Contribution

☐ Other Source of Contribution

☐ Program Income

Total Amount \$25,000.00

Applicant Certification:

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

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

☒ I Agree

**Authorized Representative**

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

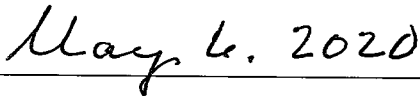
50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative



53. Date Signed





Rock Falls Ave



## ECONOMIC DEVELOPMENT COMPONENT

### I. PRE-APPLICATION REQUIREMENTS

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

05-15-2019 DATE APPLICANT COMPLETED GATA'S "INTERNAL CONTROL QUESTIONNAIRE" (ICQ)  
Does not need to be completed at time of application but must be prior to grant award.

#### Council Resolution Information

Council Resolution Support Date (MM/YY/DD):	05/05/20
Resolution Number:	2020-844

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

☒ FINANCING GAP - For Economic Development Grants, this argument will demonstrate that a business can raise only a portion of the financing necessary to complete the project. Banks and other financial institutions must disclose their legal lending units and other circumstances which would prevent them from financing the project without CDBG assistance. Reference the documentation within the application which supports the argument. Written evidence to include bank statements for a period beginning January 1, 2020 and an explanation of the credits and debits. The Department will consider other forms of documentation to demonstrate the lack of permanent working capital in support of operating expenses. Such evidence may include shutoff utility notices, delinquent bills, etc.

### III. APPLICATION WRITER

First Name	Robbin		
Last Name	Blackert		
Title	City Administrator		
Agency Name	City of Rock Falls		
Agency Type	Municipality		
Mailing Address	603 W 10 <sup>th</sup> Street, Rock Falls, IL 61071		
Telephone	(815) 564-1366	Email	rblackert@rockfalls61071.com
Federal Employer Identification Number	36-6006076		



**IV. BENEFITING BUSINESS INFORMATION**

Business Phone Number (815) 625-0129

Business E-mail wheelockfurniture@comcast.net

Fiscal Year End Date 12/31

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

Supported Business Name: Wheelock Furniture

Supported Business Address 1: 101 W 2<sup>nd</sup> Street

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

Supported Business City: Rock Falls

Supported Business State: IL

Supported Business Zip: 99999-9999: 61071-1245

Supported Business E-Mail Address: wheelockfurniture@comcast.net

Supported Business FEIN: 36-3436235

Supported Business DUNS: N/A

Supported Business SIC: 5712

Supported Business Type: Sole Proprietorship

**Supported Business Authorized Signatory Contact:**

*Signatory must sign Participation Agreement and Business Certification Form*

Last Name: Reitzel

First Name: Daehle

Title: Owner

Daytime Phone: (815) 716-3343

Home Phone: (815) 716-3343

E-Mail: wheelockfurniture@comcast.net

**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
SECTION A -- STATE OF ILLINOIS FUNDS			Grant #		
Revenues			TOTAL REVENUE		
(a). State of Illinois Grant Amount Requested			\$ 25,000.00		
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories		OMB Uniform Guidance Federal Awards Reference 2 CFR 200		TOTAL EXPENDITURES	
1. Personnel (Salaries & Wages)		200.430	\$	12,080.00	
2. Fringe Benefits		200.431	\$	-	
3. Travel		200.474	\$	-	
4. Equipment		200.439	\$	-	
5. Supplies/Inventory		200.94	\$	12,920.00	
6. Contractual Services & Subawards		200.318 & 200.92	\$	-	
7. Consultant (Professional Services)		200.459	\$	-	
8. Construction			\$	-	
9. Occupancy (Rent & Utilities)		200.465	\$	-	
10. Research & Development (R&D)		200.87	\$	-	
11. Telecommunications			\$	-	
12. Training & Education		200.472	\$	-	
13. Direct Administrative costs		200.413 (c)	\$	-	
14. Miscellaneous Costs			\$	-	
15. A. <u>Grant Exclusive Line Item(s)</u>			\$	-	
B. <u>Grant Exclusive Line Item(s)</u>			\$	-	
16. Total Direct Costs (lines 1-15)		200.413	\$	25,000.00	
17. Indirect Costs* (see below)		200.414	\$	-	
Rate: _____					
Base: _____					
18. Total Costs State Grant Funds (16 & 17)		\$ 25,000.00			

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

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

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

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

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

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

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

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

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

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

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

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

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

- 4) ☐ \_\_\_\_\_ Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5)) Or;  
\_\_\_\_\_ Complies with other statutory policies (please specify):  
The Restricted Indirect Cost Rate is \_\_\_\_\_ %

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

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

Period Covered by the NICRA: From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/dd/yyyy)  
Approving Federal/State agency (please specify): \_\_\_\_\_

The Indirect Cost Rate is: \_\_\_\_\_ % The Distribution Base is: \_\_\_\_\_

<b>CERTIFICATION</b>		<b>STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE</b>		<b>AGENCY: Commerce &amp; Economic Opportunity</b>	
Organization Name: City of Rock Falls		CSFA Description: Downstate Small Business Stabilizati		NOFO # 2398-1381	
CSFA #: 420-75-2398		DUNS # 87151569		Fiscal Year(s): FY 20	

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

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

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

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

## Section C - Budget Worksheet & Narrative

City of Rock Falls

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

Name	Position(s)	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of time	Personnel Cost
<i>Robert M. Carter</i>	<i>Sales/Delivery</i>	\$ 14.50	<i>hourly</i>	100%	320	\$ 4,640.00
<i>Connie Johnson</i>	<i>Salesperson</i>	\$ 9.75	<i>hourly</i>	100%	320	\$ 3,120.00
<i>David Sheely</i>	<i>Salesperson</i>	\$ 13.50	<i>hourly</i>	100%	320	\$ 4,320.00
<i>State Total</i>						\$ 12,080.00
<i>NON-State Total</i>						\$ -
<i>Total Personnel</i>						\$ 12,080.00

### Personnel Narrative (State):

It will critical for Wheelock Furniture to receive these requested grant funds in order to continue the employment of these individuals. Without assistance, one of more of the positions will likely be cut. In addition to sales, employees will be receiving in inventory, getting the showroom in order and cleaned thoroughly.

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



## City of Rock Falls

5). **Supplies** (2 *CFR* 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Item	Quantity/ Duration	Cost	Supplies Cost
Inventory purchases - Best & Serra	2 \$	3,250.00 \$	6,500.00
Inventory purchases - Flexsteel	1 \$	6,420.00 \$	6,420.00
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
State Total			12,920.00
		\$	-
		\$	-
		\$	-
NON-State Total		\$	-
Total Supplies	\$		12,920.00

It will be necessary to receive Spring/Summer shipments of inventory from Flexsteel, Best & Serta. These inventory purchases are critical to maintaining adequate inventory when the pandemic crisis is over.

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

Downstate Small Business Stabilization Program

Project Summary for Wheelock Furniture

Wheelock Furniture  
101 W 2<sup>nd</sup> St  
Rock Falls IL 61071

4-14-20

This business is of retail in nature and sells living room, dining room and bedroom furniture, lift chairs, mattresses, floor and wall clocks, lamps, wall art and other accessories. The business has been active since 1913. My wife and I purchased the business on Jan 1, 2004. The CDBG funds will be used to help pay current and future bills that are accruing while the store is temporarily closed. Our current expenses: Flexsteel (furniture) \$61,905.13, Howard Miller (clocks) \$331.24, Wiersema Waste (garbage removal) \$310.00, Best Furniture \$1412.04, Capital One credit care \$7673.7 (auto expense \$102.00, building repair \$1070.55, meals \$135.62, web ad services \$299.00, personal \$138.13, Factory Direct-resale \$5928.40) Grummerts True Value Hardware \$180.42, EJ Wagner Accountant (bookkeeping) \$130.00/month, Payroll Jan 2020-Feb 2020 \$13584.15. Rock Falls Utilities \$738.89/month, Nicor Gas \$588.90/month, Comcast (internet, cable, and phone) \$105.30/month, and Business Insurance \$600.00/month, Workman's Comp insurance \$450/month, \$2000/month is budgeted for building repairs/maintenance. We have applied for 1 other assistance program named Disaster Loan Assistance-Federal Disaster Loans for Business, private Non-Profits, Homeowners, and Renters. As of today April 14, 2020, we have not heard if it was accepted or denied. Beside my wife and me, we have 3 full time employees that performs sales, place orders, unpack and inspect new furniture, deliveries, pay bills and upkeep to the store. Due to the temporary closure we have had to lay off the employees until we are able to reopen. This funding will also allow us to bring the employees back to work to continue the maintenance, cleaning, repairs etc. for the business.

Thank You

Daehle Reitzel

## NET INCOME VERIFICATION

The business must identify their net income for the last three fiscal years ending December 31, 2019. Net income can be obtained from the Profit and Loss statement, generally the last item on that statement. In the event that 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	( 3,439.22)	yes	no	23,135.80
December 31, 2018	(14,882.23)	yes	no	31,429.09
December 31, 2019	5,886.51	yes	no	33,518.92
<b>Current:</b>				15,248.29

## JANUARY, 2020 MONTHLY BUDGET

Provide the appropriate information below reflecting your business's monthly budget for January, 2020.

Budget Item	Total Monthly Expenditures	Monthly Net Income Computation
<b>Total Income</b>		48,396.00
Personnel (Salary & Wages)	6,574.00	
Fringe Benefits		
Equipment		
Inventory	20,766.00	
Supplies	282.00	
Occupancy (Rent & Utilities)	1,041.00	
Telecommunications		
Other (Specify) Advertising	2,582.00	
Other (Specify) Auto Expenses	3,037.00	
Other (Specify) Insurance	704.00	
<b>Total of All Expenditures</b>		34,986.00
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>		13,410.00



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

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

1920 17TH STREET  
FULTON, ILLINOIS 61252  
815/589-9090

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

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

\*\*\*\*\*AUTO\*\*SCH 5-DIGIT 61014  
577 0.6592 AV 0.389 2 1 182



DAEHLE REITZEL  
ANGELA REITZEL  
DBA WHEELLOCK FURNITURE  
8742 AUTUMN CT  
ROCK FALLS IL 61071-8819

10 8 Account Number: [REDACTED]  
Statement Date: 3/31/20  
Page Number: 1  
Items: 17

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

MORE CASH CHECKING

Previous Balance on	2/29/20	\$	17,681.33
20 Deposits and Other Additions (Credits)		+	58,699.72
28 Checks and Other Charges (Debits)		-	58,432.88
Current Balance on	3/31/20	\$	17,948.17

Checking Account Transactions

3/02/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	500.00	+
3/02/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	618.11	+
3/02/20	AUTOMATIC DEBIT	SYNCHRONY BANK MTOT DEP	40.00	-
3/02/20	AUTOMATIC DEBIT	CTYROCK2 DIRECT PAY	51.23	-
3/02/20	AUTOMATIC DEBIT	MERCHANT SERVICE MERCH FEE	137.98	-
3/02/20	AUTOMATIC DEBIT	CTYROCK2 DIRECT PAY	225.43	-
3/02/20	AUTOMATIC DEBIT	CTYROCK2 DIRECT PAY	448.78	-
3/03/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	4,922.00	+
3/03/20	REGULAR DEPOSIT		9,293.68	+
3/04/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	3,506.00	+
3/05/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	1,700.00	+
3/06/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	1,000.00	+
3/09/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	324.00	+
3/09/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	1,258.95	+
3/10/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	3,662.00	+
3/10/20	REGULAR DEPOSIT		2,074.01	+
3/10/20	REGULAR DEPOSIT		5,119.00	+
3/10/20	AUTOMATIC DEBIT	WORLDPAY CCDMTHCHGS	24.95	-
3/12/20	AUTOMATIC DEBIT	MERCHANT BNKCD FEE	12.05	-
3/12/20	AUTOMATIC DEBIT	MERCHANT BNKCD DISCOUNT	23.54	-
3/12/20	AUTOMATIC DEBIT	MERCHANT BNKCD INTERCHNG	562.88	-
3/13/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	1,828.20	+
3/16/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	159.00	+
3/16/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	1,442.00	+
3/16/20	AUTOMATIC DEBIT	NMG Payment	250.00	-
3/16/20	AUTOMATIC DEBIT	IL DEPT OF REVEN EDI PYMNTS 784 \ *3	327.84	-
3/16/20	AUTOMATIC DEBIT	IRS USATAXPYMT	1,597.30	-
3/17/20	DIRECT DEPOSIT	MERCHANT BNKCD DEPOSIT	4,524.00	+
3/17/20	REGULAR DEPOSIT		5,177.25	+
3/20/20	DIRECT DEPOSIT	NMG Rebate Payment	122.70	+
3/20/20	AUTOMATIC DEBIT	IL DEPT OF REVEN EDI PYMNTS \ 50	4,145.00	-
3/30/20	AUTOMATIC DEBIT	CTYROCK2 DIRECT PAY	37.78	-
3/30/20	AUTOMATIC DEBIT	CTYROCK2 DIRECT PAY	225.43	-
3/30/20	AUTOMATIC DEBIT	CTYROCK2 DIRECT PAY	475.68	-
3/31/20	REGULAR DEPOSIT		11,459.25	+
3/31/20	INTEREST DEPOSIT		9.57	+

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



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

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

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

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

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

DAEHLE REITZEL  
ANGELA REITZEL  
DBA WHEELLOCK FURNITURE  
8742 AUTUMN CT  
ROCK FALLS IL 61071

10 8 Account Number: [REDACTED]  
Statement Date: 3/31/20  
Page Number: 2  
Items: 17

Check #	Date Paid	Amount	Check #	Date Paid	Amount
1557	3/06/20	1,180.28	10515*	3/09/20	230.00
1558	3/10/20	556.34	10520*	3/04/20	83.60
1559	3/05/20	1,109.78	10525*	3/03/20	746.37
1560	3/20/20	1,243.03	10530*	3/13/20	636.22
1561	3/23/20	656.50	10531	3/17/20	2,281.50
1562	3/20/20	1,265.06	10533*	3/19/20	39,858.33

\* = Out of Sequence Check

#### DAILY BALANCE SUMMARY

-Balance Date-	-Balance Date-	-Balance Date-	-Balance Date-
17,681.33 2/29	35,197.67 3/06	46,843.71 3/16	6,479.35 3/30
17,896.02 3/02	36,550.62 3/09	54,263.46 3/17	17,948.17 3/31
31,365.33 3/03	46,824.34 3/10	14,405.13 3/19	
34,787.73 3/04	46,225.87 3/12	7,874.74 3/20	
35,377.95 3/05	47,417.85 3/13	7,218.24 3/23	

Interest Paid Year to Date is 34.43  
Low Balance for Period was 6,479.35  
Average Collected Balance for Period was 25,234.34  
Current Interest Rate is .4490%

*Community State Bank*  
www.comstb.com







One Best Drive  
Ferdinand, Indiana 47532

Remit to: Best Chairs, Inc.  
1195 Solutions Center  
Chicago, IL 60677-1001

# INVOICE

Phone: (812) 367-176  
Fax: (812) 367-234  
WWW.BESTHF.COM

Invoice Number	Invoice Date	Sales Order
3495285	3/24/20	4493653

Made Expressly For

Ship To

152

WHEELLOCK FURNITURE  
101 W 2ND ST  
ROCK FALLS

IL 61071

WHEELLOCK FURNITURE  
101 W 2ND ST  
ROCK FALLS

IL 61071

	Bill of Lading Number	Ship Via			
525-0129	101546821	3/23/20	HAMILTON INDIANAPOLIS - HI		
Order P.O. Number	Date Entered	Terms	Freight	F.O.B.	Sales Representative
3042020	3/15/20	NET 30 DAYS	PREPAYABLE	FERDINAND, IN	EDLEY, DART

al Instructions MRS 9-5

Quantity	Shipped	Style Number	Description	Unit Price	Amount
1	1	2877	SWIVEL GLIDER Fabric KHANDSKI	245.000	245
1	1	2887	SWIVEL GLIDER Fabric DUCWILER	275.000	250
			FREIGHT		66
			FREIGHT INCLUDES FUEL SURCHARGE OF 25.50 %		
3	3		TOTAL DUE		861
<p>Products of Best Home Furnishings containing composite wood are compliant with EPA TSCA Title VI, 40 CFR Part 770 and CARB Phase 2 for formaldehyde.</p>					

\$1412.04

at 18% per annum will be charged on past due accounts.

Merchandise may be returned without written authorization from factory.

**Grummerts Hardware**

1112 1st AVENUE

Rock Falls, IL 61071

815-625-2040 Fax: 815-625-2012

www.grummerts.doitbest.com

**STATEMENT**Statement Date: **03/27/2020**

Terms: Net 10th

Account #: 50110

**WHEELOCK FURNITURE**

101 W. 2ND

ROCK FALLS, IL 61071

Date	Trans Num	PO	Due Date	Amount	Adjustments	Applied	Inv Balance
01/27/2020	A459232		03/10/2020	\$29.86	\$0.00	\$4.00	\$25.86
02/15/2020	B31640		03/10/2020	\$43.46	\$0.00	\$0.00	\$43.46
02/21/2020	A461461		03/10/2020	\$47.58	\$0.00	\$0.00	\$47.58
02/22/2020	A461568		03/10/2020	\$14.06	\$0.00	\$0.00	\$14.06
02/24/2020	A461703		03/10/2020	\$6.07	\$0.00	\$0.00	\$6.07
02/25/2020	A461816		03/10/2020	\$27.05	\$0.00	\$0.00	\$27.05
02/25/2020	A461824		03/10/2020	-\$3.26	\$0.00	\$0.00	-\$3.26
02/25/2020	A461833		03/10/2020	\$8.65	\$0.00	\$0.00	\$8.65
03/17/2020	A464159		04/10/2020	\$7.56	\$0.00	\$0.00	\$7.56
03/27/2020	FCH95394	Finance Charge	05/10/2020	\$0.00	\$3.39	\$0.00	\$3.39
Totals:				\$181.03	\$3.39	\$4.00	\$180.42

**Aging Report by Due Date****PAST DUE: \$169.47**

Current:	\$10.95
1 to 30 Days:	\$169.47
31 to 60 Days:	\$0.00
61 to 90 Days:	\$0.00
Over 90 Days:	\$0.00

**Account Summary**

Pending Payments:	\$0.00
Repair Balance Due:	\$0.00
Layaway Balance Due:	\$0.00

Last Payment: 02/01/2020 for \$105.55

**Total Invoices Due:****\$180.42**

Wiersema Waste Service, Inc.  
26665 Clark Rd.  
Chadwick, IL 61014

3/25/2020

Invoice #

115360

Wheelock Furniture  
101 W 2nd St  
Rock Falls, IL 61071

Due Date: On Receipt

Type of Service	Description	Service Date	Amount
20 yd Roll-Off	Haul & Disposal Charge 2 Ton	3/2/2020	310.00

These are unprecedented times! We will survive with each others help!

Thank you for supporting a small business!

Thank you for the work you give us!

Balance Due \$310.00

815-535-9000

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



**SPARK<sup>®</sup>**  
BUSINESS

## Transactions

Visit

to see detailed

### DAEHLE R REITZEL #7638: Payments, Credits and Adjustments

Date	Description	Amount
Feb 21	WAL-MART #0830ROCK FALLSIL	- \$84.24
Feb 22	PAYMENT	- \$744.03

### DAEHLE R REITZEL #7638: Transactions

Date	Description	Amount
Feb 16	SMOKED ON 3RD BBQ & CATERSTERLINGIL	M \$58.78
Feb 18	SHELL OIL 51267680034ROCK FALLSIL	\$54.00
Feb 19	SQ *SLABMASTERS D/BCASEYVILLEIL	R \$1,067.12
Feb 21	WAL-MART #0891STERLINGIL	P \$84.24
Feb 21	MENARDS STERLING ILSTERLINGIL	R \$3.43
Feb 23	CULVERS OF ROCK FALLSROCK FALLSIL	M \$8.96
Feb 25	WM SUPERCENTER #891STERLINGIL	P \$53.89
Mar 2	SHELL OIL 51267680034ROCK FALLSIL	\$41.00
Mar 3	FACTORY DIRECT MATTRESS IWaverlyIA	resale \$3,455.00
Mar 4	W SILVER PRODUCTS888-7373102TX	resale \$1,988.40
Mar 5	SMOKED ON 3RD BBQ & CATERSTERLINGIL	M \$67.88
Mar 5	PIT STOP CAR CARE INCROCK FALLSIL	\$7.00
Mar 13	FACTORY DIRECT MATTRESS IWaverlyIA	resale \$485.00
Mar 14	MEGA WEBFRONTS800-417-2799AZ	W \$299.00
<b>DAEHLE R REITZEL #7638: Total</b>		<b>\$7,673.70</b>

### ANGELA K REITZEL #4905: Transactions

Purchase Spend Limit : \$20,000.00 Cash Spend Limit : \$10,000.00

Date	Description	Amount
<b>Total Transactions for This Period</b>		<b>\$7,673.70</b>

## Fees

Date	Description	Amount
<b>Total Fees for This Period</b>		<b>\$0.00</b>

## Interest Charged

Interest Charge on Purchases	\$0.00
Interest Charge on Cash Advances	\$0.00
Interest Charge on Other Balances	\$0.00
<b>Total Interest for This Period</b>	<b>\$0.00</b>

## Transactions Continued

### Totals Year-to-Date

<b>Total Fees charged</b>	<b>\$0</b>
<b>Total Interest charged</b>	<b>\$0</b>

## Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	7.24% F	\$0.00	\$
Cash Advances	19.14% F	\$0.00	\$

P, L, D, F = Variable Rate. See reverse of page 1 for details.



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Effortlessly manage your account on the go with the Capital One<sup>®</sup> mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

auto app. - 102.00  
meals - 135.62  
building repair - 1070.55  
personal 138.13  
web services 299.00  
resale - 3940.00  
resale - 1988.40



### Payment Information

Payment Due Date **Apr. 12, 2020**  
For online and phone payments, the deadline is 8pm ET.

New Balance **\$7,589.46**  
Minimum Payment Due **\$75.00**

**LATE PAYMENT WARNING:** If we do not receive your minimum payment by your due date, you may have to pay a \$39.00 late fee and your APRs may be increased up to the Penalty APR of 24.65%.

**MINIMUM PAYMENT WARNING:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	24 Years	\$11,933
\$235	3 Years	\$8,466
Estimated savings if balance is paid off in about 3 years: \$3,467		

If you would like information about credit counseling services, call 1-888-326-8055.

### Account Summary

Previous Balance	\$744.00
Payments	- \$744.00
Other Credits	- \$84.20
Transactions	+ \$7,673.71
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
<b>New Balance</b>	<b>= \$7,589.46</b>
Credit Limit	\$20,000.00
Available Credit (as of Mar. 15, 2020)	\$12,410.54
Cash Advance Credit Limit	\$10,000.00
Available Credit for Cash Advances	\$10,000.00

Rewards Balance as of 03/13/2020

**430.927**

Track and redeem your rewards with our mobile app or on

Previous Balance 424.092

Earned 6.835

Redeemed 0

### Account Notifications

- (i) Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at [capitalone.com](#) Customer Service: 1-800-867-0904 See reverse for Important Information



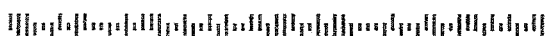
Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Apr. 12, 2020**

Account Ending in 7638

New Balance **\$7,589.46**  
Minimum Payment Due **\$75.00**  
Amount Enclosed **\$ 7,589.46**

DAEHLE R REITZEL  
WHEELLOCK FURNITURE  
101 W 2ND ST  
ROCK FALLS, IL 61071-1245



000032507  
Q105



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Pay your bill securely and review transactions with the Capital One<sup>®</sup> mobile app.

Text ONE to 80101 to download the app  
Messaging & Data rates may apply

Capital One  
P.O. Box 6492  
Carol Stream, IL 60197-6492



1 4802138956337638 15 7589460744030075008

REMIT PAYMENT TO:  
 FLEXSTEEL IND., INC.  
 P.O. BOX 877  
 DUBUQUE IA  
 52004-0877  
 PHONE: (563) 556-7734

WHEELLOCK FURNITURE  
 101 W. 2ND ST.  
 ROCK FALLS IL 61071-1245

CUSTOMER NO.	W066
STATEMENT DATE	2/29/2020

CUSTOMER NO.	W066
STATEMENT DATE	2/29/2020

NOTE: NO INVOICE WILL BE ISSUED FOR FINANCE CHARGES.  
 PLEASE REMIT ALL FINANCE CHARGES SHOWN ON THIS STATEMENT.

SEE REVERSE FOR  
 CODE EXPLANATION

DETACH AT THE PERFORATION AND  
 INCLUDE THIS STUB WITH PAYMENT.

ANALYSIS OF YOUR ACCOUNT				OVER 60 DAYS PAST DUE	
DATE	INVOICE NUMBER	DUE DATE	CODE	CURRENT	OVER 60 DAYS PAST DUE
11/14/19	K-62980	3/13/20	10	2,274.00	
11/15/19	K-63818	3/14/20	10	14,093.50	
12/04/19	K-67706	4/02/20	10	1,477.00	
12/13/19	K-69769	4/11/20	10	1,303.40	
12/19/19	K-71215	4/17/20	10	820.00	
12/27/19	K-72895	4/25/20	10	680.40	
12/31/19	K-74214	4/27/20	10	2,140.00	
01/08/20	K-75247	5/07/20	10	4,458.00	
01/13/20	K-77959	5/12/20	10	4,301.00	
01/17/20	K-79045	5/16/20	10	2,681.00	
01/17/20	K-79046	5/16/20	10	3,150.00	
01/22/20	K-80143	5/21/20	10	2,165.00	
01/28/20	K-82142	5/27/20	10	697.00	
01/28/20	K-82144	5/27/20	10	8,012.00	
01/29/20	K-82144	5/28/20	10	744.00	
01/29/20	K-82642	5/28/20	10	4,196.00	
01/31/20	J-89966	3/01/20	08	186.24	
02/04/20	K-84272	3/05/20	10	2,465.80	
02/10/20	K-86459	3/26/20	10	3,597.20	
02/10/20	K-83782	3/11/20	10	91.17	
02/28/20	K-90808	6/27/20	16	1,219.00	
02/28/20	K-90809	5/28/20	10	5,489.00	
02/28/20	K-90810	4/13/20	10	637.00	
IF YOU WOULD LIKE TO SEND PAYMENTS BY ACH OR WIRE PLEASE CALL 563-556-7734					
TOTAL AMOUNT →				61905.13	
AGING-TOTALS					OVER 60
				CURRENT	31-60
				61905.13	
TOTAL AMOUNT				61905.13	

A MONTHLY FINANCE CHARGE OF 1.5% (48% PER ANNUM) WILL BE CHARGED ON ALL PAST DUE BALANCES.



nicorgas.com/myaccount  
1 888 Nicor4U 1 888 642-6748

### Account Summary for Dale Reitzell

Account Number: 23-66-81-2376 5	
Meter Number: 3710734	
Service Address: 105 W 2nd St Rock Falls	
Bill Period: 01/06/20 - 02/04/20 (29 days)	
Bill Issue Date: 02/05/20	
Total Previous Balance	\$70.75
Payment Received 01/16/2020 - Thank you!	-\$70.75
Remaining Balance	\$0.00
New Charges - Utility	\$168.18
<b>Total Amount Due by 02/20/2020</b>	<b>\$168.18</b>

### New Charges - Commercial - Heat

Rate 4: Commercial Service

### Delivery Charges 01/06/2020 - 02/03/2020 \$72.59

Monthly Customer Charge	150.00 @ \$0.131	\$36.75
First 150 Therms		\$36.75
151 - 5000 Therms	160.20 @ \$0.0589	\$9.60
Environmental Cost Recovery	310.20 @ \$0.0055	\$1.71
Franchise Cost Adjustment		\$0.34
Efficiency Program	310.20 @ \$0.0126	\$3.91
Tax Cost Adjustment	310.20 @ \$0.0002	\$0.06
Qualified Infrastructure Chrg	\$54.90 @ 0.88%	\$0.48
Qualified Infrastructure Chrg	\$6.33 @ 1.39%	\$0.09

### Natural Gas Cost \$80.13

January @ 278.11 Therms x \$0.2583	\$71.84
February @ 32.09 Therms x \$0.2583	\$8.29

### Taxes \$15.46

Municipal Utility Tax for IL - Rock Falls \$152.72 @ 5.15%	\$7.87
Utility Fund Tax \$152.72 @ 0.1%	\$0.15
State Revenue Tax 310.20 @ \$0.024 =	\$7.44

**Total \$168.18**

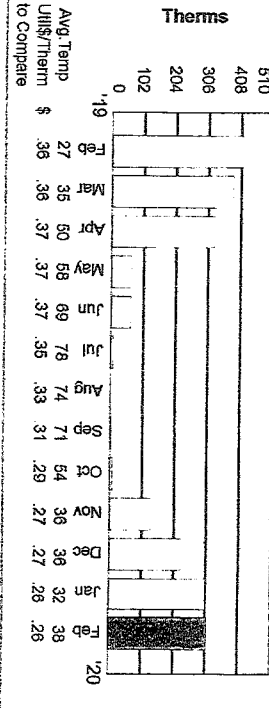
### A Message for You

Your safety is important to us. Ask to see an employee ID when our field team is working in or around your premises. Also, verify your account information with customer service before making a transaction over the phone.

### Monthly Energy Profile

Current Reading 02/04/20	Previous Reading 01/06/20 (Estimated)	Usage CCF 296	BTU Factor 1,048	Therms 310.20	Avg. Daily Therms 2019 13.29	Avg. Daily Therms 2020 10.70
6056	5760					
CCF x BTU Factor = Therms						

### Monthly Therm Use



069607 1/1

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

Handwritten notes and calculations:

$168.18 \times 0.90 = 151.36$

$151.36 + 16.82 = 168.18$

PP 1-10-2020

V4116 C17

NOTHING TO BE PAID AT THIS TIME

for Gas

**nicorgas.com/myaccount**  
1 888 Nicor4U 1 888 642-6748

**A Message for You**

Your safety is important to us. Ask to see an employee ID when our field team is working in or around your premises. Also, verify your account information with customer service before making a transaction over the phone.

**Account Summary for Wheelock Furniture**

Account Number: 13-65-10-4078 7	
Meter Number: 3075057	
Service Address: 101 W 2nd St Rock Falls	
Bill Period: 01/06/20 - 02/04/20 (29 days)	
Bill Issue Date: 02/05/20	
Total Previous Balance	\$179.77
Payment Received 01/16/2020 - Thank you!	-\$179.77
Remaining Balance	\$0.00
New Charges - Utility	\$420.72
<b>Total Amount Due by 02/20/2020</b>	<b>\$420.72</b>

**New Charges - Commercial - Heat**

Rate 4: Commercial Service

**Delivery Charges 01/06/2020 - 02/03/2020 \$126.08**

Monthly Customer Charge	150.00 @ \$0.131	\$19.65
First 150 Therms		\$19.65
151 - 5000 Therms	839.31 @ \$0.0589	\$50.27
Environmental Cost Recovery	989.31 @ \$0.0055	\$5.44
Franchise Cost Adjustment		\$0.34
Efficiency Program	989.31 @ \$0.0126	\$12.47
Tax Cost Adjustment	989.31 @ \$0.0002	\$0.20
Qualified Infrastructure Chrg	\$92.59 @ 0.88%	\$0.81
Qualified Infrastructure Chrg	\$10.68 @ 1.39%	\$0.15

**Natural Gas Cost \$255.53**

January @ 886.97 Therms x \$0.2583	\$229.10
February @ 102.34 Therms x \$0.2583	\$26.43

**Taxes \$39.11**

Municipal Utility Tax for IL - Rock Falls \$381.61 @ 5.15%	\$19.65
Utility Fund Tax \$381.61 @ 0.1%	\$0.38
State Revenue Tax \$381.61 @ 5%	\$19.08

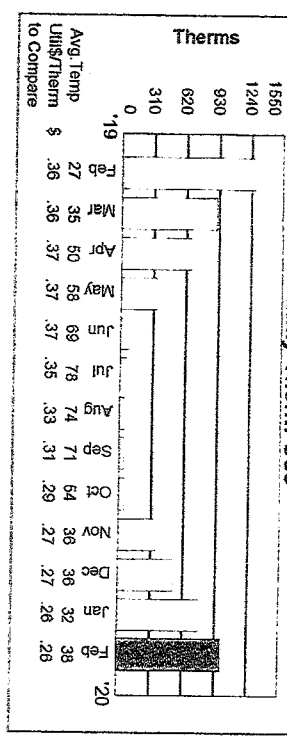
**Total \$420.72**

**Monthly Energy Profile**

Current Reading	Previous Reading	Usage CCF	BTU Factor	Therms	Avg. Daily Therms	Avg. Daily Therms
02/04/20 (Actual)	01/06/20 (Estimated)	944	1,048	989.31	2019 41.49	2020 34.11
9831	8887					

CCF x BTU Factor = Therms

**Monthly Therm Use**



# City of Rock Falls

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



ACCOUNT NUMBER  
32-00770-01

Total Amount Due

**\$475.68**

Total Due After 03/30/2020 \$498.69

WHEELOCK FURNITURE  
101 W 2ND ST  
ROCK FALLS IL 61071-1245

Service Address: 101 W 2ND ST

DETACH AND RETURN THIS PORTION WITH PAYMENT

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

Account Number: 32-00770-01

Customer: WHEELOCK FURNITURE

Service Address: 101 W 2ND ST

Rate: ELECTRIC RATE C - COMMERCIAL

Meter Number: 68073418

Rate:

Meter Number:

Billing Period: 1/31/20 to 3/2/20

Meter ID	Date	Previous Rd	Date	Current Rd	Multiplier	Usage	Read Comment
68073418	01/31/20	4,505	03/02/20	4,560	40	2,200	
52509945	01/31/20	608	03/02/20	608	1	0	

ELECTRIC USAGE  
WATER USAGE CHAF

Meter Detail Information Listed Above

Billed Amounts and Usages Listed Below

Service Dates:  
01/31/2020 to 03/02/2020

Usage		
2,200	\$235.84	ELECTRIC USAGE
2,200	104.06	DISTRIBUTION CHARG
2,200	15.40	CAPITAL COST RECO
2,200	7.55	PURCHASE POWER A
	27.85	ELECTRIC CUST CHAI
	11.83	URBAN LIGHTS
	10.80	WATER MINIMUM CH/
	3.50	WATER CAPITAL IMPF
	4.85	WATER DEBT CHARG
	17.80	SEWER MINIMUM CH/
	3.66	SEWER CAPITAL IMPF
	25.50	SEWER PLANT IMPRC
	7.04	ELECT EXCISE TAX

BANKING CUSTOMER

Current Amount Due On Or  
Before 03/30/2020

**\$475.68**

Total Amount Due After  
03/30/2020

**\$498.69**

Total Current Charges **\$475.68**

Previous Balance **\$448.78**

Previous Payments **\$448.78 CR**

Assistance Balance



# City of Rock Falls

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



ACCOUNT NUMBER  
32-00390-01

Total Amount Due  
**\$225.43**

Total Due After 03/30/2020 \$236.15

DAEHLE REITZEL  
101 W 2ND ST.  
ROCK FALLS IL 61071-1245

Service Address: 105 W 2ND ST

DETACH AND RETURN THIS PORTION WITH PAYMENT

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

Account Number: 32-00390-01 Customer: DAEHLE REITZEL

Service Address: 105 W 2ND ST

Rate: ELECTRIC RATE C - COMMERCIAL Meter Number: 47749400

Rate: WATER USAGE - 5/8" COMMERCIAL Meter Number: 52510034

Billing Period: 1/31/20 to 3/2/20

Meter ID	Date	Previous Rd	Date	Current Rd	Multiplier	Usage	Read Comment
47749400	01/31/20	60,100	03/02/20	60,882	1	782	ELECTRIC USAGE
52510034	01/31/20	284	03/02/20	285	1	1	WATER USAGE CHARGE

## Meter Detail Information Listed Above

### Billed Amounts and Usages Listed Below

Service Dates:	Usage		
01/31/2020 to 03/02/2020	782	\$83.83	ELECTRIC USAGE
	782	36.99	DISTRIBUTION CHARGE
	782	5.47	CAPITAL COST RECOVERY
	782	2.68	PURCHASE POWER ADJUSTMENT
		27.85	ELECTRIC CUST CHARGE
	1	.00	WATER USAGE CHARGE
		10.80	WATER MINIMUM CHARGE
		3.50	WATER CAPITAL IMPROVEMENT
		4.85	WATER DEBT CHARGE
	1	.00	SEWER USAGE
		17.80	SEWER MINIMUM CHARGE
		3.66	SEWER CAPITAL IMPROVEMENT
BANKING CUSTOMER	1	25.50	SEWER PLANT IMPROVEMENT
		2.50	ELECT EXCISE TAX

Current Amount Due On Or Before 03/30/2020 **\$225.43**

Total Amount Due After 03/30/2020 **\$236.15**

Total Current Charges **\$225.43**

Previous Balance **\$225.43**

Previous Payments **\$225.43 CR**

Assistance Balance

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



ACCOUNT NUMBER
33-00440-02
Total Amount Due
<b>\$37.78</b>

Total Due After 03/30/2020 \$39.67

WHEELOCK'S  
101 W 2ND ST  
ROCK FALLS IL 61071

Service Address: 208 1ST AVE

DETACH AND RETURN THIS PORTION WITH PAYMENT

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

Account Number: 33-00440-02

Customer: WHEELOCK'S

Service Address: 208 1ST AVE

Rate:

Meter Number:

Rate:

Meter Number:

Billing Period: 1/31/20 to 3/2/20

<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>
68073425	01/31/20	43	03/02/20	43	80	0	ELECTRIC USAGE

Meter Detail Information Listed Above

Billed Amounts and Usages Listed Below

Service Dates:

01/31/2020 to 03/02/2020

Usage

\$27.85

9.93

.00

ELECTRIC CUST CHAF

URBAN LIGHTS

ELECT EXCISE TAX

**BANKING CUSTOMER**

Current Amount Due On Or  
Before 03/30/2020

**\$37.78**

Total Amount Due After  
03/30/2020

**\$39.67**

Total Current Charges **\$37.78**

Previous Balance **\$51.23**

Previous Payments **\$51.23 CR**

Assistance Balance

# Hello,

Thanks for choosing Comcast Business.

## Your bill at a glance

For 101 W 2ND ST OFC, ROCK FALLS, IL, 61071-1245

Previous balance		\$313.11
Payments		\$0.00
<b>Balance forward due now</b>		<b>\$313.11</b>
Regular monthly charges	Page 3	\$286.40
One-time charges	Page 3	\$10.00
Taxes, fees and other charges	Page 3	\$26.71
<b>New charges due Mar 29, 2020</b>		<b>\$323.11</b>

## Amount due

**\$636.22**

## Your bill explained

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

### 1 Your account is past due

Your account is past due, so you may have been charged a late fee of \$10.00. To keep your account current, please pay the balance forward immediately.

### Need help?

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

V# 10530  
3-9-20

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

Please write your account number on your check or money order

Franchise Fee	\$5.34
Public, Educ & Govt Fee	\$0.16
Maintenance Fee	\$0.44
Federal Universal Service Fund	\$3.43
Regulatory Cost Recovery	\$3.03

## Taxes & government fees

**\$14.31**

State & Local Excise Tax	\$11.31
911 Fees	\$3.00

## Additional information

SS

Account Number  
8771 10 332 0272596

Billing Date  
Mar 01, 2020

Services From  
Mar 07, 2020 to Apr 06, 2020

Page  
3 of 5

## Regular monthly charges

**\$286.40**

### Comcast Business services

**\$234.75**

TV Standard	\$59.95
Business Video	
Starter Pkg	\$69.95
Business Internet	
Static IP - 1	\$19.95
Voice Line	\$79.90
Business Voice	
Qty 2 @ \$39.95 each	
Voice Mail Service	\$5.00

## What's included?



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



**TV:** Keep your employees informed and customers entertained



**Voice Numbers:** (815)625-7266,  
(815)625-0129

Visit [business.comcast.com/myaccount](http://business.comcast.com/myaccount) for more details

### Equipment & services

**\$23.45**

TV Box + Remote	\$5.00
Equipment Fee	\$18.45
Voice	

### Service fees

**\$28.20**

Broadcast TV Fee	\$14.95
Voice Network Investment	\$3.00
Directory Listing Management Fee	\$2.00
Regional Sports Fee	\$8.25

## One-time charges

**\$10.00**

### Other charges

**\$10.00**

Late Fee	Mar 01	\$10.00
----------	--------	---------

## Taxes, fees and other charges

**\$26.71**

### Other charges

**\$12.40**

Franchise Fee	\$5.34
Public, Educ & Govt Fee	\$0.16
Maintenance Fee	\$0.44
Federal Universal Service Fund	\$3.43
Regulatory Cost Recovery	\$3.03

### Taxes & government fees

**\$14.31**

State & Local Excise Tax	\$11.31
911 Fees	\$3.00

Additional information

# Invoice

## E. J. WAGNER ACCOUNTANTS

---

303 First Avenue Rock Falls, IL 61071

3/16/2020

17075

WHEELOCK FURNITURE  
101 W. 2nd Street  
Rock Falls, IL 61071

Phone: (815) 625-8695 Fax: (815) 632-2096

Terms

net 10 days

Description	Qty	Rate	Amount
Payroll, Accounting and Tax Services for the month of February 2020.		130.00	130.00

**Total** \$130.00

**Payments/Credits** \$0.00

**Balance Due** \$130.00

## DOCUMENTATION of EMPLOYEE STATUS

### Expand as Needed

Provide a list of all **personnel that were employed as of December 31, 2019** as well as new hires since that date. Indicate the current status of each employee. Provide the total of employees on 12/31/19

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
Robert M. Carter	0672	X				X	
Connie Johnson	9233	X				X	
David Sheely	2056	X				X	
<b>TOTAL:</b>		3					

## 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 company 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.**

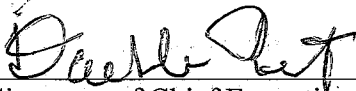
The company certifies that it is a company in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The company further authorizes the Department of Commerce and Economic Opportunity to seek a tax clearance letter from the Illinois Department of Revenue and authorizes 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 company also certifies that no tax liens, including but not limited to, municipal, county, state, or federal, have been filed against the company, any partners of the company, the majority shareholder of the company, or in the name of a related business owned by the recipient.

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

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

	<u>4920</u>
Signature of Chief Executive Officer	Date
Daehle Reitzel	
Typed Name of Chief Executive Officer	
Wheelock Furniture	36-3436235
Name of Company	FEIN #
101 W.2nd St., Rock Falls, IL 61071	
Company Address	DUNS #
	SIC #



## MANDATORY DISCLOSURES

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

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

NONE

Grantee has a continuing duty to disclose to the Department of Commerce and Economic Opportunity (the "Department") all violations of criminal law involving fraud, bribery or gratuity violations potentially affecting this grant award.

By signing this document, below, as the duly authorized representative of the Grantee, I hereby certify that:

- All of the statements in this Mandatory Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
- There is no action, suit or proceeding at law or in equity pending, nor to the best of Grantee's knowledge, threatened, against or affecting the Grantee, before any court or before any governmental or administrative agency, which will have a material adverse effect on the performance required by the grant award.
- Grantee is not currently operating under or subject to any cease and desist order, or subject to any informal or formal regulatory action, and, to the best of the Grantee's knowledge, it is not currently the subject of any investigation by any state or federal regulatory, law enforcement or legal authority.
- If Grantee becomes the subject of an action, suit or proceeding at law or in equity that would have a material adverse effect on the performance required by an award, or an investigation by any state or federal regulatory, law enforcement or legal authority, Grantee shall promptly notify the Department in writing.

Grantee Organization: The City of Rock Falls

By: William B. Wescott  
Signature of Authorized Representative

Printed Name: William B. Wescott

Printed Title: Mayor

Date: May 5, 2020

## CONFLICT OF INTEREST DISCLOSURE

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

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

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

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

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

NONE

If the Grantee provided information above regarding a current potential conflict of interest or any actions that create or appear to create a conflict of interest, the Grantee must immediately provide documentation to the applicable Department grant manager to support that the potential conflict of interest was appropriately handled by the Grantee's organization. If at any later time, the Grantee becomes aware of any actual or potential conflict of interest, the Grantee must notify the Department's grant manager immediately, and provide the same type of supporting documentation that describes how the conflict situation was or is being resolved.

Supporting documentation should include, but is not limited to, the following: the organization's bylaws; a list of board members; board meeting minutes; procedures to safeguard against the appearance of personal gain by the organization's officers, directors, agents, and family members; procedures detailing the proper internal controls in place; timesheets documenting time spent on the award; and bid documents supporting the selection of the contractor involved in the conflict, if applicable.

By signing this document, below, as the duly authorized representative of Grantee, I hereby certify that:

- All of the statements in this Conflict of Interest Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
- If I become aware of any situation that conflicts with any of the representations herein, or that might indicate a potential conflict of interest or create the appearance of a conflict of interest, I or another representative from my organization will immediately notify the Department's grant manager for this award.
- I have read and I understand the requirements for the Conflict of Interest Disclosure set forth herein, and I acknowledge that my organization is bound by these requirements.

Grantee Organization: The City of Rock Falls

By: William B. Wescott  
Signature of Authorized Representative

Printed Name: William B. Wescott

Printed Title: Mayor

Date: May 5, 2020

## CERTIFICATE

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

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

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

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

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



Michelle K. Conklin

Michelle K. Conklin, Deputy City Clerk

CITY OF ROCK FALLS

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RESOLUTION NO. 2020-841

CITY OF ROCK FALLS  
FAIR HOUSING RESOLUTION

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

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

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## RESOLUTION 2020-841

### FAIR HOUSING RESOLUTION

LET IT BE KNOW 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 of community contacts; and 3) the publicizing of locations where assistance will be provided to those seeking to file a discrimination complaint.

BE IT FURTHER RESOLVED that the City shall publicize this Resolution and through this publicity shall cause real estate brokers and sellers, private home sellers, rental owners, rental property managers, real estate and rental advertisers, lenders, builders, developers, home buyers and home or apartment renters to become aware of their respective responsibilities and rights under the Fair Housing Amendments Act of 1988 and any applicable state or local laws or ordinances.

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

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

Passed this 21st day of April, 2020.

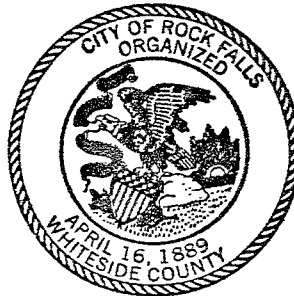


William B. Wescott, Mayor

ATTEST:



Michelle K. Conklin, Deputy City Clerk



AYE

NAY

Palmer

None

Wangelin

Snow

Schuneman

Kleckler

Sobottka

ABSENT

Kuhlemier

Folsom

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ►

Municipality

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

Requester's name and address (optional)

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:

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

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

Sign  
Here

Signature of  
U.S. person

*Am. B. Keenath*

Date ► May 5, 2020

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



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

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

## Entity Dashboard

Rock Falls City Of  
DUNS: 087151569 CAGE Code: 5FC04

Status: Active

Expiration Date: 04/09/2021

Purpose of Registration: Federal Assistance Awards Only

603 W 10TH ST  
ROCK FALLS, IL, 61072-1523,  
UNITED STATES

Entity Overview

Entity Registration

Core Data

Assertions

Baym & Carls

POCs

Reports

Service Contact  
Report

BioPreferred Report

Exclusions

Active Exclusions

Inactive Exclusions

Excluded Family  
Members

BACK TO USER DASHBOARD

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

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

*City Administrator*  
Robbin Blackert  
815-564-1366



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

*City Treasurer*  
Kay Abner  
815-622-1100

April 9, 2020

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

Dear Sir or Madam:

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

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

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

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Conklin".

Michelle Conklin  
Deputy City Clerk

OGDEN UT 84201-0046

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

00004141  
BODC: TE

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



026239

Employer Identification Number: 36-6006076

Dear Taxpayer:

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

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

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

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

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

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

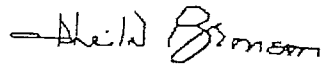
Telephone Number (815) 622-1104 Hours 8am-5pm

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

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

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

Sincerely yours,



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

Enclosure(s):  
Copy of this letter



U.S. Department of Housing and Urban  
Development

451 Seventh Street, SW  
Washington, DC 20410  
www.hud.gov

espanol.hud.gov

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

**Project Information**

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

**Responsible Entity:** City of Rock Falls

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

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

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

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

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

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

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

**Level of Environmental Review Determination:**

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

**Funding Information**

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

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

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

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

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

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

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

<b>Flood Insurance</b>  Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes    No <input type="checkbox"/> <input checked="" type="checkbox"/>	<i>The project is exempt pursuant to Section 58.6(a)(3), because it is funded through a HUD formula grant made to a state.</i>
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### **Mitigation Measures and Conditions [40 CFR 1505.2(c)]**

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure
N/A	N/A

Preparer Signature: Robbin Blackert Date: 5-5-20

Name/Title/Organization: City of Rock Falls

Responsible Entity Agency Official Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

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, A99  
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  
Area of Minimal Flood Hazard Zone X
- Effective LOMRS
- Area of Undetermined Flood Hazard Zone

**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**

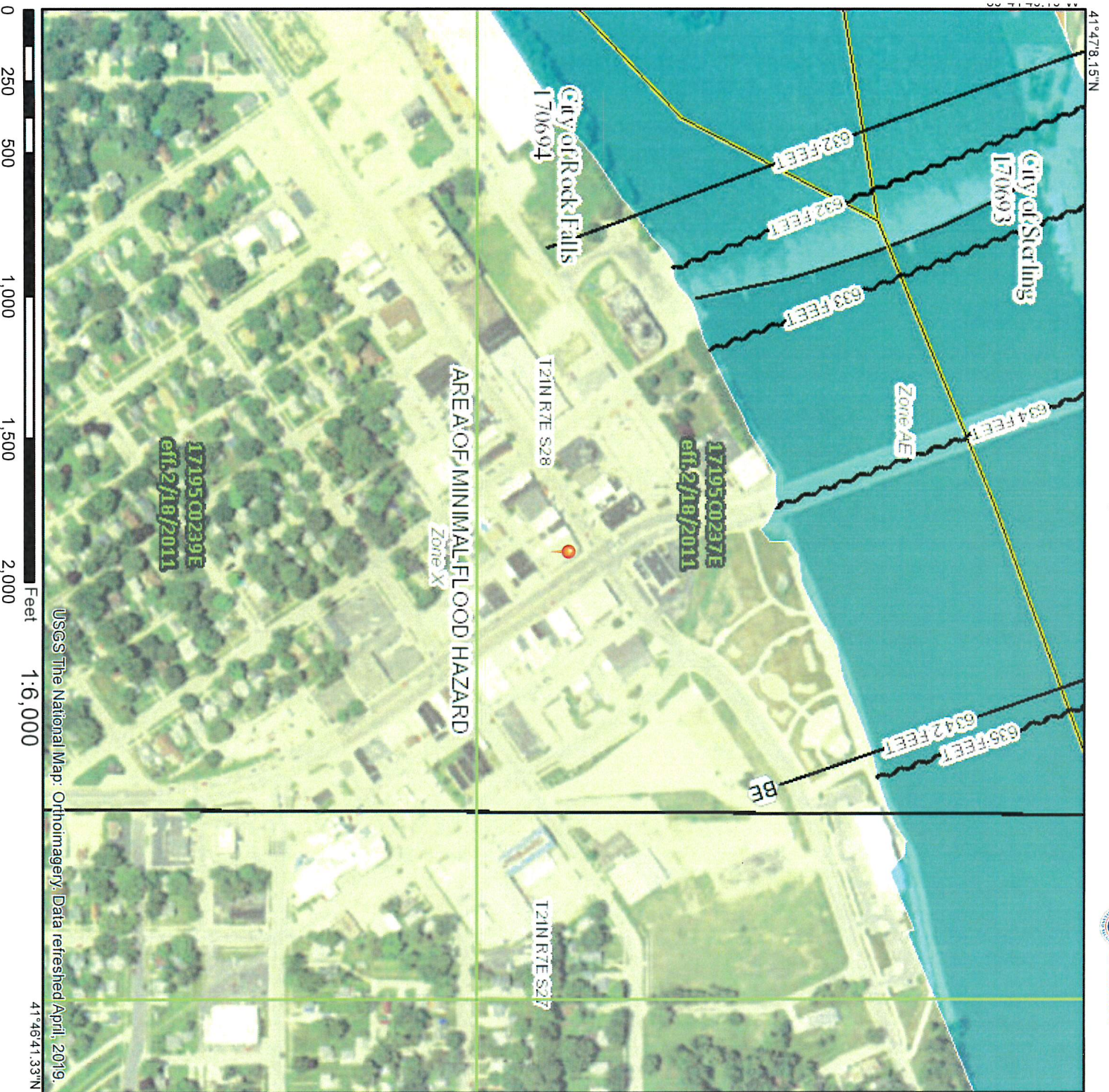
- Digital Data Available
- No Digital Data Available
- Unmapped

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 4/2/2020 at 3:36:51 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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





## **PARTICIPATION AGREEMENT**

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

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

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

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

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

### **I. GENERAL DEFINITIONS**

1.1 "Application" shall mean all materials submitted by the Business to the Unit of Local Government or the State of Illinois in connection with this Agreement.

- "DCEO Funds" shall mean the sum of \$25,000. representing the grant received by the Unit of Local Government pursuant to its agreement with the Illinois Department of Commerce and Economic Opportunity (DCEO).

### **• PERFORMANCE**

- 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.
- Grant funds shall be paid with Community Development Block Grant funds through DCEO.
- Business must remain open or reopen and retain or re-employ permanent jobs prior to the grant end date (one year from grant award).
- 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.

### **• COVENANTS, REPRESENTATIONS AND WARRANTIES OF THE**

## **BUSINESS**

- 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.

- 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.
- 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.
- 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.
- The Unit of Local Government shall have the right of access, at all reasonable hours, to Business's premises and books and records for purpose of determining compliance with this Agreement. In addition to the reporting specifically required hereunder, Business shall furnish to the Unit of Local Government such information as the Unit of Local Government may reasonably request with respect to this Agreement.

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

- 4.1 If one or more of the following events ("Defaults") occurs and is not timely cured, then, the Unit of Local Government may declare Business in default under this Agreement and seek any of the enumerated remedies described in this Section.
- (a) Business fails to observe or perform any covenant or agreement contained in this Agreement, including the Exhibits hereto, for 10 days after written notice to cure thereof has been given to Business by the Unit of Local Government;
  - (b) Any representation, warranty, certificate or statement made by Business in this Agreement, including the Exhibits hereto, or in any certificate, report, financial statement or other document delivered pursuant to this Agreement shall prove to have been incorrect when made in any material respect;

(c) Business shall commence a voluntary case or other proceeding seeking liquidation, reorganization or other relief with respect to itself or its debts under any bankruptcy, insolvency or other similar law now or hereafter in effect or seeking the appointment of a trustee, receiver, liquidator, custodian or other similar official of it or any substantial part of its property, or shall consent to any such relief or to the appointment of or taking possession by any such official in an involuntary case or other proceeding commenced against it, or shall make a general assignment for the benefit of creditors, or shall fail generally to pay its debts as they become due, or shall take any corporate action to authorize any of the foregoing;

(d) An involuntary case or other proceeding shall be commenced against Business seeking liquidation, reorganization or other relief with respect to it or its debts under any bankruptcy, insolvency or other similar law now or hereafter in effect or seeking the appointment of a trustee, receiver, liquidator, custodian or other similar official of it or any substantial part of its property, and such involuntary case or other proceedings shall remain undismissed and unstayed for a period of 60 days; or an order for relief shall be entered against Business under the federal bankruptcy laws as now or hereafter in effect;

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

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

## **V. TERMINATION**

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

## **VI. GENERAL PROVISIONS**

- 6.1 Notice required hereunder shall be in writing and shall be deemed to have validly served, given or delivered upon deposit in the United States mail, by registered mail, return receipt requested, at the address set forth on the signature page hereof or to such other address as each party may specify for itself by like notice.
- 6.2 All covenants, agreements, representations and warranties made herein and, in the certificates, delivered pursuant hereto shall survive the execution of the Agreement and shall continue in full force and effect so long as the Agreement shall be in force.
- 6.3 No failure or delay by the Unit of Local Government in exercising any right, power or privilege hereunder shall operate as a waiver thereof nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any other right, power or privilege. The rights and remedies herein provided shall be cumulative and not exclusive of any rights or remedies provided by law.
- 6.4 Wherever possible each provision of this Agreement shall be interpreted in such manner as to be effective and valid under applicable law, but if any provision shall be invalid under applicable law, such provision shall be ineffective to the extent of such invalidity without invalidating the remaining provisions of this Agreement.
- 6.5 This Agreement represents the full and complete agreement between the

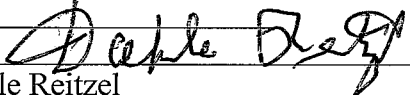
parties with respect to the matters addressed herein and there are no oral agreements or understandings between the parties.

- 6.6 This Agreement shall be construed in accordance with and governed by the law of the State of Illinois.
- 6.7 This Agreement may be signed in any number of counterparts, each of which shall be an original, with the same effect as if the signatures thereto and hereto were upon the same instrument.
- 6.8 No modification of or waiver of any provision of this Agreement shall be effective unless the same shall be in writing and signed by the parties hereto, and provided further, that the Unit of Local Government shall obtain written consent of the Illinois Department of Commerce and Economic Opportunity prior to executing any such modification or waiver.
- 6.9 The Business certifies that it has not been barred from bidding on or receiving State contracts as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 (bid rigging or bid rotating, respectively) (720 ILCS 5/33E-3 and 5/33-4).
- 6.10 The Business certifies that it has not been barred from being awarded a contract or subcontract under Section 50-5 of the Illinois Procurement (Code 30 ILCS 500).
- 6.11 The Business acknowledges that receipt of benefits under this agreement may require compliance with the Prevailing Wage Act (820 ILCS 130). Persons willfully failing to comply with or violating this act may be in violation of the Criminal Code. Questions concerning compliance with the Prevailing Wage Act should be directed to the Illinois Department of Labor.
- 6.12 The Unit of Local Government acknowledges that if the project as proposed by this Agreement is completed in accordance with this Agreement and the Agreement executed between the Unit of Local Government and the Department of Commerce and Economic Opportunity then the provisions cited above in 6.9; 6.10; and 6.11 do not apply to the Business but do apply to the activities to be completed by the Unit of Local Government.

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

Wheelock Furniture

City of Rock Falls, Illinois

\_\_\_\_\_  


By: Daehle Reitzel  
Wescott

Its: Owner

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

By: Honorable William B.

Its: Mayor

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