

## CDBG Application Submission Checklist

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

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

Date TBD

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

Dear Director:

The City of Galva 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 \$25,000.00 to be used to provide working capital needs for Mary's Family Dining And Lounge. Mary's has been a part of the Galva community since 1993, and normally employs eight (8) staff members. Mary's Family Dining And Lounge has been negatively impacted by the COVID-19 emergency and requires urgent assistance. We appreciate your consideration.

Respectfully submitted,

Rich Volkert, Mayor



**Illinois  
Department of Commerce  
& Economic Opportunity**

**Uniform Application for State Grant Assistance**

**Agency Completed Section**

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

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

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

4. Name of Awarding State Agency

5. Catalog of State Financial Assistance (CSFA) Number

6. CSFA Title

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

7. CFDA Number

8. CFDA Title

9. CFDA Number

10. CFDA Title

Additional CFDA Number, if required

Additional CFDA Title, if required

**Funding Opportunity Information**

11. Funding Opportunity Number

12. Funding Opportunity Title

Competition Identification  Not Applicable

13. Competition Identification Number N/A

14. Competition Identification Title N/A

**Applicant Completed Section**

**Applicant Information**

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

16. Common Name (DBA) City of Galva

17. Employer/Taxpayer identification number (EIN, TIN) 36-6005891

18. Organizational DUNS Number 032040933

19. SAM Cage Code 6A587

20. Business Address (Address 1) 311 N.W. 4th Avenue  
(Address 2) P. O. Box 171  
(City), (State), (zip - 4) Galva, IL 61434-0171

**Applicant's Organizational Unit**

21. Department Name Administration

22. Division Name Office of the City Administrator

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

23. First Name David

24. Last Name Dyer

25. Suffix N/A

26. Title City Administrator

27. Organizational Affiliation City of Galva

28. Telephone Number (309) 932-2555

29. Fax Number (309) 932-3306

30. E-mail Address cityadministrator@galvail.gov

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

31. First Name Debbie

32. Last Name

33. Suffix

34. Title

35. Organizational Affiliation

36. Telephone Number

37. Fax Number

38. E-mail Address

**Areas Affected**

39. Areas Affected by the Project (cities, counties, state-wide, add attachments e.g. maps)

40. Legislative and Congressional District of Applicant

41. Legislative and Congressional Districts or Program Project

**Applicant's Project**

42. Description Title of Applicant's Project

43. Proposed Project Term

Start Date

End Date

44. Estimated Funding (Include all that apply)

Amount Requested from the State

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

Local Contribution

Other Source of Contribution

Program Income

Total Amount

**Applicant Certification:**

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

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

I Agree

**Authorized Representative**

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative

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53. Date Signed

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**CDBG APPLICANT PROJECT INFORMATION  
ECONOMIC DEVELOPMENT COMPONENT**

**I. PRE-APPLICATION REQUIREMENTS**

7/14/2017 DATE APPLICANT COMPLETED REGISTRATION ON GATA PORTAL (www.grants.illinois.gov)

4/21/2020 DATE APPLICANT COMPLETED GATA'S "INTERNAL CONTROL QUESTIONNAIRE" (ICQ)  
Does not need to be completed at time of application but must be prior to grant award.

**Council Resolution Information**

Council Resolution Support Date (MM/YY/DD):	TBD
Resolution Number:	TBD

**II. Amount of Funding Request: \$22,000.00**

FINANCING GAP - For Economic Development Grants, this argument will demonstrate that a business can raise only a portion of the financing necessary to stay in business. Documentation must be provided within the application which supports the argument. Written evidence to include the business's most recent bank statement, completion of the Net Income Verification, Monthly Budget and Employee Status Documentation. The Department will consider other forms of documentation to demonstrate the lack of permanent working capital in support of operating expenses. Such evidence may include shutoff utility notices, delinquent bills, etc.

**III. APPLICATION WRITER**

First Name	David		
Last Name	Dyer		
Title	City Administrator		
Agency Name	City of Galva		
Agency Type	Municipality		
Mailing Address	P. O. Box 171, Galva, IL 61434-0171		
Telephone	(309) 932 – 2555	Email	cityadministrator@galvail.gov
Federal Employer Identification Number	36-6005891		

**IV. BENEFITING BUSINESS INFORMATION**

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

Supported Business Name: Mary's Family Dining and Lounge

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

\_\_\_\_\_ Yes, registered in \_\_\_\_\_ County X No

Supported Business Address 1: 1011 S. E. 2<sup>nd</sup> Street

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

Supported Business City: Galva

Supported Business State: IL

Supported Business Zip: 61434

Supported Business Phone Number (309) 883 - 4967

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

Supported Business FEIN or ITIN: 36-3893805

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

Supported Business SIC: 5812

**Supported Business Authorized Signatory Contact:**

*Signatory must sign Participation Agreement and Business Certification Form*

Last Name: Hepner

First Name: Mary

Title: Sole Proprietor

Daytime Phone: (309) 883 - 4967

Home Phone: (309) 883 - 4967

E-Mail: mlhepner@gmail.com

Has this business received federal or state funding (loans, grants or other assistance) related to the COVID19 emergency? X No \_\_\_ Yes If yes, provide the name/type of assistance and amount:

Funding Program Name: SBA PPP Amount Received: \$15,500.00

Funding Program Name: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

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



<b>STATE OF ILLINOIS</b>	<b>UNIFORM GRANT BUDGET TEMPLATE</b>			<b>Commerce &amp; Economic Opportunity</b>	
<b>Organization Name:</b>	Mary's Family Dining And Lounge	<b>DUNS#</b>	N/A	<b>NOFO #</b>	2398-1381
<b>CSFA Number:</b>	420-75-2398	<b>CSFA Description:</b>	Downstate Small Business Stabilization	<b>Fiscal Year:</b>	2020
<b>SECTION A -- STATE OF ILLINOIS FUNDS</b>				<b>Grant #</b>	
<b>Revenues</b>				<b>TOTAL REVENUE</b>	
(a). State of Illinois Grant Amount Requested				\$	25,000.00
<b>BUDGET SUMMARY STATE OF ILLINOIS FUNDS</b>					
<b>Budget Expenditure Categories</b>		<b>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</b>		<b>TOTAL EXPENDITURES</b>	
15. <u>Working Capital</u>				\$	25,000.00
18. Total Costs State Grant Funds				\$	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)*

- 4)  For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:  
\_\_\_\_\_ Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5) Or;  
\_\_\_\_\_ Complies with other statutory policies (please specify):  
The Restricted Indirect Cost Rate is \_\_\_\_\_%

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

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

Period Covered by the NICRA: From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/dd/yyyy)  
Approving Federal/State agency (please specify): \_\_\_\_\_  
The Indirect Cost Rate is: \_\_\_\_\_ 0 % The Distribution Base is: \_\_\_\_\_

<b>CERTIFICATION</b>	<b>STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE</b>	<b>AGENCY: Commerce &amp; Economic Opportunity</b>
<b>Organization Name: Mary's Family Dining And Lounge</b>	<b>CSFA Description: Downstate Small Business Stabilization</b>	<b>NOFO # 2398-1381</b>
<b>CSFA #: 420-75-2398</b>	<b>DUNS # N/A</b>	<b>Fiscal Year(s): 2020</b>

(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 Galva

Institution/Organization

Signature

David Dyer

Name of Official

City Administrator

Title

Chief Financial Officer (or equivalent)

Date of Execution

City of Galva

Institution/Organization

Signature

Rich Volkert

Name of Official

Mayor

Title

Executive Director (or equivalent)

Date of Execution

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

## Section C - Budget Worksheet & Narrative

Mary's Family Dining

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

Description	Quantity	Basis	Cost	Length of time	Capital Cost
Personnel (Salaries and Wages)	1	Monthly	\$ 5,833.33	2	\$ 11,666.66
Fringe Benefits					\$ -
Occupancy (Rent/Mortgage Payments)	1	Monthly	\$ 489.34	2	\$ 978.68
Utilities (Electrical, Gas, Water, Sewer)	1	Monthly	\$ 1,833.33	2	\$ 3,666.66
Telecommunications & Internet	1	Monthly	\$ 133.00	2	\$ 266.00
Inventory/Goods Necessary to do Business	1	Monthly	\$ 4,211.00	2	\$ 8,422.00
Supplies (office-related)					\$ -
Contractual Services (pest control, cleaning, etc.)					\$ -
Other (specify):					\$ -
Other (specify):					\$ -
					\$ -
<b>State Total</b>					<b>\$ 25,000.00</b>

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

**Working Capital Narrative (State):** My average expenses for the last three years equals \$308,472, so I intend to apply the \$25,000 to wages first (in order to get my people back to work), and apply the remainder to capital expenses as indicated. My actual inventory expenses equate to about \$13,750 per month, so I will apply \$8,422 to inventory with the confident expectation that once we reopen sales generated will allow the acquisition of additional inventory, which, at the beginning, will be somewhat less than the previous average (due to the phase-in of the Governor's Restore plan).

## Section C - Budget Worksheet & Narrative

Mary's Family Dining A

**Budget Narrative Summary**--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

<i>Budget Category</i>	<i>State</i>	<i>Total</i>
<i>15. Working Capital</i>	\$ 25,000.00	\$ 25,000.00
<i>State Request</i>	\$ 25,000.00	
<i>Non-State Amount</i>		
<b>TOTAL PROJECT COSTS</b>		\$ 25,000.00

<b>Agency Approval</b>	<b>STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE</b>	<b>AGENCY: Commerce &amp; Economic Opportunity</b>
<b>Organization Name: Mary's Family Dining And Lounge</b>	<b>CSFA Description: Downstate Small Business Stabilization</b>	<b>NOFO # 2398-1381</b>
<b>CSFA # 420-75-2398</b>	<b>DUNS #N/A</b>	<b>Fiscal Year: 2020</b>

Grant Number 0

<u>Final Budget Amount Approved</u>	<u>Program Approval Signature</u>	<u>Date</u>	<u>Fiscal &amp; Administrative Approval Signature</u>	<u>Date</u>
\$ 25,000.00				

<u>Budget Revision Approved</u>	<u>Program Approval Signature</u>	<u>Date</u>	<u>Fiscal &amp; Administrative Approval Signature</u>	<u>Date</u>

§200.308 Revision of budget and program plans

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

## *Project Summary*

Mary's Family Dining And Lounge has been a pillar of Galva and the surrounding Ag community since 1993. Mary's largest contribution to Galva was a variety of "home-style" meals, and a venue large enough to host community events (e.g., Chamber of Commerce dinners and like occasions for a myriad of clubs and organizations vital to the well-being of the municipality). Additionally, Mary's contributions to charitable events have become legend in our City, as this cherished institution supplied everything, as they say, "from dollars to donuts" in support of the community.

As a result of the Covid-19 pandemic, and realizing that the curb-side and delivery options generously extended by the Governor would not allow the restaurant to stay afloat, the decision to close was reluctantly made. Although the Pandemic has changed many things in our community, Mary's closure provoked a keen sense of regret.

The essential assistance inherent in the \$25,000 will enable Mary's Family Dining and Lounge to open again, provide jobs again, make meals again, and serve once again a public that sorely misses her.

## NET INCOME VERIFICATION

<b>Fiscal Year Ending:</b>	<b>Net Income</b>	<b>Net Income derived from Profit/Loss Statement? (Yes/No)</b>	<b>Net Income calculated from total sales – total expenses? (Yes/No)</b>	<b>Cash Balance</b>
December 31, 2017	<b>4,025</b>	No	Yes	<b>6,362.96</b>
December 31, 2018	<b>-8,651</b>	No	Yes	<b>4,955.34</b>
December 31, 2019	<b>-22,831</b>	No	Yes	<b>413.82</b>
<b>Current:</b>	<b>0</b>	No	Yes	<b>55</b>

## JANUARY, 2020 MONTHLY BUDGET

<b>Budget Item</b>	<b>Total Monthly Expenditures</b>	<b>Monthly Net Income Computation</b>
<b>Total Income</b>		<b>20,833</b>
Personnel (Salary & Wages)	5833	
Fringe Benefits	0	
Equipment	0	
Inventory	13,750	
Supplies	250	
Occupancy (Rent & Utilities)	2,323	
Telecommunications	133	
Other (Specify): Contractual Services	167	
Other (Specify): Credit Card Fees	417	
Other (Specify): Insurance/Taxes	2833	
<b>Total of All Expenditures</b>		<b>25706</b>
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>		<b>-4873</b>





Your Locally Owned Independent Bank
www.commstatebank.com
Phone Banking: 877.932.9933

MARYS FAMILY DINING AND LOUNGE
MARY L HEPNER
317 NW 3RD AVE
GALVA, IL 61434-1329

REG

A STATEMENT OF YOUR ACCOUNT
01-APR-20 THRU 30-APR-20

LAST STATEMENT 3,388.94 + NO. CREDITS 3 AMOUNT 1,795.25 - NO. DEBITS 13 AMOUNT 3,582.20 = STATEMENT BAL 1,601.99

Table with columns: ITEMIZED TRANSACTIONS, DEBITS, CREDITS, BALANCE. Includes entries for Northern Leasing, Mainstream, checks, regular deposits, and IRS payments.

Table with columns: CHECKS, CHK #, DATE, AMOUNT. Lists checks 28165, 28180, and 28181.



Branch locations: GALVA, KEWANEE, KEWANEE, NEPONSET, FRANKLIN. Includes addresses and phone numbers for each.

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://onlinebanking.commstatebank.com/Pages/Privacy.html or we will mail you a free copy upon request if you call us at 309.932.8181.



Your Locally Owned Independent Bank  
www.commstatebank.com  
Phone Banking: 877.932.9933

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PAGE 2

MARYS FAMILY DINING AND LOUNGE  
MARY L HEPNER  
317 NW 3RD AVE  
GALVA, IL 61434-1329

~~XXXXXXXXXX~~ REG

A STATEMENT OF YOUR ACCOUNT  
01-APR-20 THRU 30-APR-20

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total overdraft fees	\$0.00	\$0.00
Total returned item fees	\$0.00	\$0.00
Average balance	\$2,553.13	
Number of days	30	



**GALVA**

625 SE 2<sup>nd</sup> St.  
Galva, IL 61434  
Phone: 309.932.8181

**KEWANEE**

409 Tenney St.  
Kewanee, IL 61443  
Phone: 309.853.8182

**KEWANEE**

300 N. Main St.  
Kewanee, IL 61443  
Phone: 309.853.8181

**NEPONSET**

120 Commercial St.  
Neponset, IL 61345  
Phone: 309.594.2424

**FRANKLIN**

101 West St.  
Franklin, IL 62638  
Phone: 217.675.2311

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://onlinebanking.commstatebank.com/Pages/Privacy.html> or we will mail you a free copy upon request if you call us at 309.932.8181.



*Your Locally Owned Independent Bank*  
[www.commstatebank.com](http://www.commstatebank.com)  
Phone Banking: 877.932.9933

**GALVA OFFICE**

625 SE 2<sup>nd</sup> St., Galva, IL 61434 Phone: 309.932.8181 Fax: 309.932.2289

**KEWANEE OFFICE**

409 Tenney St., Kewanee, IL 61443 Phone: 309.853.8182 Fax: 309.856.8182  
300 N. Main, Kewanee, IL 61443 Phone: 309.853.8181 Fax: 309.853.3656

**NEPONSET OFFICE**

120 W Commercial St., Neponset, IL 61345 Phone: 309.594.2424 Fax: 309.594.2560

**FRANKLIN OFFICE**

101 West St., Franklin, IL 62638 Phone: 217.675.2311 Fax: 217.675.2621

May 12, 2020

Mary L Hepner  
317 NW 3<sup>rd</sup> Ave  
Galva, IL 61434

RE: Loan 32919 and 32253

To whom it may concern:

Due to a decrease in revenue caused by COVID-19 we extended the principal and interest portion of your loan 32919 until July 22, 2020 and 32253 is extended until 8/2/2020. Monthly escrow payments on loan 32253 will continue as usual.

Sincerely,

A handwritten signature in black ink, appearing to read "Emily Stiles". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Emily Stiles  
Loan Administration

## DOCUMENTATION of EMPLOYEE STATUS

Employee Name	Employee's Last 4 Digits of Social Security #	Status on 1/1/20		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
<u>Mary L Hepner</u>		<u>X</u>		<u>X</u>			
<u>Violet Alvis</u>		<u>X</u>				<u>X</u>	
<u>Jackie M. Boyce</u>			<u>X</u>			<u>X</u>	
<u>Karen Hagerty</u>		<u>X</u>				<u>X</u>	
<u>Tammy S. Hagerty</u>		<u>X</u>				<u>X</u>	
<u>Edward A. Hockett</u>		<u>X</u>				<u>X</u>	
<u>Timothy L. Hockett</u>		<u>X</u>				<u>X</u>	
<u>Debra L. Ramer</u>		<u>X</u>					
<b>TOTA</b>	<b><u>11</u></b>	<b><u>10</u></b>	<b><u>1</u></b>	<b><u>0</u></b>	<b><u>1</u></b>	<b><u>8</u></b>	<b><u>2</u></b>

**COUNCIL RESOLUTION OF SUPPORT**

**Resolution No. \_\_\_\_\_**

WHEREAS, the City of Galva is applying to the State of Illinois for a Community Development Block Grant Program grant, and

WHEREAS, it is necessary that an application be made, and agreements entered with the State of Illinois.

NOW, THEREFORE, BE IT RESOLVED as follows:

- 1) that the City of Galva apply for a grant under the terms and conditions of the State of Illinois and shall enter in to and agree to the understandings and assurances contained in said application.
- 2) that the Mayor and City Clerk on behalf of the City of Galva execute such documents and all other documents necessary for the carrying out of said application.
- 3) that the Mayor of Galva and City Clerk of Galva are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.

Passed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. (date required)

ATTEST: \_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Mayor

## **PUBLIC HEARING NOTICE**

The City of Galva will hold a public hearing on 26 May 2020, at 9:30 am, in the Chamber Rooms of Galva City Hall, 311 N.W. 4<sup>th</sup> Avenue, Galva, IL, to provide interested parties an opportunity to express their views on the proposed Downstate Small Business Stabilization application funded by Community Development Block Grant (CDBG) funds. All persons in attendance must wear a face-covering, and the City reserves the right to enforce the Governor's social distancing rules. Persons with disabilities or non-English speaking persons who wish to attend the public hearing and need assistance should contact Debbie VanWassenhove, City Clerk at (309) 932 - 2555 no later than 11:00 am on 21 May 2020. Every effort will be made to make reasonable accommodations for these persons.

On or about 28 May 2020, the City of Galva intends to apply to the Illinois Department of Commerce and Economic Opportunity for a grant from the State CDBG program. This program is funded by Title 1 of the federal Housing and Community Development Act of 1974, as amended. These funds are to be used to provide working capital for the benefit of Mary's Family Dining And Lounge. The total amount of CDBG funds to be requested is \$25,000.00 and will address the urgent needs of the business due to the COVID-19 emergency.

Information related to this application will be available for review before the public hearing as of 13 May, 2020 at Galva City Hall between the hours of 8:00 am, and 4:00 pm, or on the Galva City Website at <http://www.galvail.gov/Business/EconomicDevelopment.php> Interested citizens are invited to provide comments regarding these issues either at the public hearing or by a prior written statement. Written comments should be submitted to David Dyer, 311 N.W. 4<sup>th</sup> Avenue, P.O. Box 171, Galva, IL 61434 no later than 22 May 2020 to ensure placement of such comments in the official record of the public hearing proceedings. This project will result in no displacement of any persons or businesses. For additional information concerning the proposed project, please contact David Dyer at (309) 932 – 2555 or write to David Dyer at 311 N.W. 4<sup>th</sup> Avenue, P. O. Box 171, Galva, IL 61434.

## LOCAL GOVERNMENT CERTIFICATIONS

On this 19th of May, 2020, Rich Volkert, Mayor of the City of Galva 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 Galva 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: 032040933.

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Signature of Chief Elected Official

Date

## BUSINESS CERTIFICATIONS

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

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

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

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

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

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

_____ Signature of Chief Executive Officer	_____ Date
Mary L. Hepner	36-3893805
_____ Typed Name of Chief Executive Officer	_____ FEIN #
Mary's Family Dining And Lounge	N/A
_____ Name of Business	_____ DUNS #
1011 S. E. 2 <sup>nd</sup> Street, Galva, IL 61434	5812
_____ Business Address	_____ SIC #



**MANDATORY DISCLOSURES**

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

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

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

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

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

Grantee Organization: City of Galva

By: \_\_\_\_\_  
Signature of Authorized Representative

Printed Name: Rich Volkert

Printed Title: Mayor

Date: TBD

## CONFLICT OF INTEREST DISCLOSURE

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

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

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

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

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

N/A

If the Grantee provided information above regarding a current potential conflict of interest or any actions that create or appear to create a conflict of interest, the Grantee must immediately provide documentation

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

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

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

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

Grantee Organization: City Of Galva

By: \_\_\_\_\_  
Signature of Authorized Representative

Printed Name: Rich Volkert

Printed Title: Mayor

Date: TBD

## FAIR HOUSING RESOLUTION

A RESOLUTION of THE Mayor and City Council OF THE City of Galva ADOPTING A FAIR HOUSING POLICY, MAKING KNOWN ITS COMMITMENT TO THE PRINCIPLE OF FAIR HOUSING, AND DESCRIBING ACTIONS IT SHALL UNDERTAKE TO AFFIRMATIVELY FURTHER FAIR HOUSING.

WHEREAS, the Housing and Community Development Act of 1974 as amended requires that all applicants for Community Development Block Grant funds certify that they shall affirmatively further fair housing; and

WHEREAS, the Civil Rights Act of 1968 (commonly known as the Federal Fair Housing Act) and the Fair Housing Amendments Act of 1968 declare a national policy to prohibit discrimination in the sale, rental, leasing and financing of housing or land to be used for the construction of housing or in the provision of brokerage services, on the basis of race, color, religion, sex, disability, familial status or national origin; and

WHEREAS, fairness is the foundation of the American system and reflects traditional American values; and

WHEREAS, discriminatory housing practices undermine the strength and vitality of America and its people;

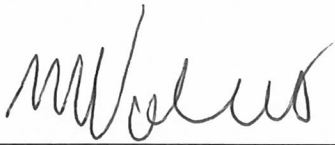
NOW, THEREFORE, BE IT RESOLVED THAT THE Mayor and City Council of the City of Galva, Henry County, Illinois hereby wish all persons living, working, doing business in or traveling through this City to know that:

Discrimination in the sale, rental, leasing and financing of housing or land to be used for construction of housing, or in the provision of brokerage services on the basis of race, color, religion, sex, handicap, familial status or national origin is prohibited by Title VIII of the Fair Housing Act Amendments of 1988; and that it is the policy of the City of Galva to implement programs , within the constraints of its resources, to ensure equal opportunity in housing for all persons regardless of race, color, religion, sex, handicap, familial status or national origin; and within available resources the City of Galva will assist all persons who feel they have been discriminated against in housing issues on the basis of race, color, religion, sex, handicap, familial status or national origin, to seek equity under existing federal and state laws to file a complaint with the Illinois Attorney General's Office or the U.S. Department of Housing and Urban Development; and that the City of Galva shall publicize this Resolution and thereby encourage owners of rental properties, developers, builders and others involved with housing to become aware of their respective responsibilities and rights under the Fair Housing Amendments Act of 1988 and any applicable state laws or ordinances; and that the City of Galva shall undertake the following actions to additionally "affirmatively further fair housing:"

1. Mail or deliver a copy of this Resolution to all real estate offices in Galva

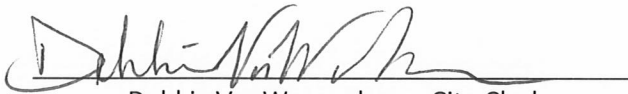
2. Mail or deliver a copy of this Resolution to all banks in Galva
3. Mail or deliver a copy of this Resolution to all developers in Galva
4. Mail or deliver a copy of this Resolution to all community organizations in Galva
5. Mail or deliver a copy of this Resolution to all local media
6. Post a copy of this Resolution at City Hall and other identified locations
7. Distribute flyers to our local schools
8. Make City personnel available to local community organizations to discuss the importance and benefits of "affirmatively furthering fair housing"

PASSED AND ADOPTER BY THE MAYOR and CITY COUNCIL OF THE CITY OF GALVA ON THIS 27<sup>TH</sup> DAY OF APRIL 2020.



Rich Volkert, Mayor

ATTEST:



Debbie VanWassenhove, City Clerk

APPROVED AS TO FORM:



Elisa Nelson, City Attorney

# Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**City of Galva**

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) **1**  
 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.  
**311 NW 4th Ave**

6 City, state, and ZIP code  
**Galva, IL 60134**

7 List account number(s) here (optional)

Requester's name and address (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	5	8	9	1
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here**    Signature of U.S. person ▶ *Debbie K. W. [Signature]*    Date ▶ **5-4-2020**

## 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.



A NEW WAY TO SIGN IN - If you already have a SAM account, use your SAM email for login.gov.

Log In

Login.gov FAQs

ALERT: SAM.gov will be down for scheduled maintenance Saturday, 05/09/2020 from 8:00 AM to 1:00 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.

Search Results

Quick Search Results

Total records:1

Save PDF

Export Results

Print

Result Page: 1

Sort by Relevance

Order by Descending

Your search returned the following results...

Entity	<b>Galva, City of</b>	Status: <b>Active</b>
DUNS: <b>032040933</b>	CAGE Code: <b>6A5B7</b>	<a href="#">View Details</a>
Has Active Exclusion?: <b>No</b>	DoDAAC:	
Expiration Date: <b>03/16/2021</b>	Debt Subject to Offset?: <b>No</b>	
Purpose of Registration: <b>Federal Assistance Awards Only</b>		

Result Page: 1

Save PDF

Export Results

Print



IBM-P-20200424-1037  
WWW5

- Search Records
- Data Access
- Check Status
- About
- Help
- Disclaimers
- Accessibility
- Privacy Policy
- FAPIS.gov
- GSA.gov/IAE
- GSA.gov
- USA.gov

# CITY of GALVA

City Administration Building  
311 N.W. 4th Ave.  
P.O. Box 171  
Galva, Illinois 61434-0171

**Rich Volkert**  
Mayor

Tel. 309-932-2555  
Fax: 309-932-3306  
www.galva.com

Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

24 April 2020  
RE: Letter 147C

Dear Internal Revenue Service:

To submit a grant application under the CDBG Downstate Small Business Stabilization Program, the State of Illinois' Department of Commerce and Economic Opportunity (DCEO) is requesting that we provide them with a new (less than five years old) Letter 147C.

Our legal name: City of Galva  
Our address: P.O. Box 171, Galva, IL 61434-0171  
Our Taxpayer Identification Number: 36-6005891  
Our telephone number: (309) 932 – 2555  
Our fax number: (309) 932 – 3306

Our normal business hours are Monday – Friday from 8:00 am to 5:00 pm.

I am enclosing a previous letter dated 21 August 2007 for your perusal in hopes that it may assist you in some small way during this unprecedented crisis.

Would you be kind enough to mail or fax us a new verification letter?

Sincerely,



Debbie VanWassenhove  
City Clerk





**Department of the Treasury**  
**Internal Revenue Service**  
**Ogden, UT 84201**

In reply refer to: 0458472381  
Aug 21, 2007 LTR 147C  
36-6005891

**CITY OF GALVA**  
**PO BOX 171**  
**GLAVA IL 61434-0171 715**

Taxpayer Identification Number: 36-6005891

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of August 21st, 2007.

Your Employer Identification Number (EIN) is 36-6005891. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

**MRS. GLOVER**  
94-12309  
Customer Service Representative



**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 Village of Bishop Hill.

**Responsible Entity:** City of Galva

**Grant Recipient:** City of Galva

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

**Preparer:** David Dyer, City Administrator, City of Galva, 311 N.W. 4<sup>th</sup> Avenue, Galva, IL 61434, (309) 932 - 25556

**Certifying Officer Name and Title:** Rich Volkert, Mayor

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

**Project Location:** 311 N.W. 4<sup>th</sup> Avenue, P. O. Box 171, Galva, IL 61434

**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 the City of Galva, Henry County, Illinois, to assist the following specific small business(es): Entwined, LLC

**Level of Environmental Review Determination:**

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

**Funding Information**

Grant Number	HUD Program	Exempt Amount	Categorically Excluded Amount
TBD, If Awarded	State CDBG	N/A	\$25,000.00

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

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

**Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]: \$22,000.00 in CDBG Downstate Small Business Stabilization (DSBS) funds, for the small business economic development activities noted in Description above.**

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

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

<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?	No
<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>

<p><b>Flood Insurance</b></p> <p>Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]</p>	<p>Yes    No</p> <p><input type="checkbox"/>    <input checked="" type="checkbox"/></p>	<p><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></p>
--	---	---

**Mitigation Measures and Conditions [40 CFR 1505.2(c)]**

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

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

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title/Organization: David Dyer, City Administrator, City of Galva

Responsible Entity Agency Official Signature:

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

Name/Title: Rich Volkert, 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, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



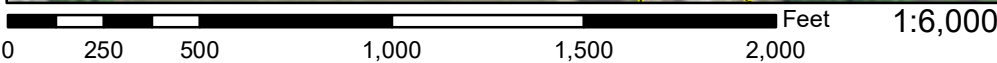
The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

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 5/11/2020 at 1:19:23 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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

41°10'4.34"N



41°9'37.26"N

90°1'19.80"W

## **PARTICIPATION AGREEMENT**

**THIS AGREEMENT** is made as of the \_\_\_\_ day of \_\_\_\_\_, 2020 by and between the City of **Galva**("Unit of Local Government") and Mary's Family Dining And Lounge, (Benefiting "Business").

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

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

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

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

### **I. GENERAL DEFINITIONS**

- 1.1 "Application" shall mean all materials submitted by the Business to the Unit of Local Government or the State of Illinois in connection with this Agreement.
- 1.2 "DCEO Funds" shall mean the sum of \$25,000.00 representing the grant received by the Unit of Local Government pursuant to its agreement with the Illinois Department of Commerce and Economic Opportunity (DCEO).

### **II. PERFORMANCE**

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

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

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

3.2 Business represents and warrants that:

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

## **V. TERMINATION**

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

## **VI. GENERAL PROVISIONS**

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

6.11 The Business acknowledges that receipt of benefits under this agreement may require compliance with the Prevailing Wage Act (820 ILCS 130). Persons willfully failing to comply with or violating this act may be in violation of the Criminal Code. Questions concerning compliance with the Prevailing Wage Act should be directed to the Illinois Department of Labor.

6.12 The Unit of Local Government acknowledges that if the project as proposed by this Agreement is completed in accordance with this Agreement and the Agreement executed between the Unit of Local Government and the Department of Commerce and Economic Opportunity then the provisions cited above in 6.9; 6.10; and 6.11 do not apply to the Business but do apply to the activities to be completed by the Unit of Local Government.

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

Mary's Family Dining And Lounge

City of Galva, an Illinois  
Municipal Corporation

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By: Mary Hepner  
Its: Owner

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By: The Honorable Rich Volkert  
Its: Mayor

Address:  
1101 S. E. 2<sup>nd</sup> Street  
Galva, IL 61434

Address:  
311 N.W. 4<sup>th</sup> Avenue  
Galva, IL 61434