



*Troy Parlier,
Village President*

100 Parkers Mill • Oswego, IL 60543 • (630) 551-2350
Website: <http://www.oswegoil.org>

June 10, 2020

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

Dear Director:

The Village of Oswego 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 FIVCO, INC DBA C-TEC Industries. C-TEC Industries has been a part of the Oswego community since 1999 and normally employs twelve employees. C-TEC Industries has been negatively impacted by the COVID-19 emergency and requires urgent assistance. We appreciate your consideration.

Very truly yours,

A handwritten signature in black ink that reads "Troy Parlier".

Troy Parlier
Village President
Village of Oswego



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) Village of Oswego

16. Common Name (DBA) Village of Oswego

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

18. Organizational DUNS Number [REDACTED]

19. SAM Cage Code [REDACTED]

20. Business Address (Address 1) 100 Parkers Mill
(Address 2) Oswego, IL 60543
(City), (State), (zip - 4)

Applicant's Organizational Unit

21. Department Name Economic Development

22. Division Name Economic Development

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

23. First Name Corinna

24. Last Name Cole

25. Suffix

26. Title Economic Development Director

27. Organizational Affiliation Village of Oswego

28. Telephone Number 630.551.2334

29. Fax Number 630-554-3306

30. E-mail Address ccole@oswegoil.org

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

31. First Name Billie

32. Last Name

33. Suffix

34. Title

35. Organizational Affiliation

36. Telephone Number

37. Fax Number

38. E-mail Address

Areas Affected

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

40. Legislative and Congressional District of Applicant

41. Legislative and Congressional Districts or Program Project

Applicant's Project

42. Description Title of Applicant's Project

43. Proposed Project Term

Start Date

End Date

44. Estimated Funding (Include all that apply)

Amount Requested from the State

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

Local Contribution

Other Source of Contribution

Program Income

Total Amount

Applicant Certification:

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

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

I Agree

Authorized Representative

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative



53. Date Signed

6/9/20

**CDBG APPLICANT PROJECT INFORMATION
ECONOMIC DEVELOPMENT COMPONENT**

I. PRE-APPLICATION REQUIREMENTS

7/22/16 DATE APPLICANT COMPLETED REGISTRATION ON GATA PORTAL (www.grants.illinois.gov)

5/4/20 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): | |
| Resolution Number: | |

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

FINANCING GAP - For Economic Development Grants, this argument will demonstrate that a business can raise only a portion of the financing necessary to 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 | Corinna | | |
| Last Name | Cole | | |
| Title | Economic Development Director | | |
| Agency Name | Village of Oswego | | |
| Agency Type | Local government | | |
| Mailing Address | 100 Parkers Mill, Oswego IL 60543 | | |
| Telephone | 630.551.2334 | Email | ccole@oswegoil.org |
| Federal Employer Identification Number | [REDACTED] | | |

IV. BENEFITING BUSINESS INFORMATION

Name of Business this application is in support of:

Supported Business Name: FIVCO, INC. dba C-TEC INDUSTRIES

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

Yes, registered in _____ County No

Supported Business Address 1: 131 KIRKLAND CIRCLE

Supported Business Address 2: _____

Supported Business City: OSWEGO

Supported Business State: IL

Supported Business Zip: 99999-9999: 60543

Supported Business Phone Number 773-376-1867

Supported Business E-Mail Address: BLANKEN@C-TECINC.COM

Supported Business FEIN or ITIN: [REDACTED]

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

Supported Business SIC: <https://www.naics.com/sic-codes-industry-drilldown/> 811310

Supported Business Authorized Signatory Contact:

Signatory must sign Participation Agreement and Business Certification Form

Last Name: LANKEN

First Name: BRAD

Title: PRESIDENT

Daytime Phone: 708-514-4812

Home Phone: N/A

E-Mail: BLANNKEN@C-TECINC.COM

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

Funding Program Name: PAYROLL PROTECTION PROGRAM Amount Received: \$ 124,000

Funding Program Name: _____ Amount Received: \$ _____

BANKRUPTCY: Has the firm, officers or principals of the firm ever been involved in bankruptcy or insolvency procedures? No Yes If yes, provide details:

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

No Yes If yes, provide details

| | | | | | |
|---|-------------------------------|--|--|---------------------------------|------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE | | | Commerce & Economic Opportunity | |
| Organization Name: | Village of Oswego | DUNS# | ██████████ | NOFO # | ██████████ |
| CSFA Number: | ██████████ | CSFA Description: | Downstate Small Business Stabilization | Fiscal Year: | 2020 |
| SECTION A -- STATE OF ILLINOIS FUNDS | | | | Grant # | |
| Revenues | | | | TOTAL REVENUE | |
| (a). State of Illinois Grant Amount Requested | | | | \$ | 124,694.00 |
| BUDGET SUMMARY STATE OF ILLINOIS FUNDS | | | | | |
| Budget Expenditure Categories | | OMB Uniform Guidance Federal Awards Reference 2 CFR 200 | | TOTAL EXPENDITURES | |
| 15. <u>Working Capital</u> | | | | \$ | 124,694.00 |
| 18. Total Costs State Grant Funds | | | | \$ | 124,694.00 |

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: _____

| | | |
|---|---|--|
| CERTIFICATION | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE | AGENCY: Commerce & Economic Opportunity |
| Organization Name: Village of Oswego | CSFA Description: Downstate Small Business Stabilization | NOFO # [REDACTED] |
| CSFA #: [REDACTED] | DUNS # [REDACTED] | Fiscal Year(s): 2020 |

(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).

Village of Oswego

Institution/Organization



Signature

Mark Horton

Name of Official

Finance Director

Title

Chief Financial Officer (or equivalent)

9-Jun-20

Date of Execution

Village of Oswego

Institution/Organization



Signature

Troy Parlier

Name of Official

Village President

Title

Executive Director (or equivalent)

9-Jun-20

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

Village of Oswego

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) | 2 | 41,000 | | 2 | \$ 92,000.00 |
| Fringe Benefits | 2 | 2848 | | 2 | \$ 2,848.00 |
| Occupancy (Rent/Mortgage Payments) | 2 | 2843 | | 2 | \$ 5,446.00 |
| Utilities (Electrical, Gas, Water, Sewer) | 2 | 1200 | | 2 | \$ 2,400.00 |
| Telecommunications & Internet | 2 | 1600 | | 2 | \$ 3,200.00 |
| Inventory/Goods Necessary to do Business | 2 | 8000 | | 2 | \$ 16,000.00 |
| Supplies (office-related) | 2 | 900 | | 2 | \$ 1,800.00 |
| Contractual Services (pest control, cleaning, etc.) | 2 | 0 | | 2 | |
| Other (specify): property tax | 2 | 0 | | 2 | |
| Other (specify): advertising and insurance | 2 | 5000 | | 2 | \$ 1,000.00 |
| | | | | | \$ - |
| | | | | State Total | \$ 124,694.00 |

Total State-Funded Working Capital \$ 124,694.00

Working Capital Narrative (State):

In an effort to sustain our operations over the next two month's our organization is in desperate need of economic subsidy due to covid19. Our organization has had to lay-off 90% of it's staff since the outbreak. We service the commercial industry and due to the mandatory shut down, our monthly revenues have dropped 85% since Jan 2020. We are requesting a grant to for working capital so we can focus on paying our supplier and maintaining our capital assets. We have since reopened and are bringing staff temporarily back on board since June 1, 2010. However, we are experiencing a unreasonable lag time for customer payment for work and services rendered. We are hopeful that our request will be approved to help offset and bridge the gap until business resume in full force.

Section C - Budget Worksheet & Narrative

Village of Oswego

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> | \$ | <i>124,694.00</i> | \$ | <i>124,694.00</i> |
| <i>State Request</i> | \$ | <i>124,694.00</i> | | |
| <i>Non-State Amount</i> | | | | |
| <i>TOTAL PROJECT COSTS</i> | | | \$ | <i>124,694.00</i> |

| | | |
|---|---|--|
| Agency Approval | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE | AGENCY: Commerce & Economic Opportunity |
| Organization Name: Village of Oswego | CSFA Description: Downstate Small Business Stabilization | NOFO # [REDACTED] |
| CSFA # [REDACTED] | DUNS # [REDACTED] | Fiscal Year: 2020 |

Grant Number 0

| | | | | |
|-------------------------------------|-----------------------------------|-------------|---|-------------|
| <u>Final Budget Amount Approved</u> | <u>Program Approval Signature</u> | <u>Date</u> | <u>Fiscal & Administrative Approval Signature</u> | <u>Date</u> |
| \$ 124,694.00 | | | | |

| | | | | |
|---------------------------------|-----------------------------------|-------------|---|-------------|
| <u>Budget Revision Approved</u> | <u>Program Approval Signature</u> | <u>Date</u> | <u>Fiscal & 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.

Insert Project Summary here

Provide a summary of the business' present situation. This should include a brief description of the Business, e.g., type of firm, its product or service, and how long they have been in business. Describe how the CDBG funds will be used and reasons why they are needed in order for the Business to be in a position to retain jobs. Specific needs need to be identified. Explain what circumstances make this project necessary, in maintaining adequate permanent working capital to sustain operating needs.

Fivco, Inc dba /C-Tec is a family owned business located and operating in Oswego, IL since 1999. Since the outbreak and mandatory shut-down due to Covid19 our company has had to shore-up expenses and lay-off 95% of our staff. Fivco, Inc serves the community in many ways from manufacturing waste reduction/recycling equipment, equipment service and repair for over 2,000 local customers, and the collection of trash and recyclables. Unfortunately, the densest population of our customer base are in the retail, commercial, and industrial market segments. Due to Covid19 and the mandatory statewide shut down our business ceased to operate due to the lack of demand directly related to the mandatory statewide shutdown. Since June 1, and the receipt of the federal payroll protection funds (PPP), we have been phasing our staff back on board who were temporarily laid off due to Covid19. We are currently utilizing the (PPP) funds to off-set our payroll liabilities, but are in desperate need of an emergency grant to help off-set our operational-fixed & variable costs during the next 60 days. We are also experiencing a serious lag-time in collections for services rendered due to the Covid19 and statewide shut-down. This is extremely problematic as it directly impacts our operating cash-flow, and inventory. Every month, we require capital to acquire manufacturing supplies, and equipment and maintain on-hand inventory levels. If approved, our company will use the grant funds to pay our operational fixed/variable costs, maintain our on-hand inventory levels, and equipment necessary to sustain for the next 60 days. Our phones have begun to ring again, but we require a capital grant to meet the current demand and pay our suppliers. The lack of revenue due to Covid19 and the statewide shutdown has seriously affected our ability to operate. Thank you for your consideration.

Sincerely,
Brad Lanken
President
Fivco, Inc. dba/C-TEC

NET INCOME VERIFICATION

The business must identify their net income for the last three fiscal years beginning January 1, 2017 and ending December 31, 2019. Net income can be obtained from the Profit and Loss statement, generally the last item on that statement. If the Profit and Loss statements cannot be found, net income can be derived from total sales minus total expenses. In addition, cash balances must be provided. This will be either the first line item on the balance sheet or bank statements as of the last day of each fiscal year. Three years of ending cash balances must be provided for each fiscal year.

| Fiscal Year Ending: | Net Income | Net Income derived from Profit/Loss Statement? (Yes/No) | Net Income calculated from total sales – total expenses? (Yes/No) | Cash Balance |
|----------------------------|-------------------|--|--|---------------------|
| December 31, 2017 | -187000 | Yes | | 337,000 |
| December 31, 2018 | -119,000 | Yes | | 218,000 |
| December 31,2019 | -92,000 | Yes | | 126,000 |
| Current: | | | | 132,870 |

JANUARY, 2020 MONTHLY BUDGET

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

| Budget Item | Total Monthly Expenditures | Monthly Net Income Computation |
|--|-----------------------------------|---------------------------------------|
| Total Income | | 53,131 |
| Personnel (Salary & Wages) | 41,000 | |
| Fringe Benefits | 2,848 | |
| Equipment | 2,000 | |
| Inventory | 8,000 | |
| Supplies | 900 | |
| Occupancy (Rent & Utilities) | 2,840 | |
| Telecommunications | 1,600 | |
| Other (Specify) Insurance | 4,500 | |
| Other (Specify) Advertisement | 500 | |
| Other (Specify) Rolling Stock Maintenance | 2,000 | |
| Total of All Expenditures | | 66,188 |
| Monthly Net Income (Total Income – Total of All Expenditures) | | -13057 |



First Midwest Bank

P.O. Box 580 • Joliet, IL 60434-0580

Return Service Requested

Statement of Account

Last statement: March 31, 2020

This statement: April 30, 2020

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401

FIVCO INC
DBA C-TEC INDUSTRIES
2253 S 14TH AVE
NORTH RIVERSIDE IL 60546-1069

Direct inquiries to:
Customer Service
800-322-3623

First Midwest Bank 153
120 N Washington St.
Naperville IL 60540

11

Summary of Account Balance

| Account | Number | Ending Balance |
|---------------------|------------|----------------|
| Commercial Checking | [REDACTED] | \$8,751.41 |

Commercial Checking

Account number

11 Enclosures

| | | | |
|-------------------|-------------|--------------------|--------------|
| Beginning balance | \$4,168.46 | | |
| Average balance | \$5,603.84 | | |
| Total additions | \$37,740.97 | Total subtractions | \$-33,158.02 |

| Number | Date | Amount | Number | Date | Amount |
|--------|-------|----------|--------|-------|----------|
| 4999 | 04-07 | 100.00 | 9168 | 04-07 | 7.18 |
| 9165 * | 04-01 | 3,000.00 | 9170 * | 04-10 | 3,050.00 |
| 9166 | 04-02 | 400.00 | | | |
| 9167 | 04-07 | 5.74 | | | |

* Skip in check sequence

| Date | Description | Additions | Subtractions |
|-------|--------------------------------|-----------|--------------|
| 04-02 | Deposit | 1,507.05 | |
| 04-03 | #Dep Adj - List Err | 455.61 | |
| | Deposit 4/2/20 \$1,507.05 | | |
| | SB 1962.66 | | |
| | (Dr) | | |
| 04-03 | #Preauthorized Debit | | -25.00 |
| | Paymentech Fee | | |
| 04-09 | Deposit | 7,581.68 | |
| 04-10 | #Cash Mgmt Trsfr Dr | | -4,000.00 |
| | Ref 1011252L Funds Transfer To | | |
| | [REDACTED] From | | |
| 04-13 | #Preauthorized Debit | | -87.00 |
| | 1St Bankcard Ctr Cr Crd Pmt | | |

C-Tec Additional Evidence of Financial Need

Attached are the Jan-May monthly sales compared to the same period last year, per your request. You will notice the significant drop in sales for April and May which is dramatically impacting our cash-flow and creating an inability to meet our obligations.

3:15 PM

06/09/20

Accrual Basis

C-TEC
Profit & Loss Prev Year Comparison
January 2020

| | Jan 20 | Jan 19 | \$ Change | % Change |
|----------------------------|------------------|------------------|------------------|---------------|
| Ordinary Income/Expense | | | | |
| Income | | | | |
| Revenue | | | | |
| Planned Maintenance | 15,318.63 | 8,704.59 | 6,614.04 | 76.0% |
| Management Fees | 9,500.00 | 11,600.00 | -2,100.00 | -18.1% |
| Collections | 4,067.60 | 4,195.33 | -127.73 | -3.0% |
| Maintenance | 13,076.55 | 13,749.75 | -673.20 | -4.9% |
| Service Calls | 6,350.00 | 2,827.50 | 3,522.50 | 124.6% |
| Parts | 4,569.47 | 12,705.61 | -8,136.14 | -64.0% |
| Recycling | -7.00 | 2,168.70 | -2,175.70 | -100.3% |
| Rent | 5,975.36 | 5,420.36 | 555.00 | 10.2% |
| Sales Discounts | -3,296.06 | -1,767.84 | -1,528.22 | -86.5% |
| Uncategorized Income | 222.68 | 5,110.54 | -4,887.86 | -95.6% |
| Total Revenue | 55,777.23 | 64,714.54 | -8,937.31 | -13.8% |
| Total Income | 55,777.23 | 64,714.54 | -8,937.31 | -13.8% |
| Gross Profit | 55,777.23 | 64,714.54 | -8,937.31 | -13.8% |
| Net Ordinary Income | 55,777.23 | 64,714.54 | -8,937.31 | -13.8% |
| Net Income | 55,777.23 | 64,714.54 | -8,937.31 | -13.8% |

C-TEC
Profit & Loss Prev Year Comparison
February 2020

| | Feb 20 | Feb 19 | \$ Change | % Change |
|----------------------------|------------------|------------------|-----------------|--------------|
| Ordinary Income/Expense | | | | |
| Income | | | | |
| Revenue | | | | |
| Planned Maintenance | 10,886.28 | 14,775.43 | -3,889.15 | -26.3% |
| Management Fees | 9,500.00 | 10,000.00 | -500.00 | -5.0% |
| Collections | 4,554.75 | 5,610.61 | -1,055.86 | -18.8% |
| Maintenance | 23,096.25 | 9,448.30 | 13,647.95 | 144.5% |
| Service Calls | 4,980.00 | 4,746.63 | 233.37 | 4.9% |
| Parts | 12,556.02 | 4,542.28 | 8,013.74 | 176.4% |
| Recycling | 3.50 | 2,696.55 | -2,693.05 | -99.9% |
| Rent | 5,930.36 | 7,765.36 | -1,835.00 | -23.6% |
| Sales Discounts | -4,755.08 | -971.25 | -3,783.83 | -389.6% |
| Total Revenue | 66,752.08 | 58,613.91 | 8,138.17 | 13.9% |
| Total Income | 66,752.08 | 58,613.91 | 8,138.17 | 13.9% |
| Gross Profit | 66,752.08 | 58,613.91 | 8,138.17 | 13.9% |
| Net Ordinary Income | 66,752.08 | 58,613.91 | 8,138.17 | 13.9% |
| Net Income | 66,752.08 | 58,613.91 | 8,138.17 | 13.9% |

3:16 PM

06/09/20

Accrual Basis

C-TEC
Profit & Loss Prev Year Comparison
March 2020

| | <u>Mar 20</u> | <u>Mar 19</u> | <u>\$ Change</u> |
|----------------------------|-------------------------|-------------------------|------------------------|
| Ordinary Income/Expense | | | |
| Income | | | |
| Revenue | | | |
| Planned Maintenance | 6,798.96 | 12,106.17 | -5,307.21 |
| Management Fees | 9,500.00 | 10,225.00 | -725.00 |
| Collections | 5,339.75 | 7,336.35 | -1,996.60 |
| Maintenance | 24,425.50 | 12,207.26 | 12,218.24 |
| Service Calls | 3,809.25 | 6,882.50 | -3,073.25 |
| Parts | 18,632.84 | 9,746.24 | 8,886.60 |
| Recycling | 45.50 | 1,521.75 | -1,476.25 |
| Rent | 6,275.36 | 6,520.36 | -245.00 |
| Sales Discounts | -591.22 | -1,617.40 | 1,026.18 |
| Total Revenue | <u>74,235.94</u> | <u>64,928.23</u> | <u>9,307.71</u> |
| Total Income | <u>74,235.94</u> | <u>64,928.23</u> | <u>9,307.71</u> |
| Gross Profit | <u>74,235.94</u> | <u>64,928.23</u> | <u>9,307.71</u> |
| Net Ordinary Income | <u>74,235.94</u> | <u>64,928.23</u> | <u>9,307.71</u> |
| Net Income | <u><u>74,235.94</u></u> | <u><u>64,928.23</u></u> | <u><u>9,307.71</u></u> |

3:16 PM

06/09/20

Accrual Basis

C-TEC
Profit & Loss Prev Year Comparison
March 2020

| | <u>Mar 20</u> | <u>Mar 19</u> | <u>\$ Change</u> |
|-------------------------|-------------------------|-------------------------|------------------------|
| Ordinary Income/Expense | | | |
| Income | | | |
| Revenue | | | |
| Planned Maintenance | 6,798.96 | 12,106.17 | -5,307.21 |
| Management Fees | 9,500.00 | 10,225.00 | -725.00 |
| Collections | 5,339.75 | 7,336.35 | -1,996.60 |
| Maintenance | 24,425.50 | 12,207.26 | 12,218.24 |
| Service Calls | 3,809.25 | 6,882.50 | -3,073.25 |
| Parts | 18,632.84 | 9,746.24 | 8,886.60 |
| Recycling | 45.50 | 1,521.75 | -1,476.25 |
| Rent | 6,275.36 | 6,520.36 | -245.00 |
| Sales Discounts | -591.22 | -1,617.40 | 1,026.18 |
| Total Revenue | <u>74,235.94</u> | <u>64,928.23</u> | <u>9,307.71</u> |
| Total Income | <u>74,235.94</u> | <u>64,928.23</u> | <u>9,307.71</u> |
| Gross Profit | <u>74,235.94</u> | <u>64,928.23</u> | <u>9,307.71</u> |
| Net Ordinary Income | <u>74,235.94</u> | <u>64,928.23</u> | <u>9,307.71</u> |
| Net Income | <u><u>74,235.94</u></u> | <u><u>64,928.23</u></u> | <u><u>9,307.71</u></u> |

3:16 PM

06/09/20

Accrual Basis

C-TEC
Profit & Loss Prev Year Comparison
March 2020

| | <u>% Change</u> |
|-------------------------|-----------------|
| Ordinary Income/Expense | |
| Income | |
| Revenue | |
| Planned Maintenance | -43.8% |
| Management Fees | -7.1% |
| Collections | -27.2% |
| Maintenance | 100.1% |
| Service Calls | -44.7% |
| Parts | 91.2% |
| Recycling | -97.0% |
| Rent | -3.8% |
| Sales Discounts | 63.5% |
| | <hr/> |
| Total Revenue | 14.3% |
| | <hr/> |
| Total Income | 14.3% |
| | <hr/> |
| Gross Profit | 14.3% |
| | <hr/> |
| Net Ordinary Income | 14.3% |
| | <hr/> |
| Net Income | <u>14.3%</u> |

C-TEC
Profit & Loss Prev Year Comparison
April 2020

| | Apr 20 | Apr 19 | \$ Change | % Change |
|--------------------------------|-----------|-----------|------------|----------|
| Ordinary Income/Expense | | | | |
| Income | | | | |
| Revenue | | | | |
| Planned Maintenance | 1,118.50 | 14,617.45 | -13,498.95 | -92.4% |
| Management Fees | 9,500.00 | 20,000.00 | -10,500.00 | -52.5% |
| Collections | 6,344.10 | 4,465.80 | 1,878.30 | 42.1% |
| Maintenance | 9,614.80 | 10,465.25 | -850.45 | -8.1% |
| Service Calls | 2,610.00 | 6,670.00 | -4,060.00 | -60.9% |
| Parts | 9,762.50 | 8,802.83 | 959.67 | 10.9% |
| Recycling | 310.50 | 2,678.12 | -2,367.62 | -88.4% |
| Rent | 5,750.36 | 6,170.36 | -420.00 | -6.8% |
| Sales Discounts | -466.80 | -1,116.46 | 649.66 | 58.2% |
| Uncategorized Income | 0.00 | 87.66 | -87.66 | -100.0% |
| Total Revenue | 44,543.96 | 72,841.01 | -28,297.05 | -38.9% |
| Total Income | 44,543.96 | 72,841.01 | -28,297.05 | -38.9% |
| Gross Profit | 44,543.96 | 72,841.01 | -28,297.05 | -38.9% |
| Net Ordinary Income | 44,543.96 | 72,841.01 | -28,297.05 | -38.9% |
| Net Income | 44,543.96 | 72,841.01 | -28,297.05 | -38.9% |

3:17 PM

06/09/20

Accrual Basis

C-TEC
Profit & Loss Prev Year Comparison
May 2020

| | May 20 | May 19 | \$ Change | % Change |
|----------------------------|------------------|------------------|-------------------|---------------|
| Ordinary Income/Expense | | | | |
| Income | | | | |
| Revenue | | | | |
| Planned Maintenance | 2,653.50 | 11,065.00 | -8,411.50 | -76.0% |
| Management Fees | 9,500.00 | 10,450.00 | -950.00 | -9.1% |
| Collections | 6,856.25 | 4,965.73 | 1,890.52 | 38.1% |
| Maintenance | 3,810.00 | 11,569.14 | -7,759.14 | -67.1% |
| Service Calls | 3,845.00 | 9,011.75 | -5,166.75 | -57.3% |
| Parts | 13,719.45 | 9,513.84 | 4,205.61 | 44.2% |
| Recycling | 310.50 | 731.43 | -420.93 | -57.6% |
| Rent | 5,325.36 | 6,277.28 | -951.92 | -15.2% |
| Sales Discounts | 0.00 | -2,677.36 | 2,677.36 | 100.0% |
| Uncategorized Income | 0.00 | 3,679.14 | -3,679.14 | -100.0% |
| Total Revenue | 46,020.06 | 64,585.95 | -18,565.89 | -28.8% |
| Total Income | 46,020.06 | 64,585.95 | -18,565.89 | -28.8% |
| Gross Profit | 46,020.06 | 64,585.95 | -18,565.89 | -28.8% |
| Net Ordinary Income | 46,020.06 | 64,585.95 | -18,565.89 | -28.8% |
| Net Income | 46,020.06 | 64,585.95 | -18,565.89 | -28.8% |

DOCUMENTATION of EMPLOYEE STATUS

Expand as Needed

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

| Employee Name | Employee's Last 4 Digits of Social Security # | Status on 1/1/20 | | Current Status | | | |
|-------------------|---|-------------------------------------|-------------------------------------|---------------------------------------|---------------------------|-------------------------------------|--------------------------|
| | | Employed | Hired after 12/31/19 | Employed working at business location | Employed working remotely | Temporarily Laid Off | Terminated |
| BRADDOCK LANKEN | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WILLIAM GRIFFITH | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ERIC ANDERSON | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WILLIAM CRUBAUGH | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ANGEL MARTINEZ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SARAH AGUIRRE | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| JAMES WINIECKI | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ROBERT WAGNER | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SUZANNE ROMANS | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ANA DIAZ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DANIELLE PETERSON | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DEBBIE THOMAS | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| JOHN MOISA | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| LAUREN WASKA | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOTAL: | | | | | | | |

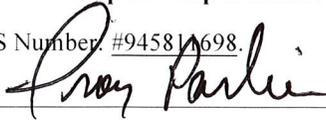
LOCAL GOVERNMENT CERTIFICATIONS

On this (date) of (month), (year), the (title and name of the Chief Elected Official) of (name of the local government) 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 (name of local government) 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** (circle one) located in a floodplain.

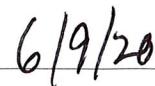
A FEMA Floodplain map is included in the application (as required) and is located on Page _____

14. DUNS Number: #945816698.



Troy Parlier,

Oswego Village President



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.

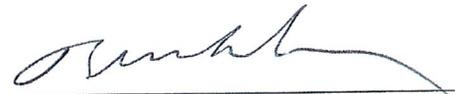
The Business certifies that it is a Business in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The Business further authorizes the Department of Commerce and Economic Opportunity to seek a tax clearance letter from the Illinois Department of Revenue and authorizes 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

5/27/2020

Date

BRADDOCK LANKEN

Typed Name of Chief Executive Officer

FIVCO, INC dba C-TEC

Name of Business



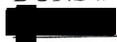
FEIN #

131 KIRKLAND CIRCLE OSWEGO, IL 60543

Business Address

N/A

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:

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: **Village of Oswego**

By: _____

Troy Parlier

Signature of Authorized Representative Printed

Name: **Troy Parlier**

Printed Title: **Oswego Village President**

Date:

6/9/20

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.

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: **Village of Oswego**

By: _____



Signature of Authorized Representative Printed

Name: **Troy Parlier**

Printed Title: **Oswego Village President**

Date: _____

6/9/20



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 Oswego, Illinois.

Responsible Entity: Village of Oswego, Illinois

Grant Recipient (if different than Responsible Entity): Village of Oswego, Illinois

State/Local Identifier: TBD, if application is funded

Preparer:

Corinna Cole
Economic Development Director
Village of Oswego
100 Parkers Mill
Oswego, IL 60543

Certifying Officer Name and Title: Troy Parlier, Oswego Village President

Consultant (if applicable): N/A

Project Location: 131 Kirkland Circle, Oswego IL 60543

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 for eligible small business(es) in the Village of Oswego, Illinois, to assist the following specific small business(es): FIVECO, Inc., DBA C-Tec Industries**

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 | Funding Amount | Categorically Excluded Amount |
|-----------------|-------------|----------------|-------------------------------|
| TBD, if awarded | State CDBG | N/A | \$25000 |
| | | | |

Estimated Total HUD Funded Amount: \$25,000 the 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 the description above.

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

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

| Compliance Factors: Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6 | Are formal compliance steps or mitigation required? | Compliance determinations |
|--|---|---------------------------|
| STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6 | | |

| | | |
|--|---|--|
| <p>Airport Runway Clear Zones and Accident Potential Zones</p> <p>24 CFR Part 51 Subpart D</p> | <p>Yes No <input type="checkbox"/> <input checked="" type="checkbox"/></p> | <p>No sale or acquisition of property will occur</p> |
| <p>Coastal Barrier Resources</p> <p>Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]</p> | <p>Yes No <input type="checkbox"/> <input checked="" type="checkbox"/></p> | <p><i>Illinois is not a covered state under these Acts.</i></p> |
| <p>Flood Insurance</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 <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 and because parcel is located in Zone X, Area of Minimal Flood Hazard, as identified on FIRM 17093C0058G, eff. 2/4/09</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.

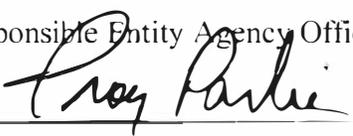
| Law, Authority, or Factor | Mitigation Measure |
|---------------------------|--------------------|
| N/A | <i>N/A</i> |
| | |
| | |
| | |

Preparer Signature: 

Date: 6/10/20

Name/Title/Organization: Corinna Cole, Economic Development Director, Village of Oswego

Responsible Entity Agency Official Signature:



Date: 6/9/20

Name/Title: Troy Parlier, Oswego Village President

Project Name

Project Locality and State

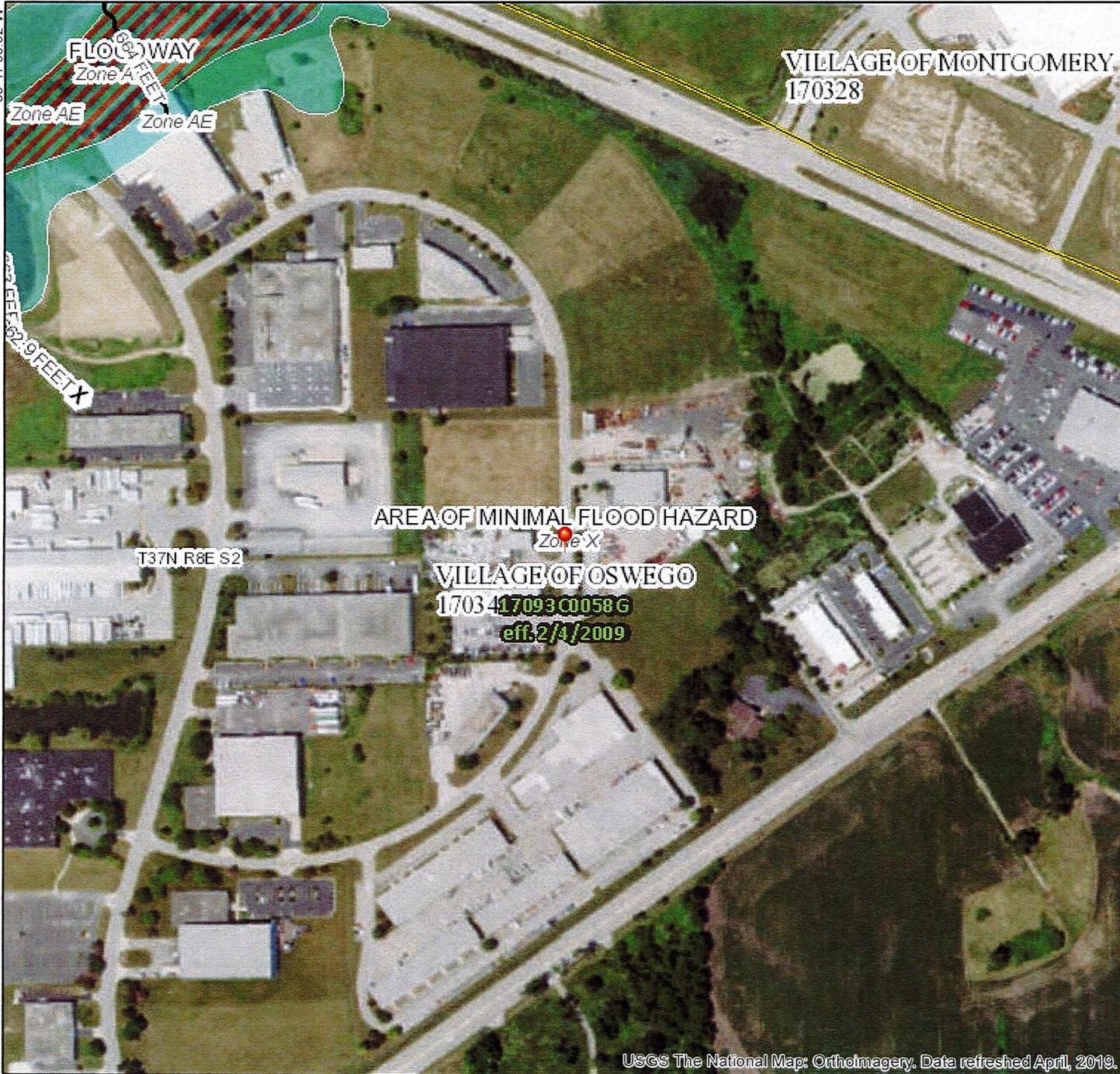
HEROS Number

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).

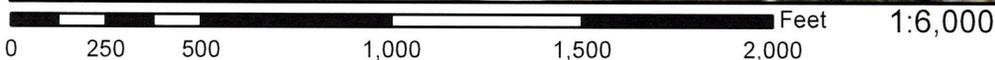
National Flood Hazard Layer FIRMette



41°43'4.79"N



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



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 J) |
| | | 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 |
| GENERAL STRUCTURES | | Area of Undetermined Flood Hazard (Zone U) |
| | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |

| | | |
|----------------|--|---|
| OTHER AREAS | | 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | 17.5 |
| OTHER FEATURES | | Coastal Transect |
| | | 513 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

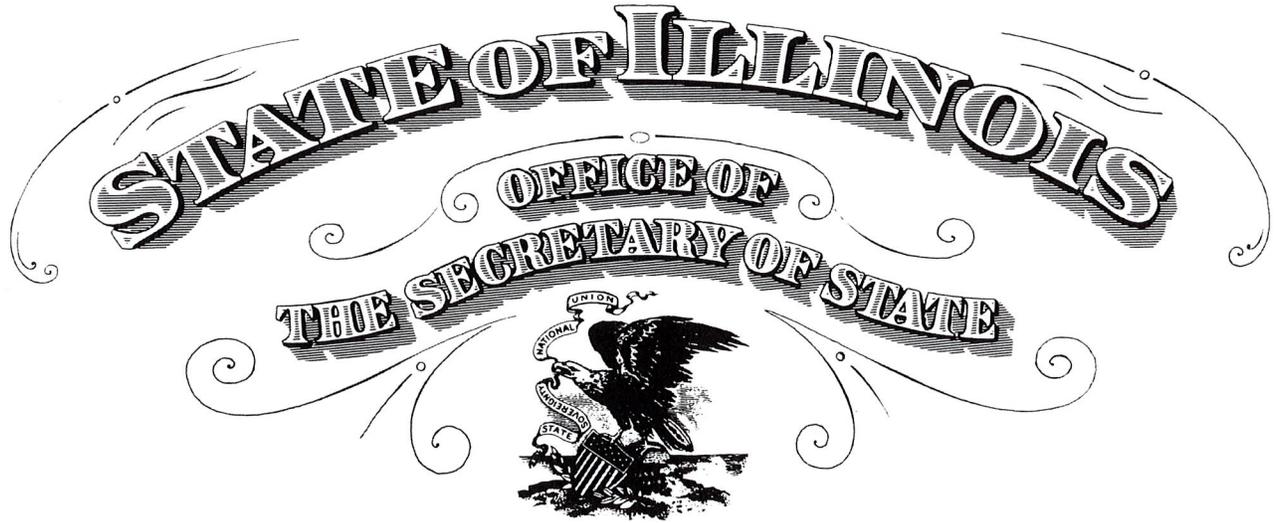
The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **6/1/2020 at 8:30:10 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded 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.

88-1721.07W

File Number

6044-945-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FIVCO, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 28TH
day of MAY A.D. 2020 .***

Jesse White

SECRETARY OF STATE