



*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 All American Male Inc, DBA The Prom Shoppe / Bella-Gia. The Prom Shoppe / Bella-Gia has been a part of the Oswego community since 1977 and normally employs fourteen employees. The Prom Shoppe / Bella-Gia 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". The signature is written in a cursive, flowing style.

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

14. Competition Identification Title

Applicant Completed Section

Applicant Information

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

16. Common Name (DBA)

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

18. Organizational DUNS Number

19. SAM Cage Code

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

Applicant's Organizational Unit

21. Department Name

22. Division Name

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

23. First Name

24. Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number

29. Fax Number

30. E-mail Address

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

31. First Name

32. Last Name

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

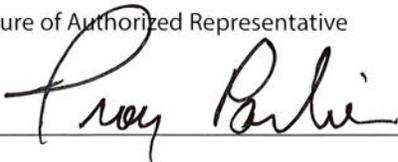
48. Title

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

7/27/16 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: All American Male Inc DBA The Prom Shoppe / Bella-Gia

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

Yes, registered in _____ County No

Supported Business Address 1: 27 Main St

Supported Business Address 2: _____

Supported Business City: Oswego

Supported Business State: Illinois

Supported Business Zip: 99999-9999: 60543

Supported Business Phone Number 630-554-8661

Supported Business E-Mail Address: Greg@promshoppe.net

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/> [REDACTED]

Supported Business Authorized Signatory Contact:

Signatory must sign Participation Agreement and Business Certification Form

Last Name: Kaleel
First Name: Greg
Title: President / Owner
Daytime Phone: 630-272-4446
Home Phone: _____
E-Mail: Greg@promshoppe.net

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: PPP Amount Received: \$ 86,100

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:		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				\$	204,875.00
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories		OMB Uniform Guidance Federal Awards Reference		TOTAL EXPENDITURES	
15. <u>Working Capital</u>				\$	204,875.00
18. Total Costs State Grant Funds				\$	204,875.00

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:	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

Mark A. Horton

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

Troy Parlier

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

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)	15				\$ 64,609.00
Fringe Benefits	1	monthly	\$ 984.00	2	\$ 1,968.00
Occupancy (Rent/Mortgage Payments)	1	monthly	\$ 10,000.00	2	\$ 20,000.00
Utilities (Electrical, Gas, Water, Sewer)	1	monthly	\$ 1,077.50	2	\$ 2,155.00
Telecommunications & Internet	1	monthly	\$ 1,842.00	2	\$ 3,684.00
Inventory/Goods Necessary to do Business	1			1	\$ 101,060.00
Supplies (office-related)	1	monthly	\$ 1,648.50	2	\$ 3,297.00
Contractual Services (pest control, cleaning, etc.)					\$ -
other (specify): advertising	1	monthly	\$ 1,262.50	2	\$ 2,525.00
Other (specify): insurance	1	monthly	\$ 2,788.50	2	\$ 5,577.00
					\$ -
				<i>State Total</i>	\$ 204,875.00

Total State-Funded Working Capital \$ 204,875.00

Working Capital Narrative (State):

These numbers are from last year 60 period june and july. The high inventory number is for dresses that are brought in june and july for sales in july - sept. This is normal as homecoming is a seasonal business. Supplies are garment bags, special marketing items for give aways, and other items attributed to homecoming dress sales.

Section C - Budget Worksheet & Narrative

0

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>	\$ 204,875.00	\$ 204,875.00
<i>State Request</i>	\$ 204,875.00	
<i>Non-State Amount</i>		
TOTAL PROJECT COSTS	\$	204,875.00

Agency Approval	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name:	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>
\$ 204,875.00				

<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

(c) 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.

All American Male Inc DBA The Prom Shoppe / Bella-Gia is a womens clothing and accessory store specializing in Prom, Homecoming, and special occasion dresses and accessories. We have been in downtown Oswego Il since 1977.

Since the shutdown due to Covid-19, all school and special events (such as dances and weddings) have been canceled. This eliminated the most significant share of our business and we have missed the spring season. This has shut us down completely as we were also closed due to our classification as a non-essential business.

We have been paying all employees during this entire shutdown. We did receive funding from the PPP program however, we see a major need to bridge funding our business until things get back to normal. Before the shutdown, business was on a wonderful growth path and we are determined to get back to that in the future.

These funds from the Downstate Small Business Stabilization Program will be used to keep the employees on our payroll.

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	19,285	yes		65,404
December 31, 2018	<12,455>	yes		50,402
December 31,2019	23,644	yes		64,322
Current:				32,226

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		175,205
Personnel (Salary & Wages)	43,815	
Fringe Benefits		
Equipment		
Inventory	109,474	
Supplies	15,834	
Occupancy (Rent & Utilities)	941	
Telecommunications	774	
Other (Specify) insurance	3958	
Other (Specify)		
Other (Specify)		
Total of All Expenditures		174,796
Monthly Net Income (Total Income – Total of All Expenditures)		409



180 N. LaSalle, Ste. 400
Chicago, IL 60601

AMERICAN MALE AND CO
27 MAIN ST
OSWEGO IL 60543-8591

Last statement: April 30, 2020
This statement: May 31, 2020
Total days in statement period: 31

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(28)

Direct inquiries to:
773 244-7000

Byline Bank
180 N LaSalle Suite 400
Chicago, IL 60601

Builders Checking Account

Account number	[REDACTED]
Enclosures	28
Low balance	\$928.47
Average balance	\$13,456.94
Avg collected balance	\$9,709

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
04-30	Beginning balance			\$5,533.17
05-01	Deposit	10,000.00		15,533.17
05-01	Deposit	394.38		15,927.55
05-04	Funds Transfer [REDACTED] DATE: 05-02-20 TIME: 05:41:48		-10,000.00	5,927.55
05-05	Deposit	140.00		6,067.55
05-05	Check 52		-500.00	5,567.55
05-05	Check 53		-390.00	5,177.55
05-08	Deposit	15,000.00		20,177.55
05-08	Deposit	195.63		20,373.18
05-08	Deposit	54.25		20,427.43
05-08	Deposit	37.98		20,465.41
05-11	ACH Withdrawal [REDACTED] AY		-2,044.72	18,420.69
05-11	Check 54		-600.00	17,820.69
05-12	ACH Withdrawal [REDACTED] 200512 *****69948		-492.12	17,328.57
05-12	Check 55		-795.00	16,533.57
05-13	Deposit	118.06		16,651.63



Byline Bank®

180 N. LaSalle, Ste. 400
Chicago, IL 60601

AMERICAN MALE AND CO
May 31, 2020

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Date	Description	Additions	Subtractions	Balance
05-13	Deposit	66.20		16,717.83
05-13	Deposit	21.70		16,739.53
05-13	Check 4702		-1,399.71	15,339.82
05-13	Check 4701		-864.90	14,474.92
05-14	' ACH Withdrawal		-519.36	13,955.56
	[REDACTED]			
05-14	Check 4691		-2,629.11	11,326.45
05-14	Check 4700		-606.00	10,720.45
05-14	Check 4698		-233.46	10,486.99
05-18	Deposit	108.28		10,595.27
05-18	Deposit	65.10		10,660.37
05-18	Deposit	40.36		10,700.73
05-18	' ACH Withdrawal		-6,630.69	4,070.04
	[REDACTED]			
05-18	' ACH Withdrawal		-419.34	3,650.70
	[REDACTED]			
05-20	' ACH withdrawal		-2,524.00	1,126.70
	[REDACTED]			
05-21	Check 4699		-198.23	928.47
05-22	Deposit	1,352.08		2,280.55
05-22	Deposit	260.19		2,540.74
05-22	Deposit	35.81		2,576.55
05-27	Deposit	40,000.00		42,576.55
05-27	Deposit	125.39		42,701.94
05-28	' Funds Transfer		-10,000.00	32,701.94
	[REDACTED]			
05-31	Ending totals	68,015.41	-40,846.64	\$32,701.94

CHECKS

Number	Date	Amount	Number	Date	Amount
52	05-05	500.00	4699	05-21	198.23
53	05-05	390.00	4700	05-14	606.00
54	05-11	600.00	4701	05-13	864.90
55	05-12	795.00	4702	05-13	1,399.71
4691 *	05-14	2,629.11	* Skip in check sequence		
4698 *	05-14	233.46			



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Chicago, IL 60601

AMERICAN MALE AND CO
May 31, 2020

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OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Byline Bank



Byline Bank

180 N. LaSalle, Ste. 400
Chicago, IL 60601

Account Number [REDACTED]

Date

May 31, 2020

Page

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DEPOSIT TICKET

Byline Bank

DATE: 5-1-2020

CURRENCY: \$

COIN: 31

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 31

TOTAL AMOUNT: \$394.38

05/01/2020 Deposit \$394.38

DEPOSIT TICKET

Byline Bank

DATE: 5-8-2020

CURRENCY: \$

COIN: 1769

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 1769

TOTAL AMOUNT: \$15,000.00

05/08/2020 Deposit \$15,000.00

DEPOSIT TICKET

Byline Bank

DATE: 5-1-2020

CURRENCY: \$

COIN: 10,000.00

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 10,000.00

TOTAL AMOUNT: \$10,000.00

05/01/2020 Deposit \$10,000.00

DEPOSIT TICKET

Byline Bank

DATE: 5-13-2020

CURRENCY: \$

COIN: 21.70

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 21.70

TOTAL AMOUNT: \$21.70

05/13/2020 Deposit \$21.70

DEPOSIT TICKET

Byline Bank

DATE: 5-5-2020

CURRENCY: \$

COIN: 140.00

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 140.00

TOTAL AMOUNT: \$140.00

05/05/2020 Deposit \$140.00

DEPOSIT TICKET

Byline Bank

DATE: 5-13-20

CURRENCY: \$

COIN: 66.20

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 66.20

TOTAL AMOUNT: \$66.20

05/13/2020 Deposit \$66.20

DEPOSIT TICKET

Byline Bank

DATE: 5-8-2020

CURRENCY: \$

COIN: 37.98

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 37.98

TOTAL AMOUNT: \$37.98

05/08/2020 Deposit \$37.98

DEPOSIT TICKET

Byline Bank

DATE: 5-13-2020

CURRENCY: \$

COIN: 118.06

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 118.06

TOTAL AMOUNT: \$118.06

05/13/2020 Deposit \$118.06

DEPOSIT TICKET

Byline Bank

DATE: 5-8-2020

CURRENCY: \$

COIN: 54.25

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 54.25

TOTAL AMOUNT: \$54.25

05/08/2020 Deposit \$54.25

DEPOSIT TICKET

Byline Bank

DATE: 5-18-2020

CURRENCY: \$

COIN: 40.36

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 40.36

TOTAL AMOUNT: \$40.36

05/18/2020 Deposit \$40.36

DEPOSIT TICKET

Byline Bank

DATE: 5-8-2020

CURRENCY: \$

COIN: 195.63

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 195.63

TOTAL AMOUNT: \$195.63

05/08/2020 Deposit \$195.63

DEPOSIT TICKET

Byline Bank

DATE: 5-18-2020

CURRENCY: \$

COIN: 65.10

AMERICAN MALE AND CO.
DBA THE PROM SHOPPE/BELLA-GIA
27 MANHATTAN STREET
OSWEGO, IL 60543

TOTAL ITEMS: 65.10

TOTAL AMOUNT: \$65.10

05/18/2020 Deposit \$65.10

DEPOSIT TICKET
 BYline Bank
 DATE: 5-18-2020
 CURRENCY: 108
 TOTAL: 108.28
 AMERICAN MALE AND CO.
 DBA THE PROM SHOPPE/BELLA-GIA
 27 MAIN STREET
 DEVERO IL 60543

05/18/2020 Deposit \$108.28

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK - DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK
 Please Post to Account: 0040
 PAY Five Hundred and 00/100 Dollars \$500.00
 TO THE ORDER OF OLD SECOND NATIONAL BANK
 31 S RIVER ST
 AURORA IL 60506-4172
 DATE: 05/05/2020

05/05/2020 52 \$500.00

DEPOSIT TICKET
 BYline Bank
 DATE: 5-22-2020
 CURRENCY: 35
 TOTAL: 35.81
 AMERICAN MALE AND CO.
 DBA THE PROM SHOPPE/BELLA-GIA
 27 MAIN STREET
 DEVERO IL 60543

05/22/2020 Deposit \$35.81

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK - DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK
 Please Post to Account: N/A
 PAY Three Hundred Ninety and 00/100 Dollars \$390.00
 TO THE ORDER OF ROSS MECHANICAL
 118 S HARRISON ST
 OSWEGO IL 60543-7140
 DATE: 05/05/2020

05/05/2020 53 \$390.00

DEPOSIT TICKET
 BYline Bank
 DATE: 5-22-2020
 CURRENCY: 260
 TOTAL: 260.19
 AMERICAN MALE AND CO.
 DBA THE PROM SHOPPE/BELLA-GIA
 27 MAIN STREET
 DEVERO IL 60543

05/22/2020 Deposit \$260.19

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK - DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK
 Please Post to Account: 3400
 PAY Six Hundred and 00/100 Dollars \$600.00
 TO THE ORDER OF WENBERG'S & ASSOC
 1040 S ARLINGTON HEIGHTS RD
 ARLINGTON HEIGHTS IL 60005-3109
 DATE: 05/11/2020

05/11/2020 54 \$600.00

DEPOSIT TICKET
 BYline Bank
 DATE: 5-22-2020
 CURRENCY: 1352
 TOTAL: 1352.08
 AMERICAN MALE AND CO.
 DBA THE PROM SHOPPE/BELLA-GIA
 27 MAIN STREET
 DEVERO IL 60543

05/22/2020 Deposit \$1,352.08

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK - DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK
 Please Post to Account: N/A
 PAY Seven Hundred Ninety Five and 00/100 Dollars \$795.00
 TO THE ORDER OF ALORRA COUNTRY CLUB
 P.O. BOX 218
 AURORA IL 90507 0276
 DATE: May 5, 2020

05/12/2020 55 \$795.00

DEPOSIT TICKET
 BYline Bank
 DATE: 5-27-2020
 CURRENCY: 125
 TOTAL: 125.39
 AMERICAN MALE AND CO.
 DBA THE PROM SHOPPE/BELLA-GIA
 27 MAIN STREET
 DEVERO IL 60543

05/27/2020 Deposit \$125.39

AMERICAN MALE & COMPANY
 DBA THE PROM SHOPPE/BELLA-GIA
 27 Main Street
 Chicago IL 60543
 502554-8581
 PAY TO THE ORDER OF: NOVANI
 TWO THOUSAND SIX HUNDRED TWENTY NINE AND 11/100
 \$2,629.11
 NOVANI
 1370 Rowchey
 403 Shop
 New York NY 10018
 DATE: 05/14/2020

05/14/2020 4691 \$2,629.11

DEPOSIT TICKET
 BYline Bank
 DATE: 5-27-2020
 CURRENCY: 40000
 TOTAL: 40000.00
 AMERICAN MALE AND CO.
 DBA THE PROM SHOPPE/BELLA-GIA
 27 MAIN STREET
 DEVERO IL 60543

05/27/2020 Deposit \$40,000.00

AMERICAN MALE & COMPANY
 DBA THE PROM SHOPPE/BELLA-GIA
 27 Main Street
 Chicago IL 60543
 502554-8581
 PAY TO THE ORDER OF: HODO
 TWO HUNDRED THIRTY THREE AND 00/100
 \$233.46
 HODO
 9025 JUNCTION DR
 ANAPOLIS MD 20701
 DATE: 05/14/2020

05/14/2020 4698 \$233.46



180 N. LaSalle, Ste. 400
Chicago, IL 60601

Account Number



Date

May 31, 2020

Page

6 of 6

AMERICAN MALE & COMPANY
DBA THE PROM SHOPPING BELLA-GA
27 Main Street
Chicago, IL 60643
630-554-8669

BYLINE BANK
70-220779

4699

PAY TO THE ORDER OF
AVA PRESLEY \$198.23

ONE HUNDRED NINETY EIGHT AND 23/100

AVA PRESLEY
PO BOX 24663
SAINT PAUL MN 55124

MEMO: [Redacted]

05/21/2020 4699 \$198.23

AMERICAN MALE & COMPANY
DBA THE PROM SHOPPING BELLA-GA
27 Main Street
Chicago, IL 60643
630-554-8669

BYLINE BANK
70-220779

4700

PAY TO THE ORDER OF
KARISA A & ME \$606.00

SIX HUNDRED SIX AND 00/100

KARISA & ME
FOX FUSION
501 WENSTER AVE
NORTH MANKATO MN 56007

MEMO: [Redacted]

05/14/2020 4700 \$606.00

AMERICAN MALE & COMPANY
DBA THE PROM SHOPPING BELLA-GA
27 Main Street
Chicago, IL 60643
630-554-8669

BYLINE BANK
70-220779

4701

PAY TO THE ORDER OF
C3 Group Commercial Services \$864.90

EIGHT HUNDRED SIXTY FOUR AND 90/100

C3 Group Commercial Services
PO Box 1026
Charlotte NC 28201-1836

MEMO: [Redacted]

05/13/2020 4701 \$864.90

AMERICAN MALE & COMPANY
DBA THE PROM SHOPPING BELLA-GA
27 Main Street
Chicago, IL 60643
630-554-8669

BYLINE BANK
70-220779

4702

PAY TO THE ORDER OF
ALYCE \$1,399.71

ONE THOUSAND THREE HUNDRED NINETY NINE AND 71/100

ALYCE
7901 NORTH CALDWELL
MORTON GROVE IL 60053

MEMO: [Redacted]

05/13/2020 4702 \$1,399.71



START BANKING

www.oldsecond.com

Statement of Account

ACCOUNT:	[REDACTED]
DATES:	5/01/20 THRU 5/31/20
PAGE:	1 of 3

[REDACTED] S2
 All American Male, Inc.
 27 Main St
 Oswego IL 60543-8591



AT YOUR SERVICE 24/7

Take advantage of Old Second's online resources like:

- Financial Calculators
- FAQs
- Security Resources
- More!

oldsecond.com/resources




Business Free Checking

Account Title: All American Male, Inc.

Effective 7/1/2020 our Funds Availability policy will be changed as follows:
 The amount we make available for withdrawal by checks not subject to next day availability will increase from \$200 to \$225. Also, the amount available for withdrawal for large deposits, new accounts and the amount for determining a repeat overdraft, increases from \$5000 to \$5,525.

8001



Previous Balance	92,537.55	Average Ledger	77,667.35
39 Credit(s)	36,493.56	Average Collected	77,667.35
12 Debit(s)	97,309.81		
Service Charge	.00		
Interest Paid	.00		
Ending Balance	31,721.30		

Activity In Date Order

DATE	DESCRIPTION	AMOUNT
5/01	[REDACTED]	760.42
5/01	[REDACTED]	170.55
5/04	[REDACTED]	2,123.10
5/04	[REDACTED]	1,428.20
5/04	[REDACTED]	557.24
5/04	[REDACTED]	318.99
5/05	[REDACTED]	1,561.22





Activity In Date Order (continued)

DATE	DESCRIPTION	AMOUNT
5/05	[REDACTED]	619.47-
5/06	[REDACTED]	988.70
5/06	[REDACTED]	157.17
5/07	[REDACTED]	1,721.36
5/07	[REDACTED]	37.58
5/08	[REDACTED]	2,027.29
5/08	[REDACTED]	248.17
5/11	[REDACTED]	3,255.89
5/11	[REDACTED]	1,144.69
5/11	[REDACTED]	253.79
5/11	[REDACTED]	173.59
5/12	[REDACTED]	594.08
5/13	[REDACTED]	666.09
5/13	[REDACTED]	291.85
5/14	[REDACTED]	2,116.83
5/14	[REDACTED]	497.79
5/14	[REDACTED]	14,742.23-
5/15	[REDACTED]	1,485.09
5/15	[REDACTED]	260.61
5/15	[REDACTED]	26.54-
5/18	[REDACTED]	1,421.52
5/18	[REDACTED]	1,250.49
5/18	[REDACTED]	125.86-
5/19	[REDACTED]	1,009.22
5/20	[REDACTED]	403.57
5/20	[REDACTED]	303.06
5/21	[REDACTED]	985.40
5/21	[REDACTED]	62.09
5/22	[REDACTED]	625.14
5/22	[REDACTED]	262.98-
5/22	[REDACTED]	90.22-
5/26	[REDACTED]	2,262.79
5/26	[REDACTED]	1,060.94
5/26	[REDACTED]	373.31
5/27	[REDACTED]	1,862.76
5/28	[REDACTED]	618.18
5/28	[REDACTED]	438.24
5/28	[REDACTED]	15,820.99-
5/29	[REDACTED]	976.56
5/29	[REDACTED]	500.00-
5/29	[REDACTED]	121.52-

Summary By Check Number

DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT
5/04	1768	10,000.00	5/11	1769	15,000.00	5/28	1770	40,000.00

* Denotes missing check numbers

Daily Balance Information

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
5/01	93,468.52	5/12	84,440.11	5/21	80,299.09
5/04	87,896.05	5/13	85,398.05	5/22	80,571.03
5/05	88,837.80	5/14	73,270.44	5/26	84,268.07
5/06	89,983.67	5/15	74,989.60	5/27	86,130.83
5/07	91,742.61	5/18	77,535.75	5/28	31,366.26
5/08	94,018.07	5/19	78,544.97	5/29	31,721.30
5/11	83,846.03	5/20	79,251.60		

AMERICAN MALE CO., INC.
27 S. MAIN STREET
OSWEGO, N.Y. 13653

DATE: 5-4-2020

1768

PAY TO THE ORDER OF: *The Prom Shoppe* \$ 10,000.00
Ten thousand 00/100

Old Second
Old Second National Bank
100 N. 2nd St.
Oswego, NY 13653

[Signature]

1768

5/4/2020 #1768 \$10,000.00

AMERICAN MALE CO., INC.
27 S. MAIN STREET
OSWEGO, N.Y. 13653

DATE: 5-8-2020

1769

PAY TO THE ORDER OF: *The Prom Shoppe* \$ 15,000.00
Fifteen thousand dollars and 00/100

Old Second
Old Second National Bank
100 N. 2nd St.
Oswego, NY 13653

[Signature]

1769

5/11/2020 #1769 \$15,000.00

AMERICAN MALE CO., INC.
27 S. MAIN STREET
OSWEGO, N.Y. 13653

DATE: 5-27-2020

1770

PAY TO THE ORDER OF: *The Prom Shoppe* \$ 40,000.00
forty thousand dollars and 00/100

Old Second
Old Second National Bank
100 N. 2nd St.
Oswego, NY 13653

[Signature]

1770

5/28/2020 #1770 \$40,000.00

The Prom Shoppe / Bella-Gia

Additional Application Information

Please refer to the December 2018 profit / loss number in the application for the Downstate Small Business Stabilization Program. The <12,455> loss for that year was due to a major repair and maintenance project on the 20,000 square foot building we lease. The project was updating the sales floor which included painting, new display systems, and new carpeting. This is done periodically to keep our business fresh and current.

Evidence of Financial Need

Below are examples of invoices for the inventory that we purchased for the prom season. For us, it's like a Christmas store being shut down November and December. We are a prom store shut down 2 months before proms that ended up being cancelled due to COVID-19.

We have over \$100,000 in dress inventory now that would be considered outdated. All dresses are 70% off with very little sales. The problem is what we work in a fashion industry where customers do not want to see last year's dresses. So, now we will have to write off inventory and buy new.

350
 SW 10TH STREET, SUITE 6A1
 DEERFIELD BEACH, FL 33442

TS. RECREDIT (855) 375-MORI (6674)
 CUSTOMER SERVICE (877) 946-6674
 OFFICE - 240 WEST 35TH STREET, 17TH FLR.
 NEW YORK, NY 10001

DUNS #00-121-6464

SEND ALL CHECKS TO:
 P.O. BOX 4126
 DEERFIELD BEACH, FL 33442

AUTHORIZED RETURNS ACCEPTED
 ONLY AT:
 5555 TRADE DRIVE
 NORTH LAS VEGAS, NV 89130

.....
 * UPS SHIPPER NO *
 * NV 168-6XF *
 * PKG ID# 1748958 * *SPR*
 PAGE: 1

AMERICAN MALE & CO
 MAIN ST.
 OSWEGO IL 60543-

S
H
I
P
T
O
 AMERICAN MALE & CO
 27 MAIN ST.
 OSWEGO IL 60543-

INVOICE

INVOICE NO.	DATE
1748958	10/14/19

NO DISCOUNT AFTER
 45 DAYS

NO DISCOUNT
 ALLOWED FOR
 FABRIC, FREIGHT AND
 INSURANCE

LINE NO.	TERMS	SLSMN	SHIPPED VIA	ZONE	DEPT. NO.	CUSTOMER ORDER NUMBER
	F.O.B. NORTH LAS VEGAS, NEVADA					
	BT OR 6% (C/C) EOM	47	UPS FREIGHT COLLECT	001		P20

STYLE NUMBER	COLOR	DESCRIPTION	MSRP	SIZE												QUANTITY	PRICE	AMOUNT	
				22	24	26	28	0	00	12	14	16	18	20	22				UK
43061	NAVY	PROM				1											1	195.00	195.00
45004	TURQUOISE	PROM								1							1	219.00	219.00
45005	ROYAL	PROM		1													1	239.00	239.00
45005	BLACK	PROM				1											1	239.00	239.00
45005	BLACK	PROM												1			1	239.00	239.00
45005	DUSTY ROS	PROM			1								1				2	239.00	478.00
45016	CHAMPAGNE	PROM		1			1										2	199.00	398.00
45019	SILVER/BR	PROM						1									1	139.00	139.00
45022	CHAMGOLD	PROM			1		1										2	239.00	478.00
5022	BLACK	PROM					1										1	239.00	239.00
5022	BLACK	PROM												1			1	239.00	239.00
5032	ROSE GOLD	PROM		1													1	159.00	159.00
5032	ROYAL	PROM											1				1	159.00	159.00
5032	ROYAL	PROM															1	159.00	159.00
5034	ROYAL	PROM				1											1	169.00	169.00

THIS IS YOUR INVOICE

PAY
THIS
AMOUNT

CONTINUE

Customer: **The From Shoppe & Bellagio**, Suite 575, Austin, TX 78753

53906, dark coral, 0	Complete Date:	185.00	1	
53906, dark coral, 14	Complete Date:	185.00	1	0.00
53906, dark periwinkle, 00	Complete Date:	185.00	1	0.00
53906, dark periwinkle, 4	Complete Date:	185.00	1	0.00

Please check merchandise immediately. All claims must be made within 5 days of receipt. No returns accepted without an RA number.

Notes:

Payment Details:

Date	Payment Type	Payment Ref.	Amount
2020-01-29 10:08:00	Credit Card		\$4,459.00

Signature: _____

Subtotal	4459
Total Item Qty.	23
Discount	-0.00
Drop Ship Fee	0.00
Other Charge	0.00
Shipping	0.00
Total \$USD	4459.00
Payment	4,459.00
Balance	0.00

SHERRI HILL

Sherrill Hill, Inc
 1100 East Howard Lane
 Suite 575
 Austin, TX 78753
 Phone: 512.610.1200
 Fax: 512.610.1250

Invoice # [REDACTED]
 Invoiced 2020-01-28 11:59:08
 Modified 2020-01-28 12:00:32

Customer: **The From Shoppe & Bellagio (Ac. No. 1242)**, 27 Main St., Oswego, Illinois 60543, U.S.A.

Shipping Address: 27 Main St., Oswego, Illinois 60543, U.S.A.

Contact: Greg [REDACTED]

Store terms: Credit Card

Product Code	Description	Sell	Qty	PO	Disc.	Total
17, yellow, 0	Complete Date: 0000-00-00	399.00	1		0.00	399
7, yellow, 4	Complete Date: 0000-00-00	399.00	1		0.00	399
1, blush, 2	Complete Date:	175.00	1	bradley	0.00	175

Please check merchandise immediately. All claims must be made within 5 days of receipt. No returns accepted without an RA number.

Item not working, charged shipping

Payment Details:

Date	Payment Type	Payment Ref.	Amount
01-28 11:00	Credit Card		\$1,005.66

Subtotal	973
Total Item Qty.	3
Discount	-0.00
Drop Ship Fee	0.00
Other Charge	0.00
Shipping	32.66
Total \$USD	1005.66
Payment	1,005.66
Balance	0.00

INVOICE 3/10/20

MON CHERI BRIDALS, 1018 WHITEHEAD RD. EXTENSION
TRENTON, NJ 08638 TEL. (609) 530-1900

THE PROM SHOPPE
27 MAIN STREET
OSWEGO IL 60543

01 00 [REDACTED] PAGE 1
01 00 [REDACTED]

8/12/19 EWSP20 ORDER DATE CUSTOMER ORDER NO. DEPT. CONTRACT 520 U02 NET 30 DAYS D NO SOLD BY 1
GROUND-3RD PTY 06 Y EW AP VENDOR NUMBER CONFIRMATION FACTOR F-M-A INVOICE REMARKS 12ESF9540350727552
UFS ACCOUNT 3703W7

STYLE	BEVEL COLOR	DM	DESCRIPTION CUT/SHADE	SC	1	2	3	4	5	6	7	8	9	10	11	12	QUANTITY	PRICE U/M	TOTAL
EW120008	510		ELLIE WILDEY		1												1	225.000	225.00
EW120074	037		ELLIE WILDEY		1												1	229.000	229.00
EW120074	037		ELLIE WILDEY					1									1	229.000	229.00
EW120077	001		ELLIE WILDEY						1								1	169.000	169.00
EW120135	135		ELLIE WILDEY		1												1	259.000	259.00

PS# 2060039
BALANCE TO FOLLOW

30 MEAS. 1 CARDS
1535542 ORDER NUMBER 1991969 BRIDE NUMBER

2/06/20 AS OF DATE 3/07/20 NET DUE ON A/R DATE

SHIPPED 5

SUB-TOTAL 1131.00
FREIGHT 3.40
TOTAL 1134.40

PAY THIS NET AMOUNT WHEN DUE

Jovani 170 BROADWAY 4TH FL NEW YORK, NY 10018 JACQUELINE DRESSES 27 MAIN STREET OSWEGO IL 60543

INVOICE

MON CHERI BRIDALS, 1018 WHITEHEAD RD. EXTENSION
TRENTON, NJ 08638 TEL. (609) 530-1900

THE PROM SHOPPE
27 MAIN STREET
OSWEGO IL 60543

01 92662 1 PAGE 1
01 10/23/19 [REDACTED]

8/12/19 EWSP20 ORDER DATE CUSTOMER ORDER NO. DEPT. CONTRACT 520 U02 NET 30 DAYS D NO SOLD BY 1
GROUND-3RD PTY 06 Y EW AP VENDOR NUMBER CONFIRMATION FACTOR F-M-A INVOICE REMARKS 190 A & J SALE ACCOUNT SALESREP
UFS ACCOUNT 3703W7

STYLE	BEVEL COLOR	DM	DESCRIPTION CUT/SHADE	SC	1	2	3	4	5	6	7	8	9	10	11	12	QUANTITY	PRICE U/M	TOTAL
EW110012	014		ELLIE WILDEY		1												1	249.000	249.00
EW110012	014		ROYAL BLDE					1									1	249.000	249.00
EW110012	131		ELLIE WILDEY					1			1						2	249.000	498.00
EW120098	035		ELLIE WILDEY		1				1								2	189.000	378.00
EW120109	698		ELLIE WILDEY					1		1							2	179.000	358.00

PS# 2061847
BALANCE TO FOLLOW

22 MEAS. 1 CARDS
1535542 ORDER NUMBER 1993612 BRIDE NUMBER

2/20/20 AS OF DATE 3/21/20 NET DUE ON A/R DATE

SHIPPED 8

SUB-TOTAL 1732.00
FREIGHT 3.40
TOTAL 1735.40

PAY THIS NET AMOUNT WHEN DUE

Jovani 170 BROADWAY 4TH FL NEW YORK, NY 10018 JACQUELINE DRESSES 27 MAIN STREET OSWEGO IL 60543

INVOICE

MOS CHERI BRIDALS. 1018 WHITEHEAD RD. EXTENSION
TRENTON, NJ 08638 TEL. (609) 530-1900

THE PROM SHOPPE
27 MAIN STREET
OSWEGO IL 60543

THE PROM SHOPPE
27 MAIN STREET
OSWEGO IL 60543

01 92662 1 PAI
CO SOLD TO
01 2/12/20
INV INVOICE DATE

Invoice # 6508394
Invoice Date 08/03/2019

Jovani
170 BROADWAY 4TH FL
NEW YORK, NY 10011
TEL: (212) 677-8888

Ship To
THE PROM SHOPPE
27 MAIN STREET

2/12/20	EXTRAWE	ORDER DATE	CUSTOMER ORDER NO.	DEPT	CONTRACT	S20	U02	NET 30 DAYS	NO	SOLD BY	T	190 A & J SALE	ACCOUNT SALESREP							
UPS GROUND	06 Y EW	F1	VENDOR NUMBER	CONFIRMATION	FACTOR	RW-FREE SHIPPING PROMO							12ESF9540304722079							
UPS ACCOUNT	19039K	MOST	FREE	FREE	FREE	OVERDUE ACCOUNTS SUBJECT TO LATE PAYMENT CHARGES OF 1.5% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18%														
STYLE	NO. OF TOLOR	QTY	DESCRIPTION	CUT/SHADE	SC	1	2	3	4	5	6	7	8	9	10	11	12	QUANTITY	PRICE U/M	TOTAL
EW120007	214	1	ELLIE WILDEY															1	239.000	239.00
EW120016	V16	1	ELLIE WILDEY															1	239.000	239.00
EW120017	214	1	ELLIE WILDEY															1	229.000	229.00
EW120022	014	1	ELLIE WILDEY															1	249.000	249.00
EW120022	135	1	ELLIE WILDEY															1	249.000	249.00
EW120023	014	1	ELLIE WILDEY															1	199.000	199.00

** CONTINUED **

SHIPPED SUB-TOTAL **9.95**

FREIGHT **131.90**

TOTAL **2769.90**

NET DUE ON ABOVE DATE **3/13/20**

PAY THIS NET AMOUNT WHEN DUE

Invoice # 6508394
Invoice Date 08/03/2019

Jovani
170 BROADWAY 4TH FL
NEW YORK, NY 10011
TEL: (212) 677-8888

Ship To

MON CHERI BRIDALS. 1018 WHITEHEAD RD. EXTENSION
TRENTON, NJ 08638 TEL. (609) 530-1900

THE PROM SHOPPE
27 MAIN STREET
OSWEGO IL 60543

THE PROM SHOPPE
27 MAIN STREET
OSWEGO IL 60543

01 92662 1 PAI
CO SOLD TO
01 2/12/20
INV INVOICE DATE

2/12/20	EXTRAWE	ORDER DATE	CUSTOMER ORDER NO.	DEPT	CONTRACT	S20	U02	NET 30 DAYS	NO	SOLD BY	T	190 A & J SALE	ACCOUNT SALESREP							
UPS GROUND	06 Y EW	F1	VENDOR NUMBER	CONFIRMATION	FACTOR	RW-FREE SHIPPING PROMO							12ESF9540304722079							
UPS ACCOUNT	19039K	MOST	FREE	FREE	FREE	OVERDUE ACCOUNTS SUBJECT TO LATE PAYMENT CHARGES OF 1.5% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18%														
STYLE	NO. OF TOLOR	QTY	DESCRIPTION	CUT/SHADE	SC	1	2	3	4	5	6	7	8	9	10	11	12	QUANTITY	PRICE U/M	TOTAL
EW120023	035	1	ELLIE WILDEY															1	199.000	199.00
EW120032	135	1	ELLIE WILDEY															1	249.000	249.00
EW120032	243	1	ELLIE WILDEY															1	249.000	249.00
EW120109	552	2	ELLIE WILDEY															2	179.000	358.00
EW120109	608	1	ELLIE WILDEY															1	179.000	179.00

PS# 2086041
* BALANCE TO FOLLOW *

SHIPPED SUB-TOTAL **2638.00**

FREIGHT **131.90**

TOTAL **2769.90**

NET DUE ON ABOVE DATE **3/13/20**

PAY THIS NET AMOUNT WHEN DUE



FAVIANA
 320 West 37th 10th Floor New York NY 10018
 (212) 594-4422 (800) 232-8426
 Fax: 212-594-1414

INV

Jovani

370 BROADWAY 4TH FL
 NEW YORK, NY 10018
 (212) 594-1222 Fax: (212) 594-0113

Bible style
 J/D 9/16

Invoice # [REDACTED]

Invoice Date 09/04/2019

Bill To

Customer 83790
 Bill To 00

JACQUELINE DRESSES
 27 MAIN STREET

OSWEGO IL 60543

Ship To

93790
 THE PROM SHOPPE
 27 MAIN STREET

OSWEGO IL 60543
 USA
 Tel: (630)554-3265
 Fax: (630)554-8702

Ext	PO #	Dept	Due Date	Term	PMT Method	Sales Rep 1	Shipvia	SO #	Factor Ref #	Total	Price	Ext Price
	1800247		11/03/2019	NET60	CHECK	MD	UPS GROUND	963357				
		FUC								2	\$240.00	\$480.00
		LBL								2	\$275.00	\$550.00
		ROY								1	\$275.00	\$275.00
		RED								1	\$275.00	\$275.00
Total:										6		\$1,580.00
Sub Total :												\$1,580.00
Freight :												\$48.00
Misc :												
Payment :											\$0.00	
Credit Applied :											\$0.00	Total: \$1,628.00
Disc./Write-off :											\$0.00	Balance Due: \$1,628.00
Weight (LB) :												
Tracking # : 1220154Y0360385738												

Invoice # [REDACTED]

Invoice Date 11/12/2019

Customer 83790
 Bill To 00
 JACQUELINE DRESSES
 27 MAIN STREET
 OSWEGO IL 60543

Ship To

93790
 THE PROM SHOPPE
 27 MAIN STREET

OSWEGO IL 60543
 USA
 Tel: (630)554-3265
 Fax: (630)554-8702

Qty	Ext	PO #	Dept	Due Date	Term	PMT Method	Sales Rep 1	Shipvia	SO #	Factor Ref #	Total	Price	Ext Price
				01/11/2020	NET60	CHECK	MD	UPS GROUND	963357				
			FUC								1	\$249.00	\$249.00
			LBL								2	\$230.00	\$460.00
			ROY								2	\$249.00	\$498.00
			NAV								1	\$249.00	\$249.00
Total:										6		\$1,456.00	
Sub Total :												\$1,456.00	
Freight :												\$57.47	
Misc :													
Payment :											\$0.00		
Credit Applied :											\$0.00	Total: \$1,513.47	
Disc./Write-off :											\$0.00	Balance Due: \$1,513.47	
Weight (LB) :													
Tracking # : 1220154Y0359179580													

Customer PO: ALT600247

1/16/2020.
 Date: Jan 16, 2020 at 4:39:44 PM
 To: Greg Kaleel greg@promshoppe.net, The Prom Shoppe
 thepromshoppe@thepromshoppe.net



FAVIANA

320 West 37th 16th Floor New York NY 10018
 (212) 594-4422 (800) 232-8426
 Fax: 212-594-4436
 www.faviana.com

SOLD TO:
 THE PROM SHOPPE
 27 MAIN ST.
 AMERICAN MALE & CO
 Oswego, IL 60543

USA

INVOICE
 Page 1

INVOICE NUMBER: [REDACTED]
 INVOICE DATE: [REDACTED]
 CUSTOMER NO: [REDACTED]
 SALES ORDER NO: [REDACTED]
 PACKING LIST NO: [REDACTED]

SHIP TO:
 THE PROM SHOPPE
 27 MAIN ST.
 AMERICAN MALE & CO
 Oswego, IL 60543

USA

TRACKING NUMBERS: 123361446396084257.

(630) 554-3265

CUSTOMER P.O. SHIP VIA SALESPERSON TERMS
 ATL2019 UPS MIRIAM NEUSTADT NET 30 DAYS

STYLE NO	QUANTITY	COLOR	SIZE											PRICE	AMOUNT			
			XS	S	M	L	XL	8	10	12	14	16						
S10414	3	CHIF VNCK APPLQ TOP FULL SKT BUTTERFLY SEAGLASS															219.00	657.00
S10426	2	BOND GLITR JRSY STRPLS MERMAID COPPER															149.00	338.00
S10211	3	CHRMSE HTLR SCOP NCK LCEUP BCK BUTTERFLY															149.00	447.00
S10252	3	SATN ABALL EMPRESEAM LCEUP PCKT NAVY RUBY															179.00	537.00

No returns accepted or claims allowed after 7 days from date of receipt of shipment. Our receiving department will not accept any returns without a written authorization.
NO UNAUTHORIZED DEDUCTIONS ALLOWED

Total Quantity Shipped: 11
 Net Invoice: 1,979.00
 Freight: 0.00
 Invoice Total: 1,979.00

Note our address has changed. Please send all payments to:

Ava Presley Proms/Merrily Mothers
 P.O. Box 240363
 St. Paul, MN 55124-0363
 (612) 491-0188
 aa@avapresley.com

Merrily
 ava presley

INVOICE

BILL TO
 HS1350N30
 Prom Shoppes, The
 60543
 of America

SHIP TO
 HS1350N30
 Prom Shoppes, The
 27 S Main St
 Oswego, IL 60543
 United States of America

SHIP DATE 01/30/2020
 SHIP VIA UPS GROUND
 TRACKING# 126E56X703461612
 37

INVOICE 5844
 DATE 01/30/2020
 TERMS Net 60
 DUE DATE 03/10/2020

ACCOUNT #
 1350

CT	DESCRIPTION	QTY	RATE	AMOUNT
	MN04 - Ava Presley 35707 MINT 04	1	239.00	239.00
	NAV06 - Ava Presley 35721 NAVY 06	1	215.00	215.00
	BLA00 - Ava Presley 35721 BLACK 00	1	215.00	215.00
	BLA06 - Ava Presley 35721 BLACK 06	1	215.00	215.00
	IPNAV20 - Ava Presley 35721P NAVY 20	1	215.00	215.00
	PCOR02 - Ava Presley 35779 CORAL 02	1	255.00	255.00
	BSKY08 - Ava Presley 35779 SKY 08	1	149.00	149.00
	BPIC10 - Ava Presley 35818 PINK CORAL 10	1	149.00	149.00
	D4GOB06 - Ava Presley 35804 GOLDBROWN 06	1	185.00	185.00
	35706LIB04 - Ava Presley 35708 LIGHT BLUE 04	1	179.00	179.00
		1	259.00	259.00

SUBTOTAL 2,060
 TAX (0%) 0
 TOTAL 2,060
 BALANCE DUE **\$2,060.**

SHERRIHILL

Sherrill Hill, Inc
 1100 East Howard Lane
 Suite 575 Austin, TX 78753
 Phone: 512.610.1200
 Fax: 512.610.1250

Invoice 377872

Invoiced 2020-01-27
 11:15:11
 Modified 2020-01-27
 17:06:00

Customer: The Prom Shoppe & Bellagio (Ac. No. 1848)
 27 Main St., Oswego, Illinois 60543 U.S.A.
Shipping Address: 27 Main St., Oswego, Illinois 60543 U.S.A.
Contact: Greg
 thepromshoppe@thepromshoppe.net

Store terms: Credit Card

Product Code	Description	Sell	Qty	PO	Disc.	Total
53453, nude/light blue, 10	Complete Date: 0000-00-00	349.00	1		0.00	349
53453, nude/yellow, 4	Complete Date: 0000-00-00	349.00	1		0.00	349
53555, light blue/multi, 4	Complete Date: 0000-00-00	349.00	1	spring 2020	0.00	349
53795, burgundy, 6	Complete Date: 0000-00-00	375.00	1		0.00	375
53795, rose gold, 2	Complete Date: 0000-00-00	375.00	1		0.00	375

Subtotal	1797
Total Item Qty	5
Discount	-0.00
Drop Ship Fee	0.00
Other Charge	0.00
Shipping	49.87
Total \$USD	1846.87
Payment	1,846.87
Balance	0.00

Please check merchandise immediately. All claims must be made within 5 days of receipt. No returns accepted without an RA number.

acc: acct not working, charged shipping

Payment Details:

Date	Payment Type	Payment Ref.	Amount
1-01-27	Credit Card		\$1,797.00
1-01-27	Credit Card		\$49.87

SHERRI HILL

Sherrill Hill, Inc.
1100 East Howard Lane
Suite 575
Austin, TX 78753
Phone: 512.610.1200
Fax: 512.610.1250

Invoice 377350

Invoice # [REDACTED]
10:27:39
Modified 2020-01-22
18:04:18

Customer: The Prom Shoppe & Bellagio (Ac. No. 1148)
27 Main St.,
Oswego, Illinois 60543
U.S.A.

Shipping Address:
27 Main St.,
Oswego, Illinois 60543
U.S.A.

Contact:
Greg

Store terms: Credit Card

thepromshoppe@thepromshoppe.net

Product Code	Description	Sell	Qty	PO	Disc.	Total
S3116, light blue, 4	Complete Date: [REDACTED]	375.00	1	mendez 1/25	0.00	375
S3116, light blue, 4	Complete Date:	375.00	1		0.00	375
S3126, light blue, 6	Complete Date:	375.00	1		0.00	375
S3116, light blue, 6	Complete Date:	375.00	1		0.00	375
S116, yellow, 0	Complete Date:	375.00	1		0.00	375
S116, yellow, 2	Complete Date:	375.00	1		0.00	375
S116, yellow, 4	Complete Date:	375.00	1		0.00	375

Please check merchandise immediately. All claims must be made within 5 days of receipt. No returns accepted without an RA number.

Item not working, charged shipping

Payment Details:

Date	Payment Type	Payment Ref.	Amount
2-01-22	Credit Card		\$2,625.00
2-17-22	Credit Card		\$86.31

Subtotal	2625
Total Item Qty.	7
Discount	-0.00
Drop Ship Fee	0.00
Other Charge	0.00
Shipping	86.31
Total USD	2711.31
Payment	2,711.31
Balance	0.00

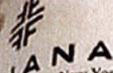
0 Complete Date:	185.00	1	2/4 restock	0.00	185
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Please check merchandise immediately. All claims must be made within 5 days of receipt. No returns accepted without an RA number.

Payment Details:

Date	Payment Type	Payment Ref.	Amount
05/23	Credit Card		\$4,624.00

Subtotal	4624
Total Item Qty.	20
Discount	-0.00
Drop Ship Fee	0.00
Other Charge	0.00
Shipping	0.00
Total USD	4624.00
Payment	4,624.00
Balance	0.00



FAVIANA
 10th Floor, New York NY 10018
 (212) 212-3426

INVOICE
 Page 1

INVOICE NUMBER:
 INVOICE DATE:
 CUSTOMER NO:
 SALES ORDER NO:
 PACKING LIST NO:

SHIP TO:
 THE PROM SHOPPE
 27 MAIN ST.
 AMERICAN MALE & CO
 Oswego, IL 60543

USA

USA

TRACKING NUMBERS: 1Z116140193491054

SHIP VIA
 UPS

SALESPERSON
 MIRIAM NEUSTADT

TERMS
 NET 30 DAYS

QUANTITY	SHIPPED	COLOR	SIZE											PRICE	AMOUNT				
			XS	S	M	L	XL	5	8	10	12	14	16						
4		STOCK VINCK ABALL APPLIQUE TOP H. GREEN NAVY																199.00	796.00
3		PO# VIN STRNCK STRPLS LACEUP BUTTERCREA HT PINK																149.00	447.00
2		PO# VINCK EMB BOD. FULL SKIRT CLOUD BLUE NAVY																189.00	378.00
3		PO# VINCK EMPRBN D APPLQ LCEUP CLOUD BLUE																199.00	597.00

14 days allowed after 7 days from date of receipt
 receiving department will not accept any returns
 without
HORIZONTAL DEDUCTIONS ALLOWED

Total Quantity Shipped 12

Net Invoice: 2,218.00
 Freight: 0.00
 Invoice Total: 2,218.00

Note our address has changed. Please send all payments to:
 Faviana
 320 West 37th Street, 10th Floor, New York, New York 10018

ANA
 100 Pine New York NY 10018
 (212) 212-8426

INVOICE
 Page 1

INVOICE NUMBER: [REDACTED]
 INVOICE DATE: [REDACTED]
 CUSTOMER NO.: [REDACTED]
 SALES ORDER NO.: [REDACTED]
 PACKING LIST NO.: [REDACTED]

THE PROM SHOPPE
 AMERICAN MALE & CO
 IL 60543

USA

SHIP TO:
 THE PROM SHOPPE
 27 MAIN ST.
 AMERICAN MALE & CO
 Oswego, IL 60543

USA

TRACKING NUMBERS: 1Z1361440393715900, 1Z1361440394172110,
 1Z1361440392367128.

QTY	EXTENSION	SHIP VIA	COLOR	SALESPERSON											PRICE	AMOUNT
				MIRIAM NEUSTADT												
		UPS		TERMS												
				NET 30 DAYS												
				XS	S	M	L	XL	8	10	12	14	16			
				00	0	2	4	6	8	10	12	14	16			
				12W	14W	16W	18W	20W	22W	24W						
				18E	20E	22E	24E									
4			CHERISE VNCK APPLQ TOP LACEUP BUTTERCREA DEEP GREEN			1	1								189.00	756.00
3			CHERISE SATIN VNCK LACEUP MERLOT NAVY					1	1						159.00	477.00
1			CHERISE VNCK APPLQ TOP FULL SKT NAVY				1								199.00	199.00
2			SATIN OFFSHLDR APPLQ TOP H. GREEN ROYAL							1					199.00	398.00
5			CHERISE DEP V SHEER APPLQ TOP LCUP BUTTERCREA CLOUD BLUE	1		1		1							199.00	995.00
1			CHARMEUSE VNCK PLEAT TOP LCEUP PEARL			1									149.00	149.00
2			CHERISE SWHRT STRPLS APPLQ LCEUP DEEP GREEN			1		1							189.00	378.00
2			CHERISE DEEP V STRPLS LCUP F.SK LIGHT IVY MILL PINK			1		1							159.00	318.00
6			CHERISE VNCK EMBRDY TOP LCEUP LT ICE BLU MILL PINK	1				1		1			1		199.00	1,194.00

CONTINUED

FAVIANA
 10th Floor New York NY 10018
 (212) 232-8426

INVOICE
 Page 2

INVOICE NUMBER: [REDACTED]
 INVOICE DATE: [REDACTED]
 CUSTOMER NO: [REDACTED]
 SALES ORDER NO: [REDACTED]
 PACKING LIST NO: [REDACTED]

THE PROM SHOPPE
 AMERICAN MALE & CO
 60543

SHIP TO:
 THE PROM SHOPPE
 27 MAIN ST.
 AMERICAN MALE & CO
 Oswego, IL 60543

USA

USA

TRACKING NUMBERS: IZ1361440393715900; IZ1361440394172110;
 IZ1361440392367128;

SHIPMENT NO.	SHIP VIA	COLOR	SALESPERSON											PRICE	AMOUNT
			MIRIAM NEUSTADT												
QUANTITY	TERMS		XS	S	M	L	XL	5	10	12	14	16			
			00	0	2	4	6	8	10	12	14	16			
1	UPS	A/S	12W	14W	16W	18W	20W	22W	24W					0.00	0.00

1
 SOLO BANNER

Return or claims allowed after 7 days from date of receipt
 or receiving department will not accept any returns
 or exchanges.
AUTHORIZED DEDUCTIONS ALLOWED

Total Quantity Shipped 27

Net Invoice: 4,864.00
 Freight: 0.00
 Invoice Total: 4,864.00

Note our address has changed. Please send all payments to:
 Faviana
 320 West 37th Street, 10th Floor, New York, New York 10018

Presley from Merrily Mothers

Box 240363
M, MN 55124-0363
877-6188
merrily.com

Merrily
ava presley

DICE

SHIP TO
3630
Poppa, The
44 St
A, E. 60543
United States of America

SHIP TO
HS1350N00
Prom Shoppe, The
27 S Main St
Oswego, IL 60543
United States of America

SHIP DATE 12/16/2019
SHIP VIA UPS GROUND

INVOICE DATE
TERMS
DUE DATE

ACCOUNT #
1350

CT	DESCRIPTION	QTY	RATE	AMOUNT
3UND4	- Ava Presley 35731 GUNMETAL 04	1	1.00	1.00T
BLA02	- Ava Presley 34531 Black 02	1	159.00	159.00T
UC06	- Ava Presley 34531 Fuchsia 06	1	159.00	159.00T
ELU02	- Ava Presley 34563 Blush 02	1	175.00	175.00T
IS00	- Ava Presley 34521 Pink Silver 00	1	165.00	165.00T
ER10	- Ava Presley 35789 BERRY 10	1	159.00	159.00T
BD4	- Ava Presley 35722 LIGHT BLUE 04	1	175.00	175.00T
BL12	- Ava Presley 35722 LIGHT BLUE 12	1	175.00	175.00T
ME06	- Ava Presley 34568 Emerald 06	1	169.00	169.00T
ROY04	- Ava Presley 35780 ROYAL 04	1	155.00	155.00T
HG04	- Ava Presley 34600 Hunter Green 04	1	179.00	179.00T
VI04	- Ava Presley 34527 Violet 14	1	145.00	145.00T
NUB02	- Ava Presley 35745 NUDEBLACK 02	1	189.00	189.00T
NUB06	- Ava Presley 35745 NUDEBLACK 06	1	189.00	189.00T
WINE10	- Ava Presley 35725 WINE 10	1	235.00	235.00T
BUR08	- Ava Presley 34542 Burgundy 08	1	249.00	249.00T
ROG04	- Ava Presley 34518 Rose Gold 04	1	239.00	239.00T
CP04	- Ava Presley 35736 BRIGHT CORAL PINK 04	1	145.00	145.00T
ROG10	- Ava Presley 34518 Rose Gold 10	1	239.00	239.00T

We accept Visa, Mastercard, Discover, and AmEx
Thank you for your business!

Page 1 of 3



SUBTOTAL	3,301.00
TAX (0%)	0.00
TOTAL	3,301.00
PAYMENT	60.00
BALANCE DUE	\$3,241.00

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
Stacy Shaw	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jessica Diebold		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McKayla Nila		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sarah Mantei		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gabrielle Plachetka		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greg Kaleel		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lindsay Martinez		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kayla Linden		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debbie Besco		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sherry Mahoney		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grace Gozder		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annie Fish		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laure Augenstein		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandy Mathre		<input checked="" 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"/>
TOTAL:		14					

LOCAL GOVERNMENT CERTIFICATIONS

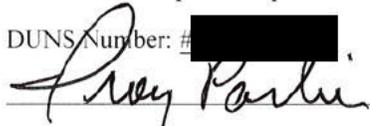
On this (date) of (month), (year), the (title and name of the Chief Elected Official) of (name of the local government) hereby certifies to the Department of Commerce and Economic Opportunity in regard to an application and award of funds through the Community Development Block Grant that:

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 53

14. DUNS Number: # [REDACTED]



6/9/20

Troy Parlier,

Date

Oswego Village President

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.

Greg Kaleel

Signature of Chief Executive Officer

Greg Kaleel

Typed Name of Chief Executive Officer

All American Male Inc

Name of Business

27 Main St Oswego Il 60543

Business Address

5-23-2020

Date

[REDACTED]

FEIN #

N/A

DUNS #

[REDACTED]

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:

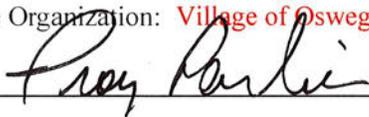
Grantee has a continuing duty to disclose to the Department of Commerce and Economic Opportunity (the "Department") all violations of criminal law involving fraud, bribery or gratuity violations potentially affecting this grant award.

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: _____



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.

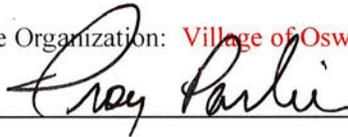
Supporting documentation should include, but is not limited to, the following: the organization's bylaws; a list of board members; board meeting minutes; procedures to safeguard against the appearance of personal gain by the organization's officers, directors, agents, and family members; procedures detailing 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: 27 Main Street, 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): All American Male Inc DBA The Prom Shoppe / Bella-Gia**

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	\$25,000

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		
Airport Runway Clear Zones and Accident Potential Zones	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	No sale or acquisition of property will occur

<p>24 CFR Part 51 Subpart D</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</p> <p><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</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 and because parcel is located in Zone X, Area of Minimal Flood Hazard, as identified on FIRM 17093C0065H, eff. 1/8/14</i></p>

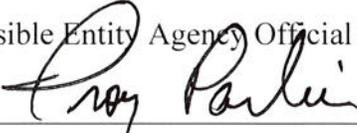
Mitigation Measures and Conditions [40 CFR 1505.2(c)]

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: 6/9/20

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

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°41'18.00"N



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



41°40'51.13"N

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 F |
| | | 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 X |
| | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | 17.5 Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | 55 Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| 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.

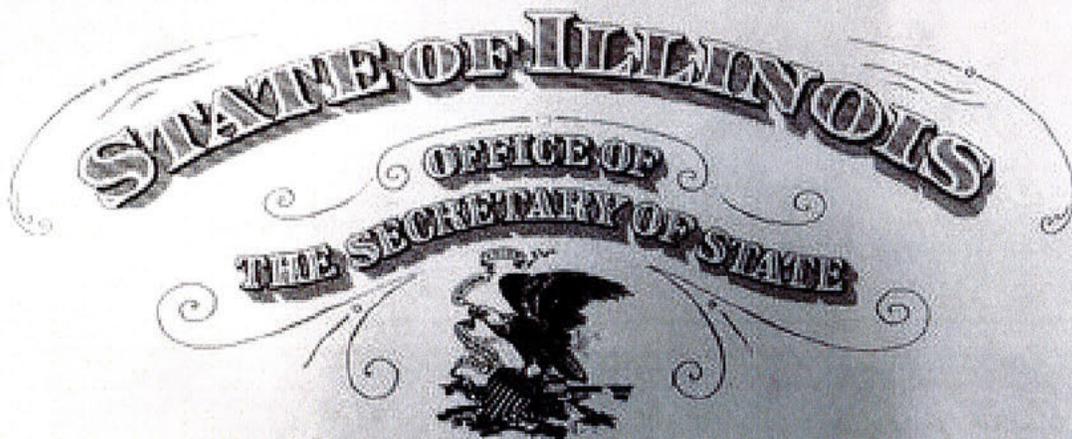
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

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 8:36:02 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.

8820148 83W

File Number [REDACTED]



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

ALL AMERICAN MALE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 18, 1996, 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 8TH
day of JUNE A.D. 2020 .

Jesse White

Authentication #: 2016000266 verifiable until 06/08/2021
Authenticate at: <http://www.cyberdriveillinois.com>

1 2020 JUN 8 10 10 AM EST STATE OF ILLINOIS