

Illinois Department of Commerce & Economic Opportunity

Uniform Application for State Grant Assistance

Agency Completed Section

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

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

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

4. Name of Awarding State Agency

Department of Commerce and Economic Opportunity

5. Catalog of State Financial Assistance (CSFA) Number 420-00-1960 / 1960-1574

6. CSFA Title

Grants Management Program / Site Improvements

Catalog of Federal Domestic Assistance (CFDA)

Not Applicable (No federal funding)

7. CFDA Number

N/A

8. CFDA Title

N/A

9. CFDA Number

N/A

10. CFDA Title

N/A

Additional CFDA Number, if required

N/A

Additional CFDA Title, if required

N/A

Funding Opportunity Information

11. Funding Opportunity Number OGM-19-H-36

12. Funding Opportunity Title Site Improvements

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)

<input checked="" type="checkbox"/> Amount Requested from the State	<input type="text" value="\$200,000.00"/>
<input checked="" type="checkbox"/> Applicant Contribution (e.g., in kind, matching)	<input type="text" value="\$501,250.00"/>
<input type="checkbox"/> Local Contribution	<input type="text"/>
<input type="checkbox"/> Other Source of Contribution	<input type="text"/>
<input type="checkbox"/> Program Income	<input type="text"/>
Total Amount	<input type="text" value="\$701,250.00"/>

Applicant Certification:

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

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

I Agree

Authorized Representative

45. First Name

46. Last Name

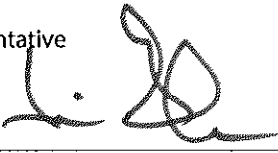
47. Suffix

48. Title

49. Telephone Number

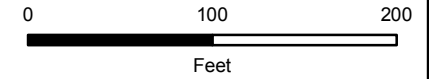
50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative 

53. Date Signed 6/25/20

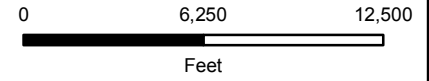
Wylie Dr at Maple Hill Rd Intersection Improvement



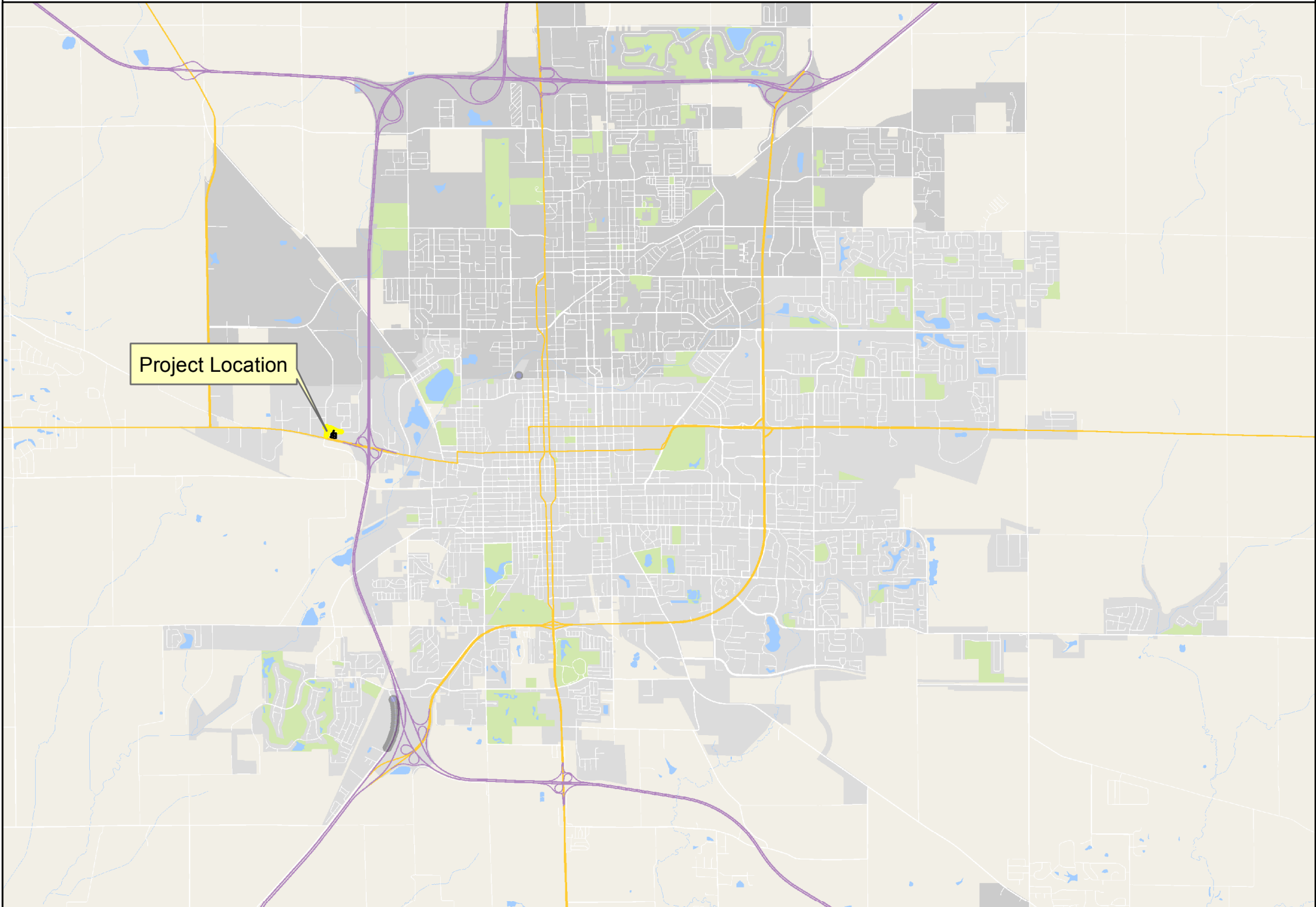
Date: 6/26/2020



Wylie Dr at Maple Hill Rd Intersection Improvement



Date: 6/26/2020



This form is used to apply to individual State of Illinois discretionary grant programs. Applicants should submit budgets based upon the total estimated costs for the project including all funding sources. Pay attention to applicable program specific instructions, if attached. The applicant organization should refer to 2 CFR 200, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards” cited within these instructions.

You must consult with your Business Office prior to submitting this form for any award restrictions, limitations or requirements when filling out the narrative and Uniform Budget Template.

Section A – Budget Summary

STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-18. **Please read all instructions before completing form.**

STATE OF ILLINOIS GRANT FUNDS

Provide a total requested State of Illinois Grant amount in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 12 of Section A.

BUDGET SUMMARY – STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-18.

Row 6: Show the total budget request for which funding is requested.

Please use detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A (continued) Indirect Cost Information *(This information should be completed by the applicant’s Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 18, the applicant’s Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-5).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois’ Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of “Section-A Indirect Cost Information”*

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

- A) Negotiate an Indirect Cost Rate with the State of Illinois’ Indirect Cost Unit with guidance from our 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 statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant 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. The applicant 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 by the applicant, basic information is required for completion of this section. See bottom of “Section-A Indirect Cost Information”*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant 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:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant 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:** *The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. Note the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .*

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note:** *See Notice of State Award for Restricted Rate Programs*

Option (5): If you are not seeking or not allowed any Indirect.

Section B - Budget Summary

NON-STATE OF ILLINOIS FUNDS

NON-STATE OF ILLINOIS FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, the applicant must provide a revenue breakdown of all Non-State of Illinois funds in lines (b)-(d). the total of "Non-State Funds" should equal the amount budgeted on Line 19 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – NON STATE OF ILLINOIS FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, these costs should be shown for each applicable budget category on lines 1- 18 of Section B.

Lines 1-11: For which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Line 12: Show the total matching or other contribution.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable program specific instructions, if attached.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For non-State of Illinois funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 18, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§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.

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	City of Bloomington	DUNS#	60864170	NOFO #	1960-1574
CSFA Number:	420-00-1960	CSFA Description:	Grants Management Program / Site Improvements	Fiscal Year:	2020
SECTION A -- STATE OF ILLINOIS FUNDS				Grant #	
Revenues				TOTAL REVENUE	
(a). State of Illinois Grant Amount Requested				\$	200,000.00
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories				TOTAL EXPENDITURES	
1. Design/Engineering				\$	-
2. Building/Land Purchase				\$	-
3. Wiring/Electrical				\$	-
4. Equipment/Materials/Labor				\$	-
5. Paving/Concrete/Masonry				\$	200,000.00
6. Construction Management/Oversight				\$	-
7. Mechanical System				\$	-
8. Excavation/Site Prep/Demo				\$	-
9. Plumbing				\$	-
10. Other Construction Expenses				\$	-
11. Contingency				\$	-
12. Total Costs State Grant Funds				\$	200,000.00

SECTION - A (continued) Indirect Cost Rate Information

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

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

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

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

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

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

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

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

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

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

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

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

_____ Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix 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: _____

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE	Commerce & Economic Opportunity
Organization Name: City of Bloomington	NOFO # 1960-1574	Fiscal Year 2020
SECTION B -- NON STATE OF ILLINOIS FUNDS		Grant Number:
Revenues		TOTAL REVENUE
Grantee Match Requirement 0 %		
(b). -Cash	\$	501,250.00
(c). -Non-cash	\$	-
(d). Other Funding & Contributions	\$	-
<u>NON-STATE Funds Total</u>	\$	501,250.00
BUDGET SUMMARY NON-STATE OF ILLINOIS FUNDS		
Budget Expenditure Categories		TOTAL EXPENDITURES
1. Design/Engineering	\$	101,600.00
2. Building/Land Purchase	\$	-
3. Wiring/Electrical	\$	-
4. Equipment/Materials/Labor	\$	-
5. Paving/Concrete/Masonry	\$	221,450.00
6. Construction Management/Oversight	\$	-
7. Mechanical System	\$	-
8. Excavation/Site Prep/Demo	\$	42,600.00
9. Plumbing	\$	-
10. Other Construction Expenses	\$	71,800.00
11. Contingency	\$	63,800.00
12. Total Costs NON -State Grant Funds (17 &18)	\$	501,250.00

CERTIFICATION	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name: City of Bloomington	CSFA Description: Grants Management Program / Site Improvements	NOFO # 1960-1574
CSFA #: 420-00-1960	DUNS # 60864170	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).

City of Bloomington

Institution/Organization

Signature

Scott Rathbun

Name of Official

Finance Director

Title

Chief Financial Officer (or equivalent)

Date of Execution

6/26/20

City of Bloomington

Institution/Organization

Signature

Tim Gleason

Name of Official

City Manager

Title

Executive Director (or equivalent)

Date of Execution

6/25/20

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

Section C - Budget Worksheet & Narrative

City of Bloomington

1). Design/Engineering -- Costs associated with planning, design, and construction observation or related services for the proposed project including environmental services, testing, surveys, etc. Costs associated with creation of the project's architectural drawings, engineering studies and/or fees, etc., including costs of plans & specs and/or printing costs if specifically identified as such within the project description. Copies of contracts will be required.

Purpose	Description of Work	Item Cost
		\$ -
		\$ -
		\$ -
		\$ -
	<i>State Total</i>	\$ -
TOPOGRAPHIC SURVEYS	<i>Field topographic surveys of project site</i>	\$ 10,600.00
ENVIRONMENTAL TESTING	<i>PESA, PSI as required</i>	\$ 6,000.00
DESIGN ENGINEERING	<i>Preparation of construction plans, specifications, and estimates</i>	\$ 42,500.00
CONSTRUCTION OBSERVATION	<i>On-site inspection of construction</i>	\$ 42,500.00
		\$ -
	<i>NON-State Total</i>	\$ 101,600.00
	<i>Design/Engineering Total</i>	\$ 101,600.00

Narrative (State):

Not applicable

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

Local funding

Section C - Budget Worksheet & Narrative

City of Bloomington

2). **Building/Land Purchase** -- Costs to purchase, either in whole or in part a building, structural shell, condominium, land, and/or easement including, but not limited to: the net purchase price itself, closing costs charged to the buyer on the closing document, legal fees, etc. Additionally, costs associated with Right-of-Way, appraisals, property/boundary surveys, legal fees, etc.

Purpose	Description of Work	Item Cost
		\$ -
		\$ -
		\$ -
		\$ -
	<i>State Total</i>	\$ -
		\$ -
		\$ -
	<i>NON-State Total</i>	\$ -
		\$ -
	<i>Total</i>	\$ -

Narrative (State):

Not applicable

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

Not applicable

Section C - Budget Worksheet & Narrative

City of Bloomington

3). Wiring/Electrical (2 CFR 200.94) -- Purchase of materials necessary for completion of the project scope such as electrical wiring, conduit, outlets, switches, etc. including associated labor/installation costs, as identified within the project description.

Item	Quantity/ Duration	Cost per Item	Item Cost
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
		<i>State Total</i>	\$ -
			\$ -
			\$ -
		<i>NON-State Total</i>	\$ -
		<i>Total</i>	\$ -

Narrative (State):
Not applicable

Narrative (Non-State) i.e. "Match" or "Other Funding"
Not applicable

Section C - Budget Worksheet & Narrative

City of Bloomington

4). **Equipment/Materials/Labor** (2 CFR 200.474)-- Purchase of materials and/or purchase/lease of equipment, to use or install for the project, such as: steel, drywall, lumber, wiring, doors, windows, roofing, rock, etc. including labor/installation costs, as identified - within the project description

Item	Quantity	Cost Rate	Item Cost
			\$ -
			\$ -
			\$ -
			\$ -
		<i>State Total</i>	\$ -
			\$ -
			\$ -
		<i>NON-State Total</i>	\$ -
		<i>Total</i>	\$ -

Narrative (State):

Not applicable

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

Not applicable

Section C - Budget Worksheet & Narrative

City of Bloomington

5). Paving/Concrete/Masonry (2 CFR 200.459) -- Purchase of materials necessary for completion of the project scope such as bituminous pavement, concrete, rock, bricks, blocks, mortar, tuckpointing, etc. including associated labor/installation costs, as identified within the project description.

Item	Quantity	Cost per Item	Item Cost
PORTLAND CEMENT CONCRETE PAVEMENT 8" (JOINTED), SQ YD	1685	\$ 75.00	\$ 126,375.00
COMBINATION CONCRETE CURB AND GUTTER, TYPE B-6.18, FOOT	1010	\$ 60.00	\$ 60,600.00
PORTLAND CEMENT CONCRETE SIDEWALK 6 INCH, SQ FT	1000	\$ 13.03	\$ 13,025.00
			\$ -
			\$ -
			\$ -
		State Total	\$ 200,000.00
			.
FURNISHED EXCAVATION, CU YD	600	\$ 45.00	\$ 27,000.00
AGGREGATE BASE COURSE, TYPE B, TON	450	\$ 50.00	\$ 22,500.00
PORTLAND CEMENT CONCRETE DRIVEWAY PAVEMENT, 8 INCH, SQ YD	300	\$ 90.00	\$ 27,000.00
PORTLAND CEMENT CONCRETE SIDEWALK 6 INCH, SQ FT	6600	\$ 13.00	\$ 85,800.00
DETECTABLE WARNINGS, SQ FT	70	\$ 45.00	\$ 3,150.00
DRAINAGE ITEMS, L SUM	1	\$ 50,000.00	\$ 50,000.00
REFUGE MEDIAN, SQ YD	30	\$ 200.00	\$ 6,000.00
			\$ -
		NON-State Total	\$ 221,450.00
		Total	\$ 421,450.00

Narrative (State):

Reconstruction of pavement, curb and gutter, and sidewalk at the intersection

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

Reconstruction of sidewalk, drainage items, and appurtenances

Section C - Budget Worksheet & Narrative

City of Bloomington

6). Construction Management/Oversight -- Costs associated with managing the construction activities and/or overseeing all aspects of the construction project, either by contractor personnel or grantee personnel, but limited to verifiable time working on this project.

Purpose	Description of Work	Item Cost
		\$ -
		\$ -
		\$ -
	<i>State Total</i>	\$ -
		\$ -
		\$ -
	<i>NON-State Total</i>	\$ -
		\$ -
	<i>Total</i>	\$ -

Narrative (State):
Not applicable

Narrative (Non-State) i.e. "Match" or "Other Funding"
Not applicable

Section C - Budget Worksheet & Narrative

City of Bloomington

7). **Mechanical System** -- Purchase of materials necessary for completion of the project scope such as HVAC, elevators, fire alarm, sprinkler, or ventilation system, etc. including associated labor/installation costs, as identified within the project description.

Item	Quantity/ Duration	Cost per Item	Item Cost
			\$ -
			\$ -
			\$ -
			\$ -
		<i>State Total</i>	\$ -
			\$ -
			\$ -
		<i>NON-State Total</i>	\$ -
		<i>Total</i>	\$ -

Narrative (State):

Not applicable

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

Not applicable

Section C - Budget Worksheet & Narrative

City of Bloomington

8). Excavation/Site Prep/Demo -- Costs associated with demolition of existing structures on the project site and/or preparation of the project site including excavation, etc. ahead of actual new construction/renovation activities.

Purpose	Description of Work	Item Cost
		\$ -
		\$ -
		\$ -
	<i>State Total</i>	\$ -
<i>EARTH EXCAVATION, CU YD</i>		\$ 11,700.00
<i>PAVEMENT REMOVAL, SQ YD</i>		\$ 19,875.00
<i>DRIVEWAY PAVEMENT REMOVAL, SQ YD</i>		\$ 4,500.00
<i>COMBINATION CURB AND GUTTER REMOVAL, FOOT</i>		\$ 3,600.00
<i>SIDEWALK REMOVAL, SQ FT</i>		\$ 1,425.00
<i>REMOVING INLETS/MANHOLES, EACH</i>		\$ 1,500.00
		\$ -
	<i>NON-State Total</i>	\$ 42,600.00
	<i>Total</i>	\$ 42,600.00

Narrative (State):

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

Section C - Budget Worksheet & Narrative

City of Bloomington

9). **Plumbing**-- Purchase of materials necessary for completion of the project scope such as internal or external pipes for water, gas, and/or sewage; fixtures; etc. including associated labor/installation costs, as identified within the project description.

Item	Quantity	Cost per Item	Item Cost
			\$ -
			\$ -
		<i>State Total</i>	\$ -
			\$ -
			\$ -
		<i>NON-State Total</i>	\$ -
		Total	\$ -

Narrative (State):

Not applicable

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

Not applicable

Section C - Budget Worksheet & Narrative

City of Bloomington

10). Other Construction Expenses -- Costs that cannot be easily broken out to or covered by individual/specific budgetary line items such as landscaping, hauling, equipment, rental, insurance, environmental fees, loan payments, etc. as identified within the project description.

Purpose	Description of Work	Item Cost
		\$ -
		\$ -
		\$ -
	<i>State Total</i>	\$ -
<i>EROSION CONTROL & LANDSCAPING, L SUM</i>	<i>Restoration of grass and controlling sediment during construction</i>	\$ 20,500.00
<i>TRAFFIC CONTROL AND PROTECTION, L SUM</i>	<i>Maintain traffic through the site during construction</i>	\$ 15,600.00
<i>MOBILIZATION, L SUM</i>	<i>Cost for contractor to move equipment, materials, and labor to site</i>	\$ 25,500.00
<i>CONSTRUCTION LAYOUT, L SUM</i>	<i>Cost to layout the geometrics for construction</i>	\$ 10,200.00
		\$ -
	<i>NON-State Total</i>	\$ 71,800.00
	<i>Total</i>	\$ 71,800.00

Narrative (State):

Not applicable

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

The items in this section are ancillary to the construction as outlined herein

Section C - Budget Worksheet & Narrative

City of Bloomington

11). Contingency - Coverage of potential cost overruns in any of the other utilized grant budget line items.

Purpose	Description of Work	Item Cost
		\$ -
		\$ -
	<i>State Total</i>	\$ -
<i>Contingency</i>	<i>Coverage of potential cost overruns in any of the other utilized grant budget line items.</i>	\$ 63,800.00
		\$ -
	<i>NON-State Total</i>	\$ 63,800.00
	Total	\$ 63,800.00

Narrative (State):

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

Section C - Budget Worksheet & Narrative

City of Bloomington

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>NON-State</i>	<i>Total</i>
<i>1. Design/Engineering</i>	\$ -	\$ 101,600.00	\$ 101,600.00
<i>2. Building/Land Purchase</i>	\$ -	\$ -	\$ -
<i>3. Wiring/Electrical</i>	\$ -	\$ -	\$ -
<i>4. Equipment/Materials/Labor</i>	\$ -	\$ -	\$ -
<i>5. Paving/Concrete/Masonry</i>	\$ 200,000.00	\$ 221,450.00	\$ 421,450.00
<i>6. Construction Management/Oversight</i>	\$ -	\$ -	\$ -
<i>7. Mechanical System</i>	\$ -	\$ -	\$ -
<i>8. Excavation/Site Prep/Demo</i>	\$ -	\$ 42,600.00	\$ 42,600.00
<i>9. Plumbing</i>	\$ -	\$ -	\$ -
<i>10. Other Construction Expenses</i>	\$ -	\$ 71,800.00	\$ 71,800.00
<i>11. Contingency</i>	\$ -	\$ 63,800.00	\$ 63,800.00
<i>State Request</i>	\$ 200,000.00		
<i>Non-State Amount</i>		\$ 501,250.00	
TOTAL PROJECT COSTS			\$ 701,250.00

Agency Approval	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name: City of Bloomington	CSFA Description: Grants Management Program / Site Improvements	NOFO # 1960-1574
CSFA # 420-00-1960	DUNS #60864170	Fiscal Year: 2020

Grant Number 0

Final Budget Amount Approved

\$ 200,000.00

Program Approval Signature

Date

Fiscal & Administrative Approval
Signature

Date

Budget Revision Approved

Program Approval Signature

Date

Fiscal & Administrative Approval
Signature

Date

§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.

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.

Definitions:

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.

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.

Are there any current potential conflict(s) of interest, or any actions that create or which appear to create a conflict of interest, related to the State award for which your organization has applied?

No

Yes

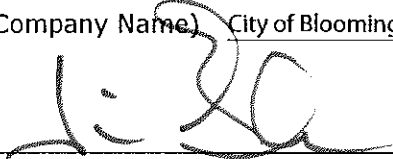
If there are any current potential conflict(s) of interest, or any actions that create or which appear to create a conflict of interest, related to the State award for which your organization has applied, please describe them all here:

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 (Company Name) <u>City of Bloomington</u>	
	<u>6/25/20</u>
Signature of Authorized Representative	Date
<u>City Manager</u>	
Printed Title (Authorized Signator Title)	
<u>Tim Gleason</u>	<u>420-00-1960 / 1960-1574</u>
Printed Name (Authorized Signator Name)	CSFA Number

Mandatory Disclosure

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.

Are there any violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the awarding of a grant to your organization? No Yes

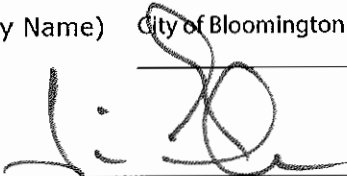
If there any violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the awarding of a grant to your organization, please describe them all here:

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 (Company Name) City of Bloomington



Signature of Authorized Representative

Tim Gleason

Printed Name (Authorized Signator Name)

City Manager

Printed Title (Authorized Signator Title)

6/25/20

Date

420-00-1960 / 1960-1574

CSFA Number

GRANT APPLICATION PROJECT NARRATIVE

Office of Grants Management

DCEO Use Only:

Application #: _____

Grant #: _____

SECTION 1: SCOPE OF WORK

Wylie Drive at Maple Hill Road Intersection Improvement

1. Description of project (Please use the space below to describe what you intend to do with the funding. This must include a detailed narrative description of the activities which will be funded by the grant (e.g., land, property, easement, right-of-way acquisition; construction/renovation activities [including all ADA compliance covered by the project]; equipment; development/delivery of programs and services [including administrative activities]; or other activities). This information will be included in the Grant Agreement as the Scope of Work:

The Wylie Drive at Maple Hill Road Intersection Improvement project is located in the northwest portion of Bloomington. Wylie Drive has a north-south orientation, and Maple Hill Road has an east-west orientation. The area surrounding the project is a mix of commercial and residential land uses near the intersection of Interstate 55, Interstate 74, and Market Street (US Route 150 / Illinois Route 9). The project map is shown in Figure 1 below.



Figure 1: Project Map

Wylie Drive is classified as a collector street with a posted speed limit of 35 mph with a 2015 Annual Average Daily Traffic (AADT) of 6,250 south of Maple Hill Road and 5,150 north of Maple Hill Road. At the intersection of Maple Hill Road and south to Market Street (US 150/IL 9), Wylie Drive has a Pavement Surface Evaluation Rating (PASER) system rating 4 out of 10.

The PASER system of rating the condition of various pavement surfaces was developed by the Transportation Information Center at the University of Wisconsin, Madison, in the 1980's. This center is partnered with the Federal Highway Administration. The City has developed its own award-winning, PASER-based systems for rating concrete sidewalks and brick streets. PASER is currently used by the City to analyze asphalt streets, concrete streets, concrete sidewalks, and brick streets.



Figure 2: Severe cracking on Wylie Drive north of Maple Hill Road

Wylie Drive has faulting and some severe cracking and potholing (Figure 2). These failures are due to the existing pavement being designed without dowel bars and poor durability of the existing concrete material. This problem exists in both the pavement and curb and gutter. Maple Hill Road is classified as a residential street with a posted speed limit of 30 mph and a 2015 AADT of 1,550 east of Wylie Drive. A small portion of Maple Hill Road, which is part of this project, has a PASER system rating of 4 out of 10. The remaining portion of Maple Hill Road to Reeveston Drive, which is not included in the project, has a PASER system rating of 7 out of 10.

The two streets form a T-intersection north of Market Street (US 150/IL 9), which is classified as an arterial street with a posted speed limit of 45 mph and has a 2015 AADT of 12,500 west of Wylie Drive and 13,700 east of Wylie Drive. The intersection of Wylie Drive and Market Street (US 150/IL 9) is approximately 2,000 feet west of the I-74 / I-55 interstate interchange.

Maple Hill Road is stop-controlled, and Wylie Drive is a free-flow movement. Wylie Drive is four lanes (two northbound and two southbound lanes) north of Maple Hill Road and merges to become two lanes (one northbound lane and one southbound lane) at Market Street (US 150/IL 9). Maple Hill Road is two lanes (one westbound lane and one eastbound lane).



Figure 3: Desire Path on East Side of Wylie, south of Maple Hill

Figure 3 shows a worn path through the grass that has been created by pedestrians due to the lack of sidewalk along the east side of Wylie Drive (known as a “desire path”). This demonstrates the need for sidewalk in this area.

Two single ramps, running from east to west, are present on the northeast and northwest corners of the intersection. No bicycle lanes or shared lane markings are present near the intersection of Wylie Drive and Maple Hill Road.

Sidewalks and ramps are present along both sides of Wylie Drive, from north of Enterprise Drive up to north of Maple Hill Road. However, the ramps northwest of the intersection and the ramps and a portion of the sidewalk northeast of the intersection are in poor condition (rated 3 out of 10). The remaining sidewalk northeast of the intersection (on the east side of Wylie Drive) is rated 7 out of 10. Sidewalks and ramps are non-existent along Maple Hill Road or along Wylie Drive south of Maple Hill Road.

Construction Activities

The proposed project includes constructing new concrete pavement at the intersection of Wylie Drive and Maple Hill Road, extending 35 feet to the east of the intersection on Maple Hill Road; 70 feet south (to the raised median) on Wylie Drive; and 130 feet north (to just south of the northern Steak 'n Shake restaurant driveway) on Wylie Drive. Also, a right turn lane will be added on Maple Hill Road by widening the roadway to provide 115 feet of storage to improve intersection functionality.

In addition, the project includes new sidewalk ramps at the northwest, northeast, and southeast corners of the intersection; new sidewalk extending 800 feet east, from Wylie Drive to Reeveston Drive (at the Traditions Bloomington apartment complex), on the north side of Maple Hill Road; new sidewalk extending 290 feet east, from Wylie Drive to the northwest corner of 907 Maple Hill Road (at Aldi grocery store currently under development), on the south side of Maple Hill Road; and new sidewalk on the east side of Wylie Drive, extending 350 feet south, from Maple Hill Road to north of Market Street (US 150/IL 9) (south of the Bob Evans restaurant entrance). All sidewalk improvements will be ADA-compliant, as detailed in the next section.

Bicycle Accommodations

The City’s Bicycle Master Plan, adopted in May 2015, gives high priority to this street segment for pedestrian and bicycle accommodations. The plan’s primary recommendation for this segment is to finish the sidewalks, and this project helps to achieve that goal.

The Bicycle Master Plan provides recommendations for bikeways throughout the whole of the City, while working to balance the needs and desires of the bicyclists, motorists/traveling public, neighborhoods, local businesses, and residents. Multiple bikeway types are included in the report while targeting the “casual adult” bicyclist, though the needs of the advanced cyclists and children are all addressed. Other bikeway network recommendations include trail crossings, trail usage signing and striping, traffic signal considerations, wayfinding signage, coordination with other agencies, and Route 66 trail routing. The plan also recommends a “road diet” on Wylie Drive, which is a reduction in motor vehicle lanes. The recommendation includes reducing the four-lane road to a two-lane road with a center, bi-directional turn lane, and bicycle lanes on each side. As this is a small segment of Wylie Drive, it would not be possible to implement the recommended road diet at this time. However, the project will make it easier to implement the changes on a larger segment of Wylie Drive in the future.

ADA Compliance

While the Americans with Disabilities Act (ADA) does not designate a specific code or standard for evaluating access to existing facilities, a federal agency called the United States Access Board has created standards. For sidewalks, the City uses the agency's Public Right-of-Way Accessibility Guidelines (PROWAG). When the Sidewalk Master Plan refers to “ADA-compliant” ramps, it means it meets PROWAG specifications.

With the City Council’s approval of a Master Plan for Sidewalks in October 2015, the City’s Public Works Department formally undertook the gradual process of bringing every sidewalk ramp citywide into ADA compliance. The City further committed to installing ADA-complaint ramps at sidewalks where no ramp exists. In setting priorities for work on sidewalks and sidewalk curb ramps, the Public Works Department considers the condition of the sidewalk and ramp and also the needs of individual residents who are known to frequently use a specific stretch of sidewalk. For example, if the Public Works department is made aware of an individual resident with a disability who uses a specific sidewalk, that sidewalk’s repair gains priority. This is one of the six use-related priorities guiding the Public Works Department. The full listing of priorities is listed below:

1. Presence of a disabled population or specific request from or on behalf of a person with a disability.
2. Location adjacent to street resurfacing or street reconstruction.
3. High volume of pedestrian traffic, such as locations at or near schools and parks.
4. Nearness to public buildings and business areas.
5. Locations where sidewalks currently have no ramps.
6. Locations where there are no sidewalks. New sidewalk construction will be accompanied by ADA-compliant ramp construction where applicable.

The Wylie Drive at Maple Hill Road intersection improvement has positive impacts to 5 of the 6 priorities outlined above. How those priorities are met is outlined below:

1. The City has not received a request for pedestrian accommodations at this intersection from an individual. However, this project will remove a barrier for hotel guests who are disable to access restaurants and Connect Transit.
2. The pedestrian accommodations will be completed in conjunction with the street reconstruction.
3. This intersection has high pedestrian traffic because it connects restaurants, grocery stores, and retail stores to hotels, residential areas, and a Connect Transit bus route.
4. There are numerous businesses in this area. See the Public Purpose section of this application for more information.
5. There are no sidewalk ramps crossing Maple Hill Road.
6. There is no sidewalk east or south of this intersection. This sidewalk and ramps will be added with this project.

2. Project Location: (**Must** provide an electronic/digital photo of project location)

Address Wylie Drive at Maple Hill Road City Bloomington County McLean Zip Code + 4 61702-3157. If the property is being improved, is the property owned by the grantee? Yes No, or leased by the grantee? Yes No

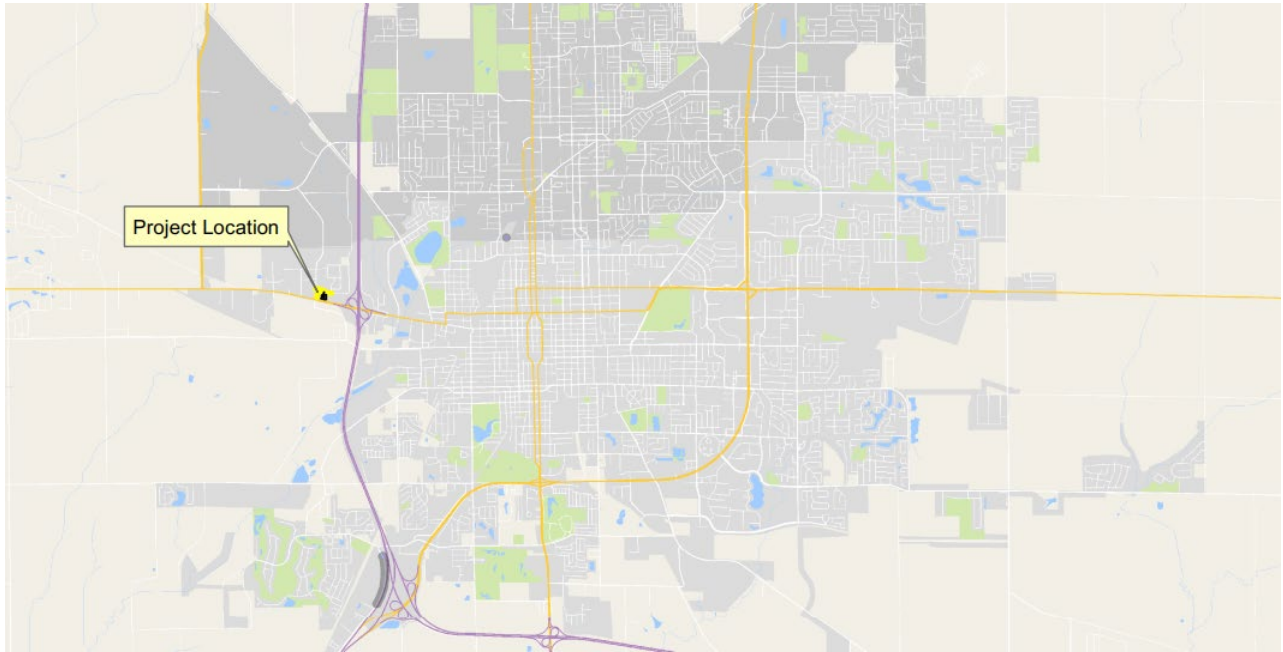


Figure 4: Project Location Map



Figure 5: Wylie at Maple Hill Facing North



Figure 6: Wylie at Maple Hill Facing Southwest



Figure 7: Wylie at Maple Hill Facing Southeast



Figure 8: Wylie at Maple Hill Facing Northeast

If your organization is a non-governmental entity, please provide the answers to questions 3 and 4 (which are required of all non-governmental entities.) If not, please skip to question 5.

3. Your Organization: **a)** What is your organization’s mission statement? **b)** What are the primary goals of your organization?
Not applicable.

4. Your Participants: **a)** Describe any eligibility criteria for participation in your program(s) (i.e., income level, age, employment status, etc.). **b)** Describe how participants are identified or recruited, or describe who refers participants to your organization for services, **c)** If services cannot be provided to all that apply, describe the manner in which participants are selected (i.e., standardized testing; first-come, first-served). **d)** State the costs to participants for these programs and services, and specify whether a sliding scale (i.e. cost for services is reduced or waived, based on income or ability to pay) is enacted.
Not applicable.

5. PUBLIC PURPOSE: **a)** What is the public purpose? **b)** Why is this project necessary? **c)** What is the expected benefit of this project (i.e., city will no longer be on IEPA restricted status list; unemployed persons will receive job training, etc.)?

The intersection of Wylie Drive and Maple Hill Road is a vital north-south corridor in a commercial, light industrial, and residential area for all modes of transportation. With these improvements, the project will enhance travel for all modes of transportation and provide additional economic development opportunities. The project will improve safety for pedestrians and bicyclists and provide ADA-compliant accommodations. Additional economic impacts and benefits are described below.

The lifespan of the roadway improvements is expected to be 30 years, and the lifespan of the sidewalk and ramp improvements is expected to be 50 years.

Economic Impacts and Benefits

Public Transit Benefits

Three Connect Transit bus routes pass through the project area along Wylie Drive: Lime Express, Silver, and Brown. The Lime Express route connects the nearby Wal-Mart Supercenter and the future Aldi grocery store directly to Connect Transit’s Downtown Bloomington Transfer Center. The Silver route connects the Wal-Mart and future Aldi to Bloomington’s southwest side which is a predominately lower income and minority residential area. The Brown route connects the Wal-Mart and future Aldi to Bloomington’s northwest side as

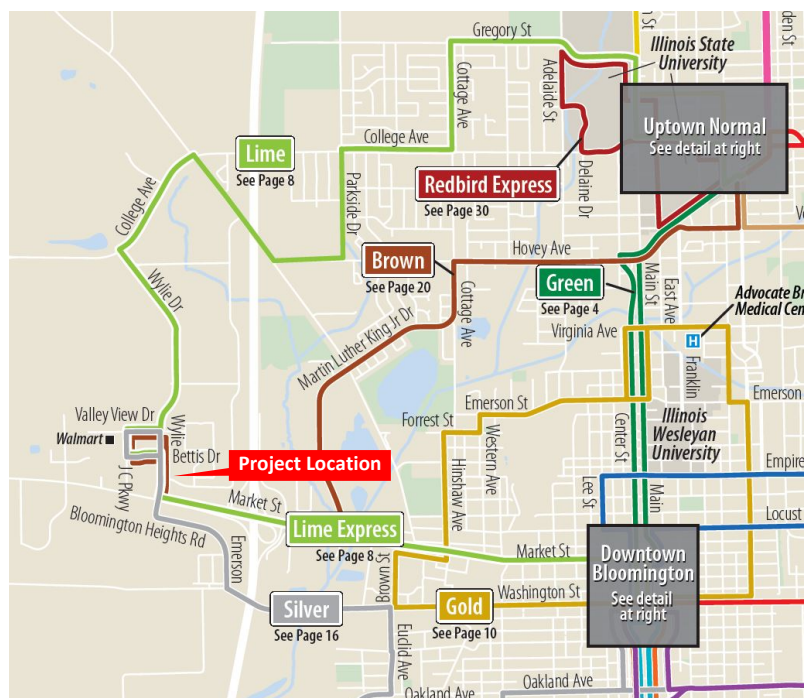


Figure 9: Connect Transit Routes

well as the southwest side of the Town of Normal including the Illinois State University campus (20,000 students). A new bus stop with shelter was recently constructed 150 feet north of the project limits to create a safe and convenient stop for north-bound buses on these routes to board and alight passengers who shop at the Aldi grocery store.

Commercial Benefits

The future Aldi grocery store on the west side of I-74/I-55 will be positioned closer to Bloomington-Normal's west side food desert which is primarily located on the east side of I-74/I-55. The proposed project will improve pedestrian, bus, and vehicle access to this new grocery store. From the City of Bloomington Comprehensive Plan 2035:

Access to fresh food is an important factor contributing to obesity.

Lack of access to fresh food is a more acute problem for families in poverty. The U.S. Department of Agriculture (USDA) has conducted an analysis to identify “food deserts” based on income level and access to fresh food. This analysis is conducted at the census tract level and defines “low income” census tracts as:

- The tract’s poverty rate is 20 percent or greater; or
- The tract’s median family income is less than or equal to 80 percent of the state-wide median family income; or
- The tract is in a metropolitan area and has a median family income less than or equal to 80 percent of the metropolitan area’s median family income.

“Low access” to healthy food is defined as being far from a supermarket, supercenter, or large grocery store. A census tract is considered to have low access if a significant number or share of individuals in the tract is far from a supermarket. As shown in Figure 7.4, a majority of the west side of Bloomington is a food desert.

According to cell phone location tracking service Placer.Ai, during the prior 12 months, over 48,000 customers have visited the existing Aldi store a total of 154,000 times with each customer visiting the store an average of 3.18 times during the prior 12 months. The map of customer travel paths provided by Placer.Ai (Figure 11) indicates that the majority of customers to the existing Aldi store arrive to the store via a path that includes Market Street (US 150/IL 9) and Wylie Drive approaching from the south (as shown in red). A lesser portion of customer traffic is derived from the north via College Avenue southbound on Wylie Drive (as shown in yellow). As the future Aldi store will be located just to the south of the existing Aldi store, these customer

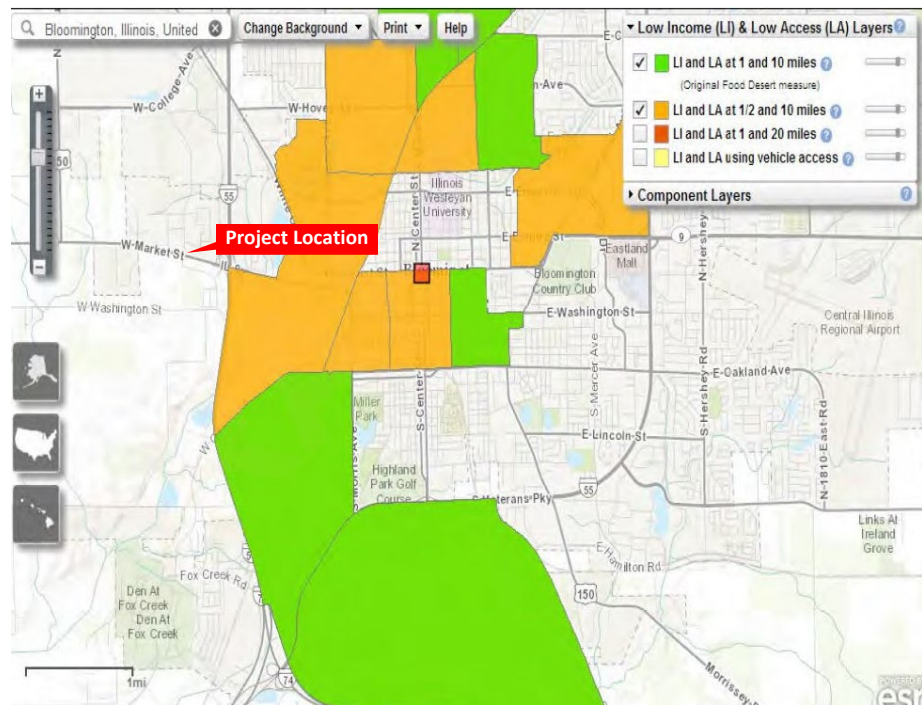
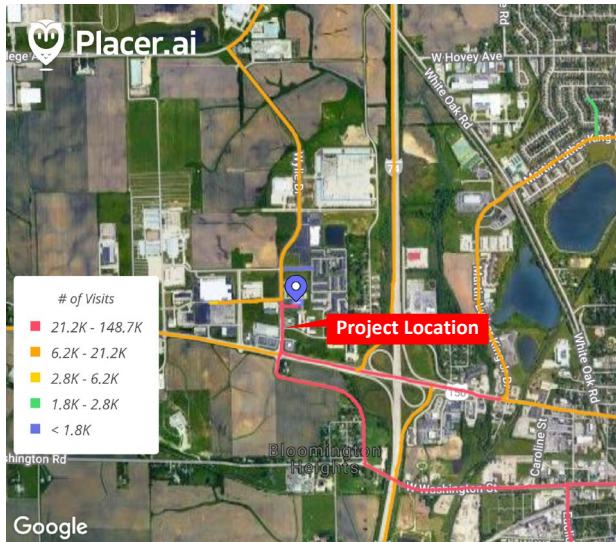


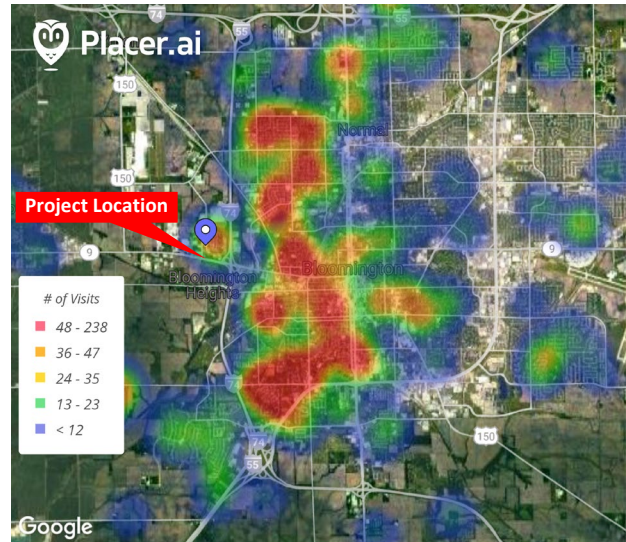
Figure 10: USDA Food Desert Map

traffic patterns are most likely to continue, further supporting the need for the road and sidewalk infrastructure improvements included in the proposed project. Data provided by Placer.Ai also indicates that 71.8% of the customers who visited the existing Aldi store during the prior 12 months live in neighborhoods where the average household income is below the \$84,398 McLean County average household income. The heat map (Figure 12) indicates that the home location for these visitors is clustered on Bloomington-Normal's west side within areas serviced by the Lime Express, Silver, and Brown Connect Transit bus routes.



Aldi 71025 Wylie Dr, Bloomington, 61705, IL | Based on visitor From Prior Locations | Jun 1st, 2019 - May 31st, 2020
Data provided by Placer Labs Inc. (www.placer.ai)

Figure 11: Aldi Wylie Dr Prior 12 Months Visitor Trip Routes



Aldi 71025 Wylie Dr, Bloomington, 61705, IL | Based on visitor home locations | Jun 1st, 2019 - May 31st, 2020
Data provided by Placer Labs Inc. (www.placer.ai)

Figure 12: Aldi Wylie Drive Prior 12 months Visitors by Home Location

Residential Benefits

Adjacent to the project site is the “Traditions Bloomington” affordable housing complex. This 416-unit complex was built in 2003 and acquired by Minnesota-based housing developer Dominion in 2018. To help to preserve these affordable housing units in Bloomington, Dominion, with support from the Illinois Housing Development Authority (IHDA), financed its purchase and renovation of the property via a \$28 million mortgage via the Federal Financing Bank (FFB) in partnership with IHDA and HUD. The proposed project will add sidewalks that will benefit the residents of this affordable housing development by helping them to get to the future Aldi store as well as adjacent restaurants and employment opportunities.



Figure 13: Traditions Bloomington Apartments Side Exterior

Employment Benefits

Within a half mile radius of the proposed project are over 15 retail-focused employers that provide entry-level job opportunities for Bloomington residents including the following:

- 6 hotels
- 3 farm supply stores (Farm & Fleet, Tractor Supply, and Birkey's)
- 4 restaurants
- 1 Wal-Mart Supercenter
- 1 Aldi grocery store
- 1 Marcus movie theater with 14 screens with an IMAX auditorium

The above listed retailers not only provide job opportunities, they also generate sales tax revenues for the State of Illinois, County of McLean, and City of Bloomington, capturing local consumer spending and transient spending via the adjacent I-74/I-55 interstate interchange. The proposed project will improve the public infrastructure around these retail businesses helping to retain and grow jobs, retail sales tax revenues, and local property tax revenues.

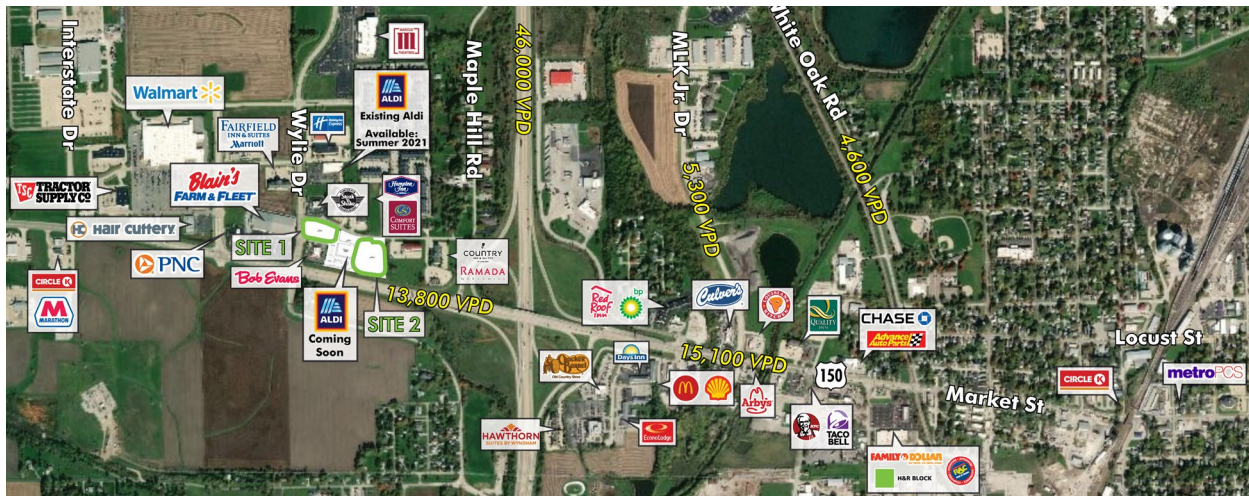


Figure 14: Map of Area Businesses

6. Has your organization secured all necessary federal, state and local permits and approvals to proceed with this project? Yes If not, please identify permits/approvals to be obtained and provide a reasonable, estimated timetable to secure such permits/approvals.

7. If grant funds are to be utilized to make capital improvements to real property structures/land) **that your organization does not own**, please provide a copy of the lease or other agreement (i.e., easements, rights-of-way, etc.) between your organization and the property owner that will allow your organization to continue to use the improved premises, for an appropriate length of time, consistent with applicable state law and rules.

Funds will not be needed for this project in order to purchase land, easements, rights-of-way, etc.

8. **If the project involves the purchase of land or building(s)**, you must answer questions A through D below and attach supplementary explanatory materials as needed.

Funds will not be needed for this project in order to purchase land, easements, rights-of-way, etc.

A) Does your organization have an executed contract for the purchase/acquisition of the land/building in question? _____ If not, when do you expect to have an executed contract? _____.

B) If your organization is a governmental entity, is it acquiring the land/building through an outright purchase, or through eminent domain/condemnation proceedings? _____ If acquiring through eminent domain/condemnation, when do you *realistically* expect to finalize the acquisition? _____

C) Is your organization aware of any existing (or reasonably anticipated) legal proceedings such as zoning issues, objections of nearby property owners, etc., relating to the proposed use of the land/building being purchased with grant funds? _____ If yes, please attach a detailed explanation.

D) Provide the name, address, phone number and email address (if applicable) of the entity from which the land/building(s) is/are being purchased. If multiple owners, please provide this information for each.

Grantee Financial Report Table	
The dates of your entity's fiscal year.	May 1 to April 30
The amount of State-funded grant awards your entity is expected to receive during your current fiscal year.	\$200,000 (Safe Routes to School)
The amount of federally-funded grant awards (direct federal and federal pass-through combined) you entity is expected to receive during your current fiscal year.	\$0

Other Funding Sources

a) Are other funds necessary to complete the *grant scope of work* (i.e., the activities for which this grant is being used)? Yes No

b) Are other funds necessary to complete the *overall project* (of which this grant is just one component)? Yes No

If “yes” to either question above, please indicate the source, status and amount of those funds below. This information **MUST** correlate with your answers to question 1 on page 1.

SOURCES OF FUNDING	Approved/Secured	Pending	Not Yet Applied For	If Funds Not Yet Approved/ Secured, Provide Estimated Date.	Activities in Grant Scope of Work – see page 1 of project narrative, question 1.	Overall Project – see page 1 of project narrative, question 1.
Federal Funds (list:)						
N/A					\$	\$
					\$	\$
					\$	\$
Other State Funds (list funds from <i>any</i> state source/program:)						
Grants Management Program / Site Improvements		x		9/28/20	\$200,000	\$200,000
					\$	\$
					\$	\$
Other Funds (list your organization’s funds, bank and other loans, fundraising, donations, etc.:)						
Capital Improvement Funds (Asphalt and Concrete)	X				\$501,250	\$501,250
					\$	\$
					\$	\$
TOTALS					\$701,250	\$701,250

- Grantee will complete the following tasks:

BRIEF DESCRIPTION OF TASKS	ESTIMATED COMPLETION DATE
Task 1. Design Engineering	11/2/20
Task 2. Advertisement and Letting	1/4/21
Task 3. Construction	6/1/21
Task 4.	
Task 5.	
Task 6.	

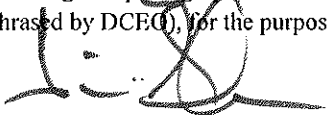
Section 2: Projected Employment Impact (FTE Value Table)

		Created Positions in FTE Categories:				Retained Positions in FTE Categories:			
		Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
		Permanent Full Time	Permanent Part Time	Temporary Full Time	Temporary Part Time	Permanent Full Time	Permanent Part Time	Temporary Full Time	Temporary Part Time
Row 1 (To be completed by applicant)	# of positions in each FTE category (A - H)	0	0	0	0	0	0	0	0
Row 2	Auto calculation of FTE subtotals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Row 3	Auto Calculation: Created FTEs:			0.00					
Row 4	Auto Calculation: Retained FTEs:			0.00					
Row 5	Auto Calculation: Permanent Full Time Jobs Created:			0.00					
Row 6	Auto Calculation: Permanent Full Time Jobs Retained:			0.00					
Row 7 (cell to be completed by applicant)	Other anticipated employment impacts of DCEO grant:	Within a half mile radius of the proposed project are over 15 retail-focused employers that provide entry-level job opportunities for Bloomington residents. These retailers not only provide job opportunities, they also generate sales tax revenues for Illinois, McLean County, and the City of Bloomington, capturing local consumer spending and transient spending via the adjacent I-74/I-55 interstate interchange. The proposed project will improve the public infrastructure around these retail businesses helping to retain and grow jobs, retail sales tax revenues, and local property tax revenues.							

SECTION 3: APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my knowledge and belief, the information submitted herewith is true, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.

I hereby release to DCEO the rights to and use of photographs and/or any written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), contained in or provided after the grant application for the purpose of publication on DCEO's website. I hereby also release any and all claims against DCEO, its officers, agents, employees and/or affiliates arising out of, or in connection with, the usage of photographs and/or written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), for the purpose of publication on DCEO's website.



6/25/20

Tim Gleason, City Manager

Signature	Printed Name & Title	Date

NOTICE OF GRANT REQUIREMENT

Prevailing Wage Act (820 ILCS 130/0.01 et seq.). “All projects for the construction of fixed works which are financed in whole or in part with funds provided by this Agreement shall be subject to the Prevailing Wage Act (820 ILCS 130/0.01 et seq.) unless the provisions of that Act exempt its application. In the construction of the project, the Grantee shall comply with the requirements of the Prevailing Wage Act, including, but not limited to, inserting into all contracts for such construction a stipulation to the effect that not less than the prevailing rate of wages as applicable to the project shall be paid to all laborers, workers and mechanics performing work under the contract and requiring all bonds of contractors to include a provision as will guarantee the faithful performance of such prevailing wage clause as provided by contract.”

The Comptroller’s Office requirement derives from Attorney General Opinion No. 00-018 that states, where a non-governmental entity receives a grant of public funds for the construction of a fixed work, the provisions of the Prevailing Wage Act (820 ILCS 130/0.01 et seq.) apply to the project. NOTE: Public bodies continue to be subject to Prevailing Wage requirements.

Please be advised that DCEO will not render a legal opinion as to applicability of the Prevailing Wage Act to any project. You should consult your own legal counsel for such an opinion. Questions regarding the applicability of Prevailing Wage requirements may also be referred to the Illinois Department of Labor at 312/793-2800 or 217/782-6206 Attorney General Opinion No. 00-018 may be accessed on the Attorney General’s web site at ww.ag.state.il.us/opinions/00-018.htm.

Employment of Illinois Workers on Public Works Act (30 ILCS 570/0.01 et seq.) If an entity receives state funds for construction related activities, the entity must employ at least 90% Illinois laborers on such projects during periods of excessive unemployment in Illinois. The Act may be found in its entirety at <http://www.state.il.us/agency/idol/laws/Law570.htm>. Any questions regarding the Act should be directed to the Illinois Department of Labor’s Conciliation and Mediation Division at (217) 782-1710. For further information, please visit the IDOL website at: www.state.il.us/agency/idol/.

Public Act 96-1064 - Business Enterprise Program - Public Act 96-1064 mandates that each award by grant or loan of State funds of \$250,000 or more for capital construction costs or professional services is conditioned upon the recipient's written certification that the recipient shall comply with the business enterprise program practices for minority-owned businesses, female-owned business, and businesses owned by persons with disabilities of the Business Enterprise for Minorities, Females and Persons with Disabilities Act (30 ILCS 575/) and the equal employment practices of Section 2-105 of the Illinois Human Rights Act (775 ILCS 5/2-105).

IMPORTANT GRANT INFORMATION

- The grant award may not be finalized, and grant funds may not be disbursed, until all necessary approvals have been obtained and a Grant Agreement has been executed between DCEO and the Grantee. The time required to finalize this process depends largely upon the completeness and accuracy of the information submitted.
- The grant term should begin no earlier than July 1, 2019. The initial grant term cannot exceed two years. All project activities must be completed within this time.
- All project activities and all expenditures of grant funds must be consistent with the Scope of Work and Budget included in the Grant Agreement. The Scope of Work and the Budget will be developed based upon the information provided in the Grantee's completed application.
- Proceeds of tax-exempt bonds can be used to reimburse for expenditures previously made. The reimbursement can be made for a period of up to 18 months after the date of expenditures were made or when the property is placed in service, but no later than three years after the date of the expenditures.
- All environmental approvals must be submitted and cleared by the appropriate state agency prior to payment of costs related to renovation of a building/structure or "dirt-moving" costs.
- Payment provisions will be specified in the Grant Agreement. Payment for bond fund projects will be disbursed on a reimbursement basis, unless otherwise approved by DCEO.
- Any contractual agreement between the Grantee and another party (being paid with grant funds) must include special language to allow DCEO access to the other party's records, relative to the grant. This includes construction subcontractors, consultants who provide services, and any other entity with which the grantee has a legal agreement to expend grant funds. Please contact your grant manager if you need a copy of this language (to incorporate into your legal subcontracts) prior to receiving your grant agreement.
- If required by the Grant Agreement, the Grantee must provide an audit relating to its compliance with the terms of the Grant Agreement.
- The Grantee shall ensure that grant funds are expended in accordance with generally accepted sound, business practices, arms-length bargaining, applicable federal and state laws and regulations. Grant expenditures should conform to the terms and conditions of the grant agreement and should not exceed the amount that would be incurred by a prudent person under the circumstances prevailing at the time the decision is made to incur the costs. Grant accounting should be consistent with generally accepted accounting principles.

- NOTE: Please be aware that until a Grant Agreement has been executed by the Grantee and DCEO, the Grantee is at risk for any costs incurred that it intends to be paid for from grant funds. Thus, recipients of grant appropriations are advised not to begin project activities and not to incur costs until they have received a fully executed Grant Agreement reflecting the agreed upon Scope of Work and Budget.

**PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTATION
ALONG WITH THE SURVEY (If Applicable) Submitted**

- N/A List of Principal Individuals and Board Members–Non-governmental Grantees only. This list must include each individual’s name, home address, home phone number and (if different) daytime phone number.
- N/A Job Descriptions of Staff Positions to be Funded by Grant Funds
- X W-9 form (revised October 2018) – REQUIRED FOR ALL GRANTEES –
- X IRS Letter or Verification of Entity Name on File with the Internal Revenue Service – REQUIRED
- N/A Attorney General Charitable Trust letter (for Non-profit entities ONLY)

INSTRUCTIONS

All questions in the following sections must be completed by the applicant. Additional documentation should be attached as necessary to adequately respond to the question or to provide the detail requested.

SECTION 1: SCOPE OF WORK - INSTRUCTIONS
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- Provide the Project Title, it needs to be the same as or consistent with the title provided in the Proposal Information above.
- Provide a detailed description of the proposed project and the intended use of grant funds. The information provided in this description will assist DCEO in developing the Scope of Work for the grant agreement if the grant is awarded. It will also facilitate the periodic reporting that will be required to update DCEO on the status of the project’s major milestones if the grant is awarded.
- Briefly describe each task in the Description of Tasks column. These tasks will be used to develop the grant agreement. The applicant should assign an estimated completion date for each task. If a grant is awarded, the applicant will have the opportunity to modify these dates prior to the execution of the grant.

SECTION 2: PROJECTED EMPLOYMENT IMPACT - INSTRUCTIONS

1. FTE Value Table

DCEO uses Section 2. Projected Employment Impact of the standard grant application form to document the estimated economic benefits of a proposed grant project based on the projected employment impact. The FTE (Full Time Equivalent) Value Table in Section 2 standardizes the DCEO process for collecting and reporting job count data for projected (estimated) jobs at the grant level.

For DCEO purposes, an FTE is a measurement unit for assigning a numerical value to an individual employment position (both projected and/or certified jobs; both created and/or retained jobs). For example, while DCEO assigns an FTE value of 1.0 to a permanent full time position, other categories of positions that are estimated to involve a fewer number of hours to be worked over the course of a year will be assigned a lower FTE value of either .5 or .25. DCEO uses this approach so that a job count that includes various categories of jobs is more accurate and is not inflated or overstated. Applicants should be realistic when estimating the number of projected FTEs that may result directly from a grant. For example, when projecting FTEs, the applicant must consider that if approved for funding the grantee will be required at a later date to certify FTE data for all created and retained positions, using the DCEO Job Count FTE Certification Form. Please remember that the FTE count includes only positions that are a direct result of a DCEO grant, meaning the positions would not be created or retained **but for** the DCEO grant provided.

Key Definitions

Created Job: A new position, not in existence prior to the DCEO grant, to be developed and filled, or an existing unfilled position to be filled; the position could not be filled **but for** the DCEO grant provided.

Retained job: An existing position projected to be maintained that otherwise would be eliminated by the grantee **but for** the DCEO grant provided. **Note: a job previously reported as retained during the course of a previous DCEO grant cannot be projected again as retained in the current DCEO grant application if the end date of the previous DCEO grant is less than 24 months prior to the current application date. However, a job reported as retained during the course of a previous DCEO grant can be reported as retained in the current DCEO grant application, if the end date of the previous DCEO grant occurred more than 24 months prior to the date of the current DCEO application.**

Other Employment Impacts: This is an optional text field where you can identify other significant employment impacts that are not reported as an FTE value. These impacts may include a positive impact on non-certified jobs, or other positive economic impacts with the applicant organization or elsewhere in the Illinois economy. This area can also be used to identify the number of Temporary Part time Positions that do not meet the minimum requirement of 200 hours of work per position.

SECTION 3: APPLICANT CERTIFICATION - INSTRUCTIONS

The applicant should read and understand the certification statement provided in this section. The individual that signs this section should be the individual that is authorized to sign the grant agreement if grant funds are awarded. The authorized individual should sign their name, print their name and title and date of certification. Please note the certification authorizes DCEO to publish a copy of the completed application on DCEO's website.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) City of Bloomington	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) <u>3</u> Exemption from FATCA reporting code (if any) <u>C</u>
	Municipality	
	Address (number, street, and apt. or suite no.) 109 East Olive Street	Requester's name and address (optional)
City, state, and ZIP code Bloomington, IL 61701		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] [] - [] [] [] []	
Employer identification number	
3 7 - 6 0 0 1 5 6 3	

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Carla A. Murillo</i>	Date ▶ <i>10/31/19</i>
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



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

In reply refer to: 0441457889
Jul 29, 2009 LTR 147C
37-6001563

**CITY OF BLOOMINGTON
COUNTY OF MCLEAN
% FINANCE DEPT
PO BOX 3157
BLOOMINGTON IL 61702-3157 000**

Taxpayer Identification Number: 37-6001563

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of July 29th, 2009.

Your Employer Identification Number (EIN) is 37-6001563. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

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

Sincerely,

Roger Moon
01-44579

Customer Service Representative