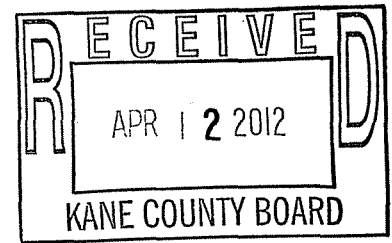


County of Kane
Office of County Board
Kane County Government Center



Karen McConnaughay
Chairman
630-232-5930



719 Batavia Avenue
Geneva, Illinois 60134
Fax 630-232-9188

DOCUMENT VET SHEET
for
Karen McConnaughay
Chairman, Kane County Board

Name of Document: DCEO Grant Survey and Agreement for Grant Program

Funding for Road or Other Capital Improvements

Submitted by: Linda Haines

Date Submitted: January 2012

Examined by: Pat Jaeger
(Print name)

(Signature)

01-17, 2012
(Date)

Post on Web: Yes No Atty. Initials _____

Comments:

Chairman signed: Yes No 4/12/2012
(Date)

Document returned to: _____



State of Illinois
Department of Commerce and Economic Opportunity

F I S C A L Y E A R 2 0 1 2

A grayscale, high-contrast image of a hand holding a laptop computer. The hand is positioned on the right side of the laptop, with fingers resting on the keyboard area. The laptop is open and viewed from a slightly elevated angle. The background is a textured, stippled gray.

DCEO Grant Survey



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 www.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 funds from the Capital Bill (SB1221, HB859 or SB1215) for construction related activities, the entity must employ at least 90% Illinois laborers on such projects during periods of excessive unemployment in Illinois.

- Defines "period of excessive unemployment" to mean any month immediately following two consecutive calendar months during which the level of unemployment in the State of Illinois has exceeded 5%.
- Defines "Illinois laborer" as any person who has resided in Illinois for at least 30 days and intends to become or remain an Illinois resident.
- Establishes civil penalties for violations of the Act not to exceed \$1,000 for each violation found in the first investigation by the Department, not to exceed \$5,000 for each violation found in the second investigation and not to exceed \$15,000 for a violation found in a third or subsequent investigation. Each violation for each worker and for each day the violation continues is a separate and distinct violation.

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/.

SB3249 - Business Enterprise Program - Senate Bill 3249 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).

Each recipient shall submit the written certification and business enterprise program plan for minority-owned businesses, female-owned businesses and businesses owned by persons with disabilities before signing the relevant grant or loan agreement. Each business enterprise program plan shall apply only to the State-funded portion of the relevant capital project and must be in compliance with all certification and other requirements of the Business Enterprise for Minorities, Females, and Persons with Disabilities Act.

Any questions regarding the Act should be directed to the Illinois Central Management Services, Business Enterprise Program at 1-312-814-4190 or 1-800-356-9206 or Email CMS at BEP.CMS@illinois.gov.



DCEO Grant Survey

NOTICE: The Department's provision of this survey form does not serve as a guarantee of future funding availability.

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. **All sections of the attached survey are required to be completed.** The time required to finalize this process depends largely upon the completeness and accuracy of the information submitted in the attached survey.
- The grant term should begin no earlier than July 1, 2011. The 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 survey.
- 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.

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

_____ 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.

_____ Job Descriptions of Staff Positions to be Funded by Grant Funds

W-9 form (revised October 2007 or after) – **REQUIRED FOR ALL GRANTEES** –

147c letter or Verification of Entity Name on File with the Internal Revenue Service – **REQUIRED FOR ALL GRANTEES** –

* "Dirt-moving" costs are costs incurred in activities that disturb or alter the project site.



DCEO Grant Survey

1) GRANTEE/PROJECT INFORMATION

Project No.: HR120276
(Provided on survey cover memo.)

Project Title: Dugan Road Resurfacing Project

Legal Name of Grantee: Kane County Division of Transportation Year Established 1915

Address: 41W011 Burlington Road

City: Saint Charles State: Illinois ZIP + 4: 60175 - 8412

County: Kane Business Phone: (630) 584 - 1170 ext. (Mandatory)

Fax: (630) 584 - 5265 E-mail address: schoedelcarl@co.kane.il.us

Web site Address: www.co.kane.il.us/dot

Name and Title of Person Authorized to Sign Legal Documents for Grantee (see Appendix 2 on page 18):
Karen McConnaughay, County Board Chairman

Name of Project Contact/Administrator of Grant (if other than listed above):
Carl Schoedel

Title: County Engineer Contact's Phone: (630) 584 - 1170 ext.

Address: 41W011 Burlington Road

City: St. Charles State: IL ZIP + 4: 60175 - 8412

Fax: (630) 584 - 5265 E-mail address: schoedelcarl@co.kane.il.us

FEIN: 3 6 - 6 0 0 6 5 8 5 (9 digit federal taxpayer identification number)

NAICS Code: 9 6 2 1 2 0 (6 digit Industry Classification Code) Grantee's DUNS Number: 9 4 5 2 4 8 5 6 5
See page 14 for information about NAICS Code and DUNS Number.

Legal Name of Owner of FEIN: Kane County Division of Transportation

You must provide the FEIN number of the entity that will directly receive the grant funds from DCEO. Do not use the FEIN number of any Subgrantee or affiliate of the Grantee. Providing an incorrect FEIN will cause a delay in grant processing.

GRANTEE'S FISCAL YEAR: From: Dec. 1st To: Nov. 30th

CERTIFICATION: Under penalty of perjury, I certify that I have examined this document and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my information and belief, the information contained herein is true, correct, and complete. I represent that I am the person authorized to submit this document on behalf of the Grantee. (Please refer to page 18 for listing of Authorized Signatories)

I hereby release to DCEO the rights 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 survey 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.

Handwritten signature of Karen McConnaughay

Karen McConnaughay, Chairman
Printed Name & Title

4/12/2012
Date



DCEO Grant Survey

TYPE OF ORGANIZATION (Check only one):

- Individual
- Sole Proprietor
- Partnership/Legal Corporation
- Tax-exempt
- Corporation providing or billing medical and/or health care services
- Corporation NOT providing or billing medical and/or health care services
- Governmental
- Nonresident alien
- Estate or legal trust
- Pharmacy (Non-Corp.)
- Pharmacy/Funeral Home/Cemetery (Corp.)

- Other :
 - Not-for-profit Corporation
 - Charitable/Not-for-profit entity
 - Tax exempt entity
 - If your organization or entity is not named above, please identify or describe the type of organization/entity that will be receiving grant funds:

2) **SCOPE OF WORK:** 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.

Resurfacing of Dugan Road, a two-lane roadway, within the Villages and Townships of Big Rock and Sugar Grove.

Tasks:

- 1) Coordinate project with Big Rock and Sugar Grove Townships as well as the Villages of Big Rock and Sugar Grove
- 2) Conduct Phase II Engineering
- 3) Conduct bidding process and select contractor

a) Grantee will complete the following tasks:

	ESTIMATED COMPLETION DATE
Task 1. <u>Conduct Phase II Engineering</u>	5/2012
Task 2. <u>Conduct bidding process and select contractor</u>	7/2012
Task 3. <u>Oversee resurfacing project through completion</u>	8/2012
Task 4. _____	
Task 5. _____	
Task 6. _____	
Task 7. _____	
Task 8. _____	



DCEO Grant Survey

b) Provide details to identify the items that will be included in each line of the budget (*attach information as needed*).

Budget line items: See Section 11

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

Address Townships/Villages of Big Rock/Sugar Grove City _____ County Kane

Zip Code + 4 _____

d) If the property is being improved, is the property owned by the grantee? Yes No, or leased by the grantee? Yes No

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?

Mission Statement: To provide and maintain a safe and efficient transportation system while maintaining the County's vision and values.

Overview: With a current population of over 500,000, and rapid westward expansion, Kane County's transportation infrastructure is constantly being enhanced to accommodate growth. The over 60 full-time employees of the Kane County Div. of Transportation (KDOT) are responsible for the maintenance, planning, design and construction of approximately 320 miles of roadway. KDOT also provides technical assistance to the 16 townships and coordinates with a number of different State, regional, and local agencies on transportation and land use issues.

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 cost 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.

N/A

5) **PUBLIC PURPOSE:** What is the public purpose? Why is this project necessary? 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.*)?

Dugan Road is a north/south roadway located on the border of Big Rock Township and Sugar Grove Township. The roadway terminates at Scott Road on the north and Jericho Road on the south and functions as a collector roadway, serving the Villages of Sugar Grove (including the Aurora Municipal Airport) and Big Rock as well as unincorporated township properties. The existing roadway is in disrepair and requires resurfacing to provide a safe facility that adequately serves the surrounding land uses and ties into the Kane County highway network. It is anticipated that this infrastructure improvement also will improve the economic development potential in this area and ultimately create jobs in Kane County.



DCEO Grant Survey

6) PUBLIC BENEFIT:

a) Estimate the number of persons to benefit or be served by the proposed project: 2,000+

State the percentage of current or projected participants who are disadvantaged or low-income: 5%.

State the percentage of participants who receive (or will receive) services at no cost or a reduced fee: NA.

b) Jobs:

Please refer to page 14 for instructions.

1. Number of permanent full-time individuals currently employed by grantee: 65.

2. Number of permanent part-time individuals currently employed by grantee: 2.

3. Number of permanent full-time jobs that would be created by grantee as a direct result of receiving the grant award: unk.

4. Number of permanent part-time jobs that would be created by grantee as a direct result of receiving the grant award: unk.

5. Number of temporary full-time jobs that would be created by grantee as a direct result of receiving the grant award: unk.

6. Number of temporary part-time jobs that would be created by grantee as a direct result of receiving the grant award: unk.

7. Number of permanent full-time jobs that would be retained by grantee as a direct result of receiving the grant award: 0.

8. Number of permanent part-time jobs that would be retained by grantee as a direct result of receiving the grant award: 0.

9. Number of temporary full-time jobs that would be retained by grantee as a direct result of receiving the grant award: 0.

10. Number of temporary part-time jobs that would be retained by grantee as a direct result of receiving the grant award: 0.

11. Describe any other projected employment impact as a result of receiving the grant award.

This project mainly supports the current employment base that exists at the Aurora Municipal Airport and nearby businesses. The potential to create additional jobs exists due to the development and recreational potential of the land adjacent to the roadway.

7) GRANTEE HISTORY:

a) Have you received a grant from the State of Illinois within the last 3-years? Yes No

If yes, provide the following:

Agency: DCEO Grant #: 08-203515

Grant Amount: \$1 million Grant Term: FY2010

General description of grant: Stearns Rd improvements from IL 25 to McLean Blvd

Issues: None

b) If applicable, list all Names and FEINs that are registered to your organization or have been registered during the past 3 years.

Name: Kane County Division of Transportation FEIN: 3 6 _ 6 0 0 6 5 8 5

Name: _____ FEIN: _____

Name: _____ FEIN: _____



DCEO Grant Survey

c) In the past twelve months, have there been any changes in the following key staff? Check all that apply. Indicate the number of months the position has been vacant if the position is currently vacant.

- CEO/Executive Director/Chief Elected Official. Months vacant _____
- CFO/Controller. Months vacant 0
- Grant Administrator. Months vacant 0
- Grant Administrative Support Staff (i.e. Reporting, correspondence, document control). Months vacant _____
- Bookkeeper/Accountant for Grant. Months vacant _____
- No Changes

d) If your proposed budget includes any staff costs for this grant, please indicate the type of documentation that will be maintained and used to allocate staff costs to the DCEO grant.

- Time sheets
- Cost allocation plans
- Certifications of time spent
- Other, please describe:
- None

e) Has the grantee or any principal formed a business that existed for less than two years? If yes, provide requested detail.

- Yes No

If yes, provide name(s) of failed business and reason(s) for its failure.

f) Has the grantee or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business? Yes No

If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues.

g) To the best of grantee's knowledge, is the grantee or any principal the subject of any proceedings that are pending or threatened, that may result in any adverse change in grantee's financial condition or will materially and adversely affect grantee's operations? Yes No

If yes, provide requested information.

h) Does the grantee or any principal owe any debt to the State? Yes No

If yes, list reason and amount:



DCEO Grant Survey

- 8) **REPRESENTATIONS AND WARRANTIES:** Grantee certifies that 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.

Grantee certifies that it 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, that it is not currently the subject of any investigation by any state or federal regulatory, law enforcement or legal authority.

Grantee certifies that should it become 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 the Grant; or an investigation by any state or federal regulatory, law enforcement or legal authority; Grantee shall promptly notify the Department, in writing.

- 9) **LOCAL OPPOSITION:** Do you anticipate any opposition to this project? Yes No If yes, please describe:

- 10) **ESTIMATED TIMETABLE FOR COMPLETION:** Start Date: 04 / 15 / 2012 Completion Date: 8 / 15 / 2012

If you are providing a program or service, please be specific about the length of the program or service delivery, whether it is a one-time offering or an ongoing program/service, how many times it will be provided, etc.

(NOTE: Grant-funded activities must be completed within a two-year time frame. The start date should reflect the date the Grantee anticipates incurring costs against this grant award, or, if costs have already been incurred, the date that the Grantee actually started to incur costs. The grant manager will work with the Grantee to establish the appropriate grant term).

Please complete questions 10a through 10g.

- a) If applicable, describe any actions/approvals that must be completed prior to the start of this project, with corresponding time frames for completion. Examples of such actions/approvals may include: hiring staff to implement the project, securing a location from which to operate the program, approval by your organization's board of directors, etc.

Development of engineering plans (1 month)
Bidding process and contractor selection (2 months)



DCEO Grant Survey

b) Has your organization secured all necessary federal, state and local permits and approvals to proceed with this project?
_____ No _____ If not, please identify permits/approvals to be obtained and provide a reasonable, estimated timetable to secure such permits/approvals.

Coordination with local governments

c) 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.

N/A

If the project involves the purchase of land or building(s), you must answer questions 10d-10g and attach supplementary explanatory materials as needed.

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

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

f) 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? _____ No _____ If yes, please attach a detailed explanation.

g) 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.



DCEO Grant Survey

11a) BUDGET FOR NON-CONSTRUCTION PROJECTS

ACTIVITY LINE ITEM	GRANT AMOUNT *
1. Personnel Costs **	\$ N/A
2. Travel	_____
3. Equipment (must itemize in #2, Scope of Work)	_____
4. Commodities/Printing/Postage	_____
5. Rent/Utilities (list address in #2, Scope of Work)	_____
6. Contractual/Consultant (including service contracts)†	_____
7. Audit/Accounting/Legal	_____
8. Training/Conferences††	_____
9. Marketing/Advertising/Web Site	_____
10. Other (must specify in #2, Scope of Work)	_____
TOTAL	\$ N/A

* Grant amount column must total the grant amount to be received from DCEO. Please be as accurate as possible when specifying line item amounts. If actual spending varies by more than 10 percent, a grant modification will be required.

** For all personnel being paid in-full or in-part with Grant Funds, a complete job description must be included. Please also include details on the number of persons to be hired in each job title, and specify the number of months each person is expected to be paid with grant funds.

† Provide details in #2, Scope of Work, regarding the type of contractor/consultant and the services to be provided by each.

†† Provide details in #2, Scope of Work, regarding how many events are planned, how many people will participate in each, location(s), etc.



DCEO Grant Survey

11b) BUDGET FOR CONSTRUCTION PROJECTS

(NOTE: BOND FUNDED PROJECTS MUST COMPLY WITH APPENDIX I: BONDABILITY GUIDELINES.)

ACTIVITY LINE ITEM	GRANT AMOUNT *	
1. <u>Design/Engineering</u>	\$	In-house Usually limited to 10% – 15% of total grant funding.
2. <u>Building/Land Purchase</u>		
3. <u>Wiring/Electrical</u>		
4. <u>Equipment/Material/Labor</u>		
5. <u>Paving/Concrete/Masonry</u>		200,000
6. <u>Construction Management/Oversight</u>		Limited to 10% – 15% of total grant funding.
7. <u>Mechanical System</u>		
8. <u>Excavation/Site Prep/Demolition</u>		
9. <u>Plumbing</u>		
10. <u>Other Construction Expenses (must itemize in #2, Scope of Work)</u>		
11. <u>Contingency</u>		Limited to 10% – 15% of total grant funding.
TOTAL	\$	200,000

* Grant amount column must total the grant amount to be received from DCEO. Please be as accurate as possible when specifying line item amounts. If actual spending varies by more than 10 percent, a grant modification will be required.



DCEO Grant Survey

GRANT MANAGEMENT PROGRAM BUDGET DEFINITIONS

Personnel Costs – salary, income tax, FICA, insurance (health, dental, worker's comp., etc.) for Grantee employee titles listed in the Part II Scope of Work, limited to verifiable time working on this project or a % of total salary as listed in Part II Scope of Work.

Travel – travel-related expenses, associated with the project scope, by the Grantee's employees; contracted personnel (if travel is outside of the contract cost itself); and/or project clients/participants.

Equipment (Non-Construction Projects) – purchase and/or lease of equipment to be used or installed as part of the project, including associated labor/installation/training costs, as identified within the Part II Scope of Work.

Commodities/Printing/Postage – expendable materials necessary for completion of the project scope, used by either Grantee personnel or program clients/participants.

Rent/Utilities – rental and/or utility charges for a facility whose location is listed in the Part II Scope of Work (either by specific address if available, or otherwise by the most specific location description possible).

Contractual/Consultant – specific one-time contracts for provision of services necessary for completion of the Grant-funded project, as identified within the Part II Scope of Work.

Audit/Accounting/Legal – annual or Grant-specific audit(s); accountant and/or legal/attorney fees specifically related to the Grant project; etc. as identified within the Part II Scope of Work.

Training/Conferences – training and/or conferences for staff; training, conferences, ceremonies, and/or award functions for project clients/participants; etc.

Marketing/Advertising/Web Site – brochures and/or fliers for Grant-funded activities; print, radio, television, and/or billboard advertisements; Web site development and/or management; Internet access fees; etc.

Other – costs which cannot be easily broken out into or covered by other individual/specific Budgetary line items including, but not limited to: stipends; loan payments; administrative overhead; insurance; etc. as identified within the Part II Scope of Work.

Design/Engineering – 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 Part II Scope of Work.



**GRANT MANAGEMENT PROGRAM
BUDGET DEFINITIONS (continued)**

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.

Wiring/Electrical – 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 Part II Scope of Work.

Equipment/Materials/Labor – 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 Part II Scope of Work.

Paving/Concrete/Masonry – 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 Part II Scope of Work.

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.

Mechanical System – purchase of materials necessary for completion of the project scope such as: HVAC; elevators; fire alarm, sprinkler, or ventilation systems; etc. including associated labor/installation costs, as identified within the Part II Scope of Work.

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.

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 Part II Scope of Work.

Other Construction Expenses – costs that can't be easily broken out to or covered by other individual/specific Budgetary line items such as: landscaping; hauling; equipment rental; insurance; environmental fees; loan payments; etc. as identified within the Part II Scope of Work.

Contingency – coverage of potential cost overruns in any of the other utilized Grant Budget line items.



DCEO Grant Survey

12) OTHER FUNDING:

- 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 2 on pages 3-4.

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 pages 3-4 of survey, question 2.	Overall Project – see pages 3-4 of survey, question 2.
Federal Funds (list:)						
					\$	\$
					\$	\$
					\$	\$
Other State Funds (list funds from <i>any</i> state source/program:)						
					\$	\$
					\$	\$
					\$	\$
Other Funds (list your organization's funds, bank and other loans, fundraising, donations, etc.:)						
					\$	\$
					\$	\$
					\$	\$
TOTALS					\$ N/A	\$ N/A



DCEO Grant Survey

NAICS CODE AND DUNS NUMBER INFORMATION

(from page 2)

Provide the grantee's North American Industry Classification System Code. The NAICS (pronounced Nakes) was developed as the standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. If you do not know your business NAICS Code, you may look it up at: <http://www.naics.com/index.html>.

A DUNS Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 100 million businesses worldwide. Provide the grantee's DUNS number. If your business does not have a DUNS number, you may request one *for free* at: http://www.dnb.com/us/duns_update/. Click on the button "request a DUNS Number", then go to the Section marked "Get a D-U-N-S Number for Government Purposes" and click on the "go" button.

JOBS INSTRUCTIONS

Definitions for Question 6b, #1 - #11:

Employee – an individual that agrees to participate in an employer/employee business relationship and provide services for the employer in return for a defined salary or wage; the employer files forms and withholds taxes per the IRS requirements for an employee.

Created job – a new position to be developed and filled, or an existing unfilled position to be filled; either of which could not be filled but for the DCEO grant provided.

Retained job – an existing position to be maintained that otherwise would be eliminated but for the DCEO grant provided.

Permanent job – a job intended to last indefinitely; does not have a finite ending date.

Temporary job – a job that is typically short term, and will last only for a specified period of time (example: a seasonal job).

Full time job – employee will be expected to work the full number of hours in a standard work week in the organization, as defined by the employer; full time positions often approximate 40 hours per week and typically include benefits such as a pension plan, insurance, and vacation benefits.

Part time job – employee will be expected to work fewer hours per week than the hours required in a full time position; this type of job often does not include benefits or receives reduced benefits.

Other projected employment impact – the count may include other impacts with the grantee organization, such as temporary jobs or independent contractors needed by the grantee; and/or other employment impacts elsewhere in the economy.



DCEO Grant Survey

GRANTEE HISTORY INSTRUCTIONS

Question #7

- a) Complete this section with information on any grants received from the state of Illinois by the grantee within the last 3 years from the date of this submission. Grantee must provide the following information for each grant received:

Agency – List the name of the agency from which the grant was received.

Grant #: – List the number related to the grant.

Grant Amount – List the total amount of the grant

Grant Term – List the term to include the beginning and end date of the grant.

General description of grant – Provide a brief description of the grant project.

Issues – Provide a description of any financial or programmatic issues that were identified with this grant by either the grantor agency and/or grantee. State whether the issues are resolved or unresolved. If the issues are unresolved, please state the reason why and provide a current status.

- b) If the grantee's organization has operated under any other names or FEIN numbers during the past 3 years from the date of this submission, this information must be provided in this section.
- c) Indicate which key staff positions have changed within the past twelve months from the date of this submission, and indicate the number of months that position has been vacant, if applicable
- d) Indicate in the list provided the type of documentation that the grantee's organization will maintain to support and allocate staff costs to the DCEO grant. Any staff costs incurred need to be adequately supported to ensure appropriate allocation to the DCEO grant.
- e) Indicate whether a previous business existed for less than two years from the date of this submission. Principal is defined as anyone in the organization who governs the activity of the organization or has authority to make decisions on behalf of the organization.
- If yes, provide name(s) of business and reason(s) supporting why the business is no longer in existence. Please be as descriptive as possible for reason(s) why the business is no longer in existence. Attach additional supporting documentation to support your response to this question.
- f) Indicate yes or no and provide additional information in subsequent question.
- If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.
- g) Indicate yes or no and provide additional information in subsequent question. Principal is defined as anyone in the organization who governs the activity of the organization or has authority to make decisions on behalf of the organization.
- If yes, describe the proceedings and provide the current status. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.
- h) Indicate any debt owed to the state by listing the specific reason(s) and amount(s). Attach additional documentation to explain the debt owed to the state.



DCEO Grant Survey

APPENDIX 1: BONDABILITY GUIDELINES

TYPE OF PROJECT	BONDABLE EXPENDITURES	NON-BONDABLE EXPENDITURES
Planning	<ul style="list-style-type: none"> ■ A/E design for construction or installation (<i>from schematic design to working drawings</i>). ■ Construction management and observation. <p><i>Costs of the following are eligible only if done as part of a larger (grant funded) bondable project:</i></p> <ul style="list-style-type: none"> ■ Environmental assessments, wetland delineations, archeological surveys, historical properties studies/surveys. 	<p><i>Long-range development plans, facility surveys, feasibility studies, etc.</i></p> <ul style="list-style-type: none"> ■ Energy audits. ■ Program or scope statements. ■ Archeological digs.
Land and Building Acquisition	<ul style="list-style-type: none"> ■ Acquisition costs of all improved or unimproved real property including appraisal fees, title opinions, surveying fees, real estate fees, title transfer taxes, condemnation and related legal expenses. 	<ul style="list-style-type: none"> ■ Acquisition of leasehold interests through rental of real property. ■ Relocation costs.
Utilities	<p><i>Installation or replacement of:</i></p> <ul style="list-style-type: none"> ■ Potable, high temperature or domestic water systems. ■ Electrical systems including components or telecommunications equipment. ■ Steam and condensate return systems. ■ Fire hydrants, standpipes and central fire and security alert systems. ■ Lighting systems and tap-ons or extensions of existing utility systems. ■ Automated temperature or environmental control systems and air or water pollution control systems, including installing energy management control computers. ■ Waste disposal systems for contaminated radioactive, hazardous or surgical waste. ■ Solar heating associated with a larger bondable project. ■ Sewage and water treatment facilities. ■ Earth moving to create artificial lakes, reservoirs or for utility or other related conservation purposes. ■ Restoration to original condition of natural or man-made features at the site of any utility installation. ■ Trenches or ditches dug for the purpose of laying tile or providing ducts to remove excessive rainfall and prevent erosion. ■ Storm and sanitary sewers. 	<p><i>Minor changes such as repairing or replacing:</i></p> <ul style="list-style-type: none"> ■ Leaking corroded wiring or pipes. ■ Radiators, coils, fans, motors, retubing boilers, central valves, thermostats, timers or meters. ■ Installing energy management control computers. ■ Duct work, return air systems, heat reclamation systems. ■ Solar heating or cooling systems. ■ Telephone or communications systems. ■ Paging systems, lines for television or computer monitoring for security or energy management. ■ Installation of energy conservation equipment or changes to existing systems to reduce energy consumption. ■ Installation of insulation.
Buildings, Additions or Structures	<ul style="list-style-type: none"> ■ New construction of buildings or structures. ■ New additions to existing buildings or structures. ■ Reconstruction of an existing building or structure (<i>including installation of new structural or interior walls, floors, ceilings, utilities, interior finishes, carpeting, furnishings and equipment along with demolition</i>). ■ Exterior work to surface, structure or foundation to extend useful life. ■ Roof Work: limited to removal of the system to the decking as well as stone, metal or other work to control water damage or ice formation. 	<ul style="list-style-type: none"> ■ Normally anticipated exterior repairs (<i>e.g., patching concrete, filling or sealing cracks, painting, caulking, insulation, plastering, etc.</i>). ■ Roof repairs, patching, replacing shingles, spot treatment, adding gravel or other materials, replacing gutters, fascia, downspouts, etc.



DCEO Grant Survey

APPENDIX 1: BONDABILITY GUIDELINES (*continued*)

TYPE OF PROJECT	BONDABLE EXPENDITURES	NON-BONDABLE EXPENDITURES
Buildings, Additions or Structures, cont'd.	<p><i>Costs of the following are eligible only if done as part of a larger bondable (grant-funded) project:</i></p> <ul style="list-style-type: none"> ■ Interior work such as painting or plastering, sanding, replacing electrical and light fixtures, decorative remodeling, paneling, handicapped accessibility improvements, moving toilets, water fountains, telephone, windows, etc. ■ Fire alarms, smoke detectors, fire doors and hall partitions, vent dampers, automatic door closers, security systems, etc. 	
Site Improvements	<ul style="list-style-type: none"> ■ Demolition. ■ Grading sidewalks, terracing, exterior lighting, seeding/sodding if part of a larger bondable project. ■ Replacement and/or renovation of bridges, ramps, curbs, overpasses, and underpasses. ■ Landscaping, installation of plant material if associated with a bondable project. ■ Construction and/or renovation of a road, parking lot or campground; extension of a road, parking lot or campground. ■ Upgrade of road or parking lot. 	<ul style="list-style-type: none"> ■ Seeding or sodding for erosion control, installation of plants or landscaping not a part of a larger bondable project. ■ Archeological digs, research or exploration. ■ Leaking underground storage tank fees.
Durable Movable Equipment	<ul style="list-style-type: none"> ■ Art-In-Architectural Art. ■ Heavy Duty Fire Protection Apparatus. <p><i>Acquisition, transportation and installation of initial movable equipment associated with a larger bondable (grant-funded) project:</i></p> <ul style="list-style-type: none"> ■ Office and household equipment and furniture. ■ Machinery and implements. ■ Scientific instruments and apparatus with the exception of those with short useful life. 	<ul style="list-style-type: none"> ■ Commodities. ■ Library books, maps and paintings other than those purchased with the Art-In-Architecture Program. ■ Livestock. ■ Rolling stock including cars, trucks, boats and related items. ■ Spare and replacement parts. ■ Items such as glassware, crockery, etc. ■ Computers, related equipment and software.

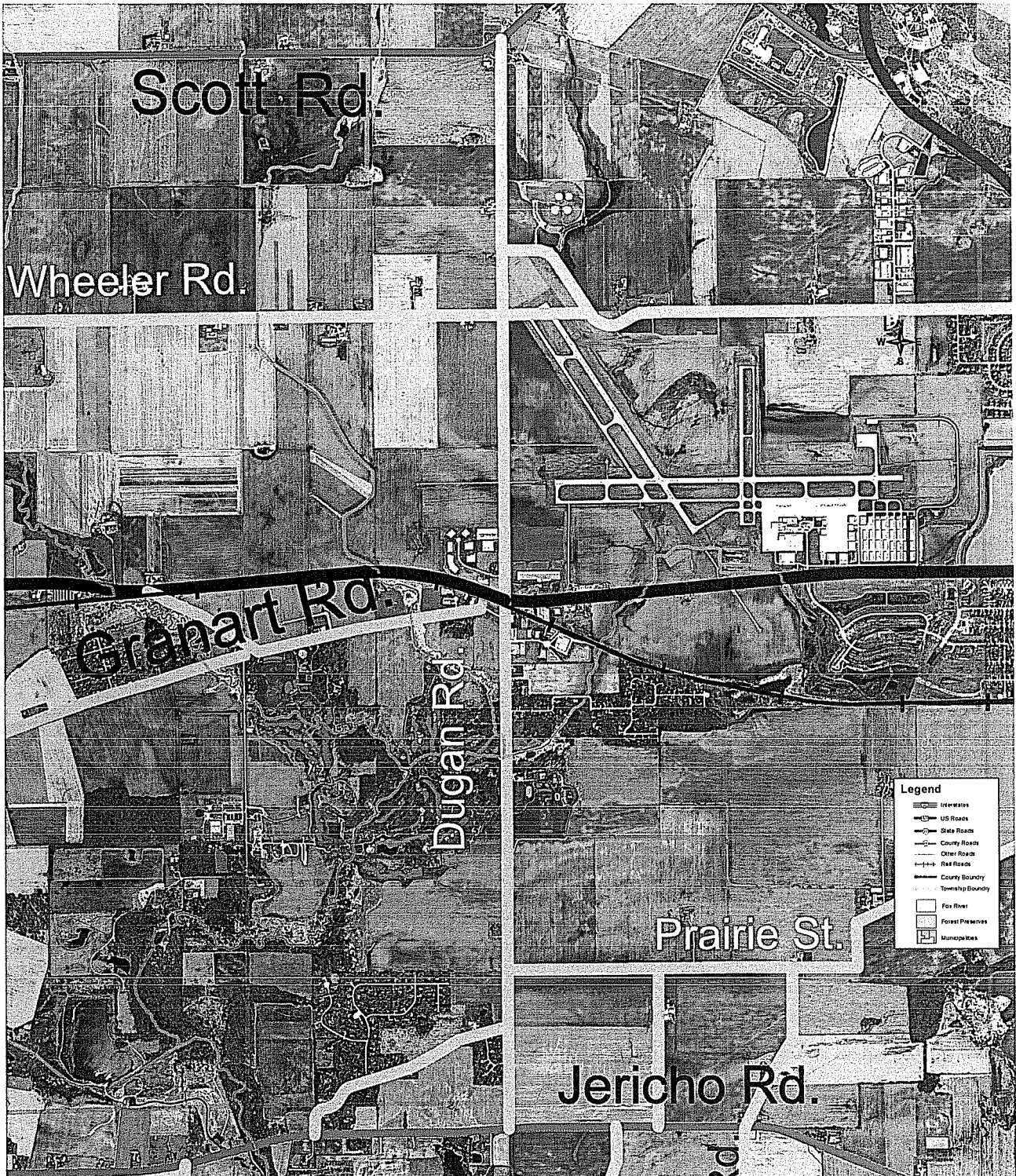


DCEO Grant Survey

APPENDIX 2: AUTHORIZED SIGNATORIES

Grantees may encounter difficulty in determining who is legally authorized to sign the Grant Agreement and the necessary reports for the grant. Here are the common types of grantees and a listing of who is generally considered to be an authorized signatory. If your circumstances vary from these general guidelines, it is best to include written supporting documentation. If your organization is not mentioned below, please contact your grant manager to discuss who the authorized signatory can be.

GRANTEE	WHO IS AUTHORIZED TO SIGN	SPECIAL CIRCUMSTANCES
County (or the <i>County</i> for the Sheriff's Department, Health Department, etc.)	County Board Chairman	President of the County Board of Commissioners or County Executive, if authorized by ordinance provided to DCEO
City (or the <i>City</i> for the Police Department, Fire Department, etc.)	Mayor	City Manager, if authorized by ordinance provided to DCEO
Village (or the <i>Village</i> for the Police Department, Fire Department, etc.)	Village President	Village Manager, if authorized by ordinance provided to DCEO
Township	Township Supervisor	
Fire Protection District	President	
Municipal Library or Library District	President of the Library Board	
Park District	President of the Park District Board	
School District	Superintendent of Schools or School Board Chairman	
University	President or Chancellor	For the University of Illinois, the Comptroller has authorization
Community College	President	
Nonprofit	Executive Director or Chief Executive Officer	
Nonprofit Volunteer Fire Department <i>with its own FEIN</i>	Fire Chief or Board President	



0 720 1,440 2,160 2,880 Feet



**Appendix 3, Exhibit 1
Dugan Road Resurfacing Project**

**Appendix 3, Exhibit 2
Dugan Road Resurfacing Project**



Transition from Big Rock Township Resurfacing Project



Dugan Road: Existing Pavement Conditions

Appendix 2 (continued)
Dugan Road Resurfacing Project



Dugan Road: Existing Pavement Conditions



Dugan Road: Existing Pavement Conditions

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)
County Of Kane

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see Instructions) ▶ **Political subdivision of State of Illinois**

Address (number, street, and apt. or suite no.)
719 South Batavia Avenue
 City, state, and ZIP code
Geneva, IL 60134

Requester's name and address (optional)

List account number(s) here (optional)

Print or type
 See Specific Instructions on page 2.

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.

Social security number								

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

Employer identification number								
3	6	-	6	0	0	6	5	8

Part II Certification

Under penalties of perjury, I certify that:

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

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 4.

Sign Here Signature of U.S. person ▶ *John Ibrahim*

Date ▶ **DECEMBER 21, 2011**

General Instructions

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

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, 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.



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

In reply refer to: 0443428250
Feb 03, 2012 LTR 147C
36-6006585

**COUNTY OF KANE
% KANE COUNTY TREASURER
719 S BATAVIA AVE
GENEVA IL 60134-3077 199**

Taxpayer Identification Number: 36-6006585

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of February 3rd, 2012.

Your Employer Identification Number (EIN) is 36-6006585. 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,

A handwritten signature in black ink, appearing to read "Robert A Weil".

Robert A Weil
100145192
Customer Service Representative