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	420-75-2398
6. CSFA Title	Downstate Small Business Stabilization Program

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

7. CFDA Number	14.228
8. CFDA Title	Community Development Block Grants/States
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	2380-1381
12. Funding Opportunity Title	Downstate Small Business Stabilization Program

Competition Identification ☒ Not Applicable

13. Competition Identification Number N/A

14. Competition Identification Title N/A

Applicant Completed Section

Applicant Information

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

16. Common Name (DBA) MASON COUNTY

17. Employer/Taxpayer identification number (EIN, TIN) 37-6001498

18. Organizational DUNS Number 031015449

19. SAM Cage Code 61QH9

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

125 N. Plum
P. O. Box 77
Havana, IL 62644-0077

Applicant's Organizational Unit

21. Department Name County Board

22. Division Name

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

23. First Name Kenneth

24. Last Name Walker

25. Suffix

26. Title County Board Chairman

27. Organizational Affiliation County Board

28. Telephone Number (309) 543-6661

29. Fax Number (309) 543-2085

30. E-mail Address admin@masoncountyil.org

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

31. First Name William

32. Last Name Blessman

33. Suffix

34. Title County Administrator

35. Organizational Affiliation Administrator

36. Telephone Number (309) 543-6661

37. Fax Number (309) 543-2085

38. E-mail Address admin@masoncountyil.org

Areas Affected

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

40. Legislative and Congressional District of Applicant 93, 47, 18

41. Legislative and Congressional Districts or Program Project 93, 47, 18

Applicant's Project

42. Description Title of Applicant's Project Working capital for eligible business - Friedrich Brothers, Inc. D/B/A Grandpa's , 117 West Main Street, Havana

43. Proposed Project Term

Start Date 07/01/2020

End Date 09/01/2020

44. Estimated Funding (Include all that apply)

- [x] Amount Requested from the State $25,000.00
- [ ] Applicant Contribution (e.g., in kind, matching)
- [ ] Local Contribution
- [ ] Other Source of Contribution
- [ ] Program Income

Total Amount $25,000.00

IV. BENEFITING BUSINESS INFORMATION

Name of Business this application is in support of:

Supported Business Name: Friedrich Brothers Inc dba Grandpa's

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

☑ Yes, registered in Mason County ☐ No

Supported Business Address 1: 117 West Main Street

Supported Business Address 2:

Supported Business City: Havana

Supported Business State: Illinois

Supported Business Zip: 99999-9999: 62644

Supported Business Phone Number 309-543-1122

Supported Business E-Mail Address: grandpashavana@yahoo.com

Supported Business FEIN or ITIN: [redacted]

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

Supported Business SIC: https://www.naics.com/sic-codes-industry-drilldown/ 5812

Supported Business Authorized Signatory Contact:
Signatory must sign Participation Agreement and Business Certification Form

Last Name: Friedrich
First Name: Mark
Title: owner
Daytime Phone: 309-543-1122
Home Phone: 309-241-3732
E-Mail: friedrich4@casscomm.com

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

Funding Program Name:_____ Amount Received: $_____

Funding Program Name:_____ Amount Received: $_____

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

PENDING LAWSUITS: Is the business or any officers or principals of the business involved in any lawsuits?
☑ No ☐ Yes If yes, provide details:

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	Mason County	DUNS#	031015449	NOFO #	2398-1381
CSFA Number:	420-75-2398	CSFA Description:	Downstate Small Business Stabilization	Fiscal Year:	2020
S E C T I O N A -- STATE OF ILLINOIS FUNDS				Grant #	
Revenues				TOTAL REVENUE	
(a). State of Illinois Grant Amount Requested				$	25,000.00

BUDGET SUMMARY STATE OF ILLINOIS FUNDS

Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200	TOTAL EXPENDITURES
15. ***Working Capital***		*$ 25,000.00*
18. Total Costs State Grant Funds		*$ 25,000.00*

SECTION - A (continued) Indirect Cost Rate Information

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

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

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

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

A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.

B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.

C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

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

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

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

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

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

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

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

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

Section C - Budget Worksheet & Narrative

Mason County

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

Description	Quantity	Basis	Cost	Length of time	Capital Cost
Personnel (Salaries and Wages)	*1*	*monthly*	*$ 4,450.00*	*2*	***$ 8,900.00***
Fringe Benefits	*1*	*monthly*	*$ 400.00*	*2*	***$ 800.00***
Occupancy (Rent/Mortgage Payments)	*1*	*monthly*	*$ 2,500.00*	*2*	***$ 5,000.00***
Utilities (Electrical, Gas, Water, Sewer)	*1*	*monthly*	*$ 1,800.00*	*2*	***$ 3,600.00***
Telecommunications & Internet	*1*	*monthly*	*$ 150.00*	*2*	***$ 300.00***
Inventory/Goods Necessary to do Business	*1*	*monthly*	*$ 2,450.00*	*2*	***$ 4,900.00***
Supplies (office-related)					***$ -***
Contractual Services (pest control, cleaning, etc.)					***$ -***
Other (specify): insurance	*1*	*monthly*	*$ 750.00*	*2*	***$ 1,500.00***
Other (specify):					***$ -***
					$ -
				State Total	***$ 25,000.00***
				Total State-Funded Working Capital	***$ 25,000.00***

Working Capital Narrative (State):

Section C - Budget Worksheet & Narrative

Mason County

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.

Budget Category	*State*	*Total*
15. Working Capital	*$ 25,000.00*	*$ 25,000.00*
State Request	*$ 25,000.00*	
Non-State Amount		
TOTAL PROJECT COSTS		*$ 25,000.00*

Agency Approval	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name: Mason County	CSFA Description: Downstate Small Business Stabilization	NOFO # 2398-1381
CSFA # 420-75-2398	DUNS #031015449	Fiscal Year: 2020

Grant Number 0

Final Budget Amount Approved	Program Approval Signature	Date	Fiscal & Administrative Approval Signature	Date
$ 25,000.00				

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.

FRIEDRICH BROTHERS INC DBA GRANDPAS - PROJECT SUMMARY

Grandpa's is a casual family restaurant located in downtown Havana. I opened the business with my son in February of 2010. Since then, we have expanded the restaurant into the largest banquet facility in the county, with a seating capacity of over 300. Because of the governor's order to close, I have had 30 large banquets cancel their events. We have also had to forfeit Mother's Day weekend, which is a profitable period for dining out. Employees have had to be laid off and/or reduced in hours because of the inactive consumer traffic. Financial assistance would be used to fund payroll, and also for our daily overhead expenses.

NET INCOME VERIFICATION

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

Fiscal Year Ending:	**Net Income**	**Net Income derived from Profit/Loss Statement? (Yes/No)**	**Net Income calculated from total sales – total expenses? (Yes/No)**	**Cash Balance**
December 31, 2017	2509.46	yes	yes	2225.05
December 31, 2018	1669.55	yes	yes	1553.76
December 31,2019	21092.20	yes	yes	7990.85
Current:				2834.21

JANUARY, 2020 MONTHLY BUDGET

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

Budget Item	**Total Monthly Expenditures**	**Monthly Net Income Computation**
Total Income		17500.00
Personnel (Salary & Wages)	4450.00	
Fringe Benefits	400.00	
Equipment	0.00	
Inventory	5000.00	
Supplies	50.00	
Occupancy (Rent & Utilities)	1800.00	
Telecommunications	150.00	
Other (Specify) morgage	2500.00	
Other (Specify) insurance	750.00	
Other (Specify) jan./dues/etc.	50.00	
Total of All Expenditures		15150.00
Monthly Net Income (Total Income – Total of All Expenditures)		2350.00

DOCUMENTATION of EMPLOYEE STATUS

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

Employee Name	Employee's Last 4 Digits of Social Security #	Status on 12/31/19		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
Allen Staton	2491	yes	no	yes	no	no	no
Alyssa Miller	8213	yes	no	yes	no	no	no
Ben Friedrich	0619		yes	yes	no	no	no
Brandon Munsch	6214	yes	no	yes	no	no	no
Colin Sullivan	4176	yes	no	yes	no	no	no
Ty Otto	0639	yes	no	yes	no	no	no
Mark Friedrich	9875	yes	no	yes	no	yes	

TOTAL:		6					

BUSINESS CERTIFICATIONS

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

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

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

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

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

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

Signature of Chief Executive Officer

06/03/2020
Date

Mark Friedrich
Typed Name of Chief Executive Officer

Grandpa's
Name of Business

[redacted]
FEIN #

117 W. Main St,Havana,IL
Business Address

N/A
DUNS #

5812
SIC #

755 E LAUREL
HAVANA , IL 62644

Change Date
Monday, 27 March 2006

Annual Report

Filing Date
Thursday, 7 May 2020

For Year
2020

Officers

President
Name & Address
MARK A FRIEDRICH 348 S PLUM HAVANA IL 62644

Secretary
Name & Address
MARK A FRIEDRICH SAME

Return to Search

File Annual Report

Adopting Assumed Name

Articles of Amendment Effecting A Name Change

Change of Registered Agent and/or Registered Office

(One Certificate per Transaction)

This information was printed from www.cyberdriveillinois.com, the official website of the Illinois Secretary of State's Office.

Thu Jun 04 2020

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	420-75-2398
6. CSFA Title	Downstate Small Business Stabilization Program

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

7. CFDA Number	14.228
8. CFDA Title	Community Development Block Grants/States
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	2380-1381
12. Funding Opportunity Title	Downstate Small Business Stabilization Program

Competition Identification ☒ Not Applicable

13. Competition Identification Number N/A

14. Competition Identification Title N/A

Applicant Completed Section

Applicant Information

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

16. Common Name (DBA) MASON COUNTY

17. Employer/Taxpayer identification number (EIN, TIN) 37-6001498

18. Organizational DUNS Number 031015449

19. SAM Cage Code 61QH9

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

125 N. Plum
P. O. Box 77
Havana, IL 62644-0077

Applicant's Organizational Unit

21. Department Name County Board

22. Division Name

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

23. First Name Kenneth

24. Last Name Walker

25. Suffix

26. Title County Board Chairman

27. Organizational Affiliation County Board

28. Telephone Number (309) 543-6661

29. Fax Number (309) 543-2085

30. E-mail Address admin@masoncountyil.org

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

31. First Name William

32. Last Name: Blessman

33. Suffix:

34. Title: County Administrator

35. Organizational Affiliation: Administrator

36. Telephone Number: (309) 543-6661

37. Fax Number: (309) 543-2085

38. E-mail Address: admin@masoncountyil.org

Areas Affected

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

40. Legislative and Congressional District of Applicant: 93, 47, 18

41. Legislative and Congressional Districts or Program Project: 93, 47, 18

Applicant's Project

42. Description Title of Applicant's Project: Working capital for eligible business - Friedrich Brothers Inc., D/B/A Heaven Scent, 755 E Laurel Ave., Havana

43. Proposed Project Term

Start Date: 07/01/2020

End Date: 09/01/2020

44. Estimated Funding (Include all that apply)

- [x] Amount Requested from the State: $25,000.00
- [ ] Applicant Contribution (e.g., in kind, matching):
- [ ] Local Contribution:
- [ ] Other Source of Contribution:
- [ ] Program Income:

Total Amount: $25,000.00

IV. BENEFITING BUSINESS INFORMATION

Name of Business this application is in support of:

Supported Business Name: dba Heaven Scent Friedrich Brothers Inc

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

☑ Yes, registered in Mason County ☐ No

Supported Business Address 1: 755 East Laurel Ave.

Supported Business Address 2:

Supported Business City: Havana

Supported Business State: Illinois

Supported Business Zip: 99999-9999: 62644

Supported Business Phone Number 309-543-3625

Supported Business E-Mail Address: havanaflorist755@yahoo.com

Supported Business FEIN or ITIN: [redacted]

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

Supported Business SIC: https://www.naics.com/sic-codes-industry-drilldown/ G59

Supported Business Authorized Signatory Contact:
Signatory must sign Participation Agreement and Business Certification Form

Last Name: Friedrich
First Name: Denise
Title: owner
Daytime Phone: 309-543-3625
Home Phone: 309-241-6147
E-Mail: friedrich4@casscomm.com

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

Funding Program Name:_____ Amount Received: $_____

Funding Program Name:_____ Amount Received: $_____

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

PENDING LAWSUITS: Is the business or any officers or principals of the business involved in any lawsuits?
☑ No ☐ Yes If yes, provide details:

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	Mason County	DUNS#	031015449	NOFO #	2398-1381
CSFA Number:	420-75-2398	CSFA Description:	Downstate Small Business Stabilization	Fiscal Year:	2020
S E C T I O N A -- STATE OF ILLINOIS FUNDS				Grant #	
Revenues				TOTAL REVENUE	
(a). State of Illinois Grant Amount Requested				$	25,000.00

BUDGET SUMMARY STATE OF ILLINOIS FUNDS

Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200	TOTAL EXPENDITURES
15. ***Working Capital***		*$ 25,000.00*
18. Total Costs State Grant Funds		*$ 25,000.00*

SECTION - A (continued) Indirect Cost Rate Information

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

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

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

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

A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.

B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.

C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

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

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

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

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

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

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

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

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

Section C - Budget Worksheet & Narrative

Mason County

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

Description	Quantity	Basis	Cost	Length of time	Capital Cost
Personnel (Salaries and Wages)	*1*	*monthly*	*$ 5,700.00*	*2*	***$ 11,400.00***
Fringe Benefits	*1*	*monthly*	*$ 400.00*	*2*	***$ 800.00***
Occupancy (Rent/Mortgage Payments)	*1*	*monthly*	*$ 1,500.00*	*2*	***$ 3,000.00***
Utilities (Electrical, Gas, Water, Sewer)	*1*	*monthly*	*$ 750.00*	*2*	***$ 1,500.00***
Telecommunications & Internet	*1*	*monthly*	*$ 150.00*	*2*	***$ 300.00***
Inventory/Goods Necessary to do Business	*1*	*monthly*	*$ 3,000.00*	*2*	***$ 6,000.00***
Supplies (office-related)	*1*	*monthly*	*$ 50.00*	*2*	***$ 100.00***
Contractual Services (pest control, cleaning, etc.)	*1*	*monthly*	*$ 200.00*	*2*	***$ 400.00***
Other (specify): insurance	*1*	*monthly*	*$ 750.00*	*2*	***$ 1,500.00***
Other (specify):					***$ -***
					$ -
				State Total	***$ 25,000.00***
				Total State-Funded Working Capital	***$ 25,000.00***

Working Capital Narrative (State):

Section C - Budget Worksheet & Narrative

Mason County

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.

Budget Category	*State*	*Total*
15. Working Capital	*$ 25,000.00*	*$ 25,000.00*
State Request	*$ 25,000.00*	
Non-State Amount		
TOTAL PROJECT COSTS		*$ 25,000.00*

Agency Approval	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name: Mason County	CSFA Description: Downstate Small Business Stabilization	NOFO # 2398-1381
CSFA # 420-75-2398	DUNS #031015449	Fiscal Year: 2020

Grant Number 0

Final Budget Amount Approved	Program Approval Signature	Date	Fiscal & Administrative Approval Signature	Date
$ 25,000.00				

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.

FRIEDRICH BROTHERS INC DBA HEAVEN SCENT - PROJECT SUMMARY

Heaven Scent Florist has been a staple in the Havana community since its opening in 1928. Our family has owned and operated the establishment since May of 2003. In the floral industry, certain times of year help with the ebb-and-flow of our consumer commerce. Due to the recent pandemic shut-downs, we have missed out on several major profitable seasons that help fund our slower fiscal periods. These include Palm Sunday, Easter, Mother's Day, Prom (loss of both floral and tuxedo sales), and Memorial Day. I have also received 3 cancellations for wedding orders, which included not only floral bouquets and decor, but also tuxedo rental. We are in need of financial assistance to keep our designers employed, as well as our overhead expenses.

NET INCOME VERIFICATION

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

Fiscal Year Ending:	**Net Income**	**Net Income derived from Profit/Loss Statement? (Yes/No)**	**Net Income calculated from total sales – total expenses? (Yes/No)**	**Cash Balance**
December 31, 2017	15644.49	yes	yes	4041.41
December 31, 2018	8993.72	yes	yes	3065.65
December 31,2019	9934.33	yes	yes	6352.84
Current:				3289.12

JANUARY, 2020 MONTHLY BUDGET

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

Budget Item	**Total Monthly Expenditures**	**Monthly Net Income Computation**
Total Income		15000.00
Personnel (Salary & Wages)	5700.00	
Fringe Benefits	400.00	
Equipment	0.00	
Inventory	3000.00	
Supplies	50.00	
Occupancy (Rent & Utilities)	750.00	
Telecommunications	150.00	
Other (Specify) mortgage/loan	1500.00	
Other (Specify) insurance	750.00	
Other (Specify) Jan./dues/etc.	350.00	
Total of All Expenditures		12650.00
Monthly Net Income (Total Income – Total of All Expenditures)		2350.00

DOCUMENTATION of EMPLOYEE STATUS

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

Employee Name	Employee's Last 4 Digits of Social Security #	Status on 12/31/19		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
Denise Friedrich	4992	yes	no	yes	no	yes	no
Lisa Friedrich	0398	yes	no	yes	no	yes	

TOTAL:							

BUSINESS CERTIFICATIONS

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

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

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

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

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

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

Denise Friedrich

Signature of Chief Executive Officer

June 4, 2020

Date

Denise Friedrich

Typed Name of Chief Executive Officer

dba Heaven Scent Friedrich

Name of Business

[redacted]

FEIN #

755 E. Laurel Ave, Havana, I

Business Address

N/A

DUNS #

G59

SIC #

Office of the Secretary of State Jesse White
CYBERDRIVEILLINOIS.COM

Corporation/LLC Search/Certificate of Good Standing

Corporation File Detail Report

File Number	62897317
Entity Name	FRIEDRICH BROTHERS, INC.
Status ACTIVE	

Entity Information

Entity Type
CORPORATION

Type of Corp
DOMESTIC BCA

Incorporation Date (Domestic)
Friday, 23 May 2003

State
ILLINOIS

Duration Date
PERPETUAL

Agent Information

Name
MARK A FRIEDRICH

Address

755 E LAUREL
HAVANA , IL 62644

Change Date
Monday, 27 March 2006

Annual Report

Filing Date
Thursday, 7 May 2020

For Year
2020

Officers

President
Name & Address
MARK A FRIEDRICH 348 S PLUM HAVANA IL 62644

Secretary
Name & Address
MARK A FRIEDRICH SAME

Return to Search

File Annual Report

Adopting Assumed Name

Articles of Amendment Effecting A Name Change

Change of Registered Agent and/or Registered Office

(One Certificate per Transaction)

This information was printed from www.cyberdriveillinois.com, the official website of the Illinois Secretary of State's Office.

Thu Jun 04 2020

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	420-75-2398
6. CSFA Title	Downstate Small Business Stabilization Program

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

7. CFDA Number	14.228
8. CFDA Title	Community Development Block Grants/States
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	2380-1381
12. Funding Opportunity Title	Downstate Small Business Stabilization Program

Competition Identification ☒ Not Applicable

13. Competition Identification Number N/A

14. Competition Identification Title N/A

Applicant Completed Section

Applicant Information

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

16. Common Name (DBA) MASON COUNTY

17. Employer/Taxpayer identification number (EIN, TIN) 37-6001498

18. Organizational DUNS Number 031015449

19. SAM Cage Code 61QH9

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

125 N. Plum
P. O. Box 77
Havana, IL 62644-0077

Applicant's Organizational Unit

21. Department Name County Board

22. Division Name

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

23. First Name Kenneth

24. Last Name Walker

25. Suffix

26. Title County Board Chairman

27. Organizational Affiliation County Board

28. Telephone Number (309) 543-6661

29. Fax Number (309) 543-2085

30. E-mail Address admin@masoncountyil.org

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

31. First Name William

32. Last Name: Blessman

33. Suffix:

34. Title: County Administrator

35. Organizational Affiliation: Administrator

36. Telephone Number: (309) 543-6661

37. Fax Number: (309) 543-2085

38. E-mail Address: admin@masoncountyil.org

Areas Affected

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

40. Legislative and Congressional District of Applicant: 93, 47, 18

41. Legislative and Congressional Districts or Program Project: 93, 47, 18

Applicant's Project

42. Description Title of Applicant's Project: Working capital for eligible business - Sula Enterprises, Inc., D/B/A Toni's Family Restaurant, 427 E Dearborn, Havana

43. Proposed Project Term

Start Date: 07/01/2020

End Date: 09/01/2020

44. Estimated Funding (Include all that apply)

- [x] Amount Requested from the State: $25,000.00
- [ ] Applicant Contribution (e.g., in kind, matching):
- [ ] Local Contribution:
- [ ] Other Source of Contribution:
- [ ] Program Income:

Total Amount: $25,000.00

IV. BENEFITING BUSINESS INFORMATION

Name of Business this application is in support of:

Supported Business Name: TONI'S FAMILY RESTAURANT

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

☑ Yes, registered in MASON County ☐ No

Supported Business Address 1: 427 E DEARBORN

Supported Business Address 2:

Supported Business City: HAVANA

Supported Business State: IL

Supported Business Zip: 99999-9999: 62644

Supported Business Phone Number 309-613-4443

Supported Business E-Mail Address: BILL@BILLRODOSKY.COM

Supported Business FEIN or ITIN: [redacted]

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

Supported Business SIC: https://www.naics.com/sic-codes-industry-drilldown/ 722511

Supported Business Authorized Signatory Contact:
Signatory must sign Participation Agreement and Business Certification Form

Last Name: SULEJMAN
First Name: SULA
Title: PRESIDENT
Daytime Phone: 309-613-4443
Home Phone: 309-613-4443
E-Mail: BILL@BILLRODOSKY.COM

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

Funding Program Name: PPP LOAN Amount Received: $ 22910.00

Funding Program Name: Amount Received: $

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

PENDING LAWSUITS: Is the business or any officers or principals of the business involved in any lawsuits?
☑ No ☐ Yes If yes, provide details:

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	Mason County	DUNS#	031015449	NOFO #	2398-1381
CSFA Number:	420-75-2398	CSFA Description:	Downstate Small Business Stabilization	Fiscal Year:	2020
S E C T I O N A -- STATE OF ILLINOIS FUNDS				Grant #	
Revenues				TOTAL REVENUE	
(a). State of Illinois Grant Amount Requested				$	25,000.00

BUDGET SUMMARY STATE OF ILLINOIS FUNDS

Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200	TOTAL EXPENDITURES
15. ***Working Capital***		*$ 25,000.00*
18. Total Costs State Grant Funds		*$ 25,000.00*

SECTION - A (continued) Indirect Cost Rate Information

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

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

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

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

A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.

B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.

C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

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

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

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

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

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

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

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

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

Section C - Budget Worksheet & Narrative

Mason County

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

Description	Quantity	Basis	Cost	Length of time	Capital Cost
Personnel (Salaries and Wages)	*1*	*monthly*	*$ 4,700.00*	*2*	***$ 9,400.00***
Fringe Benefits					***$ -***
Occupancy (Rent/Mortgage Payments)	*1*	*monthly*	*$ 4,800.00*	*2*	***$ 9,600.00***
Utilities (Electrical, Gas, Water, Sewer)	*1*	*monthly*	*$ 3,000.00*	*2*	***$ 6,000.00***
Telecommunications & Internet					***$ -***
Inventory/Goods Necessary to do Business					***$ -***
Supplies (office-related)					***$ -***
Contractual Services (pest control, cleaning, etc.)					***$ -***
Other (specify):					***$ -***
Other (specify):					***$ -***
					$ -
				State Total	***$ 25,000.00***

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

Working Capital Narrative (State):

Section C - Budget Worksheet & Narrative

Mason County

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.

Budget Category	*State*	*Total*
15. Working Capital	*$ 25,000.00*	*$ 25,000.00*
State Request	*$ 25,000.00*	
Non-State Amount		
TOTAL PROJECT COSTS		*$ 25,000.00*

Agency Approval	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name: Mason County	CSFA Description: Downstate Small Business Stabilization	NOFO # 2398-1381
CSFA # 420-75-2398	DUNS #031015449	Fiscal Year: 2020

Grant Number 0

Final Budget Amount Approved	Program Approval Signature	Date	Fiscal & Administrative Approval Signature	Date
$ 25,000.00				

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.

NET INCOME VERIFICATION

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

Fiscal Year Ending:	Net Income	Net Income derived from Profit/Loss Statement? (Yes/No)	Net Income calculated from total sales – total expenses? (Yes/No)	Cash Balance
December 31, 2017	6101.00	YES		2666.00
December 31, 2018	-698	YES		1508.00
December 31,2019	17056	YES		94.00
Current:				3128.02

JANUARY, 2020 MONTHLY BUDGET

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

Budget Item	Total Monthly Expenditures	Monthly Net Income Computation
Total Income		26000.00
Personnel (Salary & Wages)	8200.00	
Fringe Benefits		
Equipment		
Inventory	8000.00	
Supplies		
Occupancy (Rent & Utilities)	5700	
Telecommunications		
Other (Specify) PAYROLL TAXES	1400.00	
Other (Specify) SALES TAX	1400.00	
Other (Specify) INSURANCE	1000.00	
Total of All Expenditures		25708.00
Monthly Net Income (Total Income – Total of All Expenditures)		292.00

DOCUMENTATION of EMPLOYEE STATUS

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

Employee Name	Employee's Last 4 Digits of Social Security #	Status on 12/31/19		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
SE ATTACHED SHEET							

TOTAL:							

BUSINESS CERTIFICATIONS

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

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

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

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

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

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

Toir Sulejman
Signature of Chief Executive Officer

6-5-2020
Date

SULA SULEJMAN
Typed Name of Chief Executive Officer

RESTAURANT
Name of Business

[redacted]
FEIN #

427 E DEARBORN, HAVANA, IL 62644
Business Address

N/A
DUNS #

522711
SIC #

File Number 6676-686-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

SULA ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 08, 2009, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 5TH *day of* JUNE *A.D.* 2020 .

Authentication #: 2015702370 verifiable until 06/05/2021

Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

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	420-75-2398
6. CSFA Title	Downstate Small Business Stabilization Program

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

7. CFDA Number	14.228
8. CFDA Title	Community Development Block Grants/States
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	2380-1381
12. Funding Opportunity Title	Downstate Small Business Stabilization Program

Competition Identification ☒ Not Applicable

13. Competition Identification Number N/A

14. Competition Identification Title N/A

Applicant Completed Section

Applicant Information

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

16. Common Name (DBA) MASON COUNTY

17. Employer/Taxpayer identification number (EIN, TIN) 37-6001498

18. Organizational DUNS Number 031015449

19. SAM Cage Code 61QH9

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

125 N. Plum
P. O. Box 77
Havana, IL 62644-0077

Applicant's Organizational Unit

21. Department Name County Board

22. Division Name

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

23. First Name Kenneth

24. Last Name Walker

25. Suffix

26. Title County Board Chairman

27. Organizational Affiliation County Board

28. Telephone Number (309) 543-6661

29. Fax Number (309) 543-2085

30. E-mail Address admin@masoncountyil.org

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

31. First Name William

32. Last Name Blessman

33. Suffix

34. Title County Administrator

35. Organizational Affiliation Administrator

36. Telephone Number (309) 543-6661

37. Fax Number (309) 543-2085

38. E-mail Address admin@masoncountyil.org

Areas Affected

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

40. Legislative and Congressional District of Applicant 93, 47, 18

41. Legislative and Congressional Districts or Program Project 93, 47, 18

Applicant's Project

42. Description Title of Applicant's Project Working capital for eligible business - Chinatown, LLC., 214 W Main Street, Havana

43. Proposed Project Term

Start Date 07/01/2020

End Date 09/01/2020

44. Estimated Funding (Include all that apply)

- [x] Amount Requested from the State $14,950.00
- [ ] Applicant Contribution (e.g., in kind, matching)
- [ ] Local Contribution
- [ ] Other Source of Contribution
- [ ] Program Income

Total Amount $14,950.00

IV. BENEFITING BUSINESS INFORMATION

Name of Business this application is in support of:

Supported Business Name: Chinatown LLC

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

☑ Yes, registered in Mason County ☐ No

Supported Business Address 1: 214 West Main Street

Supported Business Address 2:

Supported Business City: Havana

Supported Business State: IL

Supported Business Zip: 99999-9999: 62644

Supported Business Phone Number 309-543-0097

Supported Business E-Mail Address: zhengxiangfeng5@gmail.com

Supported Business FEIN or ITIN: [redacted]

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

Supported Business SIC: https://www.naics.com/sic-codes-industry-drilldown/ 5812

Supported Business Authorized Signatory Contact:
Signatory must sign Participation Agreement and Business Certification Form

Last Name: Zheng
First Name: Xiangfeng
Title: Owner
Daytime Phone: 646-520-7185
Home Phone:
E-Mail: Zhengxiangfeng5@gmail.com

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

Funding Program Name:_____ Amount Received: $_____

Funding Program Name:_____ Amount Received: $_____

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

PENDING LAWSUITS: Is the business or any officers or principals of the business involved in any lawsuits?
☑ No ☐ Yes If yes, provide details:

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	**Mason County**	**DUNS#**	**031015449**	**NOFO #**	**2398-1381**
CSFA Number:	**420-75-2398**	**CSFA Description:**	**Downstate Small Business Stabilization**	**Fiscal Year:**	**2020**
S E C T I O N A -- STATE OF ILLINOIS FUNDS				**Grant #**	
Revenues				**TOTAL REVENUE**	
(a). State of Illinois Grant Amount Requested				$	14,950.00

BUDGET SUMMARY STATE OF ILLINOIS FUNDS

Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200	TOTAL EXPENDITURES
15. *Working Capital*		*$ 14,950.00*
18. Total Costs State Grant Funds		*$ 14,950.00*

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: _____

Section C - Budget Worksheet & Narrative

Mason County

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

Description	Quantity	Basis	Cost	Length of time	Capital Cost
Personnel (Salaries and Wages)	*1*	*monthly*	*$ 2,750.00*	*2*	***$ 5,500.00***
Fringe Benefits					***$ -***
Occupancy (Rent/Mortgage Payments)					***$ -***
Utilities (Electrical, Gas, Water, Sewer)	*1*	*monthly*	*$ 1,000.00*	*2*	***$ 2,000.00***
Telecommunications & Internet	*1*	*monthly*	*$ 200.00*	*2*	***$ 400.00***
Inventory/Goods Necessary to do Business	*1*	*monthly*	*$ 3,025.00*	*2*	***$ 6,050.00***
Supplies (office-related)	*1*	*monthly*	*$ 500.00*	*2*	***$ 1,000.00***
Contractual Services (pest control, cleaning, etc.)					***$ -***
Other (specify):					***$ -***
Other (specify):					***$ -***
					$ -
				State Total	***$ 14,950.00***

Total State-Funded Working Capital $ 14,950.00

Working Capital Narrative (State):

Section C - Budget Worksheet & Narrative

Mason County

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.

Budget Category	*State*	*Total*
15. Working Capital	*$ 14,950.00*	*$ 14,950.00*
State Request	*$ 14,950.00*	
Non-State Amount		
TOTAL PROJECT COSTS		*$ 14,950.00*

Agency Approval	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name: Mason County	CSFA Description: Downstate Small Business Stabilization	NOFO # 2398-1381
CSFA # 420-75-2398	DUNS #031015449	Fiscal Year: 2020

Grant Number 0

Final Budget Amount Approved	Program Approval Signature	Date	Fiscal & Administrative Approval Signature	Date
$ 14,950.00				

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.

CHINATOWN LLC - PROJECT SUMMARY

I ,Xiangfeng Zheng, am requesting a grant of $14950.00 for the use to make Payroll and pay towards food, Utilities for my restaurant. I will also be paying for all the carry out utensils and to-go packages in which my restaurant uses for our carry out customers and to also include the bags in which they are used.

This grant will strictly be used for my restaurant only, it will also be used for the Insurance for my employees. The need for this grant is to keep my restaurant up and running as I lost the income for my restaurant as our customers have cut due to not being able to dine in.

NET INCOME VERIFICATION

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

Fiscal Year Ending:	**Net Income**	**Net Income derived from Profit/Loss Statement? (Yes/No)**	**Net Income calculated from total sales – total expenses? (Yes/No)**	**Cash Balance**
December 31, 2017	31085.67	No	No	
December 31, 2018	45094.0	No	No	
December 31,2019	45356.94	No	No	
Current:				

JANUARY, 2020 MONTHLY BUDGET

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

Budget Item	**Total Monthly Expenditures**	**Monthly Net Income Computation**
Total Income		
Personnel (Salary & Wages)	2750	
Fringe Benefits		
Equipment		
Inventory	5500	
Supplies	1000	
Occupancy (Rent & Utilities)	1000	
Telecommunications	200	
Other (Specify) Garbage	60	
Other (Specify) Worker Insurance	85	
Other (Specify)		
Total of All Expenditures		
Monthly Net Income (Total Income – Total of All Expenditures)		

DOCUMENTATION of EMPLOYEE STATUS

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

Employee Name	Employee's Last 4 Digits of Social Security #	Status on 12/31/19		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
Jianfeng Yang	0256	Yes	No	Yes			
Saijin Lin	2465	Yes	No	Yes			
Weiping Zheng	0027	Yes	No	Yes			
Yanhui Zheng	6614	Yes	No	Yes			

TOTAL:							

BUSINESS CERTIFICATIONS

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

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

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

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

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

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

Signature of Chief Executive Officer

06/10/2020
Date

Xiangfeng Zheng
Typed Name of Chief Executive Officer

Chinatown LLC
Name of Business

[redacted]
FEIN #

214 WEST MAIN STREET
Business Address

NA
DUNS #

5812
SIC #

Resolution 96-24

FAIR HOUSING ORDINANCE

AN ORDINANCE PROHIBITING AND MAKING UNLAWFUL DISCRIMINATION IN HOUSING AND/OR REAL PROPERTY BECAUSE OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, OR DISABILITY IN THE COUNTY OF MASON, ILLINOIS

WHEREAS, the County of Mason, Illinois desires to assure equal opportunity to all residents regardless of race, color, religion, creed, national origin or ancestry, sex, or disability, to live in decent, sanitary, and healthful living quarters; and,

WHEREAS, the 1970 Constitution of the State of Illinois provides as follows in Article I ". . . no person shall be denied any civil or political right, privilege or capacity on account of his religious opinions . . ." (Section 3); ". . . All persons shall have the right to be free from discrimination on the basis of race, color, creed, national ancestry and sex in . . . the sale or rental of property . . . " (Section 17); "The equal protection of the laws shall not be denied or abridged on account of sex by the State or its units of local government and school districts." (Section 18); "All persons with a disability shall be free from discrimination in the sale or rental of property . . ." (Section 19); and,

WHEREAS, the Congress of the United States has provided that "it is the policy of the United States to provide, within constitutional limitations, for fair housing throughout the United States" and has established by law the following provisions:

". . . it shall be unlawful:

(a) To refuse to sell or rent after the making of a bona fide offer, or to refuse to negotiate for the sale or rental of, or otherwise make available or deny, a dwelling to any person because of race, color, religion, sex, or national origin.

(b) To discriminate against any person in the terms, conditions, or privileges of sale or rental of a dwelling, or in the provision of services or facilities in connection therewith because of race, color, religion, sex, or national origin . . ."

NOW, THEREFORE, BE IT ORDAINED BY THE COUNTY BOARD OF MASON COUNTY, ILLINOIS, AS FOLLOWS:

SECTION 1. DECLARATION OF POLICY:

(a) In furthering the policy of the State of Illinois as expressed in its Constitution and other Laws; in order that the safety and general welfare, peace and health of all the inhabitants of the County of Mason may be ensured, it is hereby declared the policy of the County of Mason, Illinois, to assure equal opportunity to all residents, regardless of race, color, religion, national origin or ancestry, sex, creed, or physical disability to live in decent, sanitary, healthful, standard living quarters.

(b) It is the policy of the County of Mason, Illinois that no owner, lessee, sub-lessee, assignee, managing agent, or other person, firm or corporation having the right to sell, rent, lease (or otherwise control) any housing accommodation and/or real property within the County of Mason, Illinois, or agent of these shall refuse to sell, rent, lease, or otherwise deny to or withhold from any person or group of persons such housing accommodations and/or real property because of race, color, religion, national origin or ancestry, sex, creed, or disability of such person or persons or discriminate against any person or persons because of race, color, religion, national origin or ancestry, sex, creed or disability in the conditions, terms, privileges of the sale, rental or lease of any housing accommodation and/or real property or in the furnishing of facilities and/or services in connection therewith.

(c) Relocation shall be carried out in a manner that will promote maximum choice within the community's total housing supply; lesson racial, ethnic, and economic concentrations; and facilitate desegregation and racially inclusive patterns of occupancy and use of public and private facilities.

SECTION 2. DEFINITIONS:

Unless a different meaning clearly appears from the context, the following terms shall have the meaning as described in this SECTION and as used in this Ordinance.

(a) DISCRIMINATE - The terms "discriminate" or "discrimination" mean any difference expressed in any way toward a person or persons in the terms of the sale, exchange, lease, rental or financing for housing accommodation and/or real property in regard to such sale, exchange, rental, lease or finance

because of race, color, religion, national origin or ancestry, sex, creed, or disability of such person.

(b) HOUSING ACCOMMODATION - The term "housing accommodation" includes any building, structure, or portion thereof which is used or occupied, maintained, arranged or designed to be used or occupied as a home, residence or sleeping place of one or more human beings, or any real estate so used, designed or intended for such use.

(c) REAL PROPERTY - The term "real property" means any real estate, vacant land, building, structure or housing accommodations within the corporate limits of the County of Mason, Illinois.

(d) REAL ESTATE BROKER - The term "real estate broker" means any person, partnership, association, corporation and/or agent thereof, who for a fee or other valuable consideration offers, sells, purchases, exchanges or rents, or negotiates for the sale, purchase, exchange or rental of a housing accommodation and/or real property of another, or collects rental for the use of housing accommodation and/or real property of another.

(e) FINANCIAL INSTITUTION - The term "financial institution" means any person, institution or business entity of any kind which loans money to persons and receives as security for said loans a secured interest of any kind in the real property of the borrower.

(f) OWNER - An "owner" means any person/persons who hold legal or equitable title to, or owns any beneficial interest in any real property or who hold legal or equitable title to shares of, or hold any beneficial interest in any real estate cooperative which owns any real property and/or housing accommodations.

(g) DECENT, SANITARY, HEALTHFUL STANDARD LIVING QUARTERS - "Decent, sanitary, healthful standard living quarters" is housing which is in sound, clean, and weather tight condition in conformance with applicable local, state, and national codes.

SECTION 3. PROHIBITED ACTS:

It shall be unlawful for any owner of real estate, lessee, sub-lessee, real estate broker or salesman, financial institution or employee of the financial institution, advertiser, or agent of any or all of the foregoing, to discriminate against any person or persons because of their race, color, religion, national origin or ancestry, sex, creed, or disability with regard to the sale, exchange or rental, or any dealing concerning any housing accommodation and/or real property.

In addition to the foregoing, it shall also be unlawful for any real estate broker or employee thereof, owner or other person, or financial institution dealing with housing or real property in the County of Mason, Illinois:

(a) To discriminate against any person in the availability of or the price, terms, conditions, or privileges of any kind relating to the sale, rental, lease, or occupancy of any housing accommodation or real property in the County of Mason, Illinois or in furnishing of any facilities or services in connection therewith.

(b) To publish or circulate, or cause to be published or circulated, any notice, statement or advertisement, or to announce a policy, or to use any form of application, for the purchase, lease, rental or financing of real property, or to make any record of inquiry in connection with the prospective purchase, rental or lease of such real estate, which expresses directly or indirectly any discrimination as to race, color, religion, national origin or ancestry, sex, creed or disability of any person.

(c) To discriminate in connection with lending money, guaranteeing loans, accepting mortgages or otherwise obtaining or making available funds for the purchase, acquisition, construction, rehabilitation, repair or maintenance of any housing accommodation and/or real property.

(d) To solicit for sale, lease, or listing for the sale or lease, of any housing accommodation and/or real property on the grounds of loss of value because of the present or prospective entry into any neighborhood of any person or persons of any particular race, color, religion, national origin or ancestry, sex, creed, or disability.

(e) To distribute or cause to be distributed, written material or statements designed to induce any owner or any housing accommodation and/or real property to sell or lease his or

her property because of any present or prospective change in the race, color, religion, national origin or ancestry, sex, creed, or disability of persons in the neighborhood.

(f) To make any misrepresentations concerning the listing for sale or the anticipated listing for sale or the sale of any housing accommodation and/or real property for the purpose of inducing or attempting to induce the sale or listing for sale of any housing accommodation and/or real property by representing that the presence or anticipated presence of persons of any particular race, color, religion, national origin or ancestry, sex, creed, or disability in the area will or may result in the lowering of property values in the block, neighborhood or area in which the property is located.

(g) For an owner to solicit any real estate broker to sell, rent or otherwise deal with such owner's housing accommodations and/or real property with any limitation on its sale based on race, color, religion, national origin or ancestry, sex, creed, or disability.

(h) For an owner to refuse to sell, rent, or otherwise deal with any housing accommodation and/or real property because of race, color, religion, national origin or ancestry, sex, creed, or disability of the proposed buyer or tenant.

SECTION 4. PENALTY:

Any person convicted of violating any of the provisions of this Ordinance shall be punished by a fine of not less than one hundred dollars ($100.00) nor more than fifteen hundred dollars ($1,500.00). Each day a violation continues shall constitute a separate violation. This Section shall in no way abrogate or impair the right of the County of Mason, Illinois, to specifically enforce, by any legal means, any of the provisions of this Ordinance.

SECTION 5:

That all Ordinances and parts thereof in conflict herewith are expressly repealed and are of no other force and effect.

SECTION 6:

That it is the intention of the County of Mason, Illinois, that this Ordinance and every provision thereof shall be considered separable, and the invalidity of any section, clause, or provision of this Ordinance shall not affect the validity of any other portion of this Ordinance.

SECTION 7:

That this Ordinance shall be known as Resolution 96-24 of the County of Mason, Illinois, and shall be in full force and effect from and after its passage, by the County Board.

PASSED AND ADOPTED this 9th day of April, 1996.

Henry W. Imig

HENRY W. IMIG, Chairman of the Board

ATTEST:

WILLIAM R. BLESSMAN, County Clerk (SEAL)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
COUNTY OF MASON

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ LOCAL GOVERNMENT

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 3

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
125 N. PLUM, P. O. BOX 77

Requester's name and address (optional)

6 City, state, and ZIP code
HAVANA, IL 62644-0077

7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
3 7 – 6 0 0 1 4 9 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here Signature of U.S. person ▶ Carl B. [illegible] Date ▶ 4/17/2020

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

ALERT: SAM.gov will be down for scheduled maintenance Saturday, 04/25/2020 from 8:00 AM to 3:00 PM

Entity Dashboard

- Entity Overview
- Entity Registration
  - Core Data
  - Assertions
  - Reps & Certs
  - POCs
- Exclusions
  - Active Exclusions
  - Inactive Exclusions
  - Excluded Family Members

RETURN TO SEARCH

MASON, COUNTY OF
DUNS: 031015449 CAGE Code: 61QH9
Status: Active
Expiration Date: 01/01/2021
Purpose of Registration: Federal Assistance Awards Only

100 N BROADWAY ST
HAVANA, IL, 62644-0000 ,
UNITED STATES

Entity Overview

Entity Registration Summary

Name: MASON, COUNTY OF
Doing Business As: COUNTY CLERKS OFFICE
Business Type: US Local Government
Last Updated By: Curt Jibben
Registration Status: Active
Activation Date: 01/02/2020
Expiration Date: 01/01/2021

Exclusion Summary

Active Exclusion Records? No

Office of the Secretary of State Jesse White
CYBERDRIVEILLINOIS.COM

Corporation/LLC Search/Certificate of Good Standing

LLC File Detail Report

File Number	04785673
Entity Name	CHINATOWN LLC
Status	ACTIVE

Entity Information

Principal Office
214 WEST MAIN STREET
HAVANA, IL 626440000

Entity Type
LLC

Type of LLC
Domestic

Organization/Admission Date
Monday, 16 June 2014

Jurisdiction
IL

Duration
PERPETUAL

Agent Information

Name

XIANG FENG ZHENG

Address
214 WEST MAIN STREET
HAVANA , IL 62644

Change Date
Monday, 16 June 2014

Annual Report

For Year
2020

Filing Date
Tuesday, 9 June 2020

Managers

Name
Address
ZHENG, XIANG FENG
214 WEST MAIN STREET
HAVANA, IL 62644

Series Name

NOT AUTHORIZED TO ESTABLISH SERIES

Return to Search

File Annual Report
Adopting Assumed Name
Articles of Amendment Effecting A Name Change
Change of Registered Agent and/or Registered Office

(One Certificate per Transaction)