



*Troy Parlier,  
Village President*

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

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June 10, 2020

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

Dear Director:

The Village of Oswego is submitting an application for an Economic Development Downstate Small Business Stabilization grant under the Community Development Block Grant (CDBG) Program. The grant request is in the amount of \$25,000 to be used to provide working capital needs for Dominion Martial Arts. Dominion Martial Arts has been a part of the Oswego community since 2012 and normally employs nine employees. Dominion Martial Arts has been negatively impacted by the COVID-19 emergency and requires urgent assistance. We appreciate your consideration.

Very truly yours,

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

Troy Parlier  
Village President  
Village of Oswego



# Illinois Department of Commerce & Economic Opportunity

## Uniform Application for State Grant Assistance

### Agency Completed Section

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

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

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

4. Name of Awarding State Agency

5. Catalog of State Financial Assistance (CSFA) Number

6. CSFA Title

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

7. CFDA Number

8. CFDA Title

9. CFDA Number

10. CFDA Title

Additional CFDA Number, if required

Additional CFDA Title, if required

### Funding Opportunity Information

11. Funding Opportunity Number

12. Funding Opportunity Title

Competition Identification  Not Applicable

13. Competition Identification Number

14. Competition Identification Title

**Applicant Completed Section**

**Applicant Information**

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

16. Common Name (DBA)

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

18. Organizational DUNS Number

19. SAM Cage Code

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

**Applicant's Organizational Unit**

21. Department Name

22. Division Name

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

23. First Name

24. Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number

29. Fax Number

30. E-mail Address

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

31. First Name

32. Last Name

33. Suffix

34. Title

35. Organizational Affiliation

36. Telephone Number

37. Fax Number

38. E-mail Address

**Areas Affected**

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

40. Legislative and Congressional District of Applicant

41. Legislative and Congressional Districts or Program Project

**Applicant's Project**

42. Description Title of Applicant's Project

43. Proposed Project Term

Start Date

End Date

44. Estimated Funding (Include all that apply)

Amount Requested from the State

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

Local Contribution

Other Source of Contribution

Program Income

Total Amount

Applicant Certification:

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

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

I Agree

**Authorized Representative**

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative  


53. Date Signed  


**CDBG APPLICANT PROJECT INFORMATION  
ECONOMIC DEVELOPMENT COMPONENT**

**I. PRE-APPLICATION REQUIREMENTS**

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

5/4/20 DATE APPLICANT COMPLETED GATA'S "INTERNAL CONTROL QUESTIONNAIRE" (ICQ) Does not need to be completed at time of application but must be prior to grant award.

**Council Resolution Information**

Council Resolution Support Date (MM/YY/DD):	
Resolution Number:	

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

FINANCING GAP - For Economic Development Grants, this argument will demonstrate that a business can raise only a portion of the financing necessary to stay in business. Documentation must be provided within the application which supports the argument. Written evidence to include the business's most recent bank statement, completion of the Net Income Verification, Monthly Budget and Employee Status Documentation. The Department will consider other forms of documentation to demonstrate the lack of permanent working capital in support of operating expenses. Such evidence may include shutoff utility notices, delinquent bills, etc.

**III. APPLICATION WRITER**

First Name	Corinna		
Last Name	Cole		
Title	Economic Development Director		
Agency Name	Village of Oswego		
Agency Type	Local government		
Mailing Address	100 Parkers Mill, Oswego IL 60543		
Telephone	630.551.2334	Email	<a href="mailto:ccole@oswegoil.org">ccole@oswegoil.org</a>
Federal Employer Identification Number	[REDACTED]		

**IV. BENEFITING BUSINESS INFORMATION**

**Name of Business this application is in support of:**

Supported Business Name: Dominion Martial Arts

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

Yes, registered in \_\_\_\_\_ County  No

Supported Business Address 1: 150 Kendall Point drive unit B

Supported Business Address 2: \_\_\_\_\_

Supported Business City: Oswego

Supported Business State: IL

Supported Business Zip: 99999-9999: 60543

Supported Business Phone Number 331-725-7250

Supported Business E-Mail Address: david@dominionmartialarts.com

Supported Business FEIN or ITIN: [REDACTED]

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

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

**Supported Business Authorized Signatory Contact:**

*Signatory must sign Participation Agreement and Business Certification Form*

Last Name: Chacon

First Name: David

Title: President

Daytime Phone: 630-450-9171

Home Phone: \_\_\_\_\_

E-Mail: david@dominionmartialarts.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 Amount Received: \$ 36,500

Funding Program Name: EIDL Amount Received: \$ 7,000

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

## ***Insert Uniform GATA Budget-DSBS here.***

*Completed by the local government and benefiting business.*

The Uniform Grant Application can be found at the bottom of this webpage:

<https://www2.illinois.gov/dceo/CommunityServices/CommunityInfrastructure/Pages/DownstateSmBizStabilization.aspx>

**PLEASE FOLLOW DIRECTIONS BEGINNING ON PAGE 9 OF THE GUIDEBOOK  
TO COMPLETE THE GATA BUDGET-DSBS**



STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	Village of Oswego	DUNS#		NOFO #	
CSFA Number:		CSFA Description:	Downstate Small Business Stabilization	Fiscal Year:	2020
SECTION A -- STATE OF ILLINOIS FUNDS				Grant #	
Revenues				TOTAL REVENUE	
(a). State of Illinois Grant Amount Requested				\$	26,909.01
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories		OMB Uniform Guidance Federal Awards Reference 2 CFR 200		TOTAL EXPENDITURES	
15. <u>Working Capital</u>				\$	26,909.01
18. Total Costs State Grant Funds				\$	26,909.01

**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: \_\_\_\_\_

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

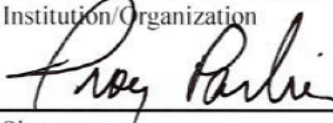
(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

Village of Oswego  
 Institution/Organization  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 Signature

Mark Horton  
 Name of Official

Finance Director  
 Title  
 Chief Financial Officer (or equivalent)  
 9-Jun-20  
 \_\_\_\_\_  
 Date of Execution

Village of Oswego  
 Institution/Organization  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 Signature

Troy Parlier  
 Name of Official

Village President  
 Title  
 Executive Director (or equivalent)  
 9-Jun-20  
 \_\_\_\_\_  
 Date of Execution

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

## Section C - Budget Worksheet & Narrative

Village of Oswego

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

Description	Quantity	Basis	Cost	Length of time	Capital Cost
Personnel (Salaries and Wages)					\$ 16,685.78
Fringe Benefits (Markel ins & Liberty Mutual ins.)					\$ 408.33
Occupancy (Rent/Mortgage Payments)					\$ 1,798.91
Utilities (Electrical, Gas, Water, Sewer)					\$ 150.00
Telecommunications & Internet					\$ 485.07
Inventory/Goods Necessary to do Business					\$ 1,000.00
Supplies (office-related)					\$ 1,000.00
Affiliations dues, bookkeeping,					\$ 1,600.00
Contractual Services: Rainmaker, Market Muscle, Hyper, Logitech cameras, zoom					\$ 764.99
Marketing & Advertising					\$ 1,230.00
monthly merchant fees					\$ 1,785.93
				<i>State Total</i>	<i>\$ 26,909.01</i>

***Total State-Funded Working Capital*** \$ 26,909.01

**Working Capital Narrative (State):**

Fringe Benefits i put our Liberty Mutual Workmens comp \$173.50 + Marklel ins. \$234.83(liability ins.) Inventory is our Supplier Century martial arts & breakthrough screen printing that is where we purchase students uniforms they need & purchase gear packages. Supplies= century equipment to run classes & belts for students as well as cleaning & office supplies. Contractual services include our monhtly charge for CRM rainmaker\$197, Market Muscle \$299 (website), Hyper\$199(curriculum), Logitech\$18 (video cameras), zoom\$54.99. Affiliation dues is CMA limited \$1,000 a month, \$200 to Century consulting, \$400 JMC accounting for bookkeeping. Marketing & advertising we always relied on Booth events & school events & Social media marketing

## Section C - Budget Worksheet & Narrative

Village of Oswego

**Budget Narrative Summary**--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

<i>Budget Category</i>	<i>State</i>	<i>Total</i>
<i>15. Working Capital</i>	\$ 26,909.01	\$ 26,909.01
 <i>State Request</i>	 \$ 26,909.01	
 <i>Non-State Amount</i>		
<b>TOTAL PROJECT COSTS</b>		<b>\$ 26,909.01</b>

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

Grant Number 0

Final Budget Amount Approved  
\$ 26,909.01

Program Approval Signature                      Date

Fiscal & Administrative Approval Signature                      Date

Budget Revision Approved

Program Approval Signature                      Date

Fiscal & Administrative Approval Signature                      Date

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

## *Insert Project Summary here*

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

Dominion Martial Arts was established in 2012 in Oswego and has been continuously open for eight years. We offer martial arts group classes for kids, teens and adults. We offer private lessons as well. We promote character development throughout the community and have partnered with local law enforcement to take our message to our schools to help students achieve their potential as students and citizens. Our business has been tremendously affected by the shutdown. We had to close in March and we are planning on re-opening in Phase 3 June 1 st . We are unsure of the response from students coming back & if they feel its safe. Over 50% in our poll have asked to hold off when they feel its safer. We have lost students and income. We are grossing less than 50% of our average monthly revenue. In fact, our average monthly gross revenue from 2019 was \$45k and we made \$24,481 for the month of April this year. The money that we are making is ONLY because we have families sticking with us by continuing to pay their monthly fees because they believe in us and don't want to see us shut down. What we do earn will not even cover our operating expenses!

With so much uncertainty around when kids can come back to our classes, more families will stop paying for our program. This is made worse by so many families losing jobs and not being able to afford things. We are facing significant financial hardship. This grant will help us with operating expenses and payroll for our five full time staff members and we are hoping to bring back our part time employees as well when we re-open. Having our payroll needs taken care of, we can also purchase needed personal protective equipment to keep our staff and students safe and make students feel comfortable coming back. PPE can include things like a disinfecting electrostatic spray, a mat cleaning machine, and ozone machine. These are things we need to operate safely in a martial arts classroom, but we will not be able to afford them without an offset to our payroll costs.

We have received the PPP, EIDL and a \$5,000 Village of Oswego loan which are helping us keep our staff through June and help paying for operating expenses through June. We are worried about July and August, which is our SLOWEST season for our school because it's summer time! This is a industry standard and not just for our school, we are part of the Marital Art Industry Association and our consultant has told us he is afraid himself of the upcoming months. People go on vacations, sign their children up for outdoor sports such as little league and soccer so we loose students in the summer. Without the Downstate Stabilization Grant we don't know what the future of Dominion will look like after the PPP loan runs out.

**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.

<b>Fiscal Year Ending:</b>	<b>Net Income</b>	<b>Net Income derived from Profit/Loss Statement? (Yes/No)</b>	<b>Net Income calculated from total sales – total expenses? (Yes/No)</b>	<b>Cash Balance</b>
December 31, 2017	62,033	Yes		43,409
December 31, 2018	117,785	yes		45,815
December 31, 2019	44,046	yes		21,130
<b>Current:</b>				

**JANUARY, 2020 MONTHLY BUDGET**

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

<b>Budget Item</b>	<b>Total Monthly Expenditures</b>	<b>Monthly Net Income Computation</b>
<b>Total Income</b>		44,477.36
Personnel (Salary & Wages)	19,441.01	
Fringe Benefits	474.72	
Equipment		
Inventory		
Supplies	1,384.91	
Occupancy (Rent & Utilities)	1,901.90	
Telecommunications	485.07	
Other (Specify) Operating Dues & fees	3,751.57	
Other (Specify) Marketing & Advertising	1,557.38	
Other (Specify) sub contractor	6,035.87	
<b>Total of All Expenditures</b>		35,032.43
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>		<b>9,444.93</b>



***Insert Most Recent Bank Statement here.***

*From the benefiting business. Please make certain to redact (mark out) the account number.*

# Business Checking

PNC Bank



For the Period 04/01/2020 to 04/30/2020

Primary Account Number [REDACTED]

Page 1 of 4

Number of enclosures: 0

DOMINION MARTIAL ARTS LLC  
2423 SHAKER CT  
NAPERVILLE IL 60564-8449

For 24-hour banking sign on to  
 PNC Bank Online Banking on pnc.com  
FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG  
Monday - Friday: 7 AM - 10 PM ET  
Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en español, 1-877-BUS-BNKG

**Moving?** Please contact your local branch

- Write to: Customer Service  
PO Box 609  
Pittsburgh, PA 15230-9738
- Visit us at PNC.com/smallbusiness
- TDD terminal: 1-800-531-1648  
For hearing impaired clients only

## Cyber Security Awareness

Do you know what to do if you receive a fraudulent email, text or phone call that appears to come from PNC? Forward the message to PNC at abuse@pnc.com. If you responded to a fraudulent text or email, clicked on a link, opened an attachment and/or disclosed personal information, immediately change your online banking password, using another device if possible. Then contact PNC Bank's Online Banking Team at 1-800-762-2035, select 1 for personal account or 2 for a business account, then select option 3.

## Business Checking Summary

Dominion Martial Arts Llc

Account number [REDACTED]

Overdraft Protection Provided By: [REDACTED]

## Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
33,727.67	24,353.52	21,136.26	36,944.93
		Average ledger balance	Average collected balance
		30,798.26	30,798.26

## Deposits and Other Additions

Description	Items	Amount
ACH Additions	22	24,353.52
Total	22	24,353.52

## Checks and Other Deductions

Description	Items	Amount
Checks	15	12,725.42
Debit Card Purchases	5	760.86
ATM/Misc. Debit Card Transactions	2	27.98
ACH Deductions	10	5,766.43
Other Deductions	4	1,855.57
Total	36	21,136.26

## Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
04/01	30,359.10	04/03	30,008.96	04/07	31,001.10
04/02	27,939.55	04/06	27,779.87	04/08	30,725.69

Daily Balance continued on next page

# Business Checking

For 24-hour account information, sign-on to  
pnc.com/mybusiness/

For the Period 04/01/2020 to 04/30/2020

Dominion Martial Arts Llc

Primary Account Number

Page 2 of 4

Business Checking Account Number:

## Daily Balance - continued

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
04/09	30,823.32	04/16	26,198.71	04/24	31,799.66
04/10	31,032.32	04/17	28,463.26	04/27	37,190.69
04/13	32,569.80	04/20	25,596.05	04/28	36,555.69
04/14	31,925.80	04/22	31,007.16	04/29	36,859.23
04/15	29,389.34	04/23	31,573.16	04/30	36,944.93

## Activity Detail

### Deposits and Other Additions

#### ACH Additions

Date posted	Amount	Transaction description	Reference number
04/03	2,069.41	Corporate ACH Merch Dep	
04/06	193.00	Corporate ACH Merch Dep	
04/06	175.00	Corporate ACH Merch Dep	
04/07	3,221.23	Corporate ACH Merch Dep	
04/09	97.63	Corporate ACH Merch Dep	
04/10	209.00	Corporate ACH Merch Dep	
04/13	1,453.48	Corporate ACH Merch Dep	
04/13	84.00	Corporate ACH Merch Dep	
04/14	59.00	Corporate ACH Merch Dep	
04/15	141.31	Corporate ACH Merch Dep	
04/16	1,137.70	Corporate ACH Merch Dep	
04/17	2,264.55	Corporate ACH Merch Dep	
04/20	150.00	Corporate ACH Merch Dep	
04/20	25.00	Corporate ACH Merch Dep	
04/22	5,551.09	Corporate ACH Merch Dep	
04/23	566.00	Corporate ACH Merch Dep	
04/24	226.50	Corporate ACH Merch Dep	
04/27	5,378.88	Corporate ACH Merch Dep	

ACH Additions continued on next page

# Business Checking

For 24-hour account information, sign-on to  
pnc.com/mybusiness/

For the Period 04/01/2020 to 04/30/2020

Dominion Martial Arts Llc

Primary Account Number

Page 3 of 4

Business Checking Account Number

## ACH Additions - continued

Date posted	Amount	Transaction description	Reference number
04/27	240.50	Corporate ACH Merch Dep	
04/28	21.00	Corporate ACH Sipp Pymnt	
04/29	303.54	Corporate ACH Merch Dep	
04/30	785.70	Corporate ACH Merch Dep	

## Checks and Other Deductions

### Checks and Substitute Checks

\* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
04/16	5701 *	2,473.53		04/06	5742	1,561.42		04/20	5749	404.95	
04/20	5702	59.28		04/20	5745 *	219.00		04/16	5750	969.72	
04/30	5703	500.00		04/06	5746	94.38		04/01	7149 *	656.00	
04/30	5705 *	200.00		04/02	5747	969.72		04/28	7150	656.00	
04/01	5741 *	2,000.00		04/20	5748	1,561.42		04/06	7157 *	400.00	

### Debit Card Purchases

Date posted	Amount	Transaction description	Reference number
04/02	197.00	Debit Card Purchase Rainmaker Membership S Mansfield Tx	
04/06	1.29	Debit Card Purchase Apple.Com/Bill	
04/16	200.00	Debit Card Purchase Cen*Century Ma	
04/20	24.95	Debit Card Purchase Nascar Car Wash - Nape Naperville Il	
04/20	337.62	Debit Card Purchase Jewel-Osco Naperville	

### ATM/Misc. Debit Card Transactions

Date posted	Amount	Transaction description	Reference number
04/15	9.99	Recurring Debit Card Apple.Com/Bill	
04/20	17.99	Recurring Debit Card Drg*Logitech Store	

### ACH Deductions

Date posted	Amount	Transaction description	Reference number
04/02	1,147.99	Corporate ACH Merch Fee	
04/02	104.84	Corporate ACH Merch Dep	
04/08	275.41	ACH Debit Ins Prem	
04/14	100.00	ACH Web-Single Web Pymt	
04/15	2,667.78	Corporate ACH Usat taxpymt IRS	
04/16	685.08	Corporate ACH EDI Pymnts Il Dept Of Reven	

ACH Deductions continued on next page

# Business Checking

For 24-hour account information, sign-on to [pnc.com/mybusiness/](http://pnc.com/mybusiness/)

For the Period 04/01/2020 to 04/30/2020

Dominion Martial Arts Llc

Primary Account Number [REDACTED]

Page 4 of 4

Business Checking Account Number [REDACTED]

## ACH Deductions - continued

Date posted	Amount	Transaction description	Reference number
04/20	417.00	Corporate ACH Merch Chbk [REDACTED]	[REDACTED]
04/22	139.98	ACH Web-Single Ins Prem [REDACTED]	[REDACTED]
04/27	220.00	ACH Web-Single Payment [REDACTED]	[REDACTED]
04/27	8.35	Corporate ACH Merch Dep [REDACTED]	[REDACTED]

## Other Deductions

Date posted	Amount	Transaction description	Reference number
04/01	712.57	Loan Payment [REDACTED]	[REDACTED]
04/06	40.00	Online Transfer To [REDACTED]	[REDACTED]
04/06	500.00	Online Payment To [REDACTED]	[REDACTED]
04/14	603.00	[REDACTED]	[REDACTED]

## Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 05/01/2020 and will appear on your next statement as a single line item entitled Service Charge Period Ending 04/30/2020.

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	47	.00	Included in Account
ACH Credits	22	.00	Included in Account
ACH Debits	10	.00	Included in Account
Checks Paid	15	.00	Included in Account
Cash Flow Insight Waived Fee (promo)	1	.00	Included in Account
Total For Services Used This Period		.00	
Total Service Charge		.00	

## Business Checking - Maintenance Fee Relationship Pricing

These accounts were reviewed to meet the balance requirement and offset the monthly account maintenance fee for your Business Checking account. \*If the Met/Not Met Status reflects "No Fee", your most recent credit card statement balance is not reflected and you will not be charged the Maintenance Fee for this statement cycle.

Account Type	Ending In	Condition	As of	Balance	Met/Not Met
Credit Card	[REDACTED]	Recent Cycle Purchases	04/17/20	3,277.64	
Credit Card	[REDACTED]	Recent Cycle Purchases	04/17/20	.00	
Combined PNC Bus. Credit Cards				3,277.64	Met

## ***Insert Additional Documentation here.***

*From the benefiting business.*

If available, other forms of **documentation to demonstrate the lack of permanent working capital** in support of operating expenses. Such evidence may include shutoff utility notices, delinquent bills, denied loan applications, etc

**Dominion Martial Arts**

**Evidence of Financial Need**

Below is an active member report. It shows that we were at 270 Active students in February, meaning that they checked into our school at least 1 time in the past 30 days.

Once we were forced to close we still checked students in that were training virtually so it shows we had 219 virtually attend in May (not in person) & now we are at 148 for June so far. There is a big downward trend

# Member Count Over Time

**Report Description:** This report counts unique members who have an attendance record during the month reported. They may have had multiple attendance records, or just one. This report is strictly calculated by attendance records.

Year	J a n	F e b	M a r	A p r	M a y	J u n	J u l	A u g	S e p	O c t	N o v	D e c
20 17								275	231	226	227	216
20 18	243	248	262	281	275	270	263	275	266	277	273	255
20 19	252	270	247	248	237	249	242	276	274	273	279	233
20 20	277	276	266	222	219	148						

## Financial Forecast

Below is a report I pulled. Look what our system shows for our next month's (July) income: we forecast we will be at \$18,124 as long as we don't have any more cancellations. I pulled 2019's July report. We made \$51,758.98, so were projected to make less than 50% of last year.

**Please Note:** This is a forecast only. Members dropping out, adding new members will dynamically adjust the results. The forecasted amount is based on members who have a current agreement, who will make a payment during the month selected. When a program expires, it will drop off the forecast. When a new member is added, it will add to the forecast. This report only reflects membership income.

## Forecast As Of : 06/08/2020

Contact Count:	142
Amount Sum:	\$18,124.56
Payment Count:	142
Total Sum:	\$18,124.56



### DOCUMENTATION of EMPLOYEE STATUS

*Expand as Needed*

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

Employee Name	Employee's Last 4 Digits of Social Security #	Status on 1/1/20		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
Tyler Scott	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brian Akins	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rachel Chacon	[Redacted]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
David Chacon	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suzana Chacon	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
John Torres	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Derek Blincoe	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eli Castillo	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nathan Smykal	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jill Bereyni	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>							

**LOCAL GOVERNMENT CERTIFICATIONS**

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

1. It will comply with the National Environmental Policy Act (NEPA) with the submission of this application and it further certifies that no aspect of the project for assistance has or shall commence prior to the award of funds to the community and the receipt of an environmental clearance.
2. It will comply with the Interagency Wetland Policy Act of 1989 including the development of a plan to minimize adverse impacts on wetlands, or providing written evidence that the proposed project will not have an adverse impact on a wetland.
3. It will comply with the Illinois Endangered Species Protection Act and the Illinois Natural Area Preservation Act by completing the consultation process with the Endangered Species Consultation Program of the Illinois Department of Natural Resources, or providing written evidence that the proposed project is exempt.
4. It will identify and document all appropriate permits necessary to the proposed project, including, but not limited to: building, construction, zoning, subdivision, IEPA and IDOT.
5. No legal actions are underway or being contemplated that would significantly impact the capacity of the (name of local government) to effectively administer the program, and to fulfill the requirements of the CDBG program.
6. It will coordinate with the County Soil and Water Conservation District regarding standards for surface and sub-surface (tile) drainage restoration and erosion control in the fulfillment of any project utilizing CDBG funds and involving construction.
7. It is understood that the obligation of the State will cease immediately without penalty of further payment being required if in any fiscal year the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this agreement.
8. It acknowledges the applicability of Davis-Bacon prevailing wage rate requirements to construction projects; a wage rate determination must be obtained prior to commencement of any construction or equipment installation; and, it shall discuss these requirements with the contractor.
9. It will comply with Section 3 of the Housing and Urban Development Act of 1968 to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing federal, state, and local laws and regulations, be directed to low and very low income persons and businesses.
10. It certifies that no occupied or vacant occupiable low-to-moderate income dwellings will be demolished or converted to a use other than low-to-moderate income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.
11. It will conduct a Section 504 self-evaluation of its policies and practices to determine whether its employment opportunities and services are accessible to persons with disabilities.
12. It will comply with 2 CFR 200, 24 CFR 570, Part 85, and the Illinois' Grant Accountability and Transparency Act (GATA).
13. The area, in whole or in part, in which project activities will take place, IS or **IS NOT** (circle one) located in a floodplain.

A FEMA Floodplain map is included in the application (as required) and is located on Page 31

14. DUNS Number [REDACTED]

*Troy Parlier*

Troy Parlier,

Oswego Village President

*6/9/20*

Date

**BUSINESS CERTIFICATIONS**

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

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

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

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

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

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

DocuSigned by:  
*David Chacon*  
92C2B42B713349F...  
\_\_\_\_\_  
Signature of Chief Executive Officer

**5/19/2020**  
\_\_\_\_\_  
Date

**David Chacon**  
\_\_\_\_\_  
Typed Name of Chief Executive Officer

**Dominion Martial Arts**  
\_\_\_\_\_  
Name of Business

[REDACTED]  
\_\_\_\_\_  
FEIN #

150 Kendall point drive unit B Oswego, IL 60543  
\_\_\_\_\_  
Business Address

\_\_\_\_\_  
DUNS #  
[REDACTED]  
\_\_\_\_\_  
SIC #

**MANDATORY DISCLOSURES**

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as "Grantee") must disclose, in a timely manner and in writing to the State awarding agency, all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award. See 30 ILCS 708/40; 44 Ill. Admin Code § 7000.40(b)(4); 2 CFR § 200.113. Failure to make the required disclosures may result in remedial action.

Please describe all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the awarding of a grant to your organization:

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

By signing this document, below, as the duly authorized representative of the Grantee, I hereby certify that:

- All of the statements in this Mandatory Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
- There is no action, suit or proceeding at law or in equity pending, nor to the best of Grantee's knowledge, threatened, against or affecting the Grantee, before any court or before any governmental or administrative agency, which will have a material adverse effect on the performance required by the grant award.
- Grantee is not currently operating under or subject to any cease and desist order, or subject to any informal or formal regulatory action, and, to the best of the Grantee's knowledge, it is not currently the subject of any investigation by any state or federal regulatory, law enforcement or legal authority.
- If Grantee becomes the subject of an action, suit or proceeding at law or in equity that would have a material adverse effect on the performance required by an award, or an investigation by any state or federal regulatory, law enforcement or legal authority, Grantee shall promptly notify the Department in writing.

Grantee Organization: **Village of Oswego**

By: 

Signature of Authorized Representative Printed

Name: **Troy Parlier**

Printed Title: **Oswego Village President**

Date: **6/9/20**

## CONFLICT OF INTEREST DISCLOSURE

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as “Grantee”) must disclose in writing to the awarding State agency any actual or potential conflict of interest that could affect the State award for which the Grantee has applied or has received. See 30 ILCS 708/35; 44 Ill. Admin Code § 7000.40(b)(3); 2 CFR § 200.112. A conflict of interest exists if an organization’s officers, directors, agents, employees and/or their spouses or immediate family members use their position(s) for a purpose that is, or gives the appearance of, being motivated by a desire for a personal gain, financial or nonfinancial, whether direct or indirect, for themselves or others, particularly those with whom they have a family business or other close associations. In addition, the following conflict of interest standards apply to governmental and non-governmental entities.

- a. Governmental Entity.** If the Grantee is a governmental entity, no officer or employee of the Grantee, member of its governing body or any other public official of the locality in which the award objectives will be carried out shall participate in any decision relating to a State award which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the State award.
- b. Non-governmental Entity.** If the Grantee is a non-governmental entity, no officer or employee of the Grantee shall participate in any decision relating to a State award which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the State award.

The Grantee shall also establish safeguards, evidenced by policies, rules and/or bylaws, to prohibit employees or officers of Grantee from engaging in actions, which create, or which appear to create a conflict of interest as described herein.

**The Grantee has a continuing duty to immediately notify the Department of Commerce and Economic Opportunity (the “Department”) in writing of any actual or potential conflict of interest, as well as any actions that create or which appear to create a conflict of interest.**

*Please describe all current potential conflict(s) of interest, as well as, any actions that create or which appear to create a conflict of interest related to the State award for which your organization has applied.*

If the Grantee provided information above regarding a current potential conflict of interest or any actions that create or appear to create a conflict of interest, the Grantee must immediately provide documentation to the applicable Department grant manager to support that the potential conflict of interest was appropriately handled by the Grantee’s organization. If at any later time, the Grantee becomes aware of any actual or

potential conflict of interest, the Grantee must notify the Department's grant manager immediately, and provide the same type of supporting documentation that describes how the conflict situation was or is being resolved.

Supporting documentation should include, but is not limited to, the following: the organization's bylaws; a list of board members; board meeting minutes; procedures to safeguard against the appearance of personal gain by the organization's officers, directors, agents, and family members; procedures detailing the proper internal controls in place; timesheets documenting time spent on the award; and bid documents supporting the selection of the contractor involved in the conflict, if applicable.

By signing this document, below, as the duly authorized representative of Grantee, I hereby certify that:

- All of the statements in this Conflict of Interest Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
- If I become aware of any situation that conflicts with any of the representations herein, or that might indicate a potential conflict of interest or create the appearance of a conflict of interest, I or another representative from my organization will immediately notify the Department's grant manager for this award.
- I have read and I understand the requirements for the Conflict of Interest Disclosure set forth herein, and I acknowledge that my organization is bound by these requirements.

Grantee Organization: **Village of Oswego**

By: \_\_\_\_\_



Signature of Authorized Representative Printed

Name: **Troy Parlier**

Printed Title: **Oswego Village President**

Date:

6/19/20



U.S. Department of Housing and Urban  
Development

451 Seventh Street, SW  
Washington, DC 20410  
www.hud.gov

espanol.hud.gov

**Environmental Review  
for Activity/Project that is Exempt or  
Categorically Excluded Not Subject to Section 58.5  
Pursuant to 24 CFR Part 58.34(a) and 58.35(b)**

**Project Information**

**Project Name:** Economic development activities, including and limited to, working capital expenses (i.e., employee salaries, general operating expenses, inventory and advertising/marketing expenses) not associated with construction or expansion of existing operations for eligible small business(es) in the Village of Oswego, Illinois.

**Responsible Entity:** Village of Oswego, Illinois

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

**State/Local Identifier:** TBD, if application is funded

**Preparer:**

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

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

**Consultant** (if applicable): N/A

**Project Location:** 150 Kendall Point Drive, Unit B, Oswego IL 60543

**Description of the Proposed Project** [24 CFR 58.32; 40 CFR 1508.25]: Economic development activities, including and limited to, working capital expenses (i.e., employee salaries, general operating expenses, inventory and advertising/marketing expenses) not associated with construction or expansion of existing operations for eligible small business(es) in the Village of Oswego, Illinois, to assist the following specific small business(es): Dominion Martial Arts

**Level of Environmental Review Determination:**

- Activity/Project is Exempt per 24 CFR 58.34(a): \_\_\_\_\_
- Activity/Project is Categorically Excluded Not Subject To §58.5 per 24 CFR 58.35(b): (4)

**Funding Information**

Grant Number	HUD Program	Funding Amount	Categorically Excluded Amount
TBD, if awarded	State CDBG	N/A	\$25,000

**Estimated Total HUD Funded Amount:** \$25,000, the same as Categorically Excluded Amount Above

**This project anticipates the use of funds or assistance from another Federal agency in addition to HUD in the form of (if applicable):** None

**Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]:** \$25,000 in CDBG Downstate Small Business Stabilization (DSBS) Funds, for the small business economic development activities noted in the description above.

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

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

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



<b>Airport Runway Clear Zones and Accident Potential Zones</b>  24 CFR Part 51 Subpart D	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	No sale or acquisition of property will occur
<b>Coastal Barrier Resources</b>  Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<i>Illinois is not a covered state under these Acts.</i>
<b>Flood Insurance</b>  Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<i>The project is exempt pursuant to Section 58.6(a)(3), because it is funded through a HUD formula grant made to a state and because parcel is located in Zone X, Area of Minimal Flood Hazard, as identified on FIRM 17093C0058G, eff. 2/4/09</i>

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

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure
N/A	N/A

Preparer Signature:


Date: 6/9/2020Name/Title/Organization: Corinna Cole, Economic Development Director, Village of Oswego

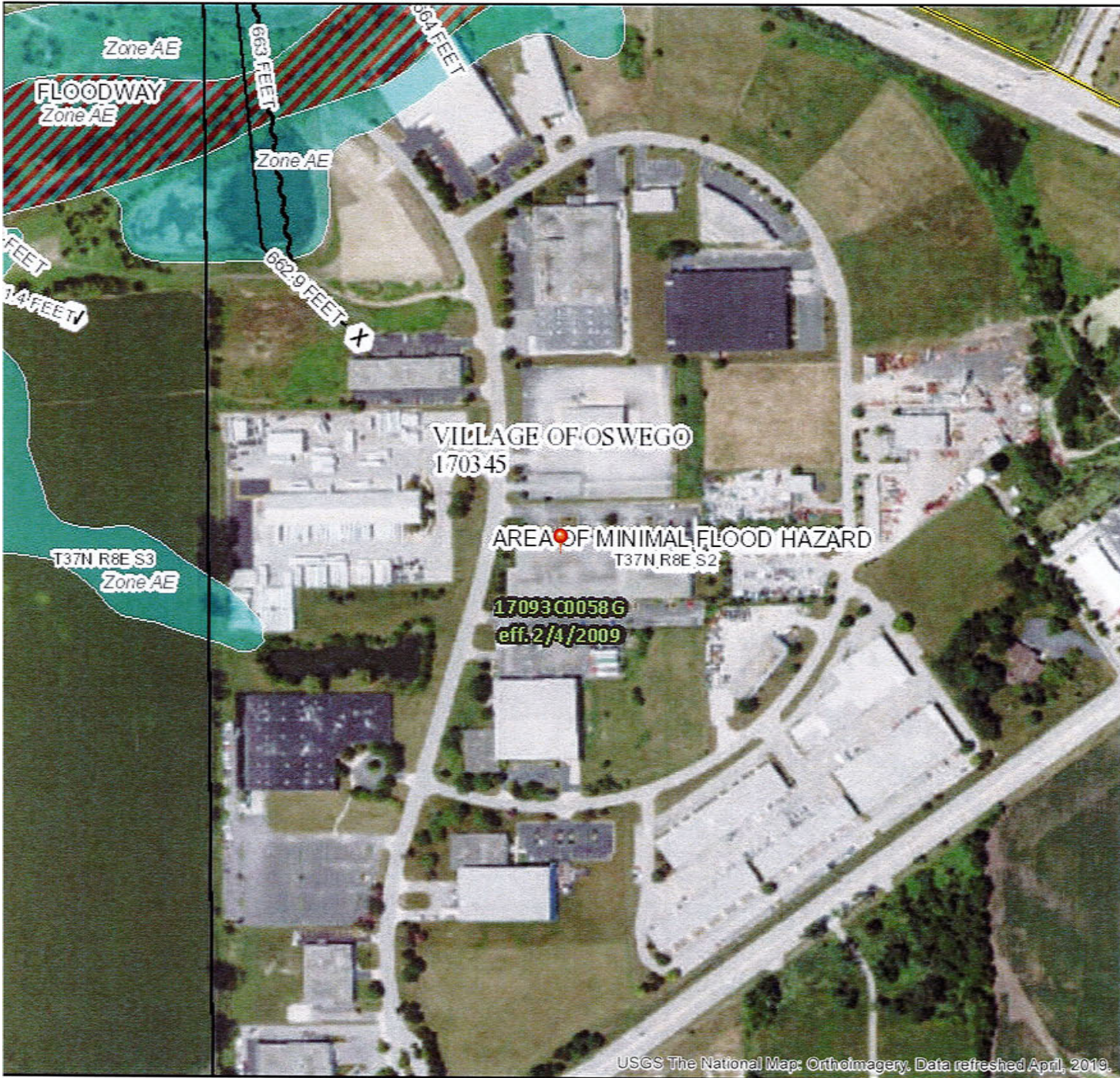
Responsible Entity Agency Official Signature:


Date: 6/9/20Name/Title: Troy Parlier, Oswego Village President

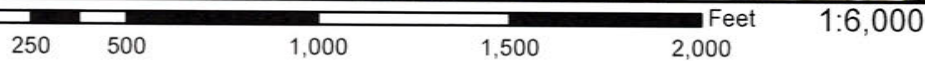
# National Flood Hazard Layer FIRMette



41°43'3.29"N



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



41°42'36.43"N

## Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone I
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes, Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

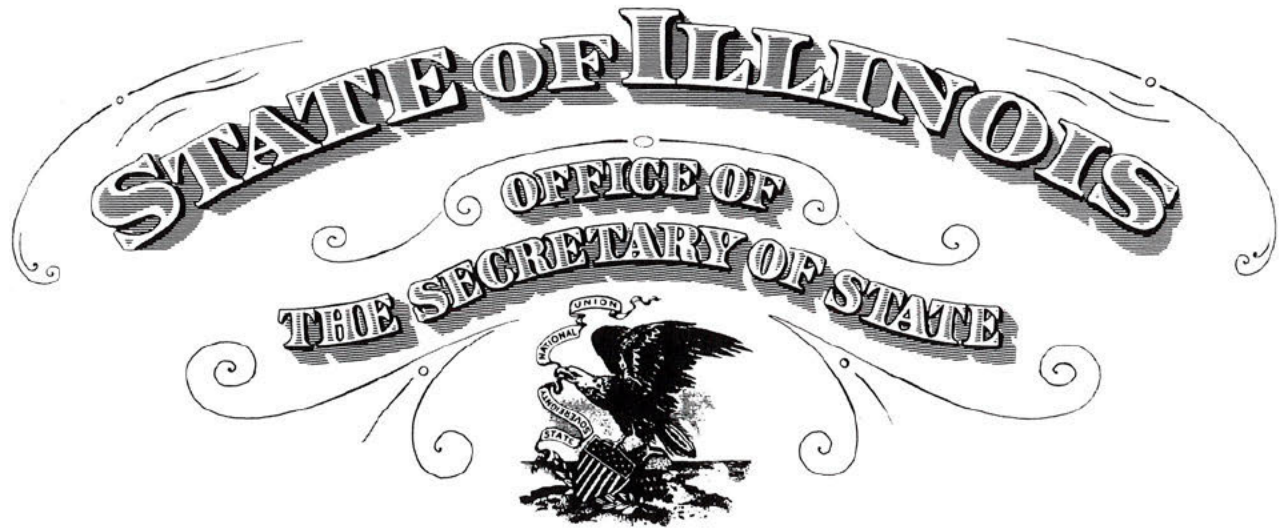
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 5/21/2020 at 4:50:51 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

88-1730-53-W

File Number [REDACTED]



**To all to whom these Presents Shall Come, Greeting:**

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

DOMINION MARTIAL ARTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 02, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 19TH*  
*day of MAY A.D. 2020 .*

*Jesse White*

SECRETARY OF STATE

Authentication #: [REDACTED] verifiable until 05/19/2021  
Authenticate at: <http://www.cyberdriveillinois.com>