

Department of the Sheriff
KANE COUNTY, ILLINOIS

PATRICK B. PEREZ
Sheriff

STEPHEN M. ZIMAN
Undersheriff



Kane County Sheriff's Department
777 East Fabyan Parkway
Geneva, Illinois 60134

Public Safety
630-232-6840

Corrections
630-232-6677

Fax 630-208-2005

June 2, 2008

Karen McConnaughay, Chairman
Kane County Board
719 South Batavia Avenue
Geneva, IL 60134

Dear Chairman McConnaughay,

The Kane County Sheriff's Department has been awarded \$50,000 to be used for the costs associated with training programs for SWAT and K-9 from the Illinois Department of Commerce and Economic Opportunity. In compliance with the award process, I am enclosing the grant agreement (Project No. 08-203514) requesting your signature and authorization on page 2 of the DCEO Grant Survey.

Please review the enclosed agreement and let me know if you have any questions. We will be submitting the application, required forms, and request for funds as soon as the agreement is approved.

Please let me know if you have any questions. I can be reached at (630)208-2123, or fahnestocksuzanne@co.kane.il.us

Thank you for your assistance.

Best Regards,
Suzanne
Suzanne Fahnestock
Grant Administrator



Illinois Department of Commerce and Economic Opportunity

Rod R. Blagojevich
Governor

Jack Lavin
Director
2nd Attempt
5/15/08

FAX COVER SHEET

DATE: 04/16/08

TO: Suzanne Fahnstock
FAX NUMBER: 630-208-2005

From: Kurt Verduin, Grant Manager
Fax number: 217-557-9883
Phone number: 217-557-5067
Email: kurt.verduin@illinois.gov

NUMBER OF PAGES TO FOLLOW: 23

COMMENTS:

The Department of Commerce and Economic Opportunity has been given the responsibility of administering grant #08-203514 for Kane County Sheriff's Department. Please complete the survey and either email or fax back to my attention as soon as possible. If you have any questions please feel free to call.

Thank you,
Kurt Verduin

If any pages need to be resent, please call the sender. Otherwise, we will assume this transmittal has been completely received. Thank you.

620 East Adams Street
Springfield, Illinois 62701

217/782-7500
Fax: 217/785-6454 xTDD: 800/785-6053

Internet Address <http://www.commerce.state.il.us>
James R. Thompson Center
100 West Randolph Street, Suite 3-400
Chicago, Illinois 60601

312/814-7179
Fax: 312/814-6732 xTDD: 800/419-0667

607 East Adams Street
Springfield, Illinois 62704-1892CJ

217/785-2800
Fax: 217/785-2618 xTDD: 217/785-0211

Printed on Recycled and Recyclable Paper

2309 West Main, Suite 118
Marion, Illinois 62959

618/997-4394
Fax: 618/997-1825 x TDD Relay: 800/526-0844



Illinois Department of Commerce and Economic Opportunity

Rod Blagojevich
GovernorJack Lavin
Director

**TO: Suzanne Fahnstock
Kane County Sheriff's Department**

FROM: Kurt Verduin, DCEO Grant Management Program

DATE: April 16, 2008

RE: Grant Appropriation

Project No.: 08-203514**Amount: \$50,000****Purpose: for the costs associated with training programs for
SWAT and K-9****Funding Source: Non-Bond Fund**

Please be advised that the Department of Commerce and Economic Opportunity has been given the responsibility of administering the above mentioned grant. In order for us to begin the process, you are being asked to complete the enclosed survey form. The information supplied on this form will allow us to develop a formal Grant Agreement (legal document).

Once the Grant Agreement process is completed and all documents are in order, we will begin the payment process. **Be aware that there is no set timeline for grant recipients to receive their funds; however, processing time is largely determined by the accuracy of the information contained in the survey response.** Also, please be aware that if the Grantee has failed to comply with the requirements of any prior grant issued to it by the State, the Department may require that the Grantee cure such deficiencies before the current grant request may be finalized. **The Department's provision of this survey form does not serve as a guarantee of future funding availability.**

Please note that the first page of the survey provides some important points to keep in mind while filling out the survey. If you have questions, feel free to contact me at 217-557-5067.

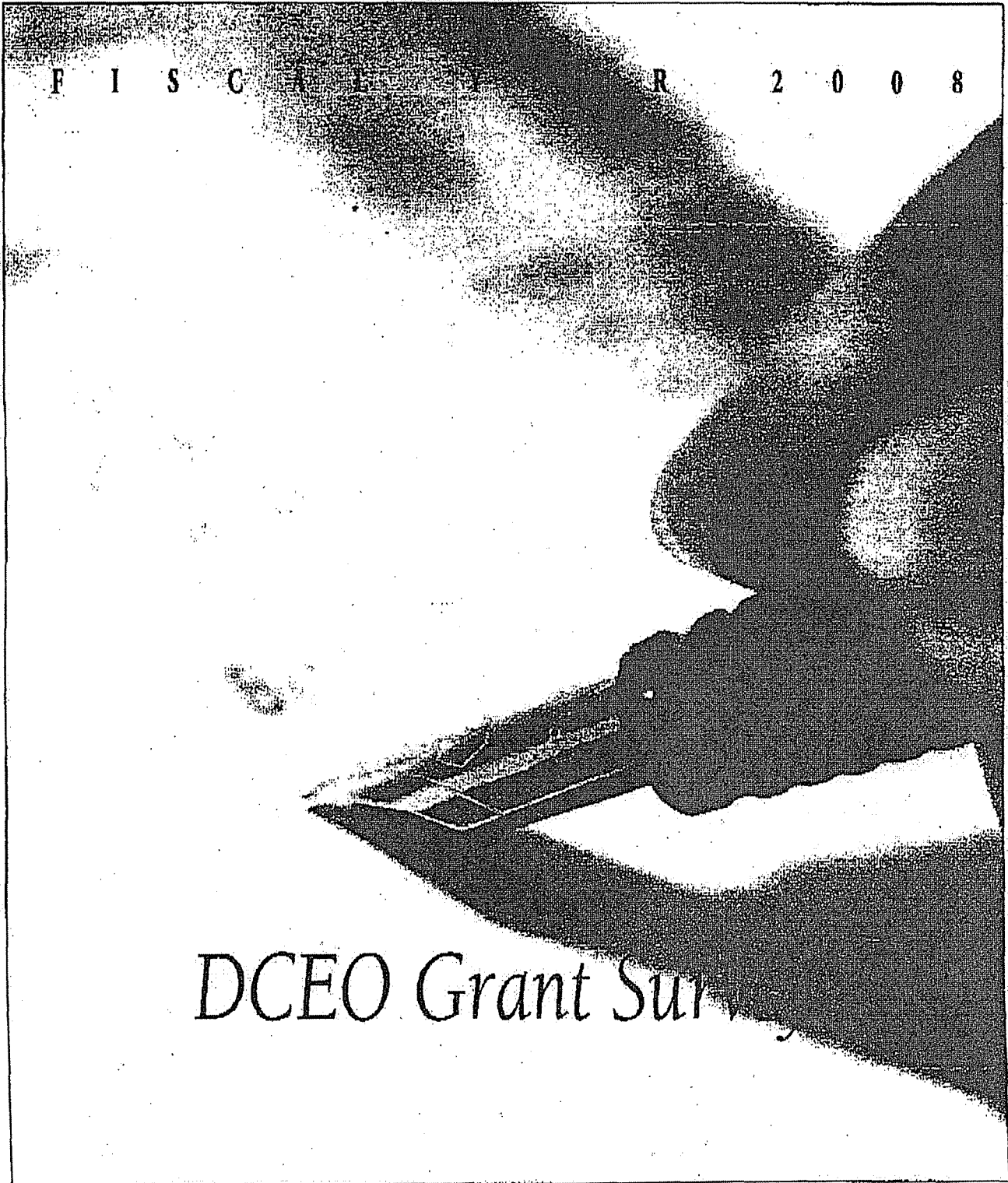
Completed surveys may be mailed to:

DCEO
Kurt Verduin
620 E. Adams St.
Springfield, Illinois 62701
Fax: 217-557-9883

Internet Address <http://www.illinoisbiz.biz>620 East Adams Street
Springfield, Illinois 62701-1615217/782-7500
TDD: 800/785-6055James R. Thompson Center
100 West Randolph Street, Suite 3-400
Chicago, Illinois 60601-3219
312/814-7179
TDD: 800/785-60552309 West Main, Suite 118
Marion, Illinois 62959-1180618/997-4394
TDD: 800/785-6055

State of Illinois
Rod Blagojevich, Governor

Department of Commerce and Economic Opportunity
Jack Lavin, Director





NOTICE OF GRANT REQUIREMENT

The Illinois State Comptroller's Office has notified the Department that, effective September 1, 2002, the following provision must be included in all grants/contracts involving the construction of a fixed work.

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

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

Please be advised that DCEO will not render a legal opinion as to applicability of the Prevailing Wage Act to any project. You should consult your own legal counsel for such an opinion.

Questions regarding the applicability of Prevailing Wage requirements may also be referred to the Illinois Department of Labor at 312/793-2800 or 217/782-6206. Attorney General Opinion No. 00-018 may be accessed on the Attorney General's web site at www.ag.state.il.us/opinions/00-018.htm.



DCEO Grant Survey

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

IMPORTANT GRANT INFORMATION

- The grant award may not be finalized, and grant funds may not be disbursed, until all necessary approvals have been obtained and a Grant Agreement has been executed between DCEO and the Grantee. *All sections of the attached survey are required to be completed.* The time required to finalize this process depends largely upon the completeness and accuracy of the information submitted in the attached survey.
- The grant term should begin no earlier than July 1, 2007. The grant term cannot exceed two years. All project activities must be completed within this time.
- All project activities and all expenditures of grant funds must be consistent with the Scope of Work and Budget included in the Grant Agreement. The Scope of Work and the Budget will be developed based upon the information provided in the Grantee's completed survey.
- All environmental approvals must be submitted and cleared by the appropriate state agency *prior to payment* of costs related to renovation of a building/structure or "dirt-moving" costs.*
- Payment provisions will be specified in the Grant Agreement. Payment for bond fund projects will be disbursed on a reimbursement basis, unless otherwise approved by DCEO.
- *Any* contractual agreement between the Grantee and another party (being paid with grant funds) must include special language to allow DCEO access to the other party's records, relative to the grant. This includes construction subcontractors, consultants who provide services, and *any other entity* with which the grantee has a legal agreement to expend grant funds. Please contact your grant manager if you need a copy of this language (to incorporate into your legal subcontracts) prior to receiving your grant agreement.
- If required by the Grant Agreement, the Grantee must provide an audit relating to its compliance with the terms of the Grant Agreement.

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

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

SUBMITTED

- NA Proof of Good Standing Status - Non-governmental Grantees only (see page 3 for details).
- NA List of Principal Individuals and Board Members-Non-governmental Grantees only. This list must include each individual's name, home address, home phone number and (if different) daytime phone number.
- NA Job Descriptions of Staff Positions to be Funded by Grant Funds
- NA Public Hearing Information Related to Project or Newspaper Articles Related to Project
- NA Pamphlets or Other Materials that Explain the Organization and its Programs/Services
- ✓ W-9 form (revised November 2005 or after) - REQUIRED FOR ALL GRANTEES -
- ✓ 147c Letter or Verification of Entity Name on File with the Internal Revenue Service (See Notice to Grantees on page 16). - REQUIRED FOR ALL GRANTEES -

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



DCEO Grant Survey

1) GRANTEE/PROJECT INFORMATION

Project No.: 08-203514
(Provided on survey cover memo.)

Legal Name of Grantee: County of Kane

Address: 719 S. Batavia Ave.

City: Geneva State: IL ZIP + 4: 60134 - 3077
(Mandatory)

County: Kane Business Phone: (630) 208 - 2003 ext. _____

Fax: (630) 208 - 2005 E-mail address: perezpatrick@co.kane.il.us

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

Name and Title of Person Authorized to Sign Legal Documents for Grantee (see Appendix 2 on page 15):
Karen McConnaughay, Chairman

Name of Project Contact/Administrator of Grant (if other than listed above):
Suzanne Fahnestock

Title: Grant Administrator Contact's Phone: 630) 208 - 2123 ext. _____

Address: 777 E. Fabyan Parkway

City: Geneva State: IL ZIP + 4: 60134 - 3198
(Mandatory)

Fax: (630) 208 - 2005 E-mail address: fahnestocksuzanne@co.kane.il.us

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

Legal Name of Owner of FEIN: Kane County Government

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

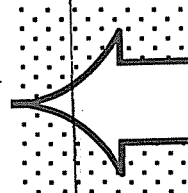
GRANTEE'S FISCAL YEAR: Beginning Date: Month 12 Day 1

Ending Date: Month 11 Day 31

CERTIFICATION: As of this submittal date, the information provided herein is accurate, and the individual signing below is authorized to submit this document. *(Please refer to page 15 for listing of Authorized Signatories)*

Karen McConnaughay Chairman Title Date 6/2/2008
Authorized Official (signature)

Karen McConnaughay
Typed Name





DCEO Grant Survey

TYPE OF ORGANIZATION (Check only one):

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Other : |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Not-for-profit Corporation |
| <input type="checkbox"/> Partnership/Legal Corporation | <input type="checkbox"/> Charitable/Not-for-profit entity |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Tax exempt entity |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services | <input type="checkbox"/> If your organization or entity is not named above, please identify or describe the type of organization/entity that will be receiving grant funds: |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | _____ |
| <input checked="" type="checkbox"/> Governmental | _____ |
| <input type="checkbox"/> Nonresident alien | _____ |
| <input type="checkbox"/> Estate or legal trust | _____ |
| <input type="checkbox"/> Pharmacy (Non-Corp.) | _____ |
| <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) | _____ |

All non-governmental entities MUST provide all of the following information:

Indicate the year that the organization was legally established: _____

Attach documentation of Good Standing Status:

- Entities that are incorporated as a not-for-profit corporation under the General Not For Profit Corporation Act of 1986 (805 ILCS 105/101.01 *et seq.*) are required to submit a certificate of good standing from the Illinois Secretary of State's Office, Department of Business Services, 217/782-7880 or 217/782-6961 (TDD: 800/252-2904).
- Entities that are organized as a Charitable/Not-For-Profit entity, which includes any person, individual, group of individuals, association, not-for-profit corporation, or other legal entity under the Charitable Trust Act (760 ILCS 55/1 *et seq.*) are required to submit a letter of good standing from the Charitable Trust Bureau, Office of the Illinois Attorney General, 100 W. Randolph Street, 3-400, Chicago, Illinois 60601, 312/814-2595 (TTY: 312/814-3374).
- Entities that are considered "tax exempt" by the Internal Revenue Service are required to submit a letter verifying such tax exempt status from the Internal Revenue Service, Exempt Organizations and Agreements, P.O. Box 2508, Cincinnati, Ohio 45201, 877/829-5500. See the "Notice to Grantees" on page 16.
- Entities that are none of the above, but are exempt from paying sales/use tax under Use Tax Act (35 ILCS 105/1 *et seq.*) are required to submit a copy of the tax exemption certificate issued by the Illinois Department of Revenue, Central Registration, P.O. Box 19030, Springfield, Illinois 62794-9030, 217/785-3707 (TDD: 800/544-5304).

NOTE: All Good Standing letters (Secretary of State, Attorney General, and Internal Revenue Service) must list the exact same entity name (i.e. the ABC Services, Inc). No exceptions, and all such letters must be dated within the past three months.

*If either the Secretary of State, or the Attorney General's office indicate grantee does not have to file, a letter is required from the agency indicating that fact and dated within the past three months.



DCEO Grant Survey

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

The funds will be used to enhance the operational readiness of our 26-member multi-jurisdictional SWAT team and K9 Units. The funds will allow individual team members the opportunity to receive basic and advanced training in numerous SWAT and K9 specialty areas. Many of these training courses will be considered "Instructor" level courses which will allow those individual SWAT and K9 officers the ability to bring that training back to the KCSD and further train other team members and other agencies.

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

*See attachment "2.a Training Items".

- b) If the grant activities involve purchase of land/structure and/or construction activities, provide the address of the location(s) being purchased or improved.

- c) If the location of the project activity is different from the address given under Grantee/Project Information on page 2, please provide information regarding the project location.

- d) If the grant-funded activities are a component of a larger project (*that is being funded through other sources*), please provide a general description of the **overall** project.

- e) If the grant will be used to reimburse a prior-incurred debt (loan, mortgage, bond issuance, etc.), please state whether the financing instrument was taxable or tax-exempt.

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

Attachment 2.a Training Items

SWAT Team Training Courses

1. Basic and Advanced SWAT Tactics
2. Chemical Agent Instructor
3. Less Lethal Projectiles Instructor
4. Noise/Flash Diversionary Device Instructor
5. Shoot House Instructor
6. Tactical Precision Long Rifle Instructor
7. Tactical Rappel Operations
8. Tactical Tracking and wooded Terrain Operations
9. Mechanical and Explosive Breaching Operations
10. High Risk Warrant Service
11. SWAT Supervision and Command Decision-Making
12. Command-level Risk Management
13. Incident and Tactical Command Operations
14. Hostage Rescue Operations
15. Barricaded Subject Operations
16. Tubular Assault Operations
17. Firearms/Precision Shooting Skills Enhancement
18. Defensive Tactics for SWAT Operations
19. Ballistic Shield Instructor
20. Covert Clearing /Movement Operations
21. Crowd Control/Riot Operations
22. Dignitary Protections Operations
23. WMD Tactics/Operations
24. Attendance at National-level Tactical Officers Association conference
25. Attendance at State-level Tactical Officers Association Conference

K9 Team Training Courses

1. Explosive Detection, training and conference
2. Narcotic Detection, training and conference
3. Tracking and High-Risk Tracking
4. Handler Protection / Public Protection, training and conference
5. Evidence Recovery, training and conference
6. Building Search, training and conference
7. K9/SWAT Deployment, training and conference
8. Use of Force, training and conference
9. Firearms training, training equipment and conference
10. Inter-Department training



DCEO Grant Survey

If your organization is a *non-governmental* entity, please provide the answers to questions 3 through 5 (which are required of all non-governmental entities) as an attachment to this survey. * If not, please skip to question 6.

- 3) **YOUR ORGANIZATION:** a) What is your organization's mission statement? b) What are the primary goals of your organization? (Attach pamphlets or flyers explaining your organization and its programs/services, if necessary.)
- 4) **YOUR PROGRAMS/SERVICES:** a) Provide a detailed description of the goals of your programs (*if additional information can be provided beyond the response to 3b, above*), and state how long each program has been in existence. b) Describe the services provided to eligible participants. c) If there are different levels of eligibility (*such as ranges of income, or membership or other affiliation*), please describe the services provided to each level if they are not identical. d) State the cost to participants for these programs and services, and specify whether a sliding scale (*i.e., cost for services is reduced or waived, based on income or ability to pay*) is enacted. e) Describe the manner in which services are advertised or made available to the public. f) If the services are available at reduced cost and/or are free to those who are unable to pay, describe the manner in which the public is notified. If services are not available in such a manner, explain why not. g) Detail any assistance your organization receives from other state agencies to support these programs/services.
- 5) **YOUR PARTICIPANTS:** a) Describe any eligibility criteria for participation in your program(s) (*i.e., income level, age, employment status, etc.*). b) Describe how participants are identified or recruited, or describe who refers participants to your organization for services. c) If services cannot be provided to all that apply, describe the manner in which participants are selected (*i.e., standardized testing; first-come, first served*).

* **Note:** If your program is viewed to be consistent with the goals of the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), further information may be requested.



DCEO Grant Survey

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

The Kane County Sheriff's Department SWAT and K9 team is a multi-jurisdictional team comprised of members from the Sheriff's Department, surrounding police and fire departments. Additional municipal and fire departments have communicated their interest and intent to join as future funding permits. The SWAT and K9 team is made readily available to all jurisdictions in Kane County by the Sheriff at no charge. All citizens of Kane County will benefit by this grant opportunity which will enhance the tactical response capabilities of the SWAT and K9 teams. This training project is necessary due to the need to be prepared to respond to tactical emergencies.

- 7) **PUBLIC BENEFIT:** Estimate the number of persons to benefit or be served by the proposed project: 493,735 State the percentage of current or projected participants who are disadvantaged or low-income: 5% State the percentage of participants who receive (or will receive) services at no cost or a reduced fee: 100% State the number of permanent jobs (i.e., not construction jobs) that will be created as a result of this project 0

*U.S. Census Bureau



DCEO Grant Survey

8) LOCAL SUPPORT: Attach copies of any public hearings, newspaper articles, or other documents that would evidence local support for this project (if available).

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

10) ESTIMATED TIMETABLE FOR COMPLETION: Start Date: 07 / 01 / 08 Completion Date: 07 / 01 / 10

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

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

(Grant term to be completed by DCEO grant manager: Start Date 07/01/08 End Date 07/01/10.)

Please complete questions 10a through 10g. Include only grant funds in this estimated monthly cash flow. Do not include funds from other sources.

a) All entities MUST provide an estimated monthly expenditure of grant funds once the project starts:

Month 1: \$ <u>10,000</u>	Month 13: \$ <u>8,500</u>
Month 2: <u>1,500</u>	Month 14: <u>1,000</u>
Month 3: <u>1,500</u>	Month 15: <u>1,000</u>
Month 4: <u>1,500</u>	Month 16: <u>1,000</u>
Month 5: <u>1,500</u>	Month 17: <u>1,000</u>
Month 6: <u>3,000</u>	Month 18: <u>3,000</u>
Month 7: <u>1,500</u>	Month 19: <u>1,000</u>
Month 8: <u>1,500</u>	Month 20: <u>1,000</u>
Month 9: <u>1,500</u>	Month 21: <u>1,000</u>
Month 10: <u>1,500</u>	Month 22: <u>1,000</u>
Month 11: <u>1,500</u>	Month 23: <u>1,000</u>
Month 12: <u>1,500</u>	Month 24: <u>1,000</u>



DCEO Grant Survey

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

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

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

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

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

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

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

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



DCEO Grant Survey

11a) BUDGET FOR NON-CONSTRUCTION PROJECTS

ACTIVITY LINE ITEM	GRANT AMOUNT *
1. Personnel **	\$
2. Fringe Benefits	
3. Travel	
4. Equipment (must itemize in #2, Scope of Work)	
5. Commodities/Printing/Postage	
6. Rent/Utilities (list address in #2, Scope of Work)	
7. Contractual/Consultant (including service contracts)†	
8. Audit/Accounting/Legal	
9. Training/Conferences††	50,000
10. Marketing/Advertising/Web Site	
11. Other (please specify)	
TOTAL	\$

- * Grant amount column must total the grant amount to be received from DCEO. Please be as accurate as possible when specifying line item amounts. If actual spending varies by more than 10 percent, a grant modification will be required.
- ** For all personnel being paid in full or in-part with Grant Funds, a complete job description must be included. Please also include details on the number of persons to be hired in each job title, and specify the number of months each person is expected to be paid with grant funds.
- † Provide details in #2, Scope of Work, regarding the type of contractor/consultant and the services to be provided by each.
- †† Provide details in #2, Scope of Work, regarding how many events are planned, how many people will participate in each, location(s), etc.



DCEO Grant Survey

11b) BUDGET FOR CONSTRUCTION PROJECTS

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

ACTIVITY LINE ITEM	GRANT AMOUNT *	
1. <u>Plans & Specs</u>	\$ _____	
2. <u>Architectural/Engineering Fees</u>	_____	Usually limited to 10% - 15% of total grant funding.
3. <u>Printing (Construction Documents)</u>	_____	
4. <u>Equipment (must itemize in #2, Scope of Work)</u>	_____	
5. <u>Land Purchase</u>	_____	
6. <u>Labor</u>	_____	
7. <u>Excavation</u>	_____	
8. <u>Wiring/Electrical</u>	_____	
9. <u>Construction/Renovation Materials</u>	_____	
10. <u>Paving/Concrete/Masonry</u>	_____	
11. <u>Construction Management and Oversight</u>	_____	Limited to 10% - 15% of total grant funding.
12. <u>Mechanical System</u>	_____	
13. <u>Site Preparation/Demolition</u>	_____	
14. <u>Building/Structure Purchase</u>	_____	
15. <u>Plumbing</u>	_____	
16. <u>New Construction "Bid as a Whole"***</u>	_____	
17. <u>Other Construction Expenses (must itemize in #2, Scope of Work)</u>	_____	
18. <u>Contingency</u>	_____	Limited to 10% - 15% of total grant funding.
TOTAL	\$ _____	

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

** No line item detail must be provided if 1) the project is bid as a whole, and 2) the grant is for construction of a new structure (i.e., this line item cannot be used for renovation). Use of this line item will be subject to Department Legal approval.



DCEO Grant Survey

12) OTHER FUNDING:

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

If "yes" to either question above, please indicate the source, status and amount of those funds below. This information **MUST** correlate with your answers to 2a) through 2c) on page 4.

SOURCES OF FUNDING	Approved	Pending	Not Yet Applied For	Activities in Grant Scope of Work — see page 4 of survey, questions 2a) and 2b)	Overall Project — see page 4 of survey, question 2c)
Federal Funds (list:)					
				\$	\$
				\$	\$
				\$	\$
Other State Funds (list funds from any state source/program:)					
				\$	\$
				\$	\$
				\$	\$
Other Funds (list your organization's funds, bank and other loans, fundraising, donations, etc.):					
				\$	\$
				\$	\$
				\$	\$
TOTALS				\$	\$

13) PREVIOUS GRANTS: In order to be eligible to receive the anticipated grant(s), Grantee must be in compliance with requirements of all grants previously received from DCEO. List any other grants this Grantee received from DCEO within the last three years (i.e., CDAR, Tourism Attraction Program, etc.). Provide DCEO Grant Number:

**DCEO Grant Survey**

14) **ADDITIONAL STATE OF ILLINOIS FUNDING SOURCES:** All not-for-profit organizations must identify all funding received by the Grantee organization from any State of Illinois source (*other than DCEO*), for any purpose, within the last three years.

State of IL source (i.e., Department or Agency name)	Total amount of Grant/Loan
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DCEO Grant Survey

APPENDIX 1: BONDABILITY GUIDELINES

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



DCEO Grant Survey

APPENDIX 1: BONDABILITY GUIDELINES (continued)

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



DCEO Grant Survey

APPENDIX 2: AUTHORIZED SIGNATORIES

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

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



NOTICE TO GRANTEES

Effective July 1, 2006, the Department of Commerce and Economic Opportunity (DCEO) is now required by the State of Illinois Comptroller's Office to verify each Grantee entity's name as it is registered with the Internal Revenue Service (IRS) for the Federal Employer Identification Number (FEIN) provided on page 2 of this survey.

Verification must be provided to DCEO by the Grantee entity via submission of an IRS letter dated within the past three months, appropriate to the entity type as specified below.

Governmental entities, as well as **not-for-profit** entities which are not established with the IRS as tax exempt, may call the IRS Business line, **1-800-829-0115**, to request a "**147C letter**". A copy of that letter must be attached to a completed and signed W-9 form (included at the back of this packet) for submission to DCEO along with the completed survey. The entity name listed on the W-9 form must exactly match the name as shown on the IRS 147C letter.

Not-for-profit entities which are also established with the IRS as **tax exempt** may call the IRS Tax Exempt line, **1-877-829-5500**, to request a letter verifying the entity's current tax exempt status. That letter will also serve to verify the entity's name associated with the FEIN. A copy of that letter must be attached to a completed and signed W-9 form (included at the back of this packet) for submission to DCEO along with the completed survey. The entity name listed on the W-9 form must exactly match the name as shown on the IRS letter.

All entities must provide a W-9 form as well as the appropriate IRS letter.

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above
Kane County Government

Check appropriate box: Individual Sole proprietor Corporation Partnership Other **GOVERNMENT** Exempt from backup withholding

Address (number, street, and apt. or suite no.)
719 S. Batavia Ave.

City, state, and ZIP code
Geneva, IL 60134

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

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

Social security number

--	--	--	--	--	--	--	--	--	--

OR

Employer identification number
316+6010161515

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of **William J. Keck** **COUNTY AUDITOR** Date **3-24-2008**

Purpose of Form

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

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

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

For federal tax purposes, you are considered a person if you

are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Form W-9 (Rev. 10-2007)

Page 2

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status. Then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 654 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000	Generally, exempt payees 1 through 7

See Form 1099-MISC, Miscellaneous Income, and its instructions. However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN. **Note.** See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3876).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

- To reduce your risk:
- Protect your SSN.
 - Ensure your employer is protecting your SSN, and
 - Be careful when choosing a tax preparer.
- Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account The minor ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The grantor-trustee
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The actual owner ²
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments.	The public entity

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.