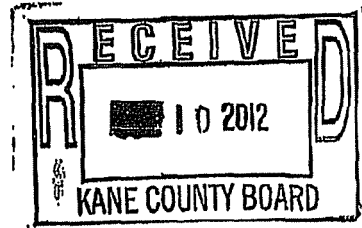




County of Kane  
Office of County Board  
Kane County Government Center



Karen McConnaughay  
Chairman  
630-232-5930



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

DOCUMENT VET SHEET

for  
Karen McConnaughay  
Chairman, Kane County Board

Name of Document: DC EO Project Status Report  
DC EO Financial Status Report

Submitted By: Kenneth N. Anderson, Jr. 630-208-3179

Date Submitted: 07.10.12

Examined By: Joseph Lulves  
(Print Name)

[Signature]  
(Signature)

7-12-12  
(Date)

Post on Web: Yes  No  Atty Initials JK

Comments: \_\_\_\_\_

Chairman Signed: Yes  No  Date: JULY 12, 2012

Document Returned To: \_\_\_\_\_

**Department of Commerce and Economic Opportunity  
Financial Status Report**

<b>Grantee:</b>	Kane County		<b>Send Report to DCEO email address below:</b>
<b>Grant Number:</b>	11-203221		<b>Email:</b> kurt.verduin@illinois.gov
<b>DCEO Program Name:</b>	Grants Management Program		
<b>Report Period:</b>	<b>From:</b> 4/1/12	<b>To:</b> 6/30/12	
<b>Prepared By:</b>	Kenneth N. Anderson, Jr.		
<b>Contact Number/Email:</b>	630-208-3179      andersonken@co.kane.il.us		
<b>Date Prepared:</b>	7/10/2012		
<b>Check box if this is the final report.</b>	<input type="checkbox"/>		
<b>Check box if there is no change in the reporting information for this reporting period.</b>	<input type="checkbox"/>		

**SECTION I: EXPENDITURE REPORTING**

**Subpart A: GRANT AMOUNT**

		1	2	3	4	5
Cost Category Number	Cost Category Description (Specific)	Current Approved Budget	Previously Reported Expenses	Current Reporting Period Expenses	Total Grant Expense to Date (2+3)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
1205	Design/Engineering	\$10,000.00	\$5,615.20	\$4,384.80	\$10,000.00	Contractors Invoices
1217	Equipment/Material/Labor	\$40,000.00		\$40,000.00	\$40,000.00	Contractors Invoices
1221	Construction Management/Oversight	\$10,000.00		\$10,000.00	\$10,000.00	Contractors Invoices
1225	Excavation/Site Prep/Demolition	\$30,000.00		\$30,000.00	\$30,000.00	Contractors Invoices
1235	Contingency	\$10,000.00		\$10,000.00	\$10,000.00	Contractors Invoices
<b>Total</b>		\$100,000.00	\$5,615.20	\$94,384.80	\$100,000.00	

**Subpart B: MATCH AMOUNT (Veterans Employment Act Grants ONLY)**

		1	2	3	4	5
Cost Category Number	Cost Category Description (Specific)	Current Approved Budget	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (2+3)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
N/A					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	

**SECTION II: CASH REQUESTED**

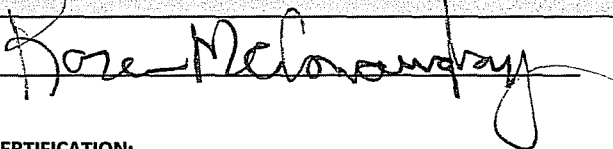
1	2	3	4
Grant Amount	Grant Funds Received	Current Cash Request	Remaining Grant Funds [1-2]
\$100,000.00	\$30,615.20	\$69,384.80	\$69,384.80
			\$0.00
			\$0.00
			\$0.00

**SECTION III: GRANT INTEREST INCOME or GRANT PROGRAM INCOME if applicable**

	1	2	3	4	6
	Prior Earnings Balance	Current Period Receipts	Current Period Disbursements	Current Earnings Balance (1+2-3)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
Grant Program Income				\$0.00	
Grant Program Interest				\$0.00	

**GRANTEE CERTIFICATION:**

Grantee certifies that all expenditures from these project funds are for approved project costs only; supporting documentation has been submitted as required by the Program; all supporting documentation is on file with the Grantee and the individual submitting report has full signature authority to sign on behalf of this Grantee as previously identified to the Department. The Grantee acknowledges that the Department's approval for any expenditure described herein shall be considered conditional and subject to further review and verification in accordance with Monitoring and Records Retention Sections of the Grant Agreement.

Signature  Name & Title Karen McConaughay, Chairman Date 10-Jul-12

**PROGRAM CERTIFICATION:**

Program Manager has reviewed the report and supporting documentation for any major discrepancies and/or unusual items. All budget items are in accordance with grant agreement and appropriate budget modification procedures. Program may sign below or capture approval in e-Grants.

Signature \_\_\_\_\_ Name & Title \_\_\_\_\_ Date \_\_\_\_\_

For Program Use on Review Process

**Department of Commerce and Economic Opportunity  
Project Status Report**

<b>Grantee:</b>	Kane County	
<b>Grant Number:</b>	11-203221	
<b>DCEO Program Name:</b>	Grants Management Program	
<b>Report Period:</b>	<b>From:</b> 4/1/12	<b>To:</b> 6/30/12
<b>Prepared By:</b>	Kenneth N. Anderson, Jr.	
<b>Contact Number/Email:</b>	630-208-3179 andersonken@co.kane.il.us	
<b>Date Prepared:</b>	7/10/12	
<b>Check box if this is the final report:</b>	<input type="checkbox"/>	

<b>Send Report to DCEO email address below:</b>
<b>Email:</b> <a href="mailto:kurt.verduin@illinois.gov">kurt.verduin@illinois.gov</a>


**SECTION I: KEY DELIVERABLE or TASK ITEMS**

**I.A. Complete this section with each required item from the Scope of Work (SOW).**

Statement of Work Deliverable, Task or Activity Item	Planned Completion Date (PCD)		% Complete	Actual Completion Date (ACD)	Provide explanation if missed Completion Date or if not on target to meet	Provide Brief Narrative of Deliverable/Task Status and Indicate Documentation included with Report to Support Deliverable/Task
	Required	Estimated				
Storm water improvements	12/31/12	6/29/12	100%	6/29/12		Second round of bidding process completed
Secured Contractor to Complete Work	12/31/12	4/26/12	100%	4/26/12		Contractor: Winkler's Tree Service
Began & Completed Stream Maintenance Work	12/31/12	6/29/12	100%	6/29/12		Work finished on time & within budget

**I.B. Complete this section with all required program specific reports and schedules.**

Program Specific Report/Schedule	Submittal Date (SD)		Provide explanation if missed Submittal Date or if not on target to meet
	Required	Estimated	
Quarterly Financial Status Progress Report	7/31/12	7/31/12	

**SECTION II: PERFORMANCE MEASUREMENT REPORTING**

**II.A. Complete this section with each performance measurement (Section II.A. NOT APPLICABLE FOR GRANTS THROUGH THE GRANTS MANAGEMENT PROGRAM)**

Performance Measure (PM)	Target		Previous Actual	Current Actual	Actual to Date	Provide explanation if not met or not on target to meet	Indicate Documentation included with Report to Support Attainment of PM
	Required	Estimated					
N/A					0		
					0		
					0		

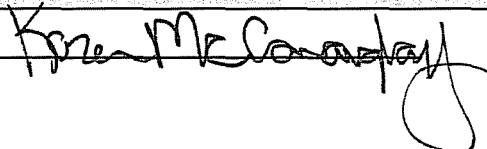
**II.B. Complete this section with number of jobs created and/or retained as a result of this grant.**

Jobs Data	Target		Previous Actual	Current Actual	Actual to Date	Provide explanation if not met or not on target to meet	Indicate Documentation included with Report to Support Jobs Data
	Required	Estimated					
Jobs Created					0		
Jobs Retained					0		

**SECTION III: SUCCESS STORIES/ADDITIONAL ACTIVITIES ACCOMPLISHED**

**SECTION IV: ADDITIONAL CONCERNS AND/OR FEEDBACK**

**GRANTEE CERTIFICATION:** Grantee certifies that all information reported to DCEO on this form and in any required systems is accurate; supporting documentation has been submitted as required by Program; all supporting documentation is on file with the grantee and individual submitting report has full signature authority to sign on behalf of this grantee as previously identified to the Department. The Grantee acknowledges that the Department's approval for any item described herein shall be considered conditional and subject to further review and verification in accordance with Monitoring and Records Retention Sections of the Grant Agreement.

Signature 	Name & Title Karen McConaughay, Chairman	Date 7/10/12
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**PROGRAM CERTIFICATION:** Program has reviewed the report and supporting documentation for any major discrepancies and/or unusual items. Program may sign below or capture approval in e-Grants.

Signature _____	Name & Title _____	Date _____
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For Program Use on Review

H

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO. 11 - 392

**AUTHORIZING THE CHAIRMAN TO EXPEND FUNDS ASSOCIATED WITH THE ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY (DCEO) GRANT PROGRAM**

WHEREAS, the Illinois Department of Commerce and Economic Opportunity, (hereinafter "DCEO") has Build Illinois Bond Funds available through a grant program for the purpose of assisting in the funding of certain eligible capital construction projects within the State of Illinois; and

WHEREAS, on August 10, 2010, the Kane County Board approved Resolution No. 10-237, authorizing the Chairman to execute a grant application to the DCEO for the purposes of obtaining Build Illinois Bond Funds for the Kane County Department of Water Resources to apply for a grant in the amount of \$100,000 for stormwater improvements and flood control for Blackberry Creek; and

WHEREAS, said funds have been secured and agreements executed between Kane County and DCEO; and

WHEREAS, the FY12 Budget did not account for this grant revenue and grant expenditures and needs to be amended to account for these changes; and

NOW, THEREFORE, BE IT RESOLVED by the Kane County Board that the Chairman is here by authorized to enter contracts and expend funds for design, permit, construct and maintain the ~~proposed stormwater improvements and flood control measures within Blackberry Creek, in a total~~ dollar amount not to exceed \$100,000. All contracts shall comply with Kane County purchasing requirements and shall be placed on file with the County Clerk and County Auditor.

BE IT FURTHER RESOLVED that the FY12 Budget it hereby be amended to account for this new revenue and these new and unbudgeted expenditures as follows:

420-670-680-55030 Grant Pass Thru (Expenditures) + \$100,000

420-670-680-33900 Miscellaneous Grant (Revenues) + \$100,000

Line Item	Line Item Description	Was personnel/item/service approved in original budget or a subsequent budget revision?	Are funds currently available for this personnel/item/service in the specific line item?	If funds are not currently available in the specified line item, where are the funds available? .
420-670-680-55030	Grant Pass-Thru (Expenditures)	NO	NO	GRANT
420-670-000-33900	Misc. Grants (Revenues)	NO	NO	GRANT