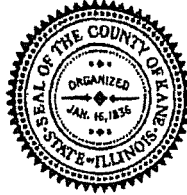


County of Kane
Office of County Board
Kane County Government Center



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: IKE Planning Program Grant Application

Submitted by: Mark VanKerkhoff

Date Submitted: 3/15/2012

Examined by: Joseph Lylives
(Print name)

[Signature]
(Signature)

3-15-12
(Date)

Post on Web: Yes No Atty. Initials JPL

Comments: The certification pages 19, 25, 41-42, 44, 46-49
need to be signed. Resolution 12-59
authorizes the application.

Chairman signed: Yes No 3/19/12
(Date)

Document returned to: _____



ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
DCEO GRANT APPLICATION – PART I
 IKE-Planning Program



SECTION 9: APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my information and belief, the information contained herein is true, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.

I hereby release to DCEO the rights and use of photographs and/or any written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), contained in or provided after grant application for the purpose of publication on DCEO's website. I hereby also release any and all claims against DCEO its officers, agents, employees and/or affiliates arising out of, or in connection with, the usage of photographs and/or written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), for the purpose of publication on DCEO's website.

Signature	Name & Title	Date





ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
DCEO GRANT APPLICATION – PART II
 IKE-Planning Program



SECTION 1: GENERAL INFORMATION

Plan Title:	
Plan Type: (place an X in correct box)	Single Jurisdictional Plan <input type="checkbox"/> Multi-Jurisdictional Plan <input type="checkbox"/> Regional Plan <input type="checkbox"/>
Lead Governmental Unit Applying: (must be a city, village, or county government)	
All Additional Governmental Units Applying: (if multi-jurisdictional or regional application)	
Other organizations that are a part of the applicant consortium: (e.g. MPO's, COG's, etc.) (if applicable)	
Contact Person:	Name: Title: Address: Phone: Fax: E-Mail:
Project Costs:	Funding requested from DCEO: \$ Funding provided by applicant(s): \$ Total Project Cost: \$
Application will be prepared by: (place an X in correct box)	In-house (applicant will conduct work) <input type="checkbox"/> Private consultant <input type="checkbox"/> Combination of the two <input type="checkbox"/>
Is this project part of an update of an existing comprehensive plan or a new plan?	
New Plan: <input type="checkbox"/> Update (add details below if checked): <input type="checkbox"/> Title of Existing Plan: Date of Existing Plan Adoption:	
Signature of Lead Governmental Unit: (adopted resolutions from each participating governmental entity must be included; see sample resolution on page 50)	
I certify that all participating local units of government have received a copy of and support this grant application, and that all information contained within is accurate to the best of my knowledge.	
Signature: <u>Karen McConnaughay</u>	Date: <u>3-19-12</u>
Print Name: <u>Karen McConnaughay</u>	Title: <u>Kane County Chairmain</u>



ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
DCEO GRANT APPLICATION – PART IV
IKE-Planning Program



13. Funds will be used solely for necessary expenses related to disaster relief, long term recovery, and restoration of infrastructure in areas covered by a declaration of major disaster under title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.) as a result of recent natural disasters.
14. It will prohibit the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and
15. It will enforce applicable state and local laws against physically barring entrance to or exit from a facility or location that is the subject of such nonviolent civil rights demonstrations within its jurisdiction.
16. It will not use CDBG "Ike" disaster recovery funds for any activity in an area delineated as a special flood hazard area in FEMA's most current flood advisory maps unless it also ensures that the action is designed or modified to minimize harm to or within the floodplain in accordance with Executive Order 11988 and 24 CFR Part 55.
17. It will comply with applicable laws.

Karen McLaughlin

Signature of Chief Elected Official or Authorized Individual (non-profits only)

3-19-12

Date



ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
DCEO GRANT APPLICATION – PART IV
 IKE-Planning Program



SAMPLE

(Public Notice/ Comment Period is Required)

PUBLIC NOTICE

**ANNOUNCING THE INTENT TO SEEK FUNDING SUPPORT FOR THE PROJECT
 DESCRIBED BY THIS NOTICE**

And

PUBLIC COMMENT PERIOD

**DESCRIBING THE METHODS AND TIMEFRAME FOR SUBMITTING COMMENTS CONCERNING THE PROJECT
 DESCRIBED BY THIS NOTICE**

The **(Unit of Local Government)** will apply for funding under Illinois' Community Development Block Grant (CDBG) IKE-Disaster Recovery Program to support **(provide brief project description, including project activity(s), site location)**. The project will **(describe the project benefits)**.

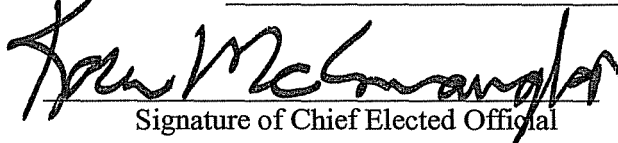
The proposed project cost is estimated to total \$ _____. The CDBG-IKE grant award sought on behalf of the project, if approved, would total \$ _____ towards the funding needed for this project.

The **(Unit of Local Government)** invites public comments concerning the above-described project, and will accept comments through **(provide the date-- a minimum of seven days from the date this notice will first be posted)**.

Comments may be submitted by email to **(provide the email address for the person or entity responsible for responding to public comments)**. Comments may be submitted by mail, or in person to **(provide the office address where comments can be mailed or hand-delivered)** at the ATTENTION OF: **provide the first and last name of the person or entity responsible for responding to public comments)**.

NOTICE POSTED AT FOLLOWING LOCATIONS: _____

DATE POSTED: _____


 Signature of Chief Elected Official

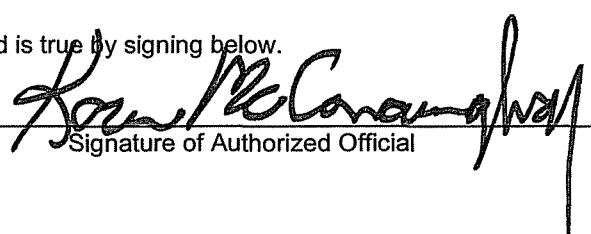




ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
DCEO GRANT APPLICATION – PART IV
 IKE-Planning Program



APPLICANT/GRANTEE/RECIPIENT DISCLOSURE CERTIFICATION

PART I. APPLICANT/GRANTEE/RECIPIENT INFORMATION	
Indicate whether this is an Initial Report _____ or an Update Report _____	
A. Applicant/Grantee Name, Address and Telephone (include area code)	
B. Recipient Name, Address and Telephone (include area code) (for economic development component only)	
C. Project Location Address	
D. Type of Assistance Requested/Provided	
	Amount of Assistance Requested/Provided
PART II. THRESHOLD DETERMINATION (Applicant/Grantee only)	
Have you received, or can you reasonably expect to receive (including this grant application), an aggregate amount of IKE-PLP/CDBG funds in excess of \$200,000 for the time period January 1, 2012, to December 31, 2012. Yes _____ No _____ If "yes," Parts III through V must also be completed.	
All applicants must certify that the information provided is true by signing below.	
Printed Name of Applicant/Grantee/Recipient	 Signature of Authorized Official
Date	Printed Name and Title of Authorized Official
3-19-12	