



March 24, 2023

County of Lake dba Lake County Division of Transportation
Attn: Kevin Kerrigan
600 West Winchester Road
Libertyville, IL 60048

Dear Mr. Kerrigan:

Letter of Conditions
Higher Blends Infrastructure Incentive Program

We are pleased to inform you that your organization's application for a Fiscal Year 2023 Higher Blends Infrastructure Incentive Program (HBIIP) grant has been selected for funding. This letter establishes conditions which must be understood and agreed to by your organization before further consideration can be given to the application. The grant will be administered by Rural Business-Cooperative Service (RBCS or Agency) on behalf of United States Department of Agriculture (USDA), Rural Development. All terms and conditions outlined in the Federal Register Notice published on August 21, 2022 (Vol 87, No 162) apply to the project and disbursement of any grant funds.

This letter does not constitute grant approval, nor does it ensure that funds are or will be available for the project. Please refrain from making any announcements regarding these awards as this will be done by the Secretary of Agriculture at a later date. No notification should be made to the congressional staff or media; that will be done at the time of formal announcement by USDA.

Any changes in project cost, source of funds, scope of services, or any other significant changes in the project or applicant, must be reported to and approved by RBCS, by written amendment to this letter. If significant changes are made without obtaining such approval, RBCS may discontinue processing the application. No substitution of facility locations will be allowed.

Please complete and return the attached Form RD 1942-46, "Letter of Intent to Meet Conditions," Ownership Certification, and Form RD 1940-1, "Request for Obligation of Funds," by **04/30/2023**, if you desire that further consideration be given to your organization's application.

The docket may be completed based on the following:

1. **PROJECT FUNDS:** Grant funds will be used in accordance with your proposal. The use of funds must comply with the grant application project budget. All documented funding must total the project amount. Grantee must maintain all receipts and other documentation for all transactions where grant and matching funds are used for the project cost and provide copies to RBCS.
2. **GRANT AMOUNT:** The project as outlined in the application may be completed based on a grant not to exceed **\$110,000.00**. It should be noted that grant funds will be used

USDA is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

only for eligible costs as identified in the Federal Register notice referenced above. The grant will not exceed 50 percent of the total eligible project costs. In the event the money from other sources is more than estimated in the financing plan, or the bids are different than estimated, RBCS reserves the right to recalculate its funding. After paying for all authorized costs, any remaining HBIIP grant funds will be refunded to RBCS. Any grant funds remaining more than 180 days after construction is substantially complete may be de-obligated by RBCS.

3. **MATCHING FUNDS/PROJECT FUNDS:** Your organization will be required to contribute at least **\$110,000.00** from other resources. Written evidence of Matching Funds and other funds needed to complete the project must be provided to RBCS before execution of the Financial Assistance Agreement and must be in effect (i.e., must not have expired) at the time Financial Assistance Agreement is executed. A firm commitment must be verified through a Construction Note, Letter of Commitment, or documented equity capital. The applicant contribution will be the first funds expended on a project.

Without specific statutory authority, other Federal grants cannot be used to meet the matching fund requirement.

A verification of other federal awards and/or benefits for the same project will be completed before approval of the RBCS grant. Based upon the information submitted in the application, no other federal funds will be used to finance the project. To ensure a duplication of assistance does not or will not occur, notification will be made by the Grantee to RBCS if other federal awards are pending or have been received for this project.

4. **PROJECT OWNERSHIP:** At the time of grant closing the Grantee must be the owner of the proposed project. By signing RD Form 1942-46, Letter of Intent to Meet Conditions and the Ownership Certification, the grantee is certifying they are the owner of the facility or facilities associated with the proposed project. No facility location substitutions will be allowed.
5. **FINANCIAL ASSISTANCE AGREEMENT:** Form RD 4280-2, "Rural Business-Cooperative Service Financial Assistance Agreement," is attached for your convenience. The Financial Assistance Agreement will be completed and executed at a later date. Only costs incurred after a complete application is submitted are grant eligible.
6. **BUSINESS OPERATION, ACCOUNTS AND RECORDS:** Grantee agrees to maintain financial management and records as follows:
 - a) Accurate, current and complete disclosure of the financial results of the grant.
 - b) Records that identify adequately the source and application of funds for grant-supported activities, together with documentation to support the records.
 - c) Effective control over and accountability for all funds.
 - d) Retain financial records, supporting documentation, and all records pertinent to the grant for a period of at least three (3) years after completion of grant activities.

7. **CONSTRUCTION PLANNING AND PERFORMING DEVELOPMENT:** Grantee is responsible for providing the engineering, architectural, and environmental services necessary for planning, designing, bidding, contracting, inspecting, and constructing their facilities. Engineers and architects must be licensed in the State where the project is to be constructed.

Grantee will comply with the applicable procurement requirements of 2 CFR part 200 regarding standards of conduct, open and free competition, access to contractor records and equal employment opportunity requirements.

8. **GRANT DISBURSEMENT:** Unless extended by RBCS, the grant disbursement period will encompass thirty-six (36) months after the date RBCS signs the Financial Assistance Agreement. If an extension is needed, Grantees must submit a written request for the no-cost extension no later than 30 days before the expiration date of the Financial Assistance Agreement describing the extenuating circumstances that were beyond their control to complete the project and why approval is in the government's best interest. Grant funds not expended within the eighteen months or approved extended timeframe, will be returned to RBCS.

For grant awards of \$500,000 or less, funds will be distributed as a one-time reimbursement. The HBIIP project must be constructed, installed and operating as described in the technical report prior to disbursement of funds.

For grant awards over \$500,000, requests for reimbursement may be submitted no more frequently than quarterly. Ordinarily payment will be made within 30 days after the receipt of a proper request for reimbursement. The final 10 percent of grant funds will be held until construction of the project is completed and operating in accordance with the technical report.

Grantees must not request reimbursement for the Federal share of amounts withheld from contractors to ensure satisfactory completion of work until after it makes those payments. Reimbursement requests will include the following: properly completed SF 271, SF 425, itemized contractor invoices with station locations clearly indicated, and proofs of payment (e.g.. copy of cleared check or bank statement verifying payment of invoice).

Grantee must be in compliance with reporting requirements before reimbursement requests will be approved.

Grant funds will be transferred to the Grantee via Electronic Funds Transfer (EFT). The Grantee will complete and deliver to RBCS, Form SF-3881, "ACH Vendor/Miscellaneous Payment Enrollment Form".

9. **REPORTING REQUIREMENTS:** Grantees shall constantly monitor performance to ensure that the time schedules are being met and projected goals by time periods are being accomplished. See the Financial Assistance Agreement for the complete detailed requirements.

- a) Form SF-425, "Federal Financial Report" and a Project Execution Report will be required on a semi-annual basis between grant approval and the completion of the

project. The reports are due 30 working days after March 31 and September 30 of each year.

The Federal Financial Report must show how grant and leveraged funds have been used to date and project funds needed and their purposes for the next semi-annual period. A final report may serve as the last semi-annual report. An SF-425 is attached.

When completed the SF 425 can either be submitted via email to HBIIIP@usda.gov, with a CC to jeff.carpenter@usda.gov, or mailed to: USDA RD, Attn: HBIIIP Team, 511 W. 7th Street, Atlantic, IA 50022.

The semi-annual project execution report must report on accomplishments towards objectives or reasons why objectives were not met and provide objectives and timetables for the next reporting period. The semi-annual Project Execution Performance Report must be completed in the HBIIIP portal.

- b) A final project development report will be provided by the Grantee, including a detailed project funding and expense summary and a summary of the project's installation/construction process, including recommendations for development of similar projects by future Applicants to the program. The final project development report will also contain photos of the completed work at each site location.
- c) The Higher Blends Infrastructure Incentive Program (HBIIIP) Fuel Type Certification will be completed for each project location documenting availability of higher blends of ethanol and/or biodiesel.
- d) After construction, annual operations reports are required. HBIIIP project Grantees will provide a report for each of five (5) years commencing the first full calendar year following the year in which the project construction was completed.

For fuel station owners the Outcome Annual Project Performance Report will include: total gallons of all fuel sold in the past year, total gallons of E10, E15, E85, and B20 fuel sold in the past year, and total fuel sales revenue in dollars in the past year.

Fuel Distribution type applicants will report total throughput volume ethanol, greater than 10 percent ethanol, and biodiesel, greater than 5 percent biodiesel, and annual throughput volume for all the fuels in the past year (gallons).

The outcome annual Project Operations Report must be submitted through the HBIIIP portal.

10. **ENVIRONMENTAL:** The environmental checklist and supporting documentation have been reviewed and found to be in acceptable compliance with RBCS regulations, as such, the environmental review is approved. RBCS will include an inadvertent discovery provision, developed in accordance with 36 CFR § 800.13(b) and (c), as a condition of obligation in order to address any historic properties which might be inadvertently discovered or affected during project construction.

11. **SYSTEM FOR AWARD MANAGEMENT (SAM):** Grantee **must** complete the registration of their entity within the System for Award Management and obtain both a Unique Entity Identifier (UEI) and expiration date. Grantee **must** maintain an active account registration in the System for Award Management at www.sam.gov until final disbursement.
12. **OTHER REQUIREMENTS:** The Grantee will be responsible for any additional requirements of federal, state, or local governments that may apply. All requirements and permits of the governing agencies will be followed for any activities related to the project.

The above conditions are based on the proposed use of funds as outlined in the grant proposal. Any change or modification of the conditions of the Project must have prior approval by RBCS.

The Grantee will follow the requirements in the Letter of Conditions and the Financial Assistance Agreement. No further processing will occur on this application until the attached Forms RD 1942-46, Ownership Certification, and Form RD 1940-1 are signed and returned.

For further information, please call Jeff Carpenter at (402) 437-5554 or Lisa Noty at (712) 254-4366.

Documents can be either emailed or mailed to these addresses:

Email submission: HBIIP@usda.gov with a CC to jeff.carpenter@usda.gov

Mail address: USDA Rural Development
Attn: HBIIP Team
511 West 7th Street
Atlantic, IA 50022

Sincerely,

GERARD MOORE
Assistant Deputy Administrator
Rural Business-Cooperative Service, Rural Development

Enclosures:

- Form RD 1942-46, "Letter of Intent to Meet Conditions"
- "Ownership Certification"
- Form RD 1940-1, "Request for Obligation of Funds"
- Form SF-3881, "ACH Vendor/Miscellaneous Payment enrollment Form"
- Form RD 4280-2, "Rural Business-Cooperative Service Financial Assistance Agreement"
- Form SF-271, "Request for Advance or Reimbursement"
- Form SF-425, "Federal Financial Report"
- "Higher Blends Infrastructure Incentive Program (HBIIP) Fuel Type Certification"

Form RD 1942-46
(Rev. 6-10)

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT

FORM APPROVED
OMB NO. 0575-0015
OMB NO. 0570-0021
OMB NO. 0570-0061
OMB NO. 0570-0062
OMB NO. 0572-0137

LETTER OF INTENT TO MEET CONDITIONS

Date _____

TO: United States Department of Agriculture

Rural Development

(Name of USDA Agency)

Attn: HBIP Team
511 West 7th Street
Atlantic, IA 50022

(USDA Agency Office Address)

We have reviewed and understand the conditions set forth in your letter dated 03/24/23 . It is our intent to meet all of them not later than _____ .

County of Lake

(Name of Association)

BY _____

(Title)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0015, 0570-0021, 0570-0061, 0570-0062 and 0572-0137. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data. needed, and completing and reviewing the collection of information.

Transportation Fueling - Ownership Certification

In accordance with the Notice of Funds Opportunity for the Higher Blends Infrastructure Incentive Program (HBIIIP) published in the Federal Register, Vol 87, No 162 on August 23, 2022, eligible applicants must be the owners of the transportation fueling location receiving assistance or have long term control of the location.

HBIIIP grants are also subject to 2 CFR 200, which among other things requires title and access to equipment acquired under a Federal award be vested in the Grantee's name for the duration of the grant agreement.

The signature below certifies that the grantee is the owner of each of the station locations listed below or has long term control of the station locations:

HBIIIP_Stations Name	Address	City	State
Lake County Fuel Facility	600 West Winchester Road	Libertyville	IL

(Grantee Name)

(Signature)

(Name)

(Position)

(Date)

REQUEST FOR OBLIGATION OF FUNDS

INSTRUCTIONS-TYPE IN CAPITALIZED ELITE TYPE IN SPACES MARKED () Complete Items 1 through 29 and applicable Items 30 through 34. See FMI.			
1. CASE NUMBER ST CO BORROWER ID 13 49		LOAN NUMBER	FISCAL YEAR 2023
2. BORROWER NAME County of Lake		3. NUMBER NAME FIELDS 3 (1, 2, or 3 from Item 2)	
600 West Winchester Road		4. STATE NAME IL	
Libertyville, IL 60048		5. COUNTY NAME Lake	
GENERAL BORROWER/LOAN INFORMATION			
6. RACE/ETHNIC CLASSIFICATION 1 - WHITE 2 - BLACK 3 - AI/AN 4 - HISPANIC 5 - A/PI	7. TYPE OF APPLICANT 1 - INDIVIDUAL 2 - PARTNERSHIP 3 - CORPORATION 4 - PUBLIC BODY 5 - ASSOC. OF FARMERS 6 - ORG. OF FARMERS 7 - NONPROFIT-SECULAR 8 - NONPROFIT-FAITH BASED 9 - INDIAN TRIBE 10 - PUBLIC COLLEGE/UNIVERSITY 11 - OTHER	8. COLLATERAL CODE 1 - REAL ESTATE SECURED 2 - REAL ESTATE AND CHATTEL 3 - NOTE ONLY OR CHATTEL ONLY 4 - MACHINERY ONLY 5 - LIVESTOCK ONLY 6 - CROPS ONLY 7 - SECURED BY BONDS 8 - RLF ACCT	9. EMPLOYEE RELATIONSHIP CODE 1 - EMPLOYEE 2 - MEMBER OF FAMILY 3 - CLOSE RELATIVE 4 - ASSOC.
10. SEX CODE 1 - MALE 2 - FEMALE 3 - FAMILY UNIT 4 - ORGAN. MALE OWNED 5 - ORGAN FEMALE OWNED 6 - PUBLIC BODY	11. MARITAL STATUS 1 - MARRIED 2 - SEPARATED 3 - UNMARRIED (INCLUDES WIDOWED/DIVORCED)	12. VETERAN CODE 1 - YES 2 - NO	13. CREDIT REPORT 1 - YES 2 - NO
14. DIRECT PAYMENT (See FMI)	15. TYPE OF PAYMENT 1 - MONTHLY 2 - ANNUALLY 3 - SEMI-ANNUALLY 4 - QUARTERLY	16. FEE INSPECTION 1 - YES 2 - NO	
17. COMMUNITY SIZE 1 - 10,000 OR LESS (FOR SFH AND HPG ONLY) 2 - OVER 10,000		18. USE OF FUNDS CODE (See FMI)	
COMPLETE FOR OBLIGATION OF FUNDS			
19. TYPE OF ASSISTANCE 2001 (See FMI)	20. PURPOSE CODE	21. SOURCE OF FUNDS	22. TYPE OF ACTION 1 - OBLIGATION ONLY 2 - OBLIGATION/CHECK REQUEST 3 - CORRECTION OF OBLIGATION 1
23. TYPE OF SUBMISSION 1 - INITIAL 2 - SUBSEQUENT 1	24. AMOUNT OF LOAN	25. AMOUNT OF GRANT \$ 110,000.00	
26. AMOUNT OF IMMEDIATE ADVANCE	27. DATE OF APPROVAL MO DAY YR	28. INTEREST RATE %	29. REPAYMENT TERMS
COMPLETE FOR COMMUNITY PROGRAM AND CERTAIN MULTIPLE-FAMILY HOUSING LOANS			
30. PROFIT TYPE 1 - FULL PROFIT 2 - LIMITED PROFIT 3 - NONPROFIT			
COMPLETE FOR EM LOANS ONLY		COMPLETE FOR CREDIT SALE-ASSUMPTION	
31. DISASTER DESIGNATION NUMBER (See FMI)		32. TYPE OF SALE 1 - CREDIT SALE ONLY 2 - ASSUMPTION ONLY 3 - CREDIT SALE WITH SUBSEQUENT LOAN 4 - ASSUMPTION WITH SUBSEQUENT LOAN	
FINANCE OFFICE USE ONLY		COMPLETE FOR FP LOANS ONLY	
33. OBLIGATION DATE MO DA YR		34. BEGINNING FARMER/RANCHER (See FMI)	

If the decision contained above in this form results in denial, reduction or cancellation of USDA assistance, you may appeal this decision and have a hearing or you may request a review in lieu of a hearing. Please use the form we have included for this purpose.

Position 2

ORIGINAL - Borrower's Case Folder

COPY 1 - Finance Office

COPY 2 - Applicant/Lender

COPY 3 - State Office

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0061 and 0570-0062. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

CERTIFICATION APPROVAL

For All Farmers Programs

EM, OL, FO, and SW Loans

This loan is approved subject to the availability of funds. If this loan does not close for any reason within 90 days from the date of approval on this document, the approval official will request updated eligibility information. The undersigned loan applicant agrees that the approval official will have 14 working days to review any updated information prior to submitting this document for obligation of funds. If there have been significant changes that may affect eligibility, a decision as to eligibility and feasibility will be made within 30 days from the time the applicant provides the necessary information.

If this is a loan approval for which a lien and/or title search is necessary, the undersigned applicant agrees that the 15-working-day loan closing requirement may be exceeded for the purposes of the applicant's legal representative completing title work and completing loan closing.

35. COMMENTS AND REQUIREMENTS OF CERTIFYING OFFICIAL

Approval of financial assistance is subject to the terms of the "Letter of Conditions".

36. I HEREBY CERTIFY that I am unable to obtain sufficient credit elsewhere to finance my actual needs at reasonable rates and terms, taking into consideration prevailing private and cooperative rates and terms in or near my community for loans for similar purposes and periods of time. I agree to use the sum specified herein, subject to and in accordance with regulations applicable to the type of assistance indicated above, and request payment of such sum. I agree to report to USDA any material adverse changes, financial or otherwise, that occur prior to loan closing. I certify that no part of the sum specified herein has been received. I have reviewed the loan approval requirements and comments associated with this loan request and agree to comply with these provisions.

(For FP loans at eligible terms only) If this loan is approved, I elect the interest rate to be charged on my loan to be the lower of the interest rate in effect at the time of loan approval or loan closing. If I check "NO", the interest rate charged on my loan will be the rate specified in Item 28 of this form. _____ YES _____ NO

WARNING: **Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."**

Date _____, 20 ____

Kevin Kerrigan

(Signature of Applicant)

Date _____, 20 ____

(Signature of Co-Applicant)

37. I HEREBY CERTIFY that all of the committee and administrative determinations and certifications required by regulations prerequisite to providing assistance of the type indicated above have been made and that evidence thereof is in the docket, and that all requirements of pertinent regulations have been complied with. I hereby approve the above-described assistance in the amount set forth above, and by this document, subject to the availability of funds, the Government agrees to advance such amount to the applicant for the purpose of and subject to the availability prescribed by regulations applicable to this type of assistance.

(Signature of Approving Official)

Typed or Printed Name: Gerard Moore

Date Approved: _____

Title: Assistant Deputy Administrator, RBCS

38. TO THE APPLICANT: As of this date _____, this is notice that your application for financial assistance from the USDA has been approved, as indicated above, subject to the availability of funds and other conditions required by the USDA. If you have any questions contact the appropriate USDA Servicing Office.

RURAL BUSINESS-COOPERATIVE SERVICE FINANCIAL ASSISTANCE AGREEMENT

This Agreement, which includes Attachments A and B, for the Project and Amount described below (the “Project Description”) and for the Program identified below, is between the Recipient (you) and the United States of America acting through the Rural Business-Cooperative Service (RBS or we).

Type of Award (mark one): Cooperative Agreement ✓ Grant	Program and CFDA Number (mark one): Rural Energy for America Program (REAP) – 10.868 Rural Economic Development Grant (REDG)–10.854 Rural Business Development Grant (RBDG) – 10.351 Rural Microenterprise Assistance Program (RMAP) – 10.870 Agricultural Marketing Resource Center (AgMRC) – 10.352 Appropriate Technology Transfer for Rural Areas (ATTRA) – 10.782 Delta Health Care Services (DHCS) – 10.874 Federal-State Research on Cooperatives (RSRC) – 10.350 Rural Cooperative Development Grant (RCDG) – 10.771 Rural Development Cooperative Agreement (RDCA) - 0.890 Socially-Disadvantaged Groups Grant (SDGG) – 10.871 Value Added Producer Grant (VAPG) – 10.352 ✓ Other: Higher Blends Infrastructure Incentive Program (HBIIP) - 10.754
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I. GENERAL AWARD INFORMATION

1. Recipient Name & Address County of Lake 600 West Winchester Road, Libertyville, IL 60048	2. UEI No. W2VMR6ZKNT21	3. CAGE code
5. Federal Award Identification Number (FAIN) TBD	4. Case No. 13 49	
7. Performance Start Date	6. Award Date	
9. Amount of Federal Funds Obligated for this Action, and Total Amount of Federal Funds Obligated \$ 110,000.00	10. Amount of Matching/Other Funds (if applicable) \$ 110,000.00	
11. Total Project Cost (Budget Approved Amount) \$ 220,000.00	12. Award as Percentage of Total Project Cost 50.00%	
13. Indirect Cost Rate (if applicable) N/A	14. Does this award involve Research & Development? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Recipient Contact (Name, Title, Contact Info) Kevin Kerrigan kkerrigan@lakecountyiil.gov 847-878-9792	16. Agency Contact (Name, Title, Contact Info) Jeff Carpenter, HBIIP Manager HBIIP@usda.gov; 402-437-5554	

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 0570-0067. Public reporting for this collection of information is estimated to be approximately 21 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information.

All responses to this collection of information are voluntary, however in order to obtain or retain a benefit the information in this form is required (citing authority). Rural Development has no plans to publish information collected under the provisions of this program. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Rural Development Innovation Center, Regulations Management Division at ICRMTRRequests@usda.gov.

II. RESPONSIBILITIES

A. Recipient. The Recipient shall remain in compliance with all applicable laws, regulations, Executive Orders, and other generally applicable requirements for the duration of the Agreement including 2 CFR parts 200, 400, 415, 416, 417, 418, 421, and 422. The most commonly-referenced provisions are identified below.

1. Financial and Program Management. You must follow the financial and performance management requirements in 2 CFR §§ 200.300-.309.

- a. **Financial Management.** You must maintain a financial management system in compliance with 2 CFR § 200.302.
- b. **Internal Controls.** You must maintain internal controls in compliance with 2 CFR § 200.303.
- c. **Payments.** You must comply with the payment requirements described in 2 CFR § 200.305. Payment must be requested by using the SF-270, “Request for Advance or Reimbursement” or SF-271, “Request for Reimbursement for Construction Programs” (as applicable). Receipts, hourly wage rate, personnel payroll records, or other documentation must be provided upon request from RBS if the request is for an advance; otherwise, the documentation must be provided at the time of the request. Requests for payment must be sent to the Agency contact listed in Section I.16.
- d. **Revisions of the Work Plan and Budget.** You must complete all elements of the Work Plan in Attachment B in accordance with that Attachment and must use project funds only for the purposes and activities specified in Attachment B - Approved Work Plan and Budget. You must further complete the outcomes shown for each Work Plan items within the time and scope constraints shown in Attachment B. You must report any changes and request prior approvals in accordance with 2 CFR § 200.308.
- e. **Period of Performance.** You may only incur costs chargeable to the award in accordance with 2 CFR § 200.309.
- f. **Bonding.** You must maintain your fidelity bond coverage in the amount of \$ N/A for the Period of Performance of the award. (See 2 CFR § 200.304.)
- g. **Program Income.** You must comply with the requirements of 2 CFR § 200.307. Additionally, if program income is earned during the period of performance, you may use it in accordance with 2 CFR § 200.307(e)(2), provided that you inform us in writing of your intent prior to the award date. However, if you earn program income in excess of what can be used under 2

CFR § 200.307(e)(2) or if you earn unanticipated program income, you must comply with 2 CFR § 200.307(e)(1). Costs incidental to the generation of program income may be deducted from gross income to determine program income, provided these costs have not been charged to the award.

2. **Procurement and Property Standards.** You must follow the procurement standards requirements in 2 CFR §§ 200.310-.326.
3. **Performance and Financial Monitoring and Reporting.** You must follow the requirements in 2 CFR Part 170, including Appendix A, and 2 CFR §§ 200.327-.329, and submit reports as outlined below. Unless otherwise directed in the addendum to this Agreement, the reports are due as indicated below.
 - a. **Form SF-425, “Financial Status Report.”** Reports are due 30 calendar days after the reporting period ends. A final report is due within 90 days after the Performance End Date specified in Section I.8. of this Agreement or at the completion of your project, whichever date is sooner. Your reporting periods are below (mark one):
 - ☐ Semi-Annually: January 1 – June 30 and July 1 – December 31
 - ☒ Semi-Annually: April 1 – September 30 and October 1 – March 31
 - ☐ Quarterly: January 1 – March 31, April 1 – June 30, July 1 – September 30, October 1 – December 31
 - b. **Performance Reports.** Reports are due 30 calendar days after the reporting period ends. A final report is due within 90 days after the Performance End Date specified in Section I.8. of this Agreement or at the completion of your project, whichever date is sooner. Your reporting periods are below (mark one):
 - ☐ Semi-Annually: January 1 – June 30 and July 1 – December 31
 - ☒ Semi-Annually: April 1 – September 30 and October 1 – March 31
 - ☐ Quarterly: January 1 – March 31, April 1 – June 30, July 1 – September 30, October 1 – December 31
4. **Subrecipient Monitoring and Management.** You must monitor and manage any subrecipients in accordance with 2 CFR §§ 200.330-.332.

- 5. Record Retention and Access.** You must retain records related to this work performed under this Agreement and allow access to them in accordance with 2 CFR §§ 200.333-.337.
 - 6. Closeout.** You must comply with the closeout requirements in 2 CFR § 200.343.
 - 7. Post-Closeout Adjustments and Continuing Responsibilities.** You must continue to comply with the requirements in 2 CFR § 200.344 even after the Period of Performance for this Agreement has ended.
 - 8. Cost Principles.** You must comply with the provisions in 2 CFR Part 200, most of which are contained in Subpart E.
 - 9. Audits.** You must comply with the provisions in 2 CFR Part 200, Subpart F.
 - 10. Civil Rights Compliance.** Unless otherwise provided in the addendum, you must comply with Executive Order 12898, Executive Order 13166- Limited English Proficient, the Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973 as applicable. Your compliance, shall include collection and maintenance of data on race, sex, and national origin of your membership, ownership, and employees. These data must be available to us for Civil Rights Compliance Reviews. Unless otherwise provided in Attachment A, you must submit to a post-award compliance review conducted after the final disbursement of grant funds have occurred.
 - 11. Universal Identifier and Central Contractor Registration.** You must comply with 2 CFR Part 25, including Appendix A. Note that the Central Contractor Registration is now available through the System for Award Management at www.sam.gov.
 - 12. Special Conditions.** You must comply with any special conditions identified in Attachment A – Program Addendum.
- B. Rural Business-Cooperative Service (RBS).** RBS shall remain in compliance with all applicable laws, regulations, Executive Orders, and other generally applicable requirements for the duration of the Agreement. The most commonly-referenced provisions are identified below.
- 1. Payments.** We will advance or reimburse funds up to the Award Amount identified in Section I.9 upon the Recipient’s proper request according to Section II.A.1.c.

2. **Monitoring and Enforcement.** We will monitor the project to ensure that you are in compliance with the terms of the award. If we find that you are not in compliance, we will enforce the terms of this Agreement using the provisions of 2 CFR §§ 200.338-.342.

C. Both Parties. The Recipient and RBS agree to the following:

1. **Invalid Clauses.** The invalidity of any one or more phrases, clauses, sentences, paragraphs, or provisions of this Agreement shall not affect the remaining portions of the Agreement.
2. **Conflict between this Agreement and Other Applicable Regulations or Laws.** If there is a conflict between this Agreement and the applicable Program Regulation, the applicable Program Regulation shall prevail. If there is a conflict between this Agreement and another law or regulation, RBS shall seek a legal opinion to determine which provision applies.
3. **Dates.** When the date fixed for the performance of an act under this Agreement is on a weekend or Federal holiday, then the performance by the close of business on the next Federal work day shall have the same force and effect as if made performed or exercised on the specified date.

The signatories below certify that they have authority to enter into this Agreement.

Approved by an Authorized Representative of the Recipient:

Kevin Kerrigan

Name (Please Print)

Title (Please Print)

Signature

Date

Approved by the United States of America, Rural Business-Cooperative Service by:

Gerard Moore

Name (Please Print)

Assistant Deputy Administrator

Title (Please Print)

Signature

Date

Attachment A – Program Addendum

PROGRAM NAME: Higher Blends Infrastructure Incentive Program (HBIIP)

AUTHORITY: SEC. 5., COMMODITY CREDIT CORPORATION CHARTER ACT (15 U.S.C. 714c), as Amended Through P.L. 115–334, Enacted December 20, 2018; Or SEC. 22003, INFLATION REDUCTION ACT OF 2022.

APPLICABLE FEDERAL REGISTER NOTICE:

Publication Date	Volume/Number
August 23, 2022	Vol 87, No 162
November 15,2022	Vol 87, No 219

ADDITIONAL PROGRAMMATIC AWARD PROVISIONS:

RBS and the Recipient agree to the following additional provisions:

Section II, Paragraph A.1.a. is retained, and the following language is added:

Accounting records shall be in accordance with generally accepted accounting principles (GAAP) and contain information pertaining to grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays, income, and interest.

Section II, Paragraph A.1.c. is retained, and the following language is added:

Higher Blends Infrastructure Incentive Program grant awards of \$500,000 or less funds will be distributed as a one-time reimbursement after the project has been completed.

Higher Blends Infrastructure Incentive Program grant awards of greater than \$500,000 requests for reimbursement may be submitted no more frequently than quarterly.

Section II, Paragraph A.2. is retained and the following language is added:

In addition, grantees must list any equipment purchases made with project funds in the tables below.

Equipment acquired with Award Funds. (Describe each item, estimated useful life, and the value of equipment. Use continuation sheets as necessary.)		
Item	Estimated Useful Life	Value
See Part 2 – Station Information (if applicable)		
See Part 3 - Technical Report		

Should actual project costs for the grant be lower than projected in Block 11, in part I, General Award Information, the final amount of the grant will be adjusted to remain at the percentage identified in Block 12 of the final Total Project Costs.

For Higher Blends Infrastructure Incentive Program grants. The proposed improvements shall be constructed and/or installed in accordance with engineering recommendations, technical reports, or other applicable information provided by the Grantee and approved by RBS. The Grantee will own, operate, and provide for continued maintenance on the Project.

Section II, Paragraph A.3.c is retained, and the following language is added:

c. The Recipient will provide Outcome Annual Project Performance Reports. Recipients will provide a report for each of five (5) years commencing the first full calendar year following the year in which the project construction was completed. The Outcome Annual Project Performance Report will include point of sale reporting for the additional amount of biofuel sold because of the project association with the Higher Blends Infrastructure Incentive Program grant.

Section II, Paragraph A.13. is added with the following language:

Cost Sharing. You must comply with the requirements of 2 CFR § 200.306.

Additionally, matching funds must be available at the same time award funds are expected to be spent and expenditures of matching funds will be pro-rated or spent in advance of award funds.

Section II.B.1. is retained and the following language is added:

Grant funds not expended within thirty-six (36) months from the date this Agreement is executed will be canceled by RBS. Prior to the actual cancellation, RBS will notify the Recipient, in writing, of the intent to cancel the remaining grant funds.

Attachment B

Part 2 - Station Information (if applicable, for transportation fueling facility applicants)

Part 3 - HBIIP Technical Report

Higher Blends Infrastructure Incentive Program (HBIIIP) Fuel Type Certification

Based on the Higher Blends Infrastructure Incentive Program (HBIIIP) grant reimbursement request submitted on _____ (date), I certify that we currently offer the following higher blends of biofuel:

_____ E-15

_____ E-85

_____ B-20

_____ Other: _____

At: _____ (location)

Kevin Kerrigan

Name

Position

County of Lake

Company

Signature

Date

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS

1. TYPE OF REQUEST

- ☐ FINAL
☐ PARTIAL

2. BASIS OF REQUEST

- ☐ CASH
☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL
ELEMENT TO WHICH THIS REPORT IS SUBMITTED

USDA Rural Development

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER
ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION
NUMBER

366006600

7. FINANCIAL ASSISTANCE
IDENTIFICATION NUMBER

8. PERIOD COVERED BY THIS REQUEST

From:

To:

9. RECIPIENT ORGANIZATION

Name: County of Lake

Street1: 600 West Winchester Road

Street2:

City: Libertyville

County: Lake

State: IL

Province:

Country: USA

ZIP / Postal Code: 60048

10. PAYEE (Where check is to be sent if different than item 9)

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

11.

STATUS OF FUNDS

CLASSIFICATION	PROGRAMS	FUNCTIONS	ACTIVITIES	TOTAL
	(a)	(b)	(c)	
a. Administrative expense	\$	\$	\$	\$
b. Preliminary expense				
c. Land, structures, right-of-way				
d. Architectural engineering basic fees				
e. Other architectural engineering fees				
f. Project inspection fees				
g. Land development				
h. Relocation expense				
i. Relocation payments to individuals and businesses				
j. Demolition and removal				
k. Construction and project improvement cost				
l. Equipment				
m. Miscellaneous cost				
n. Total cumulative to date (<i>sum of lines a thru m</i>)				
o. Deductions for program income				
p. Net cumulative to date (<i>line n minus line o</i>)				
q. Federal share to date				
r. Rehabilitation grants (100% reimbursement)				
s. Total Federal share (<i>sum of lines q and r</i>)				
t. Federal payments previously requested				
u. Amount requested for reimbursement	\$	\$	\$	\$
v. Percentage of physical completion of project	%	%	%	%

12. **CERTIFICATION**

I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

a. **RECIPIENT**

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED

TYPED OR PRINTED NAME AND TITLE

Prefix:		First Name:	Kevin	Middle Name:	
Last Name:	Kerrigan			Suffix:	
Title:					

TELEPHONE (Area code, number, and extension)

847-878-9792

b. **REPRESENTATIVE CERTIFYING TO LINE 11V**

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE SIGNED

TYPED OR PRINTED NAME AND TITLE

Prefix:		First Name:	Jeff	Middle Name:	
Last Name:	Carpenter			Suffix:	
Title:	HBIIP Manager				

TELEPHONE (Area code, number, and extension)

402-437-5554

INSTRUCTIONS

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. Items 3, 4, 5, 8, 9, 10, 11s and 11v are self explanatory; specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
1	Mark the appropriate box. If the request is final, the amounts billed should represent the final cost of the project.	11j	Enter gross salaries and wages of employees of the recipient and payments to third party contractors directly engaged in performing demolition or removal of structures from developed land. All proceeds from the sale of salvage or the removal of structures should be credited to this account; thereby reflecting net amounts if required by the Federal agency.
2	Show whether amounts are computed on an accrued expenditure or cash disbursement basis.	11k	Enter those amounts associated with the actual construction of, addition to, or restoration of a facility. Also, include in this category, the amounts for project improvements such as sewers, streets, landscaping, and lighting.
6	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service or FICE (institution) code if requested by the Federal agency.	11l	Enter amounts for all equipment, both fixed and movable, exclusive of equipment used for construction. For example, permanently attached laboratory tables, built-in audio visual systems, movable desks, chairs, and laboratory equipment.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11m	Enter the amounts of all items not specifically mentioned above.
11	The purpose of vertical columns (a) through (c) is to provide space for separate cost breakdowns when a large project has been planned and budgeted by program, function or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. All amounts are reported on a cumulative basis.	11n	Enter the total cumulative amount to date which should be the sum of lines a through m.
11a	Enter amounts expended for such items as travel, legal fees, rental of vehicles and any other administrative expenses. Include the amount of interest expense when authorized by program legislation. Also show the amount of interest expense on a separate sheet.	11o	Enter the total amount of program income applied to the grant or contract agreement except income included on line j. Identify on a separate sheet of paper the sources and types of the income.
11b	Enter amounts pertaining to the work of locating and designing, making surveys and maps, sinking test holes, and all other work required prior to actual construction.	11p	Enter the net cumulative amount to date which should be the amount shown on line n minus the amount on line o.
11c	Enter all amounts directly associated with the acquisition of land, existing structures and related right-of-way.	11q	Enter the Federal share of the amount shown on line p.
11d	Enter basic fees for services of architectural engineers.	11r	Enter the amount of rehabilitation grant payments made to individuals when program legislation provides 100 percent payment by the Federal agency.
11e	Enter other architectural engineering services. Do not include any amounts shown on line d.	11t	Enter the total amount of Federal payments previously requested, if this form is used for requesting reimbursement.
11f	Enter inspection and audit fees of construction and related programs.	11u	Enter the amount now being requested for reimbursement. This amount should be the difference between the amounts shown on lines s and t. If different, explain on a separate sheet.
11g	Enter all amounts associated with the development of land where the primary purpose of the grant is land improvement. The amount pertaining to land development normally associated with major construction should be excluded from this category and entered on line k.	12a	To be completed by the official recipient official who is responsible for the operation of the program. The date should be the actual date the form is submitted to the Federal agency.
11h	Enter the dollar amounts used to provide relocation advisory assistance and net costs of replacement housing (last resort). Do not include amounts needed for relocation administrative expenses; these amounts should be included in amounts shown on line a.	12b	To be completed by the official representative who is certifying to the percent of project completion as provided for in the terms of the grant or agreement.
11i	Enter the amount of relocation payments made by the recipient to displaced persons, farms, business concerns, and nonprofit organizations.		

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 2px solid red; padding: 5px; font-size: 1.2em; font-weight: bold; text-align: center;">USDA Rural Development</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 2px solid red; height: 20px; width: 100%;"></div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 2px solid red; padding: 2px;">County of Lake</div> Street1: <div style="border: 2px solid red; padding: 2px;">600 West Winchester Road</div> Street2: <div style="border: 2px solid red; height: 20px; width: 100%;"></div> City: <div style="border: 2px solid red; padding: 2px;">Libertyville</div> County: <div style="border: 2px solid red; width: 100px;"></div> State: <div style="border: 2px solid red; padding: 2px;">IL</div> Province: <div style="border: 2px solid red; width: 100px;"></div> Country: <div style="border: 2px solid red; padding: 2px;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 2px solid red; padding: 2px;">60048</div>			
4a. DUNS Number <div style="border: 2px solid red; padding: 2px;">N/A</div>	4b. EIN <div style="border: 2px solid red; padding: 2px;">366006600</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 2px solid red; height: 20px; width: 100%;"></div>	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 2px solid red; width: 80px;"></div> To: <div style="border: 2px solid red; width: 80px;"></div>	9. Reporting Period End Date <div style="border: 2px solid red; height: 20px; width: 100%;"></div>
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i> Federal Cash (To report multiple grants, also use FFR attachment):			Cumulative
a. Cash Receipts			0.00
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			\$ 110,000.00 0.00
e. Federal share of expenditures			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			0.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
Recipient Share:			
i. Total recipient share required			\$ 110,000.00 0.00
j. Recipient share of expenditures			0.00
k. Remaining recipient share to be provided (line i minus j)			0.00
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m and line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
g. Totals:				<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: <div style="display: flex; align-items: center; margin-top: 5px;"> <input style="width: 30%; height: 20px;" type="text"/> <div style="margin-left: 10px;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div>						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).						
a. Name and Title of Authorized Certifying Official <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Prefix: <input style="width: 100px;" type="text"/></div> <div>First Name: <input style="width: 250px; border: 2px solid red;" type="text" value="Kevin"/></div> <div>Middle Name: <input style="width: 150px;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Last Name: <input style="width: 350px; border: 2px solid red;" type="text" value="Kerrigan"/></div> <div>Suffix: <input style="width: 100px;" type="text"/></div> </div> <div style="margin-top: 5px;">Title: <input style="width: 200px; border: 2px solid red;" type="text"/></div>						
b. Signature of Authorized Certifying Official <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				c. Telephone (Area code, number and extension) <div style="border: 2px solid red; padding: 2px; width: 150px; margin-top: 5px;">847-878-9792</div>		
d. Email Address <div style="border: 2px solid red; padding: 2px; width: 100%; margin-top: 5px;">kkerrigan@lakecountytill.gov</div>				e. Date Report Submitted <div style="border: 2px solid red; height: 20px; width: 80px; margin-top: 5px;"></div>		14. Agency use only:

Federal Financial Report Instructions

Report Submissions

- 1) Recipients will be instructed by Federal agencies to submit the *Federal Financial Report (FFR)* to a single location, except when an automated payment management reporting system is utilized. In this case, a second submission location may be required by the agency.
- 2) If recipients need more space to support their *FFRs*, or *FFR* Attachments, they should provide supplemental pages. These additional pages must indicate the following information at the top of each page: Federal grant or other identifying number (if reporting on a single award), recipient organization, Data Universal Numbering System (DUNS) number, Employer Identification Number (EIN), and period covered by the report.

Reporting Requirements

- 1) The submission of interim *FFRs* will be on a quarterly, semi-annual, or annual basis, as directed by the Federal agency. A final *FFR* shall be submitted at the completion of the award agreement. The following reporting period end dates shall be used for interim reports: 3/31, 6/30, 9/30, or 12/31. For final *FFRs*, the reporting period end date shall be the end date of the project or grant period.
- 2) Quarterly and semi-annual interim reports shall be submitted no later than 30 days after the end of each reporting period. Annual reports shall be submitted no later than 90 days after the end of each reporting period. Final reports shall be submitted no later than 90 days after the project or grant period end date.

Note: For single award reporting:

- 1) Federal agencies may require both cash management information on lines 10(a) through 10(c) and financial status information lines 10(d) through 10(o).
- 2) 10(b) and 10(e) may not be the same until the final report.

Line Item Instructions for the Federal Financial Report

FFR Number	Reporting Item	Instructions
Cover Information		
1	Federal Agency and Organizational Element to Which Report is Submitted	Enter the name of the Federal agency and organizational element identified in the award document or as instructed by the agency.
2	Federal Grant or Other Identifying Number Assigned by Federal Agency	For a single award, enter the grant number assigned to the award by the Federal agency. For multiple awards, report this information on the <i>FFR</i> Attachment. <i>Do not complete this box if reporting on multiple awards.</i>
3	Recipient Organization	Enter the name and complete address of the recipient organization including zip code.
4a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
4b	EIN	Enter the recipient organization's Employer Identification Number (EIN).
5	Recipient Account Number or Identifying Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is for the recipient's use only and is not required by the Federal agency. For multiple awards, report this

FFR Number	Reporting Item	Instructions
		information on the <i>FFR</i> Attachment. <i>Do not complete this box if reporting on multiple awards.</i>
6	Report Type	Mark appropriate box. <i>Do not complete this box if reporting on multiple awards.</i>
7	Basis of Accounting (Cash/Accrual)	Specify whether a cash or accrual basis was used for recording transactions related to the award(s) and for preparing this <i>FFR</i> . Accrual basis of accounting refers to the accounting method in which expenses are recorded when incurred. For cash basis accounting, expenses are recorded when they are paid.
8	Project/Grant Period, From: (Month, Day, Year)	Indicate the period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project period that is funded in increments or budget periods (typically annual increments). Throughout the project period, agencies often require cumulative reporting for consecutive budget periods. Under these circumstances, enter the beginning and ending dates of the project period not the budget period. <i>Do not complete this line if reporting on multiple awards.</i>
	Project/Grant Period, To: (Month, Day, Year)	See the above instructions for "Project/Grant Period, From: (Month, Day, Year)."
9	Reporting Period End Date: (Month, Day, Year)	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual interim reports, use the following reporting period end dates: 3/31, 6/30, 9/30, or 12/31. For final <i>FFRs</i> , the reporting period end date shall be the end date of the project or grant period.
10	Transactions Enter cumulative amounts from date of the inception of the award through the end date of the reporting period specified in line 9. Use Lines 10a through 10c, Lines 10d through 10o, or Lines 10a through 10o, as specified by the Federal agency, when reporting on single grants. Use Line 12, Remarks, to provide any information deemed necessary to support or explain <i>FFR</i> data.	
Federal Cash (To report multiple grants, also use <i>FFR</i> Attachment)		
10a	Cash Receipts	Enter the cumulative amount of actual cash received from the Federal agency as of the reporting period end date.
10b	Cash Disbursements	Enter the cumulative amount of Federal fund disbursements (such as cash or checks) as of the reporting period end date. Disbursements are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expenses charged to the award, and the amount of cash advances and payments made to subrecipients and contractors. For multiple grants, report each grant separately on the <i>FFR</i> Attachment. The sum of the cumulative cash disbursements on the <i>FFR</i> Attachment must equal the amount entered on Line 10b, <i>FFR</i> .
10c	Cash On Hand (Line 10a Minus Line 10b)	Enter the amount of Line 10a minus Line 10b. This amount represents immediate cash needs. If more than three business days of cash are on hand, the Federal agency may require an explanation

FFR Number	Reporting Item	Instructions
		on Line 12, Remarks, explaining why the drawdown was made prematurely or other reasons for the excess cash.
Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards.		
10d	Total Federal Funds Authorized	Enter the total Federal funds authorized as of the reporting period end date.
10e	Federal Share of Expenditures	Enter the amount of Federal fund expenditures. For reports prepared on a cash basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense charged; and the amount of cash advance payments and payments made to subrecipients. For reports prepared on an accrual basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense incurred; and the net increase or decrease in the amounts owed by the recipient for (1) goods and other property received; (2) services performed by employees, contractors, subrecipients, and other payees; and (3) programs for which no current services or performance are required. Do not include program income expended in accordance with the deduction alternative, rebates, refunds, or other credits. (Program income expended in accordance with the deduction alternative should be reported separately on Line 10o.)
10f	Federal Share of Unliquidated Obligations	<p>Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an expenditure has not yet been recorded. Enter the Federal portion of unliquidated obligations. Those obligations include direct and indirect expenses incurred but not yet paid or charged to the award, including amounts due to subrecipients and contractors. On the final report, this line should be zero unless the awarding agency has provided other instructions.</p> <p><i>Do not include any amount in Line 10f that has been reported in Line 10e. Do not include any amount in Line 10f for a future commitment of funds (such as a long-term contract) for which an obligation or expense has not been incurred.</i></p>
10g	Total Federal Share (Sum of Lines 10e and 10f)	Enter the sum of Lines 10e and 10f.
10h	Unobligated Balance of Federal Funds (Line 10d Minus Line 10g)	Enter the amount of Line 10d minus Line 10g.
Recipient Share: Do not complete this section if reporting on multiple awards.		
10i	Total Recipient Share Required	Enter the total required recipient share for reporting period specified in line 9. The required recipient share should include all matching and cost sharing provided by recipients and third-party providers to meet the level required by the Federal agency. This amount should not include cost sharing and match amounts in excess of the amount required by the Federal agency (for example, cost overruns for which the recipient incurs additional expenses and, therefore, contributes a greater level of cost

FFR Number	Reporting Item	Instructions
		sharing or match than the level required by the Federal agency).
10j	Recipient Share of Expenditures	Enter the recipient share of actual cash disbursements or outlays (less any rebates, refunds, or other credits) including payments to subrecipients and contractors. This amount may include the value of allowable third party in-kind contributions and recipient share of program income used to finance the non-Federal share of the project or program. Note: On the final report this line should be equal to or greater than the amount of Line 10i.
10k	Remaining Recipient Share to be Provided (Line 10i Minus Line 10j)	Enter the amount of Line 10i minus Line 10j. If recipient share in Line 10j is greater than the required match amount in Line 10i, enter zero.
Program Income: Do not complete this section if reporting on multiple awards.		
10l	Total Federal Program Income Earned	Enter the amount of Federal program income earned. Do not report any program income here that is being allocated as part of the recipient's cost sharing amount included in Line 10j.
10m	Program Income Expended in Accordance With the Deduction Alternative	Enter the amount of program income that was used to reduce the Federal share of the total project costs.
10n	Program Income Expended in Accordance With the Addition Alternative	Enter the amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities.
10o	Unexpended Program Income (Line 10l Minus Line 10m and Line 10n)	Enter the amount of Line 10l minus Line 10m and Line 10n. This amount equals the program income that has been earned but not expended, as of the reporting period end date.
11	Indirect Expense: Complete this information only if required by the awarding agency. Enter cumulative amounts from date of the inception of the award through the end date of the reporting period specified in line 9.	
11a	Type of Rate(s)	State whether indirect cost rate(s) is Provisional, Predetermined, Final, or Fixed.
11b	Rate	Enter the indirect cost rate(s) in effect during the reporting period.
11c	Period From; Period To	Enter the beginning and ending effective dates for the rate(s).
11d	Base	Enter the amount of the base against which the rate(s) was applied.
11e	Amount Charged	Enter the amount of indirect costs charged during the time period specified. (Multiply 11b. x 11d.)
11f	Federal Share	Enter the Federal share of the amount in 11e.
11g	Totals	Enter the totals for columns 11d, 11e, and 11f.
Remarks, Certification, and Agency Use Only		
12	Remarks	Enter any explanations or additional information required by the Federal sponsoring agency including excess cash as stated in line 10c.
13a	Typed or Printed Name and Title of Authorized Certifying Official	Enter the name and title of the authorized certifying official.
13b	Signature of Authorized Certifying Official	The authorized certifying official must sign here.
13c	Telephone (Area Code, Number and Extension)	Enter the telephone number (including area code and extension) of the individual listed in Line 13a.
13d	E-mail Address	Enter the e-mail address of the individual listed in Line 13a.

FFR Number	Reporting Item	Instructions
13e	Date Report Submitted (Month, Day, Year)	Enter the date the <i>FFR</i> is submitted to the Federal agency using the month, day, year format.
14	Agency Use Only	This section is reserved for Federal agency use.

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See Page 2 for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY:

USDA Rural Development

AGENCY IDENTIFIER:

AGENCY LOCATION CODE (ALC):

ACH FORMAT:

☐ CCD+☐ CTX

ADDRESS:

511 West 7th Street, Atlantic, IA 50022

CONTACT PERSON NAME:

Lisa Noty

TELEPHONE NUMBER (Include Area Code):

712-254-1366

ADDITIONAL INFORMATION:

lisa.noty@usda.gov

PAYEE / COMPANY INFORMATION

NAME **County of Lake**

SSN NO. OR TAXPAYER ID NO.:

366006600

ADDRESS:

600 West Winchester Road, Libertyville, IL 60048

CONTACT PERSON NAME:

Kevin Kerrigan

TELEPHONE NUMBER (Include Area code):

847-878-9792

FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER (Include Area code):

NINE-DIGIT ROUTING TRANSIT NUMBER

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

☐

CHECKING

☐

SAVINGS

☐

LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:
(Could be the same as ACH Coordinator):

TELEPHONE NUMBER (Include Area code):

Instructions for Completing SF 3881 Form

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor / miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee / Company Information Section - Payee prints or types the name of the payee / company and address that will receive ACH vendor / miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee / company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee / company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee / company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.