



ST. CHARLES
SINCE 1834

AGENDA ITEM EXECUTIVE SUMMARY

Title: Recommend Approval of a Resolution for IEPA Low Interest Loan Process

Presenter: John Lamb

Please check appropriate box:

<input type="checkbox"/>	Government Operations	<input checked="" type="checkbox"/>	Government Services 11.28.11
<input type="checkbox"/>	Planning & Development	<input type="checkbox"/>	City Council
<input type="checkbox"/>	Public Hearing	<input type="checkbox"/>	

Estimated Cost:	NA	Budgeted:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please explain how item will be funded:

Executive Summary:

City staff is proceeding with filing a loan application with the Illinois Environmental Protection Agency Low Interest Loan Program. This loan is for the Main Treatment Plant Biosolids and Operations Building which is budgeted in fiscal year 2012/13. The application does not obligate the City to the loan.

A requirement of the loan application is the City Council pass a resolution authorizing a representative, the Mayor, to sign all future loan application forms and supporting documents. This will allow all future signatures as City staff work through the loan application submittal process.

The same resolution has a section requiring compliance with the National Flood Insurance Act of 1968. The resolution states the City will secure and maintain flood insurance during the construction period in order to be eligible for the loan.

Attachments: *(please list)*

IEPA Resolution

Recommendation / Suggested Action *(briefly explain):*

Staff recommends approval of resolution to authorize the Mayor to sign all applicable IEPA loan documents for the biosolids building project.

For office use only: *Agenda Item Number: 3.e*

City of St. Charles, Illinois
Resolution No. _____

**A Resolution Approving the Execution of an Illinois Environmental
Protection Agency (IEPA) Low Interest Loan Application Form**

**Presented & Passed by the
City Council on**

BE IT RESOLVED by the Mayor and City Council of the City of St. Charles, Kane and DuPage Counties, Illinois, that the Mayor and City Clerk be and the same are hereby authorized to execute all applicable IEPA loan documents for a low interest loan for the Biosolids Building project.

PRESENTED to the City Council of the City of St. Charles, Illinois, this day of .

PASSED by the City Council of the City of St. Charles, Illinois, this day of .

APPROVED by the Mayor of the City of St. Charles, Illinois, this day of .

Donald P. DeWitte, Mayor

ATTEST:

City Clerk

COUNCIL VOTE:

Ayes:

Nays:

Absent:

Abstain:

**Water Pollution Control Loan Program (WPCLP)
Loan Application Form**

Applicant Information

L17# 4716

1. Legal Name of Applicant: City of St. Charles, Illinois

2. Applicant Address: 2 East Main Street
St. Charles, Illinois 60174

Project Description: Demolition of the existing Main Building at the Main Wastewater Treatment Facility
and construction of a new Main and Sludge Handling Building in its place.

Federal Employer Identification Number
(FEIN)*: 36-6006090

* Submit FEIN Certification (attached)

3. Authorized Representative:

Name: Donald P. DeWitte Title: Mayor
Phone: (630) 377-4444 Email: ddewitte@stcharlesil.gov

4. Engineer:

Name: R. Scott Trotter, P.E. Firm: Trotter & Associates, Inc.
Address: 40W201 Wasco Road, Suite D Phone: (630) 587-0470
St. Charles, Illinois 60175 Email: s.trotter@taiengr.com

5. Attorney:

Name: Robin Jones Firm: Gorski & Good, LLP
Address: 211 S. Wheaton Avenue, Suite 305 Phone: (630) 665-7500
Wheaton, Illinois 60187 Email: rjones@gorskigood.com

6. Include detailed construction cost estimate in bid format as part of this application and summarize below:

Construction	\$ 8,795,371
Legal/Financial	\$
Design Engineering	\$
Construction Engineering	\$ 486,000
Other	\$
Contingency	\$ 263,862
Total	\$ 9,545,233

7. Amount requested for loan \$ 9,545,233

8. Loan repayment period requested (maximum term is 20 years): _____

20 Years

Other (_____ number of years)

9. List any other proposed sources of funding in addition to loan request:

Source: N/A Amount: N/A

Date Available: N/A

10. Project Schedule (Indicate "complete" or anticipated date of completion as appropriate)

a) Approved Facilities Planning: November 2011 expected (under IEPA Review)

b) Plans and Specifications completed and submitted to Illinois EPA: January 2012

c) Illinois EPA Permit issued: March 2012

d) Approved Operation, Maintenance and Replacement Revenue System and Dedicated Source of Revenue: March 2012

e) Advertise for Bids: March 2012

f) Initiation of Construction: July 2012

g) Completion of Construction: January 2014

Loan Program Certifications

- Whereas, the application provisions for loans from the Water Pollution Control Loan Program require that the loan applicant provide the following certifications and assurances:

The loan applicant hereby agrees to pay all project costs not covered by the loan. If the project costs provided by the applicant exceed the lesser of 5% of the total project cost or \$100,000, please provide the following information:

Amount to be provided by applicant \$ 0.00

Source of funds Not Applicable

- The loan applicant hereby certifies that it has analyzed the costs and the financial impacts of the proposed project and that it has the legal, institutional, managerial and financial capability to insure adequate building, operation, maintenance and replacement of the treatment works project.
- The loan applicant hereby certifies that no unlawful or corrupt practice has taken place in the planning or design of the proposed project.
- The loan applicant hereby certifies that it has complied with all applicable State and federal statutory and regulatory requirements in regard to the proposed project.
- The loan applicant hereby certifies that it is not barred from being awarded a contract or subcontract under Section 10.1 of the Illinois Purchasing Act.

Certification Regarding Debarment, Suspension and Other Responsibility Matters

The prospective participant to the best of its knowledge and belief that it and its principals:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b) Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

- d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in fine of up to \$10,000 or imprisonment for up to 5 years, or both.

INTENT REGARDING NATIONAL FLOOD INSURANCE

Whereas application provisions for loans from the Water Pollution Control Loan Program require compliance with the National Flood Insurance Act 1968, as amended, and

Whereas the costs of securing and maintaining flood insurance are eligible for loan participation during the approved construction period, and

Whereas failure to secure flood insurance for eligible construction located in designated flood hazard areas will cause this construction to become ineligible for loan funds:

Now therefore, be it resolved that the City of St. Charles of Kane and DuPage Counties, Illinois will cooperate and coordinate with the National Flood Insurance Program to acquire and maintain any flood insurance made available for Project L17# 4716 for the entire useful life of the insurable construction pursuant to the Flood Insurance Act of 1968, as amended, and that it will secure said flood insurance for each insurable structure, as soon as said insurance is available and will notify the Illinois Environmental Protection Agency in writing that the National Flood Insurance requirement has been satisfied.

CERTIFICATION REGARDING PROJECT SITE, RIGHTS-OF-WAY, EASEMENTS, AND PERMITS

1. The applicant has investigated and ascertained the location of the site or sites, rights-of-way, and easements being provided for the facilities in its application for loan assistance. In my opinion, the applicant has a sufficient legal interest in the said site or sites, rights-of-way, and easements to permit the building of such facilities thereon and to permit the operation and maintenance of such facilities thereon during the estimated life of the facility by the applicant after the completion of construction.
2. The loan applicant has complied with the provisions of 49 CFR 24 as required by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended (42 USC 4601 et seq.).
3. The loan applicant has obtained all the necessary permits as indicated below:

<u>Type of Permit</u>	<u>Permit Number</u>	<u>Date Issued</u>
Army Corps of Eng. 404	Not Applicable	
IL Dept. of Trans.	Not Applicable	
County Highway	Not Applicable	
Other	Not Applicable	

AUTHORIZATION OF A REPRESENTATIVE TO SIGN LOAN DOCUMENTS

Whereas, application provisions for loans from the Water Pollution Control Loan Program require that the City of St. Charles, Illinois of Kane & DuPage Counties, IL. authorize a representative to sign the loan application forms and supporting documents; therefore, be it resolved by the City Council of City of St. Charles, Illinois that Donald P. DeWitte is hereby authorized to sign all loan application forms and documents.

I, Donald P. DeWitte hereby verify that the above information is, to the best of my knowledge, true and correct.

Date: _____ Signed by: _____
(Authorized Representative)

Title: Mayor

Attested by: _____

TAXPAYER IDENTIFICATION NUMBER

I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the d/b/a on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: _____

Business Name: City of St. Charles, Illinois

Taxpayer Identification Number:

Social Security Number _____

or

Employer Identification Number 36-6006090

Legal Status (check one):

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Legal Services Corporation | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | <input type="checkbox"/> D = disregarded entity |
| | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |

Signature: _____

Date: _____