



AMERICAN RESCUE PLAN ACT
Community Service Agency - Funding Request

This fillable form is available on our website: www.leecountyil.com

Section 1: Program Overview/Eligibility

Coronavirus State and Local Fiscal Recovery Funds enable local governments to provide a wide range of assistance to individuals and households, including support for unemployed workers and aid to households facing food, housing or other financial insecurity, to help alleviate the economic hardships caused by the COVID-19 pandemic.

A. Important Dates.

- Applications will be accepted via email between January 10-February 28, 2022.
Notification of the grant award will be on or about March 15, 2022.
All grant money awarded must be expended by March 30, 2023.

B. Agency Eligibility. To be eligible for funding assistance:

- The Agency must be a not-for-profit agency registered with the Illinois Secretary of State.
The Agency must be located within or serving individuals that reside within the corporate boundaries of Lee County.
The Agency must agree to provide timely and accurate reporting of the funding uses for Lee County to comply with reporting requirements to the United States Treasury.
The Agency must comply with all federal sub-award compliance requirements as listed in Page 3 of this document.

C. Program Eligibility.

- The proposed use of funding must deliver aid to Lee County unemployed workers, households facing food, housing, or other financial insecurity, or to support survivor's benefits for family members of COVID-19 victims.

B. Available Funding.

- Funding up to a maximum of \$10,000 is available per Agency. Funding may be allocated in increments over a specified period at the discretion of Lee County.

C. Program information.

- Email application to Sara Leisner, Lee County ARPA Grant Coordinator at arpa@countvoflee.org.

Section 2: Agency contact information (please print)

Agency Hope Bible Fellowship Agency Tax ID#
Agency Phone Number 515-468-5891 Agency Fax # (if available)
Agency Address 732 N. Brinson Ave.
Agency Representative Cal Callison Title Pastor
Representative Email calcallison@gmail.com Phone 515-468-5891

Section 3: Required Documentation (attach to this application)

- 1. Description of the intended use of the funding, including the total dollar amount of funding requested.
2. Copy of the Illinois Secretary of State registration as a not-for-profit agency
3. Completed Form W-9, Request for Taxpayer Identification Number

Section 4: Signature

I hereby depose and say that I am an authorized representative of the Agency, that I have read this application, that I have personal knowledge of the contents thereof, that the same is true in substance and fact, and that I will comply with all grant and reporting requirements to Lee County on behalf of the Agency.

Signature of Agency Representative

2-17-2022
Date



Hope Bible Fellowship
732 N. Brinton Ave Dixon, IL 61021

www.hopeofdixon.com
Office: 815-677-9185

Statement of Need for ARPA Grant

We are requesting ARPA money in the amount of \$10,000.

At Hope Bible Fellowship we have experienced lower amounts of giving than we need to meet our budget for the last year. We have cut as many expenses as we can while trying to maintain our employees and cover our utilities.

During COVID a water leak was discovered in our facility roof. Upon further inspection it was learned that our entire roof needed to be replaced. The cost of the roof was \$ 28,300.00.

With the lower giving numbers as well as the roof situation during a global pandemic, we have had to forego some of the ministry activities that would benefit the community around us. To be plain, we just have not been able to afford to do what we need to do to meet our mission to reach our community. We turn away benevolence needs because we simply don't have the budget to help everyone. These are just a few of the consequences of the pandemic that we have been dealing with at HBF. The money from this grant would go a long way in helping us continue to minister and operate in the year 2022. Thank you.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. HOPE BIBLE FELLOWSHIP</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 732 N BRINTON AVE</p> <p>6 City, state, and ZIP code DIXON, IL 61021</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
2	6								
				-			-		

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Office of the Secretary of State Jesse White
ilsos.gov

Corporation/LLC Search/Certificate of Good Standing

Corporation File Detail Report

File Number	66820939
Entity Name	HOPE BIBLE FELLOWSHIP
Status	ACTIVE

Entity Information	
Entity Type	CORPORATION
Type of Corp	NOT-FOR-PROFIT
Incorporation Date (Domestic)	Thursday, 23 October 2008
State	ILLINOIS
Duration Date	PERPETUAL

Agent Information	
Name	

ANDREW JAMES KATZBERG

Address

732 N BRINTON AVE
DIXON , IL 61021

Change Date

Tuesday, 6 October 2020

Annual Report

Filing Date

Wednesday, 8 September 2021

For Year

2021

[Return to Search](#)

[File Annual Report](#)

[Adopting Assumed Name](#)

[Change of Registered Agent and/or Registered Office](#)

(One Certificate per Transaction)