

Meals on Wheels, Inc. of Dixon
403 E. First Street
Dixon, IL 61021

February 8, 2022

To: Sara Leisner
Lee County ARPA Grand Coordinator

Sara,

Meals on Wheels, Inc. of Dixon would like to be considered for a grant from the American Rescue plan Act – Community Service Agency.

Meals on Wheels, Inc. of Dixon serves meals to local disabled and/or homebound individuals; however, we also deliver to those in need of short-term service due to surgery, illness, etc. The meals are delivered daily by local volunteers.

To keep the cost affordable for our participants we charge less than what it costs to prepare the hot well-balanced meal that we provide. We depend on donations to keep the meals affordable. Meals on Wheels, Inc. of Dixon currently runs with an annual budget deficit of about \$9,500. We are requesting to be considered for \$10,000 in funding assistance.

I have completed the funding request form and I have included the required documentation. Thank you for your consideration. If you have any questions regarding this request, please do not hesitate to contact me.

Sincerely,



Peggy M. Renne
Meals on Wheels, Inc. of Dixon
Treasurer
Momom58@aol.com
815-631-0697

Enclosure



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. Lee County is seeking partnerships with community service organizations to provide aid to individuals and households. Interested agencies should verify eligibility, complete the following application, and provide supporting documentation to apply.

A. Important Dates.

- Applications will be accepted via email between January 10-February 15, 2022.
- Notification of the grant award will be on or about March 15, 2022. The first (of two) payments will be on or about April 1, 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.

A. 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. See Page 2 for more details on eligible uses. Include a description of the proposed program and any supporting documentation with this application.

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@countyoflee.org.

Section 2: Agency contact information (please print)

Agency Meals on Wheels, Inc of Dixon Agency Tax ID# 36-2905096
Agency Phone Number 815-284-0333 Agency Fax # (if available) _____
Agency Address 403 E. 1st Street Dixon, IL 61021
Agency Representative Peggy M. Renne Title Treasurer
Representative Email momom58@AOL.com Phone 815-631-0697

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.

Peggy M. Renne
Signature of Agency Representative

2-8-2022
Date

AR OF 2022
E PRIOR TO 2-1-2022
ING FEE IS \$10.
LATE, ADD PENALTY OF \$3.

SECRETARY OF STATE JESSE WHITE
STATE OF ILLINOIS

PAGE 1
CORPORATION FILE #
N 5083-754-8

General Not For Profit Corporation Act

ANNUAL REPORT

(Form NFPCAF - Rev. 08/03/2021)

***** THIS REPORT CAN BE FILED ON-LINE @ www.ilsos.gov. *****

(USE BLACK INK)

mailed 1-11-22

02-06-19
LEE COUNTY

MEALS ON WHEELS, INC. OF DIXON
% PEGGY M. RENNE
403 EAST 1ST ST
DIXON IL 61021

Item 1. Verify that the corporate name is correct.

Item 2. Verify that the name of the registered agent and the address of the registered office are correct. You cannot change the registered agent and/or registered office on the annual report form printed below. In order to change the registered agent and/or registered office, it will be necessary to file with the Secretary of State form NFP 105.10/105.20. Mail the NFP 105.10/105.20, Annual Report and \$5 filing fee TOGETHER in the SAME envelope. This form can be downloaded from our internet web site at www.ilsos.gov. Click on "Departments", then "Business Services" then "Publications and Forms".

Items 3(a), 3(b). Verify printed information is correct.

Item 4. Must set forth the names and addresses of all officers and directors of the corporation as of the date of signing. **ILLINOIS CORPORATIONS MUST HAVE AT LEAST THREE (3) DIRECTORS!** If there are additional officers and/or more than three directors, you must attach a list to this report setting forth all other name(s), title(s) and address(es). Please write the file number on all attachments.

Item 5. Please complete this item.

Item 6. Please mark the appropriate box where indicated in response to the following questions:

(a) Is this corporation a **CONDOMINIUM** Association as established under the Condominium Property Act?

(b) Is this corporation a **COOPERATIVE HOUSING CORPORATION** defined in Section 216 of the Internal Revenue Code of 1954?

(c) Is this corporation a **HOMEOWNER'S ASSOCIATION** which administers a Common Interest Community as defined in Subsection (c) of Section 9-102 of the Code of Civil Procedure?

Item 7. Please complete this item.

Item 8. **THIS REPORT MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE CORPORATION!** Please type or print the name and title of the officer signing this report as well as the date of signing.

DETACH AT PERFORATION - DO NOT SUBMIT A PHOTOCOPY

Page #: 005570

Corporate Name MEALS ON WHEELS, INC. OF DIXON		File Number N 5083-754-8
President Name/Address Sharon Dunsant 1501 Lowell Park Rd. Apt. 5A Dixon, IL 61021	3a) Date of Inc./Qual. 02-20-1976	
Secretary Name/Address Lancy Grigiel 696 Penrose Rd. Dixon, IL 61021	3b) State of Inc. ILLINOIS	
Treasurer Name/Address Peggy M. Renne 4909 W. Edgewood Rd. Dixon, IL 61021	Annual Report General Not For Profit Corporation Act	
Director Name/Address Virginia Oberle 828 Zuend Ct. Dixon, IL 61021		
Director Name/Address Ed Fritts 1006 Franklin Grove Rd. Dixon, IL 61021		
Director Name/Address Betty Russell 511 E. Everett St. Dixon, IL 61021		
Brief Description of the corporation's activities: Voluntary Delivery of meals to homebound individuals		Year of: 2022
Principal Address of the Corporation (Street City, State, Zip Code) 403 E. First St. Dixon, IL 61021		
Registered Agent % PEGGY M. RENNE 02-06-19 403 EAST 1ST ST DIXON IL 61021 LEE COUNTY		6a) Is this Corporation a CONDOMINIUM ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6b) Is this Corporation a COOPERATIVE HOUSING CORP.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6c) Is this Corporation a HOMEOWNER'S ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

8) Signature **Peggy M Renne Treasurer** Title **1-4-2022** Date

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Meals on Wheels Inc of Dixon

2 Business name/disregarded entity name, if different from above

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____
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.

☒ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

403 E First St

6 City, state, and ZIP code

Dixon, IL 61021

Requester's name and address (optional)

7 List account number(s) here (optional)

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

3 6 - 2 9 0 5 0 9 6

Part II Certification

Under penalties of perjury, 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. citizen or other U.S. person (defined below); and
4. 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 ►

Reggie M. Renne Treasurer Date ►

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-INT (interest earned or paid)

- 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.