

[Add Item to Schedule](#)

| | | |
|-----------------------------|---|--------------------------------------|
| 1. COUNTY CODE 049, Lake | 2. DISTRICT CODE/NAME 34049037002, Gavin SD 37 | 3. APPLICATION YEAR/ROUND 2020, 1 |
|-----------------------------|---|--------------------------------------|

| Item I.D. | Facility Name | Facility Address | Facility Description | Project Description | Priority Code | Category Code | Unit of Measure | Quantity | Est. cost | Est. Start Date | Est. Complete Date |
|------------------------|----------------------|------------------------------|---|--|---------------|---------------|-----------------|----------|--------------|-----------------|--------------------|
| Open 1 | GAVIN CENTRAL SCHOOL | 36414 N Ridge Ave, Ingleside | GAVIN CENTRAL IS A PRE-K - 4TH GRADE SCHOOL AND HOUSES APPROXIMATELY 475 STUDENTS | REPLACEMENT OF 25 YEAR OLD CHILLER WITH NEW ENERGY EFFICIENT CHILLER | D | HVAC | Unit | 1 | \$300,000.00 | 06/01/2020 | 08/01/2020 |

| | |
|------------------------------|--------------|
| Total Estimated Project Cost | \$300,000.00 |
| Total Requested Grant Amount | \$50,000.00 |
| Total Reserved Local Funds | \$250,000.00 |
| test | |

Add / Edit Schedule Item

| | |
|--|--|
| Item Id: | <input type="text" value="1"/> |
| Facility Name & Address:* | <input type="text" value="GAVIN CENTRAL SCHOOL, 36414 N Ridge Ave, Ingleside"/> |
| Description of Facility:* | <input type="text" value="GAVIN CENTRAL IS A PRE-K - 4TH GRADE SCHOOL AND HOUSES APPROXIMATELY 475 STUDENTS"/> |
| Description of Work:* | <input type="text" value="REPLACEMENT OF 25 YEAR OLD CHILLER WITH NEW ENERGY EFFICIENT CHILLER"/> |
| Project Priority Category: | <input type="text" value="D - Permanent Improvement Projects"/> |
| Category Code:* | <input type="text" value="HVAC/Boilers"/> |
| Units Of Measure:* | <input type="text" value="Unit"/> |
| Quantity:* | <input type="text" value="1"/> |
| Total Work Cost: [0000]* | <input type="text" value="\$300000"/> |
| Estimated Start Date: [MM/DD/YYYY]* | <input type="text" value="06/01/2020"/> |
| Estimated Completion Date: [MM/DD/YYYY]* | <input type="text" value="08/01/2020"/> |

SCHOOL MAINTENANCE PROJECT GRANT

FY 20 Application Cycle - Round 1

District Certification**Name : Gavin SD 37****RCDT #: 34-049-0370-02****TIN #: 366004848**

The submissions made to the Illinois State Board of Education by the applicant and the terms and conditions described in the Grant Application Certifications and Assurances and the Program Specific and Financial Assurances of this application shall constitute the grant agreement between the applicant and the Illinois State Board of Education for the use of the funds to complete the projects described in the "Work Item Listing" section of the School Maintenance Project Grant Application. This grant agreement shall be deemed to be entered into when the application has been approved by the Illinois State Board of Education. This grant agreement constitutes the entirety of the agreement between the parties and supersedes any other agreement or communication, whether written or oral, relating to the award of the grant funds. The person submitting this application on behalf of the applicant certifies and assures the Illinois State Board of Education that he or she has been duly authorized to file this application for and on behalf of the applicant, is the authorized representative of the applicant in connection with this grant agreement, and that he or she is authorized to execute these Certifications and Assurances and Standard Terms of the Grant on behalf of the applicant. Further, the person submitting this application on behalf of the applicant certifies under oath that all information in the grant agreement is true and correct to the best of his or her knowledge, information and belief, that grant funds shall be used only for the purposes described in this agreement, and that the award of this grant is conditioned upon this certification.

The authorized representative of the applicant who will affix his or her signature below certifies that he or she has read, understood and will comply with all of the provisions of the following certifications and assurances.

The person approving these Certifications, Assurances and Standard Terms of the Grant hereby certifies and assures the Illinois State Board of Education that the person submitting the final application on behalf of the applicant (and thereby executing the grant agreement with the Illinois State Board of Education) has the necessary legal authority to do so. (v2.23.2017)

The person approving this application certifies (1) to the statements contained in the list of certifications, and (2) that the statements herein are true, complete and accurate to the best of his/her knowledge. He/she also provided the required assurances and agrees to comply with any resulting terms if an award is accepted. He/she is aware that any false, fictitious, or fraudulent statements or claims may subject him/her to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001). The list of certification and assurances is included below.

By submitting this form, I certify to the above and that the local board of education or other school governing authority has authorized the school maintenance project during a duly convened meeting, and has reserved local funds to meet the local match requirement. In addition, the applicant has not obligated funds or begun work on any of the projects listed on this application prior to the submission of this application. By checking the box and

signing below certifies that he or she has read, understood and will comply with all of the provisions of the following "Grant Application Certifications and Assurances, and the Program-Specific and Financial Assurances for the School Maintenance Project Grant."

- Grant Application Certifications and Assurances, and Standard Terms for the School Maintenance Project Grant**
- Program-Specific and Financial Assurances for the School Maintenance Project Grant**

Signature of President of Board of Education

Date

Name of Board President (type or print)

A copy of this form signed by the President of the Board of Education AND the Taxpayer Identification Number Form MUST be printed, signed and attached as a PDF under the Application Required Attachments before your application can be approved. No application will be processed without these two signed attachments, without the ICQ completed through the grantee portal, and the GATA Risk Assessment completed in IWAS.

(SMPG Dist. Cert. - Rev. 10/

School Maintenance Project Grant
FY 20 Application Cycle - Round 1
TAXPAYER IDENTIFICATION NUMBER

As an authorized representative for the applicant, I certify that:

1. The number shown on this form is the correct taxpayer identification number (or the applicant is waiting for a number to be issued).
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. Enter the name of the entity as it's listed at the State of Illinois Comptroller's office, the Entities RCDT Number and the FEIN (unless already populated below).

Name: GAVIN SD 37

RCDT: 34-049-0370-02

Federal Employer Identification Number (FEIN): 366004848

Legal Status (ONLY check one):

- Governmental/School District** **Tax-exempt**

Signature of authorized Representative: _____

Date: _____

(SMPG Taxpayer Identification Form - Rev. 10/18)