#### VILLAGE OF WINNEBAGO

## RESOLUTION NO. 2024 - 13 R

# <u>A RESOLUTION AUTHORIZING THE VILLAGE PRESIDENT TO SIGN THE</u> <u>WITHDRAWAL OF REQUEST FOR PUBLIC ASSISTANCE (RPA) DISASTOR CODE</u> <u>FEMA-4489-DR-IL (COVID-19) FORM</u>

### ADOPTED BY THE BOARD OF TRUSTEES

VILLAGE OF WINNEBAGO

THIS	12B	DAY OF February	, 2024

## RESOLUTION NO. 2024- <u>03</u> R

## A RESOLUTION TO AUTHORIZING THE VILLAGE PRESIDENT TO SIGN THE WITHDRAWAL OF REQUEST FOR PUBLIC ASSISTANCE (RPA) DISASTOR CODE FEMA-4489-DR-IL (COVID-19) FORM

WHEREAS, On March 25, 2020, the Village of Winnebago submitted to the Department of Homeland Security Federal Emergency Management Agency a Request for Public Assistance at the onset of the Corona Virus crisis as recommended at the time when the State of Emergency was issued which is attached as Exhibit "A"; and

WHEREAS, The Village of Winnebago chose not to submit claims to the FEMA-4489-DR-IL Public Assistance fund, but instead chose to utilize the Local C.U.R.E. program funded from the CARES Act. in response to the coronavirus COVID-19 outbreak; and

WHEREAS, to close the FEMA application the Village of Winnebago is advised to sign and return the Withdrawal of Request for Public Assistance (RPA), which is attached as Exhibit "B".

**NOW THEREFORE, BE IT RESOLVED** by the President and the Board of Trustees of the Village of Winnebago, in the County of Winnebago, Illinois, as follows:

#### **SECTION I**

The recitals set forth above are incorporated herein and made a part hereof.

#### **SECTION II**

The Village President shall be and hereby authorized to sign the Withdrawal of Request for Public Assistance (RPA) for the disaster code FEMA-4489-DR-IL (COVID-19).

#### **SECTION III**

This resolution shall be effective immediately upon its passage and approval as provided by law.

**APPROVED BY:** 

Franklin J. Eubank, Jr., President of the Board of Trustees of the Village of Winnebago, Illinois

ATTEST:

Sally Jo Huggins, Village Clerk

**PASSED:** 

2-12-2024

**APPROVED:** 

2-12-3024

**PUBLISHED IN** 

**PAMPHLET FORM:** 

3-13-2024

## **DEPARTMENT OF HOMELAND SECURITY** Federal Emergency Management Agency

**REQUEST FOR PUBLIC ASSISTANCE** 

OMB Control Number 1660-0017 Expires December 31, 2019

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 15 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of

OFFICIAL USE ONLY: FEMA -	-DR-	- FIPS#		DATE R	ECEIVED	
Private Non-Profit Organizations r organization is a school or educat	nust attach copies of their Tational facility, please attach i	ax Exemption Certificate an information on accreditation	d Organization Ch n or certification.	arter or E	By-Laws. If your	
Title 44 CFR, part 206.221(e) define custodial care facility, including a fac and such facilities on Indian reservat homeless shelters, senior citizen cer governmental nature. All such facilit	cility for the aged or disabled, a tions." "Other essential govern nters, rehabilitation facilities, sh	and other facility providing ess imental service facility means helter workshops and facilities	ential governmental museums, zoos, co	type servent	vices to the general public,	
If yes, which of the facilities identifie	d below best describe your org	ganization?				
Private Non-Profit Organization?		10				
Did you participate in the Federal/S		essment (PDA)?	⊠ NO			
PAGER & PIN NUMBER	PAGER & PIN NUI	PAGER & PIN NUMBER				
feubank@villageofwinnebago.com		l .	ksymonds@villageofwinnebago.com			
E-MAIL ADDRESS		E-MAIL ADDRESS	}			
CELL PHONE 815-520-3369		CELL PHONE 815-978-0751				
HOME PHONE (Optional)		HOME PHONE (O	ptional)			
815-415-8491		815-415-8491				
FAX NUMBER		FAX NUMBER				
BUSINESS PHONE 815-335-2020		BUSINESS PHON 815-335-2020				
Village President		Deputy Clerk				
TITLE		TITLE				
NAME Franklin J. Eubank, Jr.		NAME Kellie Symonds				
	licant's Authorized Agent		Alternate	Contact		
			OIMIL		ZII CODE	
POST OFFICE BOX	CITY	· · · · · · · · · · · · · · · · · · ·	STATE		ZIP CODE	
STREET ADDRESS						
	MAILING ADDRES	SS (If different from Physica	Location)			
Winnebago	COUNTY Winnebago		STATE IL		ZIP CODE 61088	
108 West Main Street  CITY	COLINITY		T OTATE		710 0005	
STREET ADDRESS						
	APPLIC	ANT PHYSICAL LOCATION				
Winnebago	n rooted in maniple counties,	picase indicate)				
COUNTY (Location of Damages.				00/		
Village of Winnebago (FEIN 36-6		:AGE# 5CMD1 - Local Govern	ment Entity)	ì	TE SUBMITTED 25/2020	
Public Law No. 111-5, § 601; and "F APPLICANT (Political subdivision		inistration," 44 C.F.R. §§ 206.	202, and 206.209.	154	TE OLIDAUTTED	
Authority: FEMA is authorized to co 402-403, 406-407, 417, 423, and 42	27, 42 U.S.C. 5170a-b, 5172-7	3, 5184, 5189a, 5189e; The A	merican Recovery a	of and Em and Reinv	ergency Assistance Act, §§ estment Act of 2009,	
A (1 - 1/2 - PPAA 1 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	P	rivacy Act Statement				
burden to: Information Collections M Washington, DC 20472, Paperwork	Reduction Project (1660-0017	omeland Security, Federal En 7) <b>NOTE: Do not send your c</b>	nergency Manageme completed form to t	ent Agenc t <b>his addr</b>	sy, 500 C Street, SW., ess.	
information is required to obtain or r displayed in the upper right corner of	of this form. Send comments re	egarding the accuracy of the b	urden estimate and	any sugg	estions for reducing the	
	sources, gaineing and maint					

FEMA Form 009-0-49 9/16

PREVIOUS EDITION OBSOLETE



## ILLINOIS EMERGENCY MANAGEMENT AGENCY

JB Pritzker Governor

Alicia Tate-Nadeau Director

## WITHDRAWAL OF REQUEST FOR PUBLIC ASSISTANCE (RPA)

APPLICANT ORGANIZATION: Winnebag	o, Village of					
FEMA PA CODE: 201-82491-00	(Found in Grants Portal under C	Organization Profile)				
DISASTER CODE: FEMA-4489-DR-IL (CC		,				
Please wi_thdraw my organizations Request for Pu  NO ELIGIBLE COSTS INCURRED.	ablic Assistance (RPA) for the following reason	. (Please choose one).				
ELIGIBLE COSTS ARE BELOW FE	ELIGIBLE COSTS ARE BELOW FEMA PROJECT MINIMUM THRESHOLD.					
OTHER (please explain).						
RECEIVED C.U.R.E. GRANT(CA	RES ACT) AND ARPA FUNDS					
I understand that by submitting this form consideration with regard to my applicati damages and/or projects.	n, I am requesting that my organization be r on for funding from FEMA's Public Assistance	removed from Program for				
I understand that this action will have no i events.	mpact on obtaining federal assistance for futur	re disaster				
	t Agent Certification					
Applicant's Authorized Representative (Print)	Authorized Representative Name Signature	Date				
Public As 1035 O Springfield, Illin (21 FAX:	gency Management Agency ssistance Program uter Park Drive iois 62704-4462 PHONE: 7) 782-8719 (217) 782-8753 PA.Grants@illinois.gov					
	tee Certification					
The Grantee certifies they have reviewed and confirm Withdrawal Request regarding the withdrawal of the	ned the information contained in this Public Assi Applicant.	stance				
State Public Assistance Group Supervisor (PAGS)	PAGS Signature	Date				



## ILLINOIS EMERGENCY MANAGEMENT AGENCY

JB Pritzker Governor

Alicia Tate-Nadeau Director

## WITHDRAWAL OF REQUEST FOR PUBLIC ASSISTANCE (RPA)

APPLICANT ORGANIZATION: Winnebage	o, Village of						
FEMA PA CODE: 201-82491-00	(Found in Grants Portal under C	Organization Profile)					
DISASTER CODE: FEMA-4489-DR-IL (CC	OVID-19)						
Please wi_thdraw my organizations Request for Pu  NO ELIGIBLE COSTS INCURRED.	blic Assistance (RPA) for the following reason.	. (Please choose one).					
ELIGIBLE COSTS ARE BELOW FEMA PROJECT MINIMUM THRESHOLD.							
OTHER (please explain).	OTHER (please explain).						
RECEIVED C.U.R.E. GRANT(CAI	RES ACT) AND ARPA FUNDS						
<ul> <li>I understand that by submitting this form, I am requesting that my organization be removed from consideration with regard to my application for funding from FEMA's Public Assistance Program for damages and/or projects.</li> <li>I understand that this action will have no impact on obtaining federal assistance for future disaster events.</li> </ul>							
1	t Agent Certification						
Applicant's Authorized Representative (Print) Frankhin J. Eubank, Jr.	Authorized Representative Name Signature  Name Signature	Date 2/12/24					
PLEASE MAIL, EMAIL OR FAX TO:  Illinois Emergency Management Agency Public Assistance Program 1035 Outer Park Drive Springfield, Illinois 62704-4462 PHONE: (217) 782-8719 FAX: (217) 782-8753 Email: EMA.PA.Grants@illinois.gov							
Gran	itee Certification						
The Grantee certifies they have reviewed and confirmed the information contained in this Public Assistance Withdrawal Request regarding the withdrawal of the Applicant.							
State Public Assistance Group Supervisor (PAGS)	PAGS Signature	Date					