

EXHIBIT A
RESOLUTION

WHEREAS, the City of Rochelle has entered into an agreement with the State of Illinois for reconstruction improvement project on FAP Route 567 (IL 38), STATE Section 141-1HBR-3 & (9,10)R-3, City Section 25-00120-00-PV.

WHEREAS, in compliance with the aforementioned agreement it is necessary for the CITY to appropriate funds to pay its share of the cost of said improvement.

NOW, THEREFORE, BE IT RESOLVED, that there is hereby appropriated the sum of ONE MILLION EIGHT HUNDRED SEVENTY-THREE THOUSAND FOUR HUNDRED EIGHTY-SIX AND NO/100 DOLLARS (\$1,985,000.00), or so much thereof as may be necessary, from any money now or hereafter allotted to the CITY, to pay its share of the cost of this improvement as provided in the agreement; and,

BE IT FURTHER RESOLVED, that upon award of this project, the CITY agrees to pay to the Department of Transportation of the state of Illinois from any funds allotted to the CITY, an amount of 80% of its estimated obligation under the provisions of this agreement and will pay to the said department the remainder of its obligation in a lump sum upon completion of the project based upon final costs. *****The first invoice for the 80% payment shall not be sent prior to January 1, 2026*****

BE IT FURTHER RESOLVED that the CITY agrees to pass a supplemental resolution to provide additional funds if the amount appropriated herein proves to be insufficient to cover said cost.

STATE OF ILLINOIS)
) SS
CITY OF ROCHELLE)

I, _____, City Clerk in and for the City of Rochelle, hereby certify the foregoing to be a true, perfect and complete copy of a resolution adopted by the City Council at a meeting on _____, 20 ____.

IN TESTIMONY WHEREOF, I have hereunto set my hand this ____ day of _____, 20 ____.

City Clerk

EXHIBIT B
RESOLUTION

APPROVING PLANS AND SPECIFICATIONS AS PROPOSED BY THE STATE OF ILLINOIS, DEPARTMENT OF TRANSPORTATION, FOR A JOINT CITY-STATE DDI RECONSTRUCTION PROJECT ON FAP ROUTE 567 (IL 38) and FAI 39 (I-39), STATE SECTION 141-1HBR-3 & (9,10)R-3, IN THE CITY OF ROCHELLE, OGLE COUNTY, ILLINOIS

WHEREAS be it hereby resolved by the City Council of the City of Rochelle that the plans and specifications as proposed by the state of Illinois, Department of Transportation for the reconstruction of FAP Route 567 (IL 38), State Section 141-1HBR-3 & (9,10)R-3, are hereby considered satisfactory and acceptable.

I, _____, City Clerk in and for the City of Rochelle, hereby certify the foregoing to be a true, perfect and complete copy of a resolution adopted by the City Council at a meeting on _____, 20 ____.

IN TESTIMONY WHEREOF, I have hereunto set my hand this _____ day of _____, A.D., 20 ____.

City Clerk

The CITY OF ROCHELLE certifies that:

1. The number shown on this form is the CITY'S correct taxpayer identification number (or the CITY is waiting for a number to be issued to them), and
2. The CITY is not subject to backup withholding because: (a) the CITY is exempt from backup withholding, or (b) the CITY has not been notified by the Internal Revenue Service (IRS) that the CITY is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that the CITY no longer subject to back-up withholding, and
3. The CITY'S person with signatory authority for this AGREEMENT is a U. S. person (including a U.S. resident alien)

Taxpayer Identification Number:

36-6006075

Social Security Number

Or

Employer Identification Number

(If you are an individual, enter your name and SSN as it appears on your Social Security Card. If completing this certification for a sole proprietorship, enter the owner's name followed by the name the name of the business and the owners SSN or EIN. For all other entities enter the name of the entity as used to apply for the entity EIN and the EIN.)

Legal Status

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Government |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident Alien |
| <input type="checkbox"/> Partnership/Legal Corporation | <input type="checkbox"/> Estate or Trust |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy (Non Corp.) |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services | <input type="checkbox"/> Pharmacy/Funeral home /Cemetery |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> D= Disregarded entity |
| | <input type="checkbox"/> C= Corporation |
| | <input type="checkbox"/> P= Partnership |