

Illinois Historic Preservation Tax Credit 2020 Application Round 2 S-1 Workshop

September 23, 2020

Illinois State Historic Preservation Office
Illinois Department of Natural Resources



Welcome

Robert F. Appleman PLA

Director, Office of Realty & Capital Planning

Deputy State Historic Preservation Officer

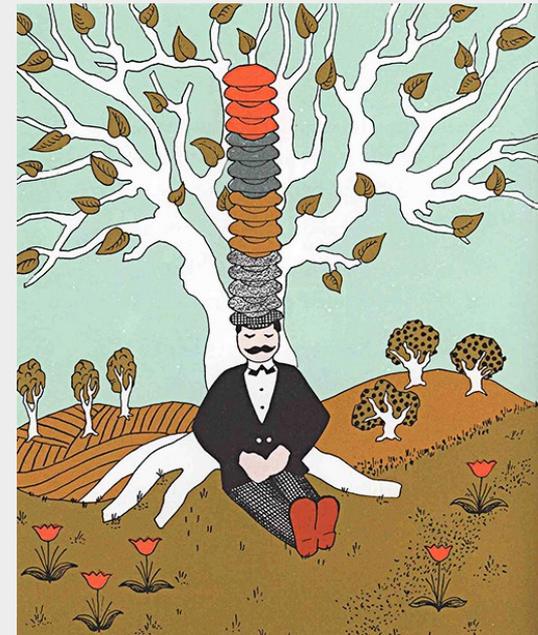
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Illinois Department of Natural Resources

“To manage, conserve and protect Illinois’ natural, recreational and cultural resources, further the public’s understanding and appreciation of those resources, and promote the education, science and public safety of Illinois’ natural resources for present and future generations.”

- DNR
 - Office of Realty and Capital Planning
 - **State Historic Preservation Office**



Illinois Department of Natural Resources

Architecture and Tax Incentives Staff

Carol Dyson, AIA, DSHPO, Tax Incentives Manager

Anthony Rubano, DSHPO, Project Reviewer

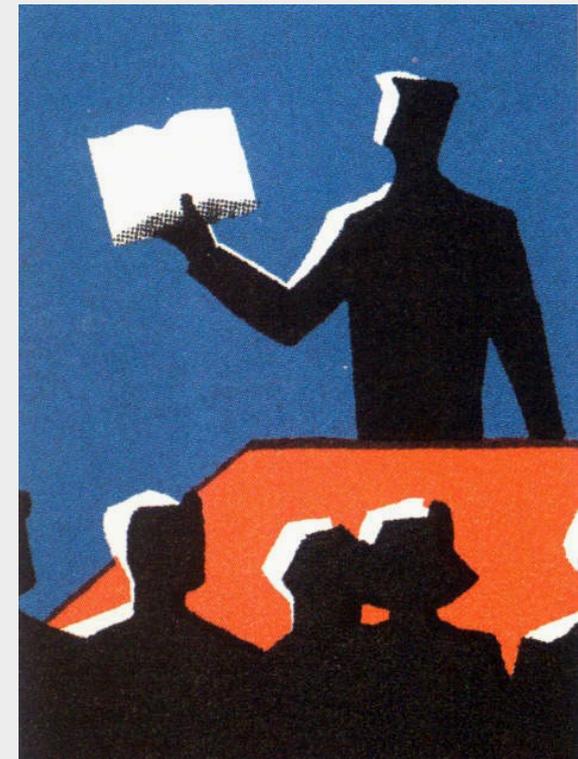
Anna Margaret Barris, Project Reviewer

Darius Bryjka, Project Reviewer



Agenda

- What's a "SHPO"?
- Statewide tax-credit (IL-HTC) program overview
- Part S-1: Application Workshop
- Part S-2: Online Submission
- Part S-3: Priority Assertion & Project Expenditures
- Assigning Allocations
- Certification of Qualified Rehabilitation Expenditures
- IL-HTC Certificate
- Questions



Illinois Department of Natural Resources

- Office of Realty and Capital Planning
 - **State Historic Preservation Office**
 - National Register of Historic Places
 - Financial Incentives
 - Certified Local Government
 - Cultural-Resource Protection
 - Archaeology



Illinois Department of Natural Resources

- SHPO = State Historic Preservation **Office**
 - State staff who administer federally mandated historic-preservation programs
- SHPO = State Historic Preservation **Officer**
 - By statute, Illinois SHPO is the director of DNR
 - On March 27, 2019, Gov. Pritzker appointed Colleen Callahan as Illinois' SHPO
- IL-HTC legislation refers to both
 - Office (Division) administers the program
 - Officer (Director) signs the Certificate



25% Illinois Historic Preservation Tax Credit (IL-HTC)

Program website including instructions for all steps of the application (forms and priority instructions) and a PDF of this PowerPoint presentation:

<https://www2.illinois.gov/dnrhistoric/Preserve/Pages/statecredit.aspx>

25% Illinois Historic Preservation Tax Credit (IL-HTC)

- Pilot program from Jan. 1, 2019 to Dec. 31, 2023
- State income-tax credit equal to the lesser of:
 - 25% of Qualified Rehabilitation Expenditures (QRE) (same definition as for 20% federal historic tax credit or F-HTC), or
 - \$3 million
- Available statewide, but limited to:
 - \$15 million in annual credit allocations (program total of \$75 million in allocatable credit)
 - \$3 million per project
- Same project can't apply for both RE-HTC and IL-HTC

25% Illinois Historic Preservation Tax Credit (IL-HTC)

- Same design review as F-HTC
- Same fiscal rules as F-HTC, except:
 - Competitive allocation process
 - Eligible QREs must:
 - exceed the pre-rehab adjusted basis with expenditures incurred between 1/1/19 and 12/31/23
 - Requires an independent CPA to certify costs
 - Issuance fee of 2% of credit amount collected before SHPO can release Certificate
 - Credit can be carried forward 10 years

25% Illinois Historic Preservation Tax Credit (IL-HTC)

- Allocated by SHPO twice per year based on:
 - Number of priorities met (up to 5)
 1. Border-county location
 2. Former government ownership
 3. Certain census tracts
 4. Development partnership
 5. Federal disaster declaration
 - Date and time of S-2 application receipt
 - Est. QREs or actual QREs at Part S-3 stage
- An allocation is not a tax credit

25% Illinois Historic Preservation Tax Credit (IL-HTC)

- Application consists of 3 parts:
 - **S-1:** virtual application workshop (right now)
 - **S-2:** online submission (assigns date and time SHPO receives application)
 - **S-3:** electronic submission (asserts priorities met and eligible QREs)
- Projects must complete all 3 parts to be placed in queue for allocation
- Projects must have F-HTC Part 2 approved by NPS before applying (a.k.a., prior to S-1 workshop)
- No allocation = may re-apply in future rounds

2020 IL-HTC Application Dates

- **Round 2** (\$7.5 million in allocations available)
 - **S-1** virtual workshop:
 - Wednesday, September 23, 2020, 1:30 P.M.
 - **S-2** online submission:
 - Starts on Wed., October 7, 2020, 10:00 A.M.
 - Ends on Thursday, October 8, 2020, 5:00 P.M.
 - **S-3** electronic submission:
 - Due at SHPO by Mon., Nov. 16, 2020, 5:00 P.M.

2021 IL-HTC Application Dates

- Round 1
 - **S-1** virtual workshop:
 - Wednesday, February 24, 2021, 1:30 P.M.
- Round 2
 - **S-1** virtual workshop:
 - Wednesday, September 22, 2021, 1:30 P.M.

IL-HTC Dovetails with F-HTC

- Must successfully *apply* for F-HTC
- Do not have to *claim* the F-HTC

Three overlapping application forms from the National Park Service. The top form is "PART 1 - EVALUATION OF SIGNIFICANCE", the middle is "PART 2 - DESCRIPTION OF REHABILITATION", and the bottom is "PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK". Each form includes instructions, a property name field, and other administrative fields. The forms are dated 2014 and are OMB Approved No. 1024-0009, Form 10-168.

IL-HTC Dovetails with F-HTC

- Must successfully *apply* for F-HTC
- Do not have to *claim* the F-HTC
 - Must have NPS-approved F-HTC Part 2 to apply for IL-HTC (by this meeting)
 - Must have NPS-approved F-HTC Part 3 and Cost Certification to receive an IL-HTC Certificate
 - F-HTC recapture will trigger IL-HTC recapture

The image shows three overlapping forms from the National Park Service, all titled "HISTORIC PRESERVATION CERTIFICATION APPLICATION".

- Top Form: PART 1 - EVALUATION OF SIGNIFICANCE**
OMB Approved No. 1024-0009 Form 10-168 Rev. 2014
Instructions: This page must bear the applicant's original signature and must be dated. In the event of any discrepancy between the application form and the application form specifications, the application form takes precedence. A copy of this form will be retained by the National Park Service.
- Middle Form: PART 2 - DESCRIPTION OF REHABILITATION**
OMB Approved No. 1024-0009 Form 10-168 Rev. 2014
Instructions: This page must bear the applicant's original signature and must be dated. In the event of any discrepancy between the application form and the application form specifications, the application form takes precedence. A copy of this form will be retained by the National Park Service.
- Bottom Form: PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK**
OMB Approved No. 1024-0009 Form 10-168 Rev. 2014
Instructions: This page must bear the applicant's original signature and must be dated.

Each form includes a header with the National Park Service logo and the text "UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE". The forms also contain various fields for property information, including "Property Name", "Street", "City", "County", "State", "Zip", and "NPS Project Number".

Part S-1: Virtual application workshop

- Project's representation at Part S-1 workshop meets statutorily required "readiness test"
- To apply for state credit, attendance is required
 - Anyone can represent a project
 - Must provide NPS project number in the "Chat" box during the WebEx event
- To apply, projects must have F-HTC Part 2 approved or conditionally approved by NPS by the date of that round's S-1 workshop

Part S-1: Virtual application workshop

NPS's "Check Project Status" website:

<https://tpsdev.cr.nps.gov/status/>

- NPS project number
- Parts 2 or 3 approval date

Home > Tax Incentives > Check Project Status

Check Project Status

Check the status of a Historic Preservation Certification Application or search for projects by city and state or by state in the project status database.

Part 2 and Part 3 applications are not reviewed until the application review fee has been paid.

Information in the project status database is advisory only. Official notification regarding project decisions is made in writing to the property owner by the National Park Service.

Search by Project Number
The Project Number can be found on all correspondence from the National Park Service.
Project Number:

Search by Building Name
Enter the name of the Building
Building name:

Search by Building Address
Enter the Building Street Address
Building Address:

Search by City and State or by State
Enter the name of the city. Select the state from the drop-down menu.
City:
State:

Part S-1: Virtual application workshop

- On Wednesday, September 30, 2020, SHPO will post on program website all S-1 attendees and their respective projects (if any)

www2.illinois.gov/dnrhistoric/Preserve/Pages/statecredit.aspx

Part S-1: Project list posted on SHPO website

Projects represented at IL-HTC 2019 Round 1 S-1 Workshop and Eligible to Submit Part S-2 (sorted by NPS Project #)

Project Name	Project Street Address	Project City	NPS Project #	NPS Pt2	NPS Pt3	NPS Pt2/Pt3
						Certification Date
Ferguson Building	524 E. Monroe	Springfield	28279	x		9/2/2015
Booth Building	518 E. Monroe	Springfield	30681	x		9/2/2015
Lathrop Homes (North Campus)	2000 W. Diversey Pkwy.	Chicago	30753	x		11/16/2016
Garfield Elementary School	1518 25th Ave.	Moline	33268	x		12/19/2016
Pullman Artspace Lofts	11127-29 S. Langley Ave.	Chicago	33720	x		5/5/2016
Anthony Overton Elementary School	221 E. 49th St.	Chicago	33991	x		8/30/2018
Shoreline Apartments	2231 E. 67th St.	Chicago	34265	x		10/20/2017
ICA GreenRise Learning Laboratory	4750 N. Sheridan	Chicago	34669	x		5/19/2017
Victor F. Lawson House YMCA	30 W. Chicago Ave.	Chicago	34758	x		11/20/2018
Cadillac Motor Car Service Bldg.	2300-08 S. Indiana Ave.	Chicago	34814	x		1/10/2017
Mark Twain Hotel	111 W. Division St.	Chicago	35050	x		6/7/2017
Bloomington High School	510 E. Washington St.	Bloomington	35092	x		12/21/2018
Baptist Retirement Home	316 Randolph St.	Maywood	35126	x		7/24/2017
Kaskaskia Hotel	217 Marquette St.	LaSalle	35384	x		5/15/2017
Fifth Avenue Block	1630 5th Ave.	Moline	35757	x		10/25/2017
Main Building (Armour Institute of Technology)	3300 S. Federal St.	Chicago	35905	x		9/18/2018
Granite City YMCA	2001 Edison Ave.	Granite City	35916	x		9/28/2018
Carson Pirie Scott and Co., Founders Dept. Store	814-820 LaSalle St.	Ottawa	36611	x		1/19/2018
Hotel Surrey	5016 N. Winthrop Ave.	Chicago	36981	x		9/19/2018
Hotel Warren	5012 N. Winthrop Ave.	Chicago	36982	x		9/19/2018
Lathrop Homes (South Campus)	2407 N. Hoyne Ave.	Chicago	37327	x		10/25/2017
West Pullman Elementary School	11941 S. Parnell Ave.	Chicago	37622	x		6/18/2018
Cook County Hospital Administration Building	1835 W. Harrison St.	Chicago	38097	x		4/18/2018
Larkin Home for Children	1212 Larkin Ave.	Elgin	38866	x		3/1/2019
Karl Vogt Building	6811 Hickory St.	Tinley Park	39369	x		11/18/2018
Paris High School	309 S. Main St.	Paris	39836	x		4/12/2019
Edward Hines, Jr., VA Hospital Building #14	5000 S. 5th Ave.	Hines	39950	x		4/19/2019
Hotel Belleville	16 S. Illinois St.	Belleville	39973	x		3/26/2019

Part S-2: Online Submittal

- Establishes the order in which the sorted Part S-3s will receive allocations
- Automatic response e-mail will confirm date and time that S-2 was received by SHPO
- Applying projects must have been represented at that round's S-1 workshop

<https://dnr2.illinois.gov/IHPTC/>

S-2

Part S-2: Online Submittal

- 2020 Round 2 Part S-2 will activate on **Wednesday, October 7, 2020, 10:00 A.M.**
- 2020 Round 2 Part S-2 will deactivate on **Thursday, October 8, 2020, 5:00 P.M.**

<https://dnr2.illinois.gov/IHPTC/>

Part S-2 of the 2020 Application Round 2 for the Illinois Historic Preservation Tax Credit Program

This form can only be submitted between Wednesday, October 7, 2020 10:00 AM Central Time, and Thursday, October 8, 2020 5:00 PM Central Time.

Your place in line for Part S-3 consideration will be based on the date and time that the Illinois Department of Natural Resources receives this submission.

This form may be submitted in:

51 Days 1 Hours 3 Minutes 50 Seconds

Submit Form

[Click here to return to program website](#)

All fields are required

NPS Project # (Numbers only, 5 characters):

Project Street Address:

Project City:

Part of the project's federal tax credit application that the NPS has certified: (Select one.)

- Part 2 of the federal tax credit application
 Part 3 of the federal tax credit application

Date of NPS Certification of your project's Part 2 or Part 3:

(Select from calendar. Date must be on or before Wednesday, September 23, 2020.)

Enter e-mail address for confirmation from IDNR of receipt of this application:

Re-enter e-mail address:

Submitted By

First Name:

Last Name:

All fields are required

Part S-2 of the 2020 Application Round 2 for the Illinois Historic Preservation Tax Credit Program

This form can only be submitted between Wednesday, October 7, 2020 10:00 AM Central Time, and Thursday, October 8, 2020 5:00 PM Central Time.

Your place in line for Part S-3 consideration will be based on the date and time that the Illinois Department of Natural Resources receives this submission.

This form may be submitted in:

51 Days 1 Hours 3 Minutes 50 Seconds

Submit Form

[Click here to return to program website](#)



Submit button will go live at exactly 10:00 A.M. on 10/7/20

All fields are required

NPS Project # (Numbers only, 5 characters):

Project Street Address:

Project City:

Part of the project's federal tax credit application that the NPS has certified: (Select one.)

- Part 2 of the federal tax credit application
- Part 3 of the federal tax credit application

Date of NPS Certification of your project's Part 2 or Part 3:
(Select from calendar. Date must be on or before Wednesday, September 23, 2020.)

Enter e-mail address for confirmation from IDNR of receipt of this application:

Re-enter e-mail address:

Submitted By

First Name:

Last Name:

All fields are required

Part S-2: Online Submittal

- Example of automatic email confirmation stating date and time of Part S-2 receipt

From: DoNotReply@illinois.gov <DoNotReply@illinois.gov>
Sent: Wednesday, July 10, 2019 10:04 AM
To: Hillshire, Bill <bill@thomasllc.com>
Subject: Part S-2 of 2019 IHPTC Program Application Received

IDNR received your Part S-2 of the 2019 Application Round 1 for the Illinois Historic Preservation Tax Program on Wednesday, July 10, 2019, 10:03:46.2587474. The information you provided is listed below.

Submitted by: Bill Hillshire
NPS Project Number: 12345
Address: 145 North Main Street
City: Peoria
Part of federal tax credit application: 3
Certified on: 4/18/2019

On Friday, July 26, 2019, IDNR will send an e-mail to this address that states the order in which all Part S-2 forms were received and whether your project is eligible to proceed with Part S-3 for this application round.

Part S-2: Online Submittal

- The order of S-2 receipt is determined by the IDNR server, which will assign every S-2 a unique, sequential identification (ID) number in the exact order that it received them
- The server-assigned ID numbers will reflect the official order of the S-2 submissions
- A project may submit multiple S-2s
 - SHPO will use the S-2 with the lowest ID number

Part S-2: Online Submittal

- On Friday, October 16, 2020, SHPO will email S-2 applicants the order of all valid S-2 submissions
- SHPO will post on program website all S-2 applicants, sorted by server ID number, noting any projects ineligible to proceed to S-3
- Eligible S-2 applicants may then submit their Part S-3 to SHPO

Part S-2: Raw results posted on SHPO website

DNR Server Receipt ID	Project Street Address	Project City	NPS Project #	NPS		Submitter First		Submitter Last		Date Stamp
				Pt2/Pt3	Certification Date	Name	Name			
1	814-820 LaSalle Street	Ottawa	36611	2	1/19/2018	Brant	Cohen			2019-07-10 10:00:00.6474965
2	1835 W. Harrison Street	Chicago	38097	2	4/18/2018	Chris	Horney			2019-07-10 10:00:00.6474965
3	1835 W Harrison Street	Chicago	38097	2	4/18/2018	Chris	Horney			2019-07-10 10:00:00.6631222
4	309 S. Main Street	Paris	39836	2	4/12/2019	Jayne	Lourash			2019-07-10 10:00:00.7725003
5	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven			2019-07-10 10:00:00.8506271
6	217 Marquette St.	LaSalle	35384	2	5/15/2017	Nathan	Watson			2019-07-10 10:00:00.8506271
7	518 East Monroe Street	Springfield	30681	2	9/2/2015	Rick	Lawrence			2019-07-10 10:00:00.9131287
8	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven			2019-07-10 10:00:00.9912560
9	1630 5th Avenue	Moline	35757	2	10/25/2017	Dan	Oliver			2019-07-10 10:00:01.0225063
10	1212 Larkin	Elgin	38866	2	3/1/2019	Lindsey	Haines			2019-07-10 10:00:01.0225063
11	5000 South 5th Avenue, Building 14	Hines	39950	2	4/19/2019	William	Taylor			2019-07-10 10:00:01.0537576
12	16 South Illinois Street	Belleville	39973	2	3/26/2019	Destini	Lednický			2019-07-10 10:00:01.0537576
13	16 South Illinois Street	Belleville	39973	2	3/26/2019	Destini	Lednický			2019-07-10 10:00:01.0850085
14	16 South Illinois Street	Belleville	39973	2	3/26/2019	Aaron	Burnett			2019-07-10 10:00:01.1006336
15	2231 East 67th street	Chicago	34265	2	10/20/2017	Ayman	Assaf			2019-07-10 10:00:01.1006336
16	5016 North Winthrop Avenue	Chicago	36981	2	9/19/2018	Todd	Wolcott			2019-07-10 10:00:01.1162593
17	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven			2019-07-10 10:00:01.1162593
18	1630 5th Avenue	Moline	35757	2	10/25/2017	Dan	Oliver			2019-07-10 10:00:01.1162593
19	11127-29 South Langley Avenue & 704-706 East 112th Street	Chicago	33720	2	5/5/2016	Andrew	Michaelson			2019-07-10 10:00:01.1318844
20	1835 W. Harrison Street	Chicago	38097	2	4/18/2018	Chris	Horney			2019-07-10 10:00:01.1475096
21	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven			2019-07-10 10:00:01.1631352
22	1630 5th Avenue	Moline	35757	2	10/25/2017	Dan	Oliver			2019-07-10 10:00:01.2100117
23	2000 West Diversey Parkway	Chicago	30753	2	11/16/2016	Will	Tippens			2019-07-10 10:00:01.2256369
24	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven			2019-07-10 10:00:01.2725134
25	2001 Edison Ave.	Granite City	35916	2	9/28/2018	Karen Bode	Baxter			2019-07-10 10:00:01.2725134
26	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven			2019-07-10 10:00:01.3037637
27	1835 W. Harrison Street	Chicago	38097	2	4/18/2018	Chris	Horney			2019-07-10 10:00:01.3350150
28	524 East Monroe Street	Springfield	28279	2	9/2/2015	RicK	Lawrence			2019-07-10 10:00:01.3662658
29	5012 North Winthrop Avenue	Chicago	36982	2	9/19/2018	Todd	Wolcott			2019-07-10 10:00:01.3818910
30	16 South Illinois Street	Belleville	39973	2	3/26/2019	J David	Dodson			2019-07-10 10:00:01.3975166
31	30 West Chicago Avenue	Chicago	34758	2	11/20/2018	Joseph	Dunne			2019-07-10 10:00:01.4287669
32	1518 25th Avenue	Moline	33268	2	12/19/2016	John	Lerdahl			2019-07-10 10:00:01.4600183
33	1835 W Harrison Street	Chicago	38097	2	4/18/2018	Chris	Horney			2019-07-10 10:00:01.4756434
34	309 S. Main Street	Paris	39836	2	4/12/2019	Jayne	Lourash			2019-07-10 10:00:01.4756434
35	16 South Illinois Street	Belleville	39973	2	3/26/2019	Heather	Loehr			2019-07-10 10:00:01.5068942
36	309 S Main Street	Paris	39836	2	4/12/2019	Jayne	Lourash			2019-07-10 10:00:01.5068942
37	11127-29 South Langley Avenue & 704-706 East 112th Street	Chicago	33720	2	5/5/2016	Andrew	Michaelson			2019-07-10 10:00:01.5068942
38	16 South Illinois Street	Belleville	39973	2	3/26/2019	Destini	Lednický			2019-07-10 10:00:01.5225194
39	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven			2019-07-10 10:00:01.5850215

Part S-2: Raw results posted on SHPO website

DNR Server				NPS		Submitter First	Submitter Last	
Receipt ID	Project Street Address	Project City	NPS Project #	Pt2/Pt3	Certification Date	Name	Name	Date Stamp
1	814-820 LaSalle Street	Ottawa	36611	2	1/19/2018	Brant	Cohen	2019-07-10 10:00:00.6474965
2	1835 W. Harrison Street	Chicago	38097	2	4/18/2018	Chris	Horney	2019-07-10 10:00:00.6474965
3	1835 W Harrison Street	Chicago	38097	2	4/18/2018	Chris	Horney	2019-07-10 10:00:00.6631222
4	309 S. Main Street	Paris	39836	2	4/12/2019	Jayne	Lourash	2019-07-10 10:00:00.7725003
5	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven	2019-07-10 10:00:00.8506271
6	217 Marquette St.	LaSalle	35384	2	5/15/2017	Nathan	Watson	2019-07-10 10:00:00.8506271
7	518 East Monroe Street	Springfield	30681	2	9/2/2015	Rick	Lawrence	2019-07-10 10:00:00.9131287
8	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven	2019-07-10 10:00:00.9912560
9	1630 5th Avenue	Moline	35757	2	10/25/2017	Dan	Oliver	2019-07-10 10:00:01.0225063
10	1212 Larkin	Elgin	38866	2	3/1/2019	Lindsey	Haines	2019-07-10 10:00:01.0225063
11	5000 South 5th Avenue, Building 14	Hines	39950	2	4/19/2019	William	Taylor	2019-07-10 10:00:01.0537576
12	16 South Illinois Street	Belleville	39973	2	3/26/2019	Destini	Lednický	2019-07-10 10:00:01.0537576
13	16 South Illinois Street	Belleville	39973	2	3/26/2019	Destini	Lednický	2019-07-10 10:00:01.0850005
14	16 South Illinois Street	Belleville	39973	2	3/26/2019	Aaron	Burnett	2019-07-10 10:00:01.1006336
15	2231 East 67th street	Chicago	34265	2	10/20/2017	Ayman	Assaf	2019-07-10 10:00:01.1006336
16	5016 North Winthrop Avenue	Chicago	36981	2	9/19/2018	Todd	Wolcott	2019-07-10 10:00:01.1162593
17	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven	2019-07-10 10:00:01.1162593
18	1630 5th Avenue	Moline	35757	2	10/25/2017	Dan	Oliver	2019-07-10 10:00:01.1162593
19	11127-29 South Langley Avenue & 704-706 East 112th Street	Chicago	33720	2	5/5/2016	Andrew	Michaelson	2019-07-10 10:00:01.1318844
20	1835 W. Harrison Street	Chicago	38097	2	4/18/2018	Chris	Horney	2019-07-10 10:00:01.1475096
21	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven	2019-07-10 10:00:01.1631352
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25	2001 Edison Ave.	Granite City	35916	2	9/28/2018	Karen Bode	Baxter	2019-07-10 10:00:01.2725134
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27	1835 W. Harrison Street	Chicago	38097	2	4/18/2018	Chris	Horney	2019-07-10 10:00:01.3350150
28	524 East Monroe Street	Springfield	28279	2	9/2/2015	Rick	Lawrence	2019-07-10 10:00:01.3662658
29	5012 North Winthrop Avenue	Chicago	36982	2	9/19/2018	Todd	Wolcott	2019-07-10 10:00:01.3818910
30	16 South Illinois Street	Belleville	39973	2	3/26/2019	J David	Dodson	2019-07-10 10:00:01.3975166
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33	1835 W Harrison Street	Chicago	38097	2	4/18/2018	Chris	Horney	2019-07-10 10:00:01.4756434
34	309 S. Main Street	Paris	39836	2	4/12/2019	Jayne	Lourash	2019-07-10 10:00:01.4756434
35	16 South Illinois Street	Belleville	39973	2	3/26/2019	Heather	Loehr	2019-07-10 10:00:01.5068942
36	309 S Main Street	Paris	39836	2	4/12/2019	Jayne	Lourash	2019-07-10 10:00:01.5068942
37	11127-29 South Langley Avenue & 704-706 East 112th Street	Chicago	33720	2	5/5/2016	Andrew	Michaelson	2019-07-10 10:00:01.5068942
38	16 South Illinois Street	Belleville	39973	2	3/26/2019	Destini	Lednický	2019-07-10 10:00:01.5225194
39	111 West Division Street	Chicago	35050	2	6/7/2017	Kendra	Stensven	2019-07-10 10:00:01.5850215

Part S-2: Filtered results posted on SHPO website

Projects that completed IL-HTC 2019 Round 1 S-2 submittal and eligible to submit Part S-3 (sorted by date & time of receipt by IDNR)

Project street address	Project city	NPS Project #	S-2 Date Stamp	IDNR Server Receipt ID
814-820 LaSalle St.	Ottawa	36611	2019-07-10 10:00:00.6474965	1
1835 W. Harrison St.	Chicago	38097	2019-07-10 10:00:00.6474965	2
309 S. Main St.	Paris	39836	2019-07-10 10:00:00.7725003	4
111 W. Division St.	Chicago	35050	2019-07-10 10:00:00.8506271	5
217 Marquette St.	LaSalle	35384	2019-07-10 10:00:00.8506271	6
518 E. Monroe	Springfield	30681	2019-07-10 10:00:00.9131287	7
1630 5th Ave.	Moline	35757	2019-07-10 10:00:01.0225063	9
1212 Larkin Ave.	Elgin	38866	2019-07-10 10:00:01.0225063	10
5000 S. 5th Ave.	Hines	39950	2019-07-10 10:00:01.0537576	11
16 S. Illinois St.	Belleville	39973	2019-07-10 10:00:01.0537576	12
2231 E. 67th St.	Chicago	34265	2019-07-10 10:00:01.1006336	15
5016 N. Winthrop Ave.	Chicago	36981	2019-07-10 10:00:01.1162593	16
11127-29 S. Langley Ave. & 704-706 E. 112th St.	Chicago	33720	2019-07-10 10:00:01.1318844	19
2000 W. Diversey Pkwy.	Chicago	30753	2019-07-10 10:00:01.2256369	23
2001 Edison Ave.	Granite City	35916	2019-07-10 10:00:01.2725134	25
524 E. Monroe	Springfield	28279	2019-07-10 10:00:01.3662658	28
5012 N. Winthrop Ave.	Chicago	36982	2019-07-10 10:00:01.3818910	29
30 W. Chicago Ave.	Chicago	34758	2019-07-10 10:00:01.4287669	31
1518 25th Ave.	Moline	33268	2019-07-10 10:00:01.4600183	32
11941 S. Parnell Ave.	Chicago	37622	2019-07-10 10:00:01.5850215	40
3300 S. Federal St.	Chicago	35905	2019-07-10 10:00:01.9600313	55
510 E. Washington St.	Bloomington	35092	2019-07-10 10:00:01.9912821	58
221 E. 49th St.	Chicago	33991	2019-07-10 10:00:02.0537838	60
4750 N. Sheridan	Chicago	34669	2019-07-10 10:00:02.7100509	86
316 Randolph St.	Maywood	35126	2019-07-10 10:01:13.8525355	124

Part S-3: Electronic Submittal

- Applicant lists the project's est. or actual QREs
- Applicant asserts the priorities the project meets
- All applying projects must submit Part S-3, even if they do not assert meeting any of the five priorities
- Applying projects must have submitted that round's Part S-2

S-3

Part S-3: Optional Draft Submittal

- Applicants may submit a draft S-3 to SHPO for review
- E-mail the .pdf file as an attachment to HPA.Incentives@illinois.gov.
- If the file size exceeds 25MB, upload it to <https://filet.illinois.gov/filet/pimupload.asp> with “HPA.Incentives@illinois.gov” as recipient
- Deadline for Part S-3 questions and drafts to SHPO is **Wednesday, October 21, 2020, 5:00 P.M.**
- SHPO will respond to draft Part S-3 submittals and questions by **Monday, November 9, 2020, 5:00 P.M.**

Part S-3: Final Electronic Submittal

- Deadline for receiving final, complete Part S-3s at the SHPO is **Monday, November 16, 2020, 5:00 P.M.**
- E-mail the .pdf file to HPA.Incentives@illinois.gov
- If the file size exceeds 25MB, upload it to <https://filet.illinois.gov/filet/pimupload.asp> with “HPA.Incentives@illinois.gov” as recipient
- Must submit a final Part S-3 regardless of whether a draft S-3 was submitted
- Final Part S-3s cannot be revised or amended
- SHPO will not open final Part S-3s until the deadline has passed

Part S-3:

- Section 1:
Project Information
- Section 2:
Project Expenditures
- Section 3:
Priorities Asserted
- Section 4:
Applicant Information



THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC TAX CREDIT PROGRAM
PART S-3: VERIFICATION OF PRIORITIES
FOR ROUND 2, 2020
SHPO must receive this form electronically by 5:00 PM CST, Monday, Nov. 16, 2020

1. **Project Information**
Building Name: _____ NPS Project #: _____
Street Address: _____ County: _____ Zip: _____
City: _____

2. **Project Expenditures** (fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0)
2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.
Date of F-HTC Part 2, Part 2 Amendment, or Part 3 Certification (circle one and attach copy): _____
Estimated QREs from above-referenced F-HTC form: _____
Estimated QREs incurred or to be incurred on and after 1/1/19: _____
2.B—Complete this section if you have a certified F-HTC Part 3 and a CPA-prepared Cost Certification.
Date of F-HTC Part 3 Certification (attach copy): _____
Final certified QREs from Cost Certification (attach copy): _____
Final certified QREs incurred on and after 1/1/19 from Cost Certification (attach copy): _____

3. **Priorities Asserted**
Check each priority asserted and attach documentation for each, as per program instructions. Priorities asserted without attached documentation will be disqualified.

- Priority 1: Border County Select county name
- Priority 2: Government Ownership
- Priority 3: Census Tract
- Priority 4: Development Partnership
- Priority 5: Disaster Declaration

4. **Applicant Information**
I hereby attest that all information contained in this application, including the attached documentation, is true to the best of my knowledge and belief.

Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Signature: _____ Date: _____

E-mail form with attachments to HPA.Incentives@illinois.gov as a single PDF file named in the following format "[NPS project#]_2020Round1_S-3_FINAL.pdf). The e-mail subject line should be the name of the file. If the file size exceeds 25MB, use the upload tool at pimupload.asp with HPA.Incentives@illinois.gov as the recipient.

Part S-3:

- Section 1:
Project Information
- Section 2:
Project Expenditures
- Section 3:
Priorities Asserted
- Section 4:
Applicant Information

**THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES**
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PART S-3: VERIFICATION OF PRIORITIES
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Building Name: _____ NPS Project #: _____
Street Address: _____ County: _____ Zip: _____
City: _____

2. Project Expenditures (fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0)
2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.
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2.B—Complete this section if you have a certified F-HTC Part 3 and a CPA-prepared Cost Certification.
Date of F-HTC Part 3 Certification (attach copy): _____
Final certified QREs from Cost Certification (attach copy): _____
Final certified QREs incurred on and after 1/1/19 from Cost Certification (attach copy): _____

3. Priorities Asserted
Check each priority asserted and attach documentation for each, as per program instructions. Priorities asserted without attached documentation will be disqualified.

- [Priority 1: Border County](#) Select county name
- [Priority 2: Government Ownership](#)
- [Priority 3: Census Tract](#)
- [Priority 4: Development Partnership](#)
- [Priority 5: Disaster Declaration](#)

4. Applicant Information
I hereby attest that all information contained in this application, including the attached documentation, is true to the best of my knowledge and belief.

Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Signature: _____ Date: _____

E-mail form with attachments to HPA.Incentives@illinois.gov as a single PDF file named in the following format "[NPS project#]_2020Round1_S-3_FINAL.pdf). The e-mail subject line should be the name of the file. If the file size exceeds 25MB, use the upload tool at [pimupload.asp](#) with HPA.Incentives@illinois.gov as the recipient.

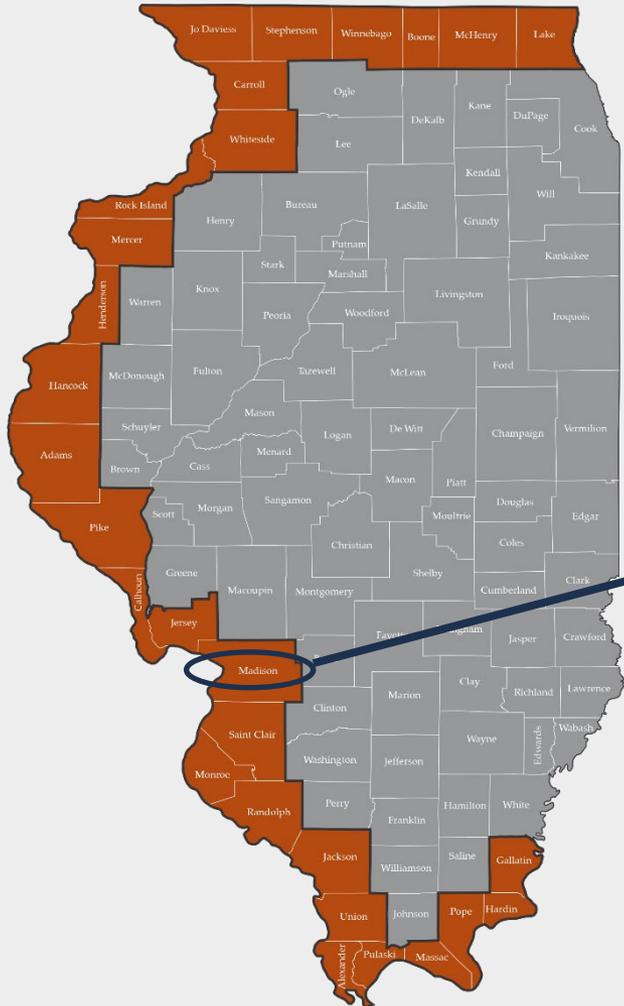
Part S-3

Priority 1: Border County

- Structure must be in a county that borders a state with a historic income-producing-property rehabilitation credit, as of S-1 workshop
- As of this S-1 workshop, bordering states are Wisconsin, Iowa, Missouri, and Kentucky; not Indiana and Michigan
- Priority 1 sheet containing the complete county list is included in the downloadable program instructions
- Select the county from a drop-down menu on the Part S-3 form

Part S-3

Priority 1: Border County



Illinois Department of
Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

JB Pritzker, Governor
Colleen Callahan, Director

Instructions for Determining Priority 1: Border County

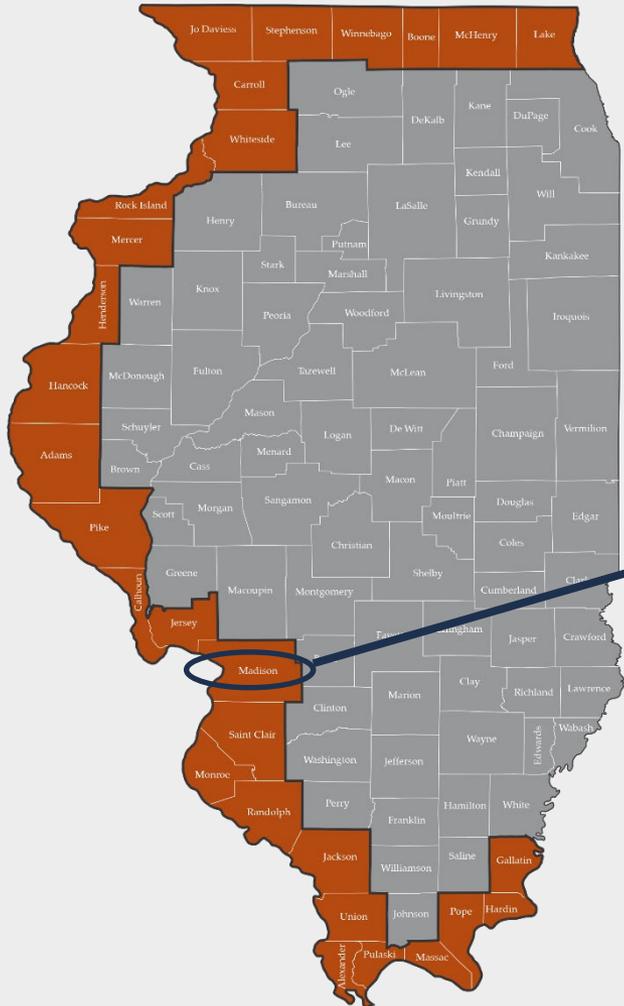
To achieve Priority 1 (35 ILCS 31/20(a)(1)), the structure must be located in a county that borders a State with a historic income-producing property rehabilitation credit. For application Round 2, 2020, the States of Wisconsin, Iowa, Missouri, and Kentucky shall be considered as having historic income-producing property rehabilitation credit programs. Therefore, to achieve Priority 1, the building must be located in one of the following Illinois counties:

- Adams
- Alexander
- Boone
- Calhoun
- Carroll
- Gallatin
- Hancock
- Hardin
- Henderson
- Jackson
- Jersey
- Jo Daviess
- Lake
- Madison
- Massac
- McHenry
- Mercer
- Monroe
- Pike
- Pope
- Pulaski
- Randolph
- Rock Island
- Saint Clair
- Stephenson
- Union
- Whiteside
- Winnebago

To assert that your project meets Priority 1, you must select the structure's county location from the drop-down menu on the part S-3 application form.

Part S-3

Priority 1: Border County



THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC TAX CREDIT PROGRAM
PART S-3: VERIFICATION OF PRIORITIES
FOR ROUND 2, 2020

SHPO must receive this form electronically by 5:00 PM CST, Monday, Nov. 16, 2020

1. Project Information
 Building Name: _____ NPS Project #: _____
 Street Address: _____ County: _____ Zip: _____
 City: _____

2. Project Expenditures (fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0)
2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.
 Date of F-HTC Part 2, Part 2 Amendment, or Part 3 Certification (circle one and attach copy): _____
 Estimated QREs from above-referenced F-HTC form: _____
 Estimated QREs incurred or to be incurred on and after 1/1/19: _____
2.B—Complete this section if you have a certified F-HTC Part 3 and a CPA-prepared Cost Certification.
 Date of F-HTC Part 3 Certification (attach copy): _____
 Final certified QREs from Cost Certification (attach copy): _____
 Final certified QREs incurred on and after 1/1/19 from Cost Certification (attach copy): _____

3. Priorities Asserted
 Check each priority asserted and attach documentation for each, as per program instructions. Priorities asserted without attached documentation will be disqualified.

- Priority 1: Border County
- Priority 2: Government Ownership
- Priority 3: Census Tract
- Priority 4: Development Partnership
- Priority 5: Disaster Declaration

Select county name

4. Applicant Information
 I hereby attest that all information contained in this application, including the attached documentation, is true to the best of my knowledge and belief.

Name: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____
 Signature: _____ Date: _____

E-mail form with attachments to HPA.Incentives@Illinois.gov as a single PDF file named in the following format "[NPS project#]_2020Round1_S-3 FINAL" (ex. 38097_2020Round1_S-3 FINAL.pdf). The e-mail subject line should be the name of the file. If the file size exceeds 25MB, upload it to <https://filet.illinois.gov/filet/pimupload.asp> with HPA.Incentives@Illinois.gov as recipient.

Part S-3

Priority 2: Government Ownership

- Structure must have been previously owned by a federal, state, or local-governmental entity for no less than six months, as of S-3 submittal
- Must establish
 1. Government ownership and
 2. Duration of ownership (at least 6 months)
- Submit proof with S-3

Part S-3

Priority 2: Government Ownership

- If it's not obvious that the entity is a unit of government (i.e., "Village of Oswego"), you must provide proof of its governmental status.

Part S-3

Priority 2: Government Ownership

Proof must be submitted and might include:

- Deeds or other ownership documents from the county recorder's office
- Historic or current records, such as newspaper articles, that establish governmental ownership and duration
- Published histories or vetted documents, such as NRHP nominations, stating ownership and duration



Part S-3

Priority 2: Government Ownership

Proof must be submitted and might include:

- Photographs of original cornerstone, plaque, or sign identifying government ownership
- Copies of original drawings with title blocks that establish governmental commissioning

REVISION A	5-5-42		
B	6-15-42		
REVISION	DATE	BRIEF	BY
REVIEWED BY	NINTH NAVAL DISTRICT PUBLIC WORKS DEPARTMENT		
CHIEF OF DIV			
APPROVED	Y&D DRAWING NO.		
<i>R. O. Owings</i>	Y&D 188095		
PUBLIC WORKS OFFICER			
SHEET 5 OF 25 ACCOMPANYING ARCHITECTS SERVICE CONTRACT NO. NOY 512	SKIDMORE, OWINGS & MERRILL ARCHITECTS CHICAGO, ILLINOIS		
CONSTRUCTION CONTRACT NO. NOY 4364	U.S. NAVAL TRAINING STATION GREAT LAKES, ILL.		
DRAWN BY: M.M.	WELFARE BUILDING		
TRACED BY:	EXTERIOR ELEVATIONS		
CHECKED BY: KCA	SUBMITTED APRIL 6, 1942.		
ARCHITECTS DWG. NO. 5	SKIDMORE, OWINGS & MERRILL ARCHITECTS BY <i>R. O. Owings</i>		



Part S-3

Priority 3: Census Tract

- Structure must be in a census tract with a median family income at or below the Illinois median family income
- Both figures must come from the most recent 5-year estimate from the American Community Survey (ACS), published by the U.S. Census Bureau

Part S-3

Priority 3: Census Tract

- For 2020 Application Rounds 1 and 2, Illinois' most recent 5-year-estimate median family income is **\$79,747**
- The 5-year estimate does not change between Rounds 1 and 2
- Two-step process on U.S. Census Bureau's webpages

<https://geocoding.geo.census.gov/geocoder/geographies/address?form>

<https://data.census.gov/>

Priority 3: Census Tract

Step A—Determine your census tract

"FIND LOCATIONS USING..." OPTION

One Line
Address
Address Batch

"FIND GEOGRAPHIES USING..." OPTION

One Line
Address
Address Batch
Geographic Coordinates

ABOUT DATA...

Benchmarks
Vintages

▼ Find Address Results

Street :

City :

State :

Zip :

Benchmark : ▼

Vintage : ▼

<https://geocoding.geo.census.gov/geocoder/geographies/address?form>

Priority 3: Census Tract

Step A—Determine your census tract

Census Tracts:

GEOID: 17167002801

CENTLAT: +39.7682687

AREAWATER: 0

STATE: 17

BASENAME: 28.01

OID: 20790364127764

LSADC: CT

FUNCSTAT: S

INTPTLAT: +39.7682687

NAME: Census Tract 28.01

OBJECTID: 66147

TRACT: 002801

CENTLON: -089.6725926

AREALAND: 1852095

INTPTLON: -089.6725926

MTFCC: G5020

COUNTY: 167

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

United States
Census
BUREAU

Explore Census Data

The Census Bureau is the leading source of quality data about the nation's people and economy.

× Search

[Advanced Search](#)

[Questions?](#) [Release Notes](#)

[What is data.census.gov?](https://data.census.gov/) [More data available](#)

<https://data.census.gov/>

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

United States Census Bureau

Search: s1903

ALL TABLES MAPS PAGES

About 4,885 results | Filter

Tables

MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)

Survey/Program: American Community Survey
 Years: 2018,2017,2016,2015,2014,2013,2012,2011,2010 Table: S1903

	United States					
	Number		Percent Distribution		Median income (dollars)	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
▼ HOUSEHOLD INCOME BY R...						
▼ Households	121,520,180	+/-153,217	121,520,180	+/-153,217	61,937	+/-94
▼ One race--						
White	92,352,948	+/-110,884	76.0%	+/-0.1	65,902	+/-120
Black or African Ame...	15,097,600	+/-47,216	12.4%	+/-0.1	41,511	+/-183
American Indian and...	903,145	+/-15,989	0.7%	+/-0.1	44,772	+/-1,038

AGE AND SEX

Survey/Program: American Community Survey
 Years: 2018,2017,2016,2015,2014,2013,2012,2011,2010 Table: S0101

POPULATION 60 YEARS AND OVER IN THE UNITED STATES

Survey/Program: American Community Survey
 Years: 2018,2017,2016,2015,2014,2013,2012,2011,2010 Table: S0102

[VIEW ALL TABLES \(2440\)](#)

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

Q S1903 X Search

MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)
 Survey/Program: American Community Survey
 TableID: S1903

Product: 2018: ACS 5-Year Estimates Subject Tables v

CUSTOMIZE TABLE

	United States					
	Number		Percent Distribution		Median income (dollars)	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
▼ HOUSEHOLD INCOME BY RACE AND HIS...						
▼ Households	119,730,128	+/-232,429	119,730,128	+/-232,429	60,293	+/-140
▼ One race--						
White	91,831,095	+/-177,341	76.7%	+/-0.1	63,917	+/-126
Black or African American	14,683,705	+/-25,316	12.3%	+/-0.1	40,155	+/-116
American Indian and Alaska Native	869,951	+/-6,009	0.7%	+/-0.1	41,879	+/-311
Asian	5,566,667	+/-18,442	4.6%	+/-0.1	83,898	+/-294
Native Hawaiian and Other Pacific...	156,233	+/-2,411	0.1%	+/-0.1	61,354	+/-1,174
Some other race	4,215,366	+/-17,237	3.5%	+/-0.1	46,650	+/-188
Two or more races	2,407,111	+/-28,403	2.0%	+/-0.1	56,060	+/-336
Hispanic or Latino origin (of any race)	15,521,078	+/-39,908	13.0%	+/-0.1	49,225	+/-194
White alone, not Hispanic or Latino	81,417,177	+/-147,789	68.0%	+/-0.1	65,912	+/-141
▼ HOUSEHOLD INCOME BY AGE OF HOUS...						
15 to 24 years	4,470,130	+/-26,692	3.7%	+/-0.1	31,189	+/-95
25 to 44 years	38,854,562	+/-81,402	32.5%	+/-0.1	65,893	+/-277
45 to 64 years	46,347,808	+/-42,664	38.7%	+/-0.1	72,912	+/-246
65 years and over	30,057,628	+/-94,729	25.1%	+/-0.1	43,680	+/-60
▼ FAMILIES						
▼ Families	78,697,103	+/-218,118	78,697,103	+/-218,118	73,965	+/-215
With own children of householder un...	33,435,099	+/-176,525	42.5%	+/-0.1	71,048	+/-394
With no own children of householder...	45,262,004	+/-52,405	57.5%	+/-0.1	75,771	+/-144
▼ Married-couple families	57,816,948	+/-279,599	73.5%	+/-0.2	88,752	+/-210
With own children under 18 years	22,740,426	+/-202,033	28.9%	+/-0.2	95,854	+/-217
▼ Female householder, no husband pre...	15,058,180	+/-39,767	19.1%	+/-0.1	36,414	+/-75
With own children under 18 years	7,965,331	+/-23,604	10.1%	+/-0.1	27,335	+/-73

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

The screenshot shows the United States Census Bureau website interface. At the top left is the logo for the United States Census Bureau. To the right of the logo is a search bar containing the text 's1903'. Below the search bar is a navigation menu with the options 'ALL', 'TABLES', 'MAPS', and 'PAGES'. The 'TABLES' option is highlighted with an orange underline. Below the navigation menu, there are two buttons: 'Filter' (highlighted with a red box) and 'Download'. To the right of these buttons, the text '1332 Results' is displayed. The main content area shows a search result for 'MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)'. Below this title, it specifies 'Survey/Program: American Community Survey' and 'TableID: S1903'. The result is presented in a table format with a header row containing the title and a 'Number' column. The first data row shows the value 'Estimate'.

United States
Census
Bureau

Q s1903

ALL TABLES MAPS PAGES

1332 Results **Filter** | **Download**

MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)
Survey/Program: American Community Survey
TableID: S1903

MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS) Survey/Program: American Community Survey Years: 2018,2017,2016,2015,2014,2013,2012,2011,2010 Table: S1903	Number
	Estimate

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

Advanced Filters

e.g. 336111 - Automobile Manufacturing

BROWSE FILTERS	GEOGRAPHY	WITHIN STATE	ILLINOIS	SANGAMON COUNTY, ILLINOIS
Topics	<input type="checkbox"/> Show Summary Levels	District of Columbia	Pepe County, Illinois	<input type="checkbox"/> Census Tract 24, Sangamon County, Illinois
Geography	Nation	Florida	Pulaski County, Illinois	<input type="checkbox"/> Census Tract 25, Sangamon County, Illinois
Years	Region	Georgia	Putnam County, Illinois	<input type="checkbox"/> Census Tract 26, Sangamon County, Illinois
Surveys	Division	Guam	Randolph County, Illinois	<input type="checkbox"/> Census Tract 27, Sangamon County, Illinois
Codes	State	Hawaii	Richland County, Illinois	<input type="checkbox"/> Census Tract 28.01, Sangamon County, Illinois
	County	Idaho	Rock Island County, Illinois	<input type="checkbox"/> Census Tract 28.02, Sangamon County, Illinois
	Tract	Illinois	Saline County, Illinois	<input type="checkbox"/> Census Tract 29, Sangamon County, Illinois
	Block Group	Indiana	Schuyler County, Illinois	<input type="checkbox"/> Census Tract 3, Sangamon County, Illinois
	Block	Iowa	Scott County, Illinois	<input type="checkbox"/> Census Tract 30, Sangamon County, Illinois
	Zip Code Tabulation Area (Five-Digit)	Kansas	Shelby County, Illinois	
	Elementary School District	Kentucky	St. Clair County, Illinois	
	Secondary School District	Louisiana	Stark County, Illinois	
	Unified School District	Maine	Stephenson County, Illinois	
	Congressional District	Maryland	Tazewell County, Illinois	

Selected Filters:

Census Tract 28.01, Sangamon County, Illinois

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)

Survey/Program: American Community Survey
TableID: S1903

Product: 2018: ACS 5-Year Estimates Subject Tables

Census Tract 28.01, Sangamon County, Illinois

	Number		Percent Distribution		Median income (dollars)	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	
▼ HOUSEHOLD INCOME BY RACE AND HIS...						
▼ Households	1,461	+/-132	1,461	+/-132	45,632	
▼ One race--						
White	1,176	+/-112	80.5%	+/-6.0	50,469	
Black or African American	234	+/-97	16.0%	+/-6.1	27,738	
American Indian and Alaska Native	0	+/-11	0.0%	+/-1.9	-	
Asian	31	+/-21	2.1%	+/-1.4	-	
Native Hawaiian and Other Pacific...	0	+/-11	0.0%	+/-1.9	-	
Some other race	17	+/-26	1.2%	+/-1.7	-	
Two or more races	3	+/-5	0.2%	+/-0.3	-	
Hispanic or Latino origin (of any race)	28	+/-31	1.9%	+/-2.1	-	
White alone, not Hispanic or Latino	1,165	+/-108	79.7%	+/-5.8	50,898	
▼ HOUSEHOLD INCOME BY AGE OF HOUS...						
15 to 24 years	139	+/-80	9.5%	+/-5.3	45,391	
25 to 44 years	511	+/-105	35.0%	+/-6.1	35,815	
45 to 64 years	490	+/-83	33.5%	+/-5.0	57,632	
65 years and over	321	+/-52	22.0%	+/-3.7	43,977	
▼ FAMILIES						
▼ Families	742	+/-109	742	+/-109	59,423	
With own children of householder un...	277	+/-96	37.3%	+/-11.1	29,975	
With no own children of householder...	465	+/-102	62.7%	+/-11.1	77,788	
▼ Married-couple families	440	+/-85	59.3%	+/-10.6	79,167	

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

- If there's no value, you must go to earlier versions of the S1903 table

MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)
Survey/Program: American Community Survey
TableID: S1903

Product: 2018: ACS 5-Year Estimates Subject Tables

CUSTOMIZE TABLE

Census Tract 14, Sangamon County, Illinois

	Number		Percent Distribution		Median income (dollars)	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
▼ HOUSEHOLD INCOME BY RACE AND HIS...						
▼ Households	505	+/-69	505	+/-69	15,673	+/-6,104
▼ One race--						
White	357	+/-74	70.7%	+/-10.6	14,336	+/-4,694
Black or African American	112	+/-55	22.2%	+/-10.4	-	**
American Indian and Alaska Native	10	+/-15	2.0%	+/-3.1	-	**
Asian	8	+/-12	1.6%	+/-2.2	-	**
Native Hawaiian and Other Pacific...	0	+/-11	0.0%	+/-5.3	-	**
Some other race	4	+/-6	0.8%	+/-1.2	-	**
Two or more races	14	+/-18	2.8%	+/-3.5	-	**
Hispanic or Latino origin (of any race)	0	+/-11	0.0%	+/-5.3	-	**
White alone, not Hispanic or Latino	357	+/-74	70.7%	+/-10.6	14,336	+/-4,694
▼ HOUSEHOLD INCOME BY AGE OF HOU...						
15 to 24 years	30	+/-27	5.9%	+/-5.2	-	**
25 to 44 years	182	+/-53	36.0%	+/-8.1	-	**
45 to 64 years	237	+/-51	46.9%	+/-9.8	14,176	+/-3,040
65 years and over	56	+/-27	11.1%	+/-5.0	12,396	+/-10,061
▼ FAMILIES						
▼ Families	77	+/-40	77	+/-40	-	**
With own children of householder un...	29	+/-33	37.7%	+/-30.7	-	**
With no own children of householder...	48	+/-27	62.3%	+/-30.7	-	**
▼ Married-couple families	28	+/-20	36.4%	+/-23.8	-	**
With own children under 18 years	0	+/-11	0.0%	+/-28.2	-	**

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

- If there's no value, you must go to earlier versions of the S1903 table

MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2017 INFLATION-ADJUSTED DOLLARS)						
Survey/Program: American Community Survey TableID: S1903			Product: 2017: ACS 5-Year Estimates Subject Tables			CUSTOMIZE TABLE
Census Tract 14, Sangamon County, Illinois						
	Number		Percent Distribution		Median income (dollars)	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
▼ HOUSEHOLD INCOME BY RACE AND HIS...						
▼ Households	515	+/-61	515	+/-61	14,613	+/-4,392
▼ One race--						
White	396	+/-67	76.9%	+/-9.5	14,286	+/-3,319
Black or African American	98	+/-53	19.0%	+/-9.7	-	**
American Indian and Alaska Native	7	+/-11	1.4%	+/-2.2	-	**
Asian	1	+/-5	0.2%	+/-1.0	-	**
Native Hawaiian and Other Pacific...	0	+/-11	0.0%	+/-5.2	-	**
Some other race	0	+/-11	0.0%	+/-5.2	-	**
Two or more races	13	+/-14	2.5%	+/-2.8	-	**
Hispanic or Latino origin (of any race)	0	+/-11	0.0%	+/-5.2	-	**
White alone, not Hispanic or Latino	396	+/-67	76.9%	+/-9.5	14,286	+/-3,319
▼ HOUSEHOLD INCOME BY AGE OF HOUS...						
15 to 24 years	28	+/-28	5.4%	+/-5.3	-	**
25 to 44 years	196	+/-50	38.1%	+/-8.9	-	**
45 to 64 years	225	+/-52	43.7%	+/-9.1	13,633	+/-2,739
65 years and over	66	+/-26	12.8%	+/-5.0	11,852	+/-1,442
▼ FAMILIES						
▼ Families	80	+/-43	80	+/-43	-	**
With own children of householder un...	32	+/-35	40.0%	+/-31.8	-	**
With no own children of householder...	48	+/-27	60.0%	+/-31.8	-	**
▼ Married-couple families	24	+/-19	30.0%	+/-22.5	11,250	+/-7,168
With own children under 18 years	0	+/-11	0.0%	+/-28.4	-	**

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

- If there's no value, you must go to earlier versions of the S1903 table

MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS)
 Survey/Program: American Community Survey
 TableID: S1903

Product: 2015 ACS 5-Year Estimates Subject Tables

CUSTOMIZE TABLE

Census Tract 14, Sangamon County, Illinois

	Total		Median income (dollars)	
	Estimate	Margin of Error	Estimate	Margin of Error
HOUSEHOLD INCOME BY RACE AND HISPANIC OR LATINO OR...				
Households	546	+/-63	19,828	+/-11,793
One race--				
White	83.0%	+/-9.8	17,837	+/-7,345
Black or African American	15.0%	+/-9.6	(X)	(X)
American Indian and Alaska Native	1.5%	+/-2.1	-	**
Asian	0.5%	+/-1.4	-	**
Native Hawaiian and Other Pacific Islander	0.0%	+/-4.9	-	**
Some other race	0.0%	+/-4.9	-	**
Two or more races	0.0%	+/-4.9	-	**
Hispanic or Latino origin (of any race)	1.6%	+/-2.9	-	**
White alone, not Hispanic or Latino	81.3%	+/-9.9	17,292	+/-7,086
HOUSEHOLD INCOME BY AGE OF HOUSEHOLDER				
15 to 24 years	5.3%	+/-4.2	(X)	(X)
25 to 44 years	29.1%	+/-8.0	(X)	(X)
45 to 64 years	51.3%	+/-8.9	(X)	(X)
65 years and over	14.3%	+/-5.5	(X)	(X)
FAMILIES				
Families	70	+/-43	76,429	+/-48,130
With own children of householder under 18 years	41.4%	+/-36.1	-	**
With no own children of householder under 18 years	58.6%	+/-36.1	68,250	+/-33,013
Married-couple families	58.6%	+/-36.1	68,250	+/-33,013
Female householder, no husband present	41.4%	+/-36.1	-	**

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

- THEN you must compare the census tract value with the state median income estimate using the same 5-year estimate as you used for the census tract:
 - \$76,533 (2017 ACS 5-year estimate)
 - \$73,714 (2016 ACS 5-year estimate)
 - \$71,546 (2015 ACS 5-year estimate)
 - \$70,967 (2014 ACS 5-year estimate)
 - \$70,344 (2013 ACS 5-year estimate)
 - \$70,144 (2012 ACS 5-year estimate)
 - \$69,658 (2011 ACS 5-year estimate)
 - \$68,236 (2010 ACS 5-year estimate)

Priority 3: Census Tract

Step B—Determine the median family income for your census tract

- You must save an image of the S1903 table and include it with part S-3

MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS)		Product: 2015 ACS 5-Year Estimates Subject Tables		CUSTOMIZE TABLE	
Survey/Program: American Community Survey TableID: S1903		Census Tract 14, Sangamon County, Illinois			
	Total		Median income (dollars)		
	Estimate	Margin of Error	Estimate	Margin of Error	
HOUSEHOLD INCOME BY RACE AND HISPANIC OR LATINO OR...					
▼ Households	546	+/-63	19,828	+/-11,793	
▼ One race--					
White	83.0%	+/-9.8	17,837	+/-7,345	
Black or African American	15.0%	+/-9.6	(X)	(X)	
American Indian and Alaska Native	1.5%	+/-2.1	-	**	
Asian	0.5%	+/-1.4	-	**	
Native Hawaiian and Other Pacific Islander	0.0%	+/-4.9	-	**	
Some other race	0.0%	+/-4.9	-	**	
Two or more races	0.0%	+/-4.9	-	**	
Hispanic or Latino origin (of any race)	1.6%	+/-2.9	-	**	
White alone, not Hispanic or Latino	81.3%	+/-9.9	17,292	+/-7,086	
▼ HOUSEHOLD INCOME BY AGE OF HOUSEHOLDER					
15 to 24 years	5.3%	+/-4.2	(X)	(X)	
25 to 44 years	29.1%	+/-8.0	(X)	(X)	
45 to 64 years	51.3%	+/-8.9	(X)	(X)	
65 years and over	14.3%	+/-5.5	(X)	(X)	
▼ FAMILIES					
▼ Families	70	+/-43	76,429	+/-48,130	
With own children of householder under 18 years	41.4%	+/-36.1	-	**	
With no own children of householder under 18 years	58.6%	+/-36.1	68,250	+/-33,013	
Married-couple families	58.6%	+/-36.1	68,250	+/-33,013	
Female householder, no husband present	41.4%	+/-36.1	-	**	

Part S-3

Priority 3: Census Tract

- If you cannot locate a value for a median income estimate for “Families” in any of the table S1903 versions on data.census.gov, you cannot qualify for Priority 3 in this round
- Since the 5-year estimates are updated annually, you can revisit this priority in future rounds

Break

Part S-3

Priority 4: Development Partnership

- The project's development partnership must include at least one of the following, as of S-3 submittal
 - Community Development Entity (CDE)
 - Low-profit organization
 - Benefit corporation
 - Low-profit limited liability company (L3C)
 - 501(c)(3) not-for-profit organization

Part S-3

Priority 4: Development Partnership

To assert this priority, applicant must provide:

1. Affidavit included with the instructions, and
2. Proof that the “Development Partner” is a CDE, or a benefit corporation, or a L3C, or a 501(c)(3).

Part S-3

Priority 4: Development Partnership

To assert this priority, applicant must provide:

1. Affidavit attesting that the entity eligible to achieve this priority (i.e., “Development Partner”) is included in the development partnership. It must be:
 - signed by the Development Partner, and
 - signed by the applicant, and
 - respectively notarized.

If reapplying in subsequent rounds, complete anew for that application round.

Priority 4 Affidavit

Affidavit Regarding Priority 4 for The Illinois Historic Preservation Tax Credit Program (35 ILCS 31/20(a)(4))

The undersigned, Applicant for the Illinois Historic Preservation Tax Credit Program, attest that the qualified rehabilitation plan with NPS Project No. _____ includes in the development partnership (insert Development Partner name) _____

which is a (check one of the following):

- Community Development Entity (CDE)
- Low-profit organization
- Not-for-profit organization (as defined by IRC Section 501(c)(3))

Upon request, the undersigned will provide documentation or access to documentation to verify the information provided herein. The undersigned grants the State of Illinois permission to access material, documentation and other data required to verify this information. Under penalties of perjury, the undersigned swear the information provided herein, and in any verifying information, is true and correct and that any misrepresentation or failure to provide requisite information may subject the undersigned to civil and criminal penalties as provided by State and/or Federal law.

Both signature Sections 1 and 2 below must be completed and notarized for Priority 4 consideration.

Section 1. Signature of Development Partner:

The undersigned representative of the Development Partner represents and certifies that he/she is authorized to execute this Affidavit.

Name _____
Signature _____ Date _____

Title _____
Organization _____

Notarization Section

On this _____ day of _____, before me, the undersigned notary public, satisfactory evidence of identification to be the person whose name is signed above, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Signature of Notary Public _____

My Commission Expires _____

Affidavit Regarding Priority 4, rev. 2/2020

Place notary seal above

Section 2. Signature of Applicant: (Must be completed by the applicant)

Certification Application Part 2—Description of Rehabilitation that will be completed

The undersigned representative of the Applicant represents and certifies that the information provided herein is true and correct and that any misrepresentation or failure to provide requisite information may subject the undersigned to civil and criminal penalties as provided by State and/or Federal law.

Name _____
Signature _____

Title _____
Organization _____

Notarization Section

On this _____ day of _____, before me, the undersigned notary public, satisfactory evidence of identification to be the person whose name is signed above, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Signature of Notary Public _____

My Commission Expires _____

Priority 4 Affidavit:

■ Attestation

**Affidavit Regarding Priority 4 for
The Illinois Historic Preservation Tax Credit Program (35 ILCS 31/20(a)(4))**

The undersigned, Applicant for the Illinois Historic Preservation Tax Credit Program, attest that the qualified rehabilitation plan with NPS Project No. _____ includes in the development partnership (insert Development Partner name) _____

which is a (check one of the following):

- Community Development Entity (CDE)
- Low-profit organization
- Not-for-profit organization (as defined by IRC Section 501(c)(3))

Upon request, the undersigned will provide documentation or access to documentation to verify the information provided herein. The undersigned grants the State of Illinois permission to access material, documentation and other data required to verify this information. Under penalties of perjury, the undersigned swear the information provided herein, and in any verifying information, is true and correct and that any misrepresentation or failure to provide requisite information may subject the undersigned to civil and criminal penalties as provided by State and/or Federal law.

Both signature Sections 1 and 2 below must be completed and notarized for Priority 4 consideration.

Section 1. Signature of Development Partner:

The undersigned representative of the Development Partner represents and certifies that he/she is authorized to execute this Affidavit.

Name

Signature

Date

Title

Organization

Notarization Section

On this _____ day of _____, _____, before me, the undersigned notary public, satisfactory evidence of identification to be the person whose name is signed above, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Signature of Notary Public

My Commission Expires

Place notary seal above

Affidavit Regarding Priority 4, rev. 2/2020

Page 1 of 2

Priority 4 Affidavit:

- Development Partner and notary signatures

**Affidavit Regarding Priority 4 for
The Illinois Historic Preservation Tax Credit Program (35 ILCS 31/20(a)(4))**

The undersigned, Applicant for the Illinois Historic Preservation Tax Credit Program, attest that the qualified rehabilitation plan with NPS Project No. _____ includes in the development partnership (insert Development Partner name) _____

which is a (check one of the following):

- Community Development Entity (CDE)
- Low-profit organization
- Not-for-profit organization (as defined by IRC Section 501(c)(3))

Upon request, the undersigned will provide documentation or access to documentation to verify the information provided herein. The undersigned grants the State of Illinois permission to access material, documentation and other data required to verify this information. Under penalties of perjury, the undersigned swear the information provided herein, and in any verifying information, is true and correct and that any misrepresentation or failure to provide requisite information may subject the undersigned to civil and criminal penalties as provided by State and/or Federal law.

Both signature Sections 1 and 2 below must be completed and notarized for Priority 4 consideration.

Section 1. Signature of Development Partner:

The undersigned representative of the Development Partner represents and certifies that he/she is authorized to execute this Affidavit.

Name _____ Signature _____ Date _____

Title _____ Organization _____

Notarization Section

On this _____ day of _____, _____, before me, the undersigned notary public, _____ (name of document signer) personally appeared, proved to me through satisfactory evidence of identification to be the person whose name is signed above, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Signature of Notary Public _____

My Commission Expires _____

Place notary seal above

Affidavit Regarding Priority 4, rev. 2/2020

Page 1 of 2

Priority 4 Affidavit:

- Applicant and notary signatures

Section 2. Signature of Applicant: (Must be completed by the applicant identified on the *Historic Preservation Certification Application Part 2—Description of Rehabilitation* that was certified by the National Park Service.)

The undersigned representative of the Applicant represents and certifies that he/she is authorized to execute this Affidavit.

Name

Signature

Date

Title

Organization

Notarization Section

On this _____ day of _____, _____, before me, the undersigned notary public, satisfactory evidence of identification to be the person whose name is signed above, proved to me through that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Signature of Notary Public

My Commission Expires

Place notary seal above

Part S-3

Priority 4: Development Partnership

To assert this priority, applicant must provide:

1. An affidavit included with the instructions, and
2. Proof dated within 24 months of Part S-3 submittal that the Development Partner is a CDE, or a benefit corporation, or a L3C, or a 501(c)(3).

Part S-3

Priority 4: Development Partnership

To prove the Development Partner is a CDE, applicant must provide:

- A copy of the CDE certification from the U.S. Dept. of the Treasury Community Development Financial Institutions Fund (CDFI Fund), *or*
- A printout/screen capture from the CDFI Fund website identifying the New Markets Tax Credit Program allocatee as a CDE:

www.cdfifund.gov/awards/nmtc/Pages/default.aspx

Part S-3

Priority 4: Development Partnership

To prove that the Development Partner is a benefit corporation, the applicant must provide:

- A copy of a legal document proving the organization is a “benefit corporation,” as defined by the authorizing law in the state in which the organization was incorporated
- In Illinois, see [Public Act 097-0885](#)

Part S-3

Priority 4: Development Partnership

To prove that the Development Partner is a low-profit limited liability company (L3C), the applicant must provide:

- A copy of a legal document proving the organization is an L3C, as defined by the authorizing law in the state in which the organization was incorporated
- In Illinois, see [Public Act 096-0126](#)

Part S-3

Priority 4: Development Partnership

To prove that the Development Partner is a 501(c)(3), the applicant must provide:

- A copy of a determination letter from the IRS, *or*
- A printout/screen capture from the IRS Select Check website identifying the entity as tax exempt:
apps.irs.gov/app/eos/

To be valid, proof must be dated within 24 months of Part S-3 submittal

Part S-3

Priority 5: Disaster Declaration

- The structure must be in an area declared under the “Robert T. Stafford Disaster Relief and Emergency Assistance Act” as an “Emergency Declaration” or “Major Disaster Declaration” by the S-1 workshop
- Declaration must be no older than 3 years at the time of application (i.e., the S-1 workshop)
- Source of information is FEMA

www.fema.gov/disasters/year

www.fema.gov/openfema-dataset-disaster-declarations-summaries-v1

Part S-3

Priority 5: Disaster Declaration

- As of today—the day of the S-1 workshop—the entire State of Illinois has been designated a federal disaster declaration area within the last 3 years (most recently on March 26, 2020)
- Projects in all 102 counties can assert Priority 5

Part S-3 Priority 5: Disaster Declaration



THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC TAX CREDIT PROGRAM
PART S-3: VERIFICATION OF PRIORITIES
FOR ROUND 2, 2020

SHPO must receive this form electronically by 5:00 PM CST, Monday, Nov. 16, 2020

1. Project Information

Building Name: _____ NPS Project #: _____
Street Address: _____ County: _____ Zip: _____
City: _____

2. Project Expenditures (fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0)
2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.
Date of F-HTC Part 2, Part 2 Amendment, or Part 3 Certification (circle one and attach copy): _____
Estimated QREs from above-referenced F-HTC form: _____
Estimated QREs incurred or to be incurred on and after 1/1/19: _____

2.B—Complete this section if you have a certified F-HTC Part 3 and a CPA-prepared Cost Certification.
Date of F-HTC Part 3 Certification (attach copy): _____
Final certified QREs from Cost Certification (attach copy): _____
Final certified QREs incurred on and after 1/1/19 from Cost Certification (attach copy): _____

3. Priorities Asserted

Check each priority asserted and attach documentation for each, as per program instructions. Priorities asserted without attached documentation will be disqualified.

- Priority 1: Border County Select county name
- Priority 2: Government Ownership
- Priority 3: Census Tract
- Priority 4: Development Partnership
- Priority 5: Disaster Declaration

4. Applicant Information

I hereby attest that all information contained in this application, including the attached documentation, is true to the best of my knowledge and belief.

Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Signature: _____ Date: _____

E-mail form with attachments to HPA.Incentives@illinois.gov as a single PDF file named in the following format "[NPS project#]_2020Round1_S-3_FINAL.pdf). The e-mail subject line should be the name of the file. If the file size exceeds 25MB, use the upload tool at pimupload.asp with HPA.Incentives@illinois.gov as the recipient.

Part S-3:

- Section 1: Project Information
- Section 2: Project Expenditures
- Section 3: Priorities Asserted
- Section 4: Applicant Information

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THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC TAX CREDIT PROGRAM
PART S-3: VERIFICATION OF PRIORITIES
FOR ROUND 2, 2020
SHPO must receive this form electronically by 5:00 PM CST, Monday, Nov. 16, 2020

1. **Project Information**
Building Name: _____ NPS Project #: _____
Street Address: _____ County: _____ Zip: _____
City: _____

2. **Project Expenditures** *[fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0]*
2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.
Date of F-HTC Part 2, Part 2 Amendment, or Part 3 Certification (circle one and attach copy): _____
Estimated QREs from above-referenced F-HTC form: _____
Estimated QREs incurred or to be incurred on and after 1/1/19: _____
2.B—Complete this section if you have a certified F-HTC Part 3 and a CPA-prepared Cost Certification.
Date of F-HTC Part 3 Certification (attach copy): _____
Final certified QREs from Cost Certification (attach copy): _____
Final certified QREs incurred on and after 1/1/19 from Cost Certification (attach copy): _____

3. **Priorities Asserted**
Check each priority asserted and attach documentation for each, as per program instructions. Priorities asserted without attached documentation will be disqualified.
 Priority 1: Border County Select county name
 Priority 2: Government Ownership
 Priority 3: Census Tract
 Priority 4: Development Partnership
 Priority 5: Disaster Declaration

4. **Applicant Information**
I hereby attest that all information contained in this application, including the attached documentation, is true to the best of my knowledge and belief.
Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Signature: _____ Date: _____

E-mail form with attachments to HPA.Incentives@illinois.gov as a single PDF file named in the following format "[NPS project#]_2020Round1_S-3_FINAL.pdf". The e-mail subject line should be the name of the file. If the file size exceeds 25MB, use the upload tool at [pimupload.asp](#) with HPA.Incentives@illinois.gov as the recipient.

Part S-3 Project Expenditures

- If you have an F-HTC Part 2 or 3, use 2.A:
 - Date of F-HTC Part 2 or 3 certification
 - Estimated QREs from F-HTC form
 - Est. QREs incurred on or after 1/1/19

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THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC TAX CREDIT PROGRAM
PART S-3: VERIFICATION OF PRIORITIES
FOR ROUND 2, 2020
SHPO must receive this form electronically by 5:00 PM CST, Monday, Nov. 16, 2020

1. **Project Information**
Building Name: _____ NPS Project #: _____
Street Address: _____ County: _____ Zip: _____
City: _____

2. **Project Expenditures** (fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0)
2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.
Date of F-HTC Part 2, Part 2 Amendment, or Part 3 Certification (circle one and attach copy): _____
Estimated QREs from above-referenced F-HTC form: _____
Estimated QREs incurred or to be incurred on and after 1/1/19: _____
2.B—Complete this section if you have a certified F-HTC Part 3 and a CPA-prepared Cost Certification.
Date of F-HTC Part 3 Certification (attach copy): _____
Final certified QREs from Cost Certification (attach copy): _____
Final certified QREs incurred on and after 1/1/19 from Cost Certification (attach copy): _____

3. **Priorities Asserted**
Check each priority asserted and attach documentation for each, as per program instructions. Priorities asserted without attached documentation will be disqualified.
 Priority 1: Border County Select county name
 Priority 2: Government Ownership
 Priority 3: Census Tract
 Priority 4: Development Partnership
 Priority 5: Disaster Declaration

4. **Applicant Information**
I hereby attest that all information contained in this application, including the attached documentation, is true to the best of my knowledge and belief.
Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Signature: _____ Date: _____

E-mail form with attachments to HPA.Incentives@illinois.gov as a single PDF file named in the following format "[NPS project#]_2020Round1_S-3_FINAL.pdf". The e-mail subject line should be the name of the file. If the file size exceeds 25MB, use the upload tool at pimupload.asp with HPA.Incentives@illinois.gov as the recipient.

Part S-3 Project Expenditures

- If you have an F-HTC Part 2 or 3, use 2.A
 - If estimated 1/1/19-and-after QREs exceed F-HTC estimated QREs, we will use the F-HTC est. QREs

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THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC TAX CREDIT PROGRAM
PART S-3: VERIFICATION OF PRIORITIES
FOR ROUND 2, 2020
SHPO must receive this form electronically by 5:00 PM CST, Monday, Nov. 16, 2020

1. Project Information
Building Name: _____ NPS Project #: _____
Street Address: _____ County: _____ Zip: _____
City: _____

2. Project Expenditures *(fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0)*

2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.
Date of F-HTC Part 2, Part 2 Amendment, or Part 3 Certification (circle one and attach copy): _____
Estimated QREs from above-referenced F-HTC form: _____
Estimated QREs incurred or to be incurred on and after 1/1/19: _____

2.B—Complete this section if you have a certified F-HTC Part 3 and a CPA-prepared Cost Certification.
Date of F-HTC Part 3 Certification (attach copy): _____
Final certified QREs from Cost Certification (attach copy): _____
Final certified QREs incurred on and after 1/1/19 from Cost Certification (attach copy): _____

3. Priorities Asserted
Check each priority asserted and attach documentation for each, as per program instructions. Priorities asserted without attached documentation will be disqualified.

- Priority 1: Border County Select county name
- Priority 2: Government Ownership
- Priority 3: Census Tract
- Priority 4: Development Partnership
- Priority 5: Disaster Declaration

4. Applicant Information
I hereby attest that all information contained in this application, including the attached documentation, is true to the best of my knowledge and belief.

Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Signature: _____ Date: _____

E-mail form with attachments to HPA.Incentives@illinois.gov as a single PDF file named in the following format "[NPS project#]_2020Round2_38097_2020Round1_S-3 FINAL.pdf). The e-mail subject line should be the name of the file. If the file size exceeds 25MB, use the file upload tool at [pimupload.asp](#) with HPA.Incentives@illinois.gov as the recipient.

If you don't yet have a Part 3 and your QREs might exceed your Part 2 estimated QREs...

Applicant may submit an F-HTC amendment

- Select “amends a previously submitted” and “Part 2”
- State original (Part 2) est. QREs and revised est. QREs
- NPS must approve prior to S-3 submittal deadline

NPS Form 10-168b (Rev. 06/2016 v2)
National Park Service



**HISTORIC PRESERVATION CERTIFICATION APPLICATION
AMENDMENT / ADVISORY DETERMINATION**

Instructions: This page must bear the applicant's original signature and must be dated.

1. **Property Name** _____
Property Address _____

2. **This form** includes additional information requested by NPS for an application currently on hold.
 updates applicant or contact information.
 amends a previously submitted Part 1 Part 2 Part 3 application.
 requests an advisory determination that phase _____ of _____ phases of this rehabilitation meets the
for Rehabilitation. Phase completion date _____ Estimated rehabilitation costs of _____

Summarize information here; continue on following page if necessary.

3. **Project Contact** (if different from applicant)
Name _____
Street _____
Zip _____ Telephone _____ City _____ Company _____
Email Address _____

4. **Applicant**
I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that [check one or both boxes, if I am not the fee simple owner of the above described property, the fee simple owner is aware of the action I am taking relative to the objection, as noted in a written statement from the owner, a copy of which (i) either is attached to this application form and incorporated previously submitted, and (ii) meets the requirements of 36 CFR § 67.3(a)(1) (2011).]
For purposes of this attestation, the singular shall include the plural wherever appropriate. I understand that knowing and willful falsification of this application may subject me to fines and imprisonment under 18 U.S.C. § 1001, which, under certain circumstances, provides for imprisonment.

Name _____
Applicant Entity _____ Signature (Sign in ink) _____
Street _____
Zip _____ Telephone _____ City _____ SSN _____
Applicant, SSN, or TIN has changed since previously submitted application. Email Address _____

NPS Official Use Only
The National Park Service has reviewed this amendment to the Historic Preservation Certification Application and has determined that the amendment:
 meets the Secretary of the Interior's Standards for Rehabilitation.
 will meet the Secretary of the Interior's Standard for Rehabilitation if the attached conditions are met.
 does not meet the Secretary of the Interior's Standards for Rehabilitation.
 updates the information on file and does not affect the certification.

Advisory Determinations:
 The National Park Service has determined that the work completed in this phase is consistent with the Secretary of the Interior's Standards for Rehabilitation and that the determination is advisory only. A formal certification of rehabilitation can be issued only after all rehabilitation work and any associated site work or new work have been completed. This approval could be superseded if it is found that the overall rehabilitation does not meet the Secretary's Standards. A copy of this determination must be provided to the Internal Revenue Service.

Date _____
 NPS conditions or comments attached
National Park Service Authorized Signature (Sign in ink) _____
RECORDS RETENTION - PERMANENT. Transfer all permanent records to NARA 15 years after closure. (NPS Records Schedule, Resource Management System, 1.A.2) (N1-79-08-1)).

Part S-3 Project Expenditures

- If you have F-HTC Part 3 and CPA-prepared cost certification, use 2.B:
 - Date of F-HTC Part 3 certification
 - Final QREs from cost certification
 - Final post-1/1/19 QREs from cost certification

ILLINOIS
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THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC TAX CREDIT PROGRAM
PART S-3: VERIFICATION OF PRIORITIES
FOR ROUND 2, 2020
SHPO must receive this form electronically by 5:00 PM CST, Monday, Nov. 16, 2020

1. **Project Information**
Building Name: _____ NPS Project #: _____
Street Address: _____ County: _____ Zip: _____
City: _____

2. **Project Expenditures** (fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0)
2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.
Date of F-HTC Part 2, Part 2 Amendment, or Part 3 Certification (circle one and attach copy): _____
Estimated QREs from above-referenced F-HTC form: _____
Estimated QREs incurred or to be incurred on and after 1/1/19: _____
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Final certified QREs from Cost Certification (attach copy): _____
Final certified QREs incurred on and after 1/1/19 from Cost Certification (attach copy): _____

3. **Priorities Asserted**
Check each priority asserted and attach documentation for each, as per program instructions. Priorities asserted without attached documentation will be disqualified.
 Priority 1: Border County Select county name
 Priority 2: Government Ownership
 Priority 3: Census Tract
 Priority 4: Development Partnership
 Priority 5: Disaster Declaration

4. **Applicant Information**
I hereby attest that all information contained in this application, including the attached documentation, is true to the best of my knowledge and belief.
Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Signature: _____ Date: _____

E-mail form with attachments to HPA.Incentives@illinois.gov as a single PDF file named in the following format "[NPS project#]_2020Round1_S-3_FINAL.pdf). The e-mail subject line should be the name of the file. If the file size exceeds 25MB, use the upload tool at pimupload.asp with HPA.Incentives@illinois.gov as the recipient.

Part S-3 Project Expenditures

- Whichever section you complete, do not leave blank fields or enter “\$0”

ILLINOIS
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Street Address: _____ County: _____ Zip: _____
City: _____

2. Project Expenditures [fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0]

2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.
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4. Applicant Information

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Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Signature: _____ Date: _____

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SHPO Ordering of Applications

S-3s must be digitally submitted to SHPO by Monday, Nov. 16, 2020, 5:00 P.M. SHPO will sort applications as follows:

1. Projects with 5 priorities in the order their S-2s were received
2. Projects with 4 priorities in the order their S-2s were received
3. Projects with 3 priorities in the order their S-2s were received
4. Projects with 2 priorities in the order their S-2s were received
5. Projects with 1 priority in the order their S-2s were received*

S-3 priority total takes precedence over S-2 arrival time

* In this round, there are no projects with 0 priorities because all projects will receive Priority 5 (Disaster Declaration).

SHPO Ordering of Applications

- SHPO starts with the complete application with the most priorities and whose S-2 was received first
- SHPO proceeds in descending order until the available allocation amount has been assigned

Example:

Project A: S-2 was the 1st received. S-3 asserts 3 priorities

Project B: S-2 was the 8th received. S-3 asserts 4 priorities

Project B would receive an allocation before Project A.

SHPO Assigning Allocations

- Allocation will be the lesser of:
 - 25% of 2.A estimated post-1/1/19 QREs, or
 - 25% of 2.B final post-1/1/19 QREs, or
 - \$3 million
- ...depending on the remaining allocation amount

ILLINOIS
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THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC TAX CREDIT PROGRAM
PART S-3: VERIFICATION OF PRIORITIES
FOR ROUND 2, 2020
SHPO must receive this form electronically by 5:00 PM CST, Monday, Nov. 16, 2020

1. **Project Information**
Building Name: _____ NPS Project #: _____
Street Address: _____ County: _____
City: _____ Zip: _____

2. **Project Expenditures** (fully complete either Section 2.A or Section 2.B; do not leave fields blank or enter \$0)
2.A—Complete this section if you have only an approved F-HTC Part 2 or certified F-HTC Part 3.
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Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Signature: _____ Date: _____

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SHPO Assigning Allocations

Allocation ≠ tax credit

- Allocation = 25% of estimated or actual (CPA-certified) post-1/1/19 QREs up to \$3 million
- Credit = CPA-certified post-1/1/19 QREs, up to allocation amount and after issuance fee is paid
- CPA Cost Certification must define pre-1/1/19 and post-1/1/19 QREs

Announcing Allocations

On Monday, December 14, 2020, SHPO will:

- E-mail each S-3 applicant whether his or her project received an allocation
- Post on program website:
 - Spreadsheet summary of all S-3 applications, sorted by priority then by arrival time, and their respective allocations
 - Allocation amount available for the next application round

Part S-3: Summary spreadsheet on SHPO website

Allocation results of IL-HTC 2019 Round 1 (sorted by number of priorities met, then by date & time of receipt by IDNR)

NPS Project Number	Project Name	Project Street Address	Project City	Attendance	S-1 (workshop)		S-2 (electronic submittal)		S-3 (priority assertion & project expenditures)										IDNR Analysis											
					S-2 Date Stamp	IDNR Server Receipt ID	Priority #1					Priority #2					Priority #3					Q1	Q2	Q3	Eligible QREs (column Q3 or lesser of Q2 and Q1)	25% of Eligible QREs	25% of Eligible QREs up to \$3,000,000	Allocation Total Available in this Round	Allocation Amount	Allocatable Amount in Excess of Available Allocation
							Total Priorities Met	Asserted	Met	Asserted	Met	Asserted	Met	Asserted	Met	Asserted	Met	Asserted	Met	Estimated P12 or P13 QREs	Estimated QREs on/after 1/1/19									
39973	Hotel Belleville	16 S. Illinois St.	Belleville	x	2019-07-10 10:00:01.0537576	12	4	x	Y	x	Y	x	Y	x	Y	-	-	\$12,000,000.00	\$12,000,000.00	\$12,000,000.00	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	\$9,750,000.00	\$3,000,000.00	\$0.00				
38097	Cook County Hospital Administration Building	1835 W. Harrison St.	Chicago	x	2019-07-10 10:00:00.6474965	2	3			x	Y	x	Y	x	Y	-	-	\$123,400,000.00	\$92,056,397.00	\$92,056,397.00	\$23,014,099.25	\$3,000,000.00	\$6,750,000.00	\$3,000,000.00	\$0.00					
39836	Paris High School	309 S. Main St.	Paris	x	2019-07-10 10:00:00.7725003	4	3	x	Y	x	Y	x	Y	x	Y	-	-	\$11,679,197.00	\$11,331,868.00	\$11,331,868.00	\$2,832,967.00	\$3,750,000.00	\$2,832,967.00	\$0.00						
39950	Edward Hines, Jr., VA Hospital Building #14	5000 S. 5th Ave.	Hines	x	2019-07-10 10:00:01.0537576	11	3			x	Y	x	Y	x	Y	-	-	\$5,500,000.00	\$5,500,000.00	\$5,500,000.00	\$1,375,000.00	\$1,375,000.00	\$1,375,000.00	\$917,033.00	\$917,033.00	\$457,967.00				
35916	Granite City YMCA	2001 Edison Ave.	Granite City	x	2019-07-10 10:00:01.2725134	25	3	x	Y	x	Y	x	Y	x	Y	-	-	\$7,013,726.00	\$7,013,726.00	\$7,013,726.00	\$1,753,431.50	\$1,753,431.50	\$1,753,431.50	\$0.00	\$0.00	\$1,753,431.50				
33268	Garfield Elementary School	1518 25th Ave.	Moline	x	2019-07-10 10:00:01.4600182	32	3	x	Y	x	Y	x	Y	x	N	-	-	\$7,800,000.00	\$2,662,520.00	\$2,662,520.00	\$665,630.00	\$665,630.00	\$665,630.00	\$0.00	\$0.00	\$665,630.00				
37622	West Pullman Elementary School	11941 S. Parnell Ave.	Chicago	x	2019-07-10 10:00:01.5850215	40	3			x	Y	x	Y	x	Y	-	-	\$14,166,460.00	\$12,584,041.00	\$12,584,041.00	\$3,146,010.25	\$3,000,000.00	\$0.00	\$0.00	\$0.00	\$3,000,000.00				
35092	Bloomington High School	510 E. Washington St.	Bloomington	x	2019-07-10 10:00:01.9912821	58	3			x	Y	x	Y	x	Y	-	-	\$15,800,000.00	\$13,998,996.00	\$13,998,996.00	\$3,499,749.00	\$3,000,000.00	\$0.00	\$0.00	\$0.00	\$3,000,000.00				
35757	Fifth Avenue Block	1630 5th Ave.	Moline	x	2019-07-10 10:00:01.0225063	9	2	x	Y			x	Y			-	-	\$12,000,000.00	\$8,850,000.00	\$8,850,000.00	\$2,212,500.00	\$2,212,500.00	\$2,212,500.00	\$0.00	\$0.00	\$2,212,500.00				
34265	Shoreline Apartments	2231 E. 67th St.	Chicago	x	2019-07-10 10:00:01.1006336	15	2			x	Y	x	Y			-	-	\$12,800,000.00	\$4,760,000.00	\$4,760,000.00	\$1,190,000.00	\$1,190,000.00	\$1,190,000.00	\$0.00	\$0.00	\$1,190,000.00				
36981	Hotel Surrey	5016 N. Winthrop Ave.	Chicago	x	2019-07-10 10:00:01.1162593	16	2			x	Y	x	Y			-	-	\$7,802,034.00	\$7,802,034.00	\$7,802,034.00	\$1,950,508.50	\$1,950,508.50	\$1,950,508.50	\$0.00	\$0.00	\$1,950,508.50				
33720	Pullman Artspace Lofts	11127-29 S. Langley Ave.	Chicago	x	2019-07-10 10:00:01.1318844	19	2			x	Y	x	Y	x	Y	-	-	\$7,599,072.00	\$5,152,143.00	\$5,152,143.00	\$1,288,035.75	\$1,288,035.75	\$1,288,035.75	\$0.00	\$0.00	\$1,288,035.75				
36982	Hotel Warren	5012 N. Winthrop Ave.	Chicago	x	2019-07-10 10:00:01.3818910	29	2			x	Y	x	Y	x	Y	-	-	\$9,158,910.00	\$9,158,910.00	\$9,158,910.00	\$2,289,727.50	\$2,289,727.50	\$2,289,727.50	\$0.00	\$0.00	\$2,289,727.50				
33991	Anthony Overton Elementary School	2211 E. 49th St.	Chicago	x	2019-07-10 10:00:02.05537838	60	2			x	Y	x	Y	x	N	-	-	\$9,830,000.00	\$9,830,000.00	\$9,830,000.00	\$2,457,500.00	\$2,457,500.00	\$2,457,500.00	\$0.00	\$0.00	\$2,457,500.00				
36611	Carson Pirie Scott and Co. Founders Dept. Store	814-820 LaSalle St.	Ottawa	x	2019-07-10 10:00:00.6474965	1	1					x	Y			-	-	\$1,750,000.00	\$3,250,000.00	\$3,250,000.00	\$437,500.00	\$437,500.00	\$437,500.00	\$0.00	\$0.00	\$437,500.00				
35050	Mark Twain Hotel	1111 W. Division St.	Chicago	x	2019-07-10 10:00:00.8506271	5	1					x	Y			-	-	\$23,991,354.00	\$23,032,464.00	\$23,032,464.00	\$5,756,116.00	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00					
35354	Kaskaskia Hotel	217 Marquette St.	LaSalle	x	2019-07-10 10:00:00.8506271	6	1					x	Y			-	-	\$26,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
38866	Larkin Home for Children	1212 Larkin Ave.	Elgin	x	2019-07-10 10:00:01.0225063	10	1					x	Y	x	N	-	-	\$3,100,000.00	\$775,000.00	\$775,000.00	\$193,750.00	\$193,750.00	\$193,750.00	\$0.00	\$0.00	\$193,750.00				
30753	Lathrop Homes (North Campus)	2000 W. Diversey Pkwy.	Chicago	x	2019-07-10 10:00:01.2256369	23	1			x	Y	x	N	x	N	-	-	\$150,000,000.00	\$40,000,000.00	\$40,000,000.00	\$10,000,000.00	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00					
34758	Victor F. Lawson House YMCA	30 W. Chicago Ave.	Chicago	x	2019-07-10 10:00:01.4287669	31	1					x	Y			-	-	\$67,004,950.00	\$67,004,950.00	\$67,004,950.00	\$16,751,237.50	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00					
34669	ICA GreenRise Learning Laboratory	4750 N. Sheridan	Chicago	x	2019-07-10 10:00:02.7100509	86	1					x	Y	x	N	-	-	\$15,846,842.00	\$15,504,226.00	\$15,504,226.00	\$3,876,056.50	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00					
30681	Booth Building	518 E. Monroe	Springfield	x	2019-07-10 10:00:00.9131287	7	0					x	N			-	-	\$5,320,200.00	\$3,621,866.00	\$3,621,866.00	\$905,466.50	\$905,466.50	\$905,466.50	\$0.00	\$0.00	\$905,466.50				
28279	Ferguson Building	524 E. Monroe	Springfield	x	2019-07-10 10:00:01.3662656	28	0					x	N			-	-	\$2,000,000.00	\$5,978,670.00	\$5,978,670.00	\$500,000.00	\$500,000.00	\$500,000.00	\$0.00	\$0.00	\$500,000.00				
35905	Main Building (Armour Institute of Technology)	3300 S. Federal St.	Chicago	x	2019-07-10 10:00:01.9600313	55	0					x	N			-	-	\$24,581,000.00	\$24,581,000.00	\$24,581,000.00	\$6,145,250.00	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00					
																		\$578,143,745.00	\$388,773,811.00	\$388,773,811.00	\$383,295,141.00	\$95,823,785.25	\$47,633,266.75	\$0.00	\$9,750,000.00	\$37,883,266.75				

Notes:

- Priority #1—The structure must be located in a county that borders a state with a historic income-producing-property rehabilitation credit (https://www2.illinois.gov/dnrhistoric/Preserve/Documents/IL-HTC_Priority%201.pdf).
- Priority #2—The structure must have been previously owned by a federal, state, or local-governmental entity for no less than six months (https://www2.illinois.gov/dnrhistoric/Preserve/Documents/IL-HTC_Priority%202.pdf).
- Priority #3—The structure must be located in a census tract that has a median family income at or below the Illinois median family income; data from the most recent 5-year estimate from the American Community Survey (ACS), published by the U.S. Census Bureau, shall be used to determine eligibility (https://www2.illinois.gov/dnrhistoric/Preserve/Documents/IL-HTC_Priority%203.pdf).
- Priority #4—The qualified rehabilitation plan must include in the development partnership a Community Development Entity, a low-profit organization, or a not-for-profit organization, as defined by Section 501(c)(3) of the Internal Revenue Code (https://www2.illinois.gov/dnrhistoric/Preserve/Documents/IL-HTC_Priority%204.pdf).
- Priority #5—The structure must be located in an area declared under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act as an Emergency Declaration (pursuant to Title V of the Act) or Major Disaster Declaration (pursuant to Title IV of the Act). The declaration must be no older than 3 years at the time of application (https://www2.illinois.gov/dnrhistoric/Preserve/Documents/IL-HTC_Priority%205.pdf).

IDNR based its priority concurrences on the documentation required in the instructions and provided with S-3 submittals.

Part S-3: Summary spreadsheet on SHPO website

S-2 (electronic submittal)		S-3 (priority assertion & project expenditures)											Q1		Q2	Q3
S-2 Date Stamp	IDNR Server Receipt ID	Total Priorities Met	Priority #1		Priority #2		Priority #3		Priority #4		Priority #5		Estimated Pt2 or Pt3 QREs	Estimated QREs on/after 1/1/19	QREs on/after 1/1/19 from Cost Certification	
			Asserted	Met												
2019-07-10 10:00:01.0537576	12	4	x	Y	x	Y	x	Y	x	Y	-	-	\$12,000,000.00	\$12,000,000.00		
2019-07-10 10:00:00.6474965	2	3			x	Y	x	Y	x	Y	-	-	\$123,400,000.00	\$92,056,397.00		
2019-07-10 10:00:00.7725003	4	3			x	Y	x	Y	x	Y	-	-	\$11,679,197.00	\$11,331,868.00		
2019-07-10 10:00:01.0537576	11	3			x	Y	x	Y	x	Y	-	-	\$5,500,000.00	\$5,500,000.00		
2019-07-10 10:00:01.2725134	25	3	x	Y	x	Y	x	Y			-	-	\$7,013,726.00	\$7,013,726.00		
2019-07-10 10:00:01.4600183	32	3	x	Y	x	Y	x	Y	x	N	-	-	\$7,800,000.00	\$2,662,520.00		
2019-07-10 10:00:01.5850215	40	3			x	Y	x	Y	x	Y	-	-	\$14,166,460.00	\$12,584,041.00		
2019-07-10 10:00:01.9912821	58	3			x	Y	x	Y	x	Y	-	-	\$15,800,000.00	\$13,998,996.00		
2019-07-10 10:00:01.0225063	9	2	x	Y			x	Y			-	-	\$12,000,000.00	\$8,850,000.00		
2019-07-10 10:00:01.1006336	15	2			x	Y	x	Y			-	-	\$12,800,000.00	\$4,760,000.00		
2019-07-10 10:00:01.1162593	16	2					x	Y	x	Y	-	-	\$7,802,034.00	\$7,802,034.00		
2019-07-10 10:00:01.1318844	19	2					x	Y	x	Y	-	-	\$7,599,072.00	\$5,152,143.00		
2019-07-10 10:00:01.3818910	29	2					x	Y	x	Y	-	-	\$9,158,910.00	\$9,158,910.00		
2019-07-10 10:00:02.0537838	60	2			x	Y	x	Y	x	N	-	-	\$9,830,000.00	\$9,830,000.00		
2019-07-10 10:00:00.6474965	1	1					x	Y			-	-	\$1,750,000.00	\$3,250,000.00		
2019-07-10 10:00:00.8506271	5	1							x	Y	-	-	\$23,991,354.00	\$23,032,464.00		
2019-07-10 10:00:00.8506271	6	1					x	Y			-	-	\$28,000,000.00	\$0.00		
2019-07-10 10:00:01.0225063	10	1					x	Y	x	N	-	-	\$3,100,000.00	\$3,100,000.00		
2019-07-10 10:00:01.2256369	23	1			x	Y	x	N	x	N	-	-	\$150,000,000.00	\$40,000,000.00		
2019-07-10 10:00:01.4287669	31	1							x	Y	-	-	\$67,004,950.00	\$67,004,950.00		
2019-07-10 10:00:02.7100509	86	1					x	Y	x	N	-	-	\$15,846,842.00	\$15,504,226.00		
2019-07-10 10:00:00.9131287	7	0					x	N			-	-	\$5,320,200.00	\$3,621,866.00		
2019-07-10 10:00:01.3662658	28	0					x	N			-	-	\$2,000,000.00	\$5,978,670.00		
2019-07-10 10:00:01.9600313	55	0							x	N	-	-	\$24,581,000.00	\$24,581,000.00		

\$578,143,745.00 \$388,773,811.00

Part S-3: Summary spreadsheet on SHPO website

Estimates)			IDNR Analysis					
Q1	Q2	Q3	Eligible QREs (column Q3 or lesser of Q2 and Q1)	25% of Eligible QREs	25% of Eligible QREs up to \$3,000,000	Allocation Total Available in this Round	Allocation Amount	Allocatable Amount in Excess of Available Allocation
Estimated Pt2 or Pt3 QREs	Estimated QREs on/after 1/1/19	QREs on/after 1/1/19 from Cost Certification						
\$12,000,000.00	\$12,000,000.00		\$12,000,000.00	\$3,000,000.00	\$3,000,000.00	\$9,750,000.00	\$3,000,000.00	\$0.00
\$123,400,000.00	\$92,056,397.00		\$92,056,397.00	\$23,014,099.25	\$3,000,000.00	\$6,750,000.00	\$3,000,000.00	\$0.00
\$11,679,197.00	\$11,331,868.00		\$11,331,868.00	\$2,832,967.00	\$2,832,967.00	\$3,750,000.00	\$2,832,967.00	\$0.00
\$5,500,000.00	\$5,500,000.00		\$5,500,000.00	\$1,375,000.00	\$1,375,000.00	\$917,033.00	\$917,033.00	\$457,967.00
\$7,013,726.00	\$7,013,726.00		\$7,013,726.00	\$1,753,431.50	\$1,753,431.50	\$0.00	\$0.00	\$1,753,431.50
\$7,800,000.00	\$2,662,520.00		\$2,662,520.00	\$665,630.00	\$665,630.00	\$0.00	\$0.00	\$665,630.00
\$14,166,460.00	\$12,584,041.00		\$12,584,041.00	\$3,146,010.25	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00
\$15,800,000.00	\$13,998,996.00		\$13,998,996.00	\$3,499,749.00	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00
\$12,000,000.00	\$8,850,000.00		\$8,850,000.00	\$2,212,500.00	\$2,212,500.00	\$0.00	\$0.00	\$2,212,500.00
\$12,800,000.00	\$4,760,000.00		\$4,760,000.00	\$1,190,000.00	\$1,190,000.00	\$0.00	\$0.00	\$1,190,000.00
\$7,802,034.00	\$7,802,034.00		\$7,802,034.00	\$1,950,508.50	\$1,950,508.50	\$0.00	\$0.00	\$1,950,508.50
\$7,599,072.00	\$5,152,143.00		\$5,152,143.00	\$1,288,035.75	\$1,288,035.75	\$0.00	\$0.00	\$1,288,035.75
\$9,158,910.00	\$9,158,910.00		\$9,158,910.00	\$2,289,727.50	\$2,289,727.50	\$0.00	\$0.00	\$2,289,727.50
\$9,830,000.00	\$9,830,000.00		\$9,830,000.00	\$2,457,500.00	\$2,457,500.00	\$0.00	\$0.00	\$2,457,500.00
\$1,750,000.00	\$3,250,000.00		\$1,750,000.00	\$437,500.00	\$437,500.00	\$0.00	\$0.00	\$437,500.00
\$23,991,354.00	\$23,032,464.00		\$23,032,464.00	\$5,758,116.00	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00
\$28,000,000.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$3,100,000.00	\$3,100,000.00		\$3,100,000.00	\$775,000.00	\$775,000.00	\$0.00	\$0.00	\$775,000.00
\$150,000,000.00	\$40,000,000.00		\$40,000,000.00	\$10,000,000.00	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00
\$67,004,950.00	\$67,004,950.00		\$67,004,950.00	\$16,751,237.50	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00
\$15,846,842.00	\$15,504,226.00		\$15,504,226.00	\$3,876,056.50	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00
\$5,320,200.00	\$3,621,866.00		\$3,621,866.00	\$905,466.50	\$905,466.50	\$0.00	\$0.00	\$905,466.50
\$2,000,000.00	\$5,978,670.00		\$2,000,000.00	\$500,000.00	\$500,000.00	\$0.00	\$0.00	\$500,000.00
\$24,581,000.00	\$24,581,000.00		\$24,581,000.00	\$6,145,250.00	\$3,000,000.00	\$0.00	\$0.00	\$3,000,000.00
\$578,143,745.00	\$388,773,811.00		\$383,295,141.00	\$95,823,785.25	\$47,633,266.75	\$0.00	\$9,750,000.00	\$37,883,266.75

Didn't receive an allocation?

- Same project can reapply in subsequent rounds
 - Must attend those rounds' S-1 workshops
- Statute does not prohibit completed projects from applying; QREs must be incurred after 1/1/19 *and* exceed starting adjusted basis
- Single project may not receive more than \$3 million in state credits

Didn't receive enough allocation?

- Projects receiving partial allocations may apply for the balance in subsequent rounds
 - Must attend those rounds' S-1 workshops
- Projects whose certified QREs > allocation may reapply for the balance in subsequent rounds
 - Must attend those rounds' S-1 workshops
- Projects that do not want their partial allocations can return them
- Single project may not receive more than \$3 million in state credits

Now that you have an allocation, what now?

- Remember: Allocation \neq tax credit
- Continue to implement and finish your project
- Obtain a certified F-HTC Part 3
- Obtain a cost certification by an independent CPA broken into pre- and post-1/1/19 costs
- Fill out IL-HTC Certification of Qualified Rehabilitation Expenditures

Rescinding allocations

- If there's lack of sufficient progress after allocation, the SHPO may require the allocatee to provide “sufficient evidence of reviewable progress”
- Allocations can be rescinded
- Rescinded allocations will be made available in future application rounds

IL-HTC Certification of Qualified Rehabilitation Expenditures



THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC PRESERVATION TAX-CREDIT PROGRAM
CERTIFICATION OF QUALIFIED REHABILITATION EXPENDITURES

FEDERAL PROJECT NUMBER _____

1. **Name of property** _____
Street _____
City _____

2. **Owner** _____ County _____ Zip _____

I hereby attest that all information contained in this application, including the documentation, is true to the best of my knowledge and belief. I am granting the State of Illinois access to material, documentation and other data required to verify application information.

Name _____ Signature _____
Organization _____ FEIN or SSN _____ Date _____
Street _____
State _____ Zip _____ Phone _____ City _____ Email _____

3. **Expenditures**

Total of qualified rehabilitation expenditures (QRE) \$ _____
Total of QRE incurred between 1/1/2019—12/31/2023 \$ _____
Total of non-qualified rehabilitation expenditures (non-QRE) \$ _____
Total expenditures incurred (QRE plus non-QRE) \$ _____
Qualified expenditure period: Start date _____ End date _____

4. **Adjusted basis on the first day the qualified rehab plan commenced** \$ _____

5. **Project completion/placed in service date** \$ _____

6. **Certification of costs** \$ _____

I hereby certify the above expenses for the total project, the qualified rehabilitation expenditures (QREs), and the non-qualified rehabilitation expenditures, and that the total of QREs incurred between January 1, 2019 and December 31, 2023 exceeds the adjusted basis value of the historic structure on the first day the qualified rehabilitation plan commenced. This is a third-party certification conducted by a CPA, and appropriate examination was carried out. My examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, include examining, on a test basis, evidence supporting the calculation of QREs and performing such other procedures as I considered necessary in the circumstances. I believe that my examination provides a reasonable basis for the opinions expressed herein. In my professional opinion, the project's total QREs were calculated using the accrual method of accounting and determined in accordance with Section 47 of the Internal Revenue Code of 1986, as amended. I attest that my CPA license/certificate number is active and that there have been no enforcement, non-compliance or disciplinary actions taken against me by any relevant state licensure boards. I attest that the above information is true to the best of my knowledge and belief.

Name of CPA _____ Signature _____
Firm _____ CPA License # _____ Date _____
Street _____ City _____
State _____ Zip _____ Phone _____ Email _____

IDNR office use only

Part 3 approved by NPS? Y/N Date _____
Allocation amount _____ Date _____
Issuance fee to be requested \$ _____ QREs and _____ credits eligible for issuance
Date fee requested _____
Date fee collected _____

IL-HTC Certification of Qualified Rehabilitation Expenditures

- Owner fills out and signs

 THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC PRESERVATION TAX-CREDIT PROGRAM
CERTIFICATION OF QUALIFIED REHABILITATION EXPENDITURES

FEDERAL PROJECT NUMBER _____

1. **Name of property** _____
Street _____
City _____

2. **Owner** _____ County _____ Zip _____
I hereby attest that all information contained in this application, including the documentation, is true to the best of my knowledge and belief. I am granting the State of Illinois access to material, documentation and other data required to verify application information.

Name _____ Signature _____
Organization _____ FEIN or SSN _____ Date _____
Street _____
State _____ Zip _____ Phone _____ City _____ Email _____

3. **Expenditures**

Total of qualified rehabilitation expenditures (QRE)	\$ _____
Total of QRE incurred between 1/1/2019—12/31/2023	\$ _____
Total of non-qualified rehabilitation expenditures (non-QRE)	\$ _____
Total expenditures incurred (QRE plus non-QRE)	\$ _____
Qualified expenditure period: Start date _____	End date _____

4. **Adjusted basis on the first day the qualified rehab plan commenced** \$ _____

5. **Project completion/placed in service date** \$ _____

6. **Certification of costs** \$ _____

I hereby certify the above expenses for the total project, the qualified rehabilitation expenditures (QREs), and the non-qualified rehabilitation expenditures, and that the total of QREs incurred between January 1, 2019 and December 31, 2023 exceeds the adjusted basis value of the historic structure on the first day the qualified rehabilitation plan commenced. This is a third-party certification conducted by a CPA, and appropriate examination was carried out. My examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, include examining, on a test basis, evidence supporting the calculation of QREs and performing such other procedures as I considered necessary in the circumstances. I believe that my examination provides a reasonable basis for the opinions expressed herein. In my professional opinion, the project's total QREs were calculated using the accrual method of accounting and determined in accordance with Section 47 of the Internal Revenue Code of 1986, as amended. I attest that my CPA license/certificate number is active and that there have been no enforcement, non-compliance or disciplinary actions taken against me by any relevant state licensure boards. I attest that the above information is true to the best of my knowledge and belief.

Name of CPA _____ Signature _____
Firm _____ CPA License # _____ Date _____
Street _____ City _____
State _____ Zip _____ Phone _____ Email _____

IDNR office use only

Part 3 approved by NPS? Y/N Date _____
Allocation amount _____ QREs and _____ credits eligible for issuance
Issuance fee to be requested \$ _____
Date fee requested _____
Date fee collected _____

IL-HTC Certification of Qualified Rehabilitation Expenditures

- Third-party CPA fills out and signs

ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC PRESERVATION TAX-CREDIT PROGRAM
CERTIFICATION OF QUALIFIED REHABILITATION EXPENDITURES

FEDERAL PROJECT NUMBER _____

1. **Name of property** _____
 Street _____
 City _____

2. **Owner** _____ County _____ Zip _____

I hereby attest that all information contained in this application, including the documentation, is true to the best of my knowledge and belief. I am granting the State of Illinois access to material, documentation and other data required to verify application information.

Name _____ Signature _____
 Organization _____ FEIN or SSN _____ Date _____
 Street _____ City _____
 State _____ Zip _____ Phone _____ Email _____

3. **Expenditures**

Total of qualified rehabilitation expenditures (QRE)	\$ _____
Total of QRE incurred between 1/1/2019—12/31/2023	\$ _____
Total of non-qualified rehabilitation expenditures (non-QRE)	\$ _____
Total expenditures incurred (QRE plus non-QRE)	\$ _____
Qualified expenditure period: Start date _____ End date _____	\$ _____

4. **Adjusted basis on the first day the qualified rehab plan commenced**

5. **Project completion/placed in service date**

6. **Certification of costs**

I hereby certify the above expenses for the total project, the qualified rehabilitation expenditures (QREs), and the non-qualified rehabilitation expenditures, and that the total of QREs incurred between January 1, 2019 and December 31, 2023 exceeds the adjusted basis value of the historic structure on the first day the qualified rehabilitation plan commenced. This is a third-party certification conducted by a CPA, and appropriate examination was carried out. My examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, include examining, on a test basis, evidence supporting the calculation of QREs and performing such other procedures as I considered necessary in the circumstances. I believe that my examination provides a reasonable basis for the opinions expressed herein. In my professional opinion, the project's total QREs were calculated using the accrual method of accounting and determined in accordance with Section 47 of the Internal Revenue Code of 1986, as amended. I attest that my CPA license/certificate number is active and that there have been no enforcement, non-compliance or disciplinary actions taken against me by any relevant state licensure boards. I attest that the above information is true to the best of my knowledge and belief.

Name of CPA _____ Signature _____
 Firm _____ CPA License # _____ Date _____
 Street _____ City _____
 State _____ Zip _____ Phone _____ Email _____

IDNR office use only

Part 3 approved by NPS? Y/N Date _____
 Allocation amount _____ QREs and _____ credits eligible for issuance
 Issuance fee to be requested \$ _____
 Date fee requested _____
 Date fee collected _____

IL-HTC Certification of Qualified Rehabilitation Expenditures

- Total QREs
- Total QREs after 1/1/19
- Total non-QREs
- QRE + non-QRE
- Expenditure period
- Adjusted basis at project start

Rev. _____



THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC PRESERVATION TAX-CREDIT PROGRAM

CERTIFICATION OF QUALIFIED REHABILITATION EXPENDITURES

FEDERAL PROJECT NUMBER _____

1. **Name of property** _____
 Street _____
 City _____
 _____ County _____ Zip _____

2. **Owner** _____
 I hereby attest that all information contained in this application, including the documentation, is true to the best of my knowledge and belief. I am granting the State of Illinois access to material, documentation and other data required to verify application information.

Name _____ Signature _____
 Organization _____ FEIN or SSN _____ Date _____
 Street _____ City _____
 State _____ Zip _____ Phone _____ Email _____

3. **Expenditures**

Total of qualified rehabilitation expenditures (QRE)	\$ _____
Total of QRE incurred between 1/1/2019—12/31/2023	\$ _____
Total of non-qualified rehabilitation expenditures (non-QRE)	\$ _____
Total expenditures incurred (QRE plus non-QRE)	\$ _____
Qualified expenditure period: Start date _____	\$ _____
_____ End date _____	\$ _____
4. Adjusted basis on the first day the qualified rehab plan commenced	\$ _____
5. Project completion/placed in service date	\$ _____

6. **Certification of costs**

I hereby certify the above expenses for the total project, the qualified rehabilitation expenditures (QREs), and the non-qualified rehabilitation expenditures, and that the total of QREs incurred between January 1, 2019 and December 31, 2023 exceeds the adjusted basis value of the historic structure on the first day the qualified rehabilitation plan commenced. This is a third-party certification conducted by a CPA, and appropriate examination was carried out. My examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, include examining, on a test basis, evidence supporting the calculation of QREs and performing such other procedures as I considered necessary in the circumstances. I believe that my examination provides a reasonable basis for the opinions expressed herein. In my professional opinion, the project's total QREs were calculated using the accrual method of accounting and determined in accordance with Section 47 of the Internal Revenue Code of 1986, as amended. I attest that my CPA license/certificate number is active and that there have been no enforcement, non-compliance or disciplinary actions taken against me by any relevant state licensure boards. I attest that the above information is true to the best of my knowledge and belief.

Name of CPA _____ Signature _____
 Firm _____ CPA License # _____ Date _____
 Street _____ City _____
 State _____ Zip _____ Phone _____ Email _____

IDNR office use only

Part 3 approved by NPS? Y/N _____ Date _____
 Allocation amount _____ QREs and _____ credits eligible for issuance
 Issuance fee to be requested \$ _____
 Date fee requested _____
 Date fee collected _____

IL-HTC Certification of Qualified Rehabilitation Expenditures

- Print it
- Sign it
- Scan it
- Email it to your project reviewer

ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC PRESERVATION TAX-CREDIT PROGRAM
CERTIFICATION OF QUALIFIED REHABILITATION EXPENDITURES

FEDERAL PROJECT NUMBER _____

1. **Name of property** _____
 Street _____
 City _____ County _____ Zip _____

2. **Owner** _____
 I hereby attest that all information contained in this application, including the documentation, is true to the best of my knowledge and belief. I am granting the State of Illinois access to material, documentation and other data required to verify application information.
 Name _____ Signature _____ Date _____
 Organization _____ FEIN or SSN _____
 Street _____ City _____
 State _____ Zip _____ Phone _____ Email _____

3. **Expenditures**

Total of qualified rehabilitation expenditures (QRE)	\$ _____
Total of QRE incurred between 1/1/2019—12/31/2023	\$ _____
Total of non-qualified rehabilitation expenditures (non-QRE)	\$ _____
Total expenditures incurred (QRE plus non-QRE)	\$ _____
Qualified expenditure period: Start date _____ End date _____	\$ _____

4. **Adjusted basis on the first day the qualified rehab plan commenced**

5. **Project completion/placed in service date**

6. **Certification of costs**
 I hereby certify the above expenses for the total project, the qualified rehabilitation expenditures (QREs), and the non-qualified rehabilitation expenditures, and that the total of QREs incurred between January 1, 2019 and December 31, 2023 exceeds the adjusted basis value of the historic structure on the first day the qualified rehabilitation plan commenced. This is a third-party certification conducted by a CPA, and appropriate examination was carried out. My examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, include examining, on a test basis, evidence supporting the calculation of QREs and performing such other procedures as I considered necessary in the circumstances. I believe that my examination provides a reasonable basis for the opinions expressed herein. In my professional opinion, the project's total QREs were calculated using the accrual method of accounting and determined in accordance with Section 47 of the Internal Revenue Code of 1986, as amended. I attest that my CPA license/certificate number is active and that there have been no enforcement, non-compliance or disciplinary actions taken against me by any relevant state licensure boards. I attest that the above information is true to the best of my knowledge and belief.

Name of CPA _____ Signature _____ Date _____
 Firm _____ CPA License # _____
 Street _____ City _____
 State _____ Zip _____ Phone _____ Email _____

IDNR office use only

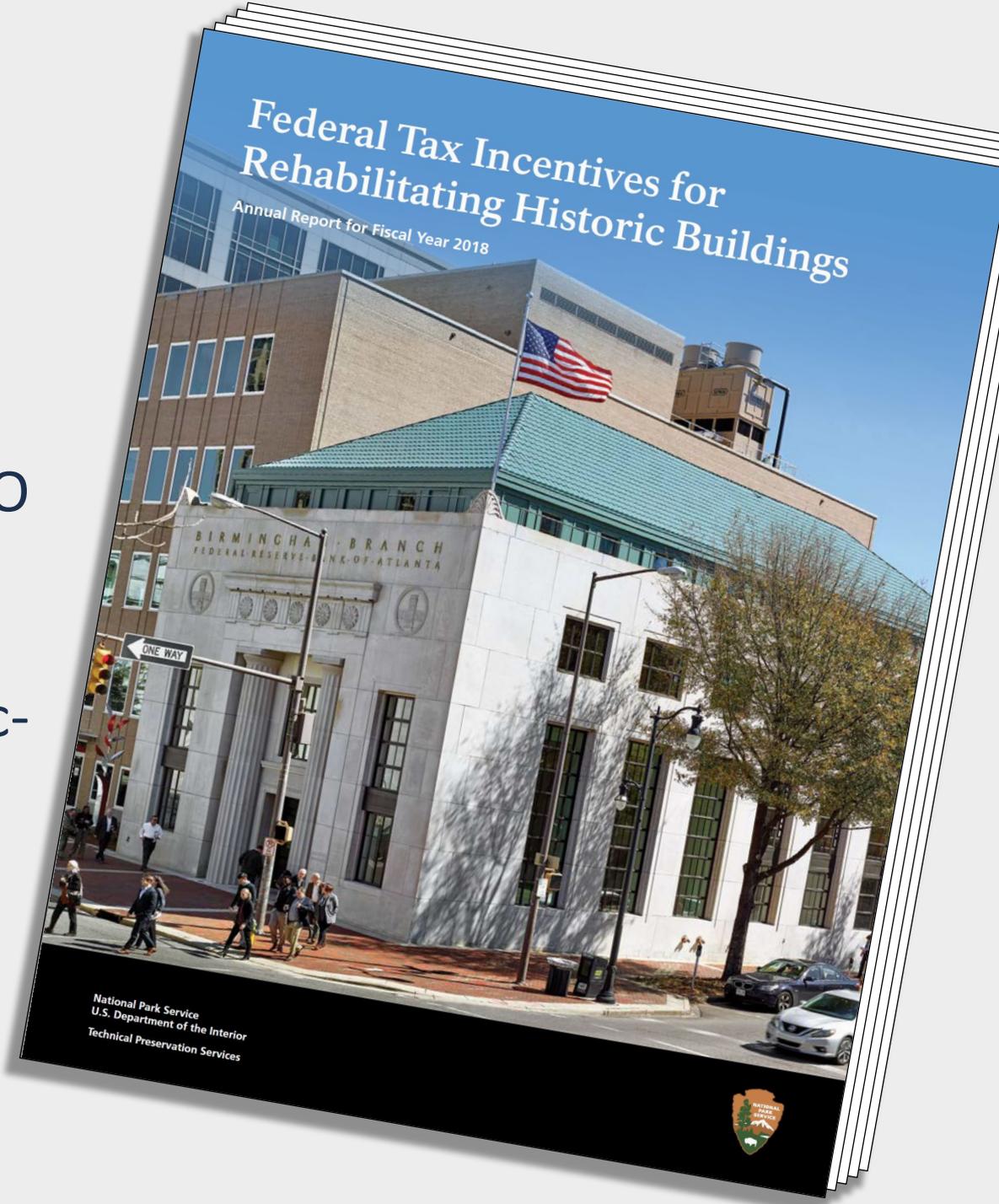
Part 3 approved by NPS? Y/N Date _____
 Allocation amount _____ QREs and _____ credits eligible for issuance
 Issuance fee to be requested \$ _____
 Date fee requested _____
 Date fee collected _____

IL-HTC Acceptance Letter

- If SHPO accepts completed Certification of QREs, it will e-mail the applicant an acceptance letter stating amount of issuable IL credit and requesting payment of issuance fee (= 2% of value of IL credit)
- Mail check payable to IDNR with the NPS project number in the memo line to:
 - Illinois Department of Natural Resources
 - Office of Realty & Capital Planning
 - Attention: Robert Appleman
 - One Natural Resources Way
 - Springfield, Illinois 62702-1271

What's with the issuance fee?

- 35 ILCS 31/20.c requires that SHPO use the fee to commission biennial economic-impact reports



IL-HTC Acceptance Letter

- Remember: Allocation \neq tax credit
- A project could receive less credit than allocated:
 - If 25% of certified QREs $<$ Allocation, then
Credit issued = 25% of certified QREs
- A project could receive get less credit than eligible:
 - If Allocation $<$ 25% of certified QREs, then
Credit issued = Allocation
Project can apply for balance in subsequent rounds

IL-HTC Acceptance Letter

What if the project received an allocation but...

- ...post-1/1/19 QREs do not exceed adjusted basis?
- ...doesn't have certified Part 3 and cost certification?
- ...doesn't pay the issuance fee?

- Answer: **No credit**

IL-HTC Certificate

- SHPO deposits check then submits Certificate for signature
- SHPO e-mails scan of Certificate to applicant
- Applicant begins claiming on next or amended IL tax return
- Per statute, applicant must attach a copy to IL tax return



Illinois Historic Preservation Tax Credit Program
STATE INCOME-TAX CREDIT CERTIFICATE

NPS Project Number: 12,345

Qualified Historic Structure Name & Address: Thomas Manufacturing
145 North Main Street
Peoria, IL 61603

Qualified Expenditure Period: 3/1/2019 to 10/5/2020

Qualified Taxpayer Name: Thomas Building, LLC

Qualified Taxpayer Contact Name: Bill Hillshire

Qualified Taxpayer Mailing Address: 343 North Main
Peoria, IL 61603

Qualified Taxpayer E-mail: bill@thomasllc.com

Qualified Taxpayer Phone Number: 815-123-1234

Qualified Taxpayer FEIN or SSN: 00-00-0000

Qualified Rehabilitation Expenditures: \$9,435,098

Eligible Illinois State Income-Tax Credit: **\$2,358,774.50**

The State Historic Preservation Office in the Illinois Department of Natural Resources has reviewed the application, which includes the Certification of Qualified Rehabilitation Expenditures by an independent CPA, and has determined that the Qualified Taxpayer is entitled to the Illinois State Income-Tax Credit set forth above, pursuant to the Illinois Historic Preservation Tax Credit Program (35 ILCS 5/227 and 35 ILCS 31/1 et. seq.). The Qualified Taxpayer must attach a copy of this tax credit certificate to the Illinois tax return on which the credits are to be claimed, as per 35 ILCS 31/10c.

State Historic Preservation Office Representative
Office of Realty and Capital Planning
Illinois Department of Natural Resources
Date _____

Robert Appleman, DSHPO, Director
Office of Realty and Capital Planning
Illinois Department of Natural Resources
Date _____

Colleen Callahan, Director & State Historic Preservation Officer
Illinois Department of Natural Resources
Date _____

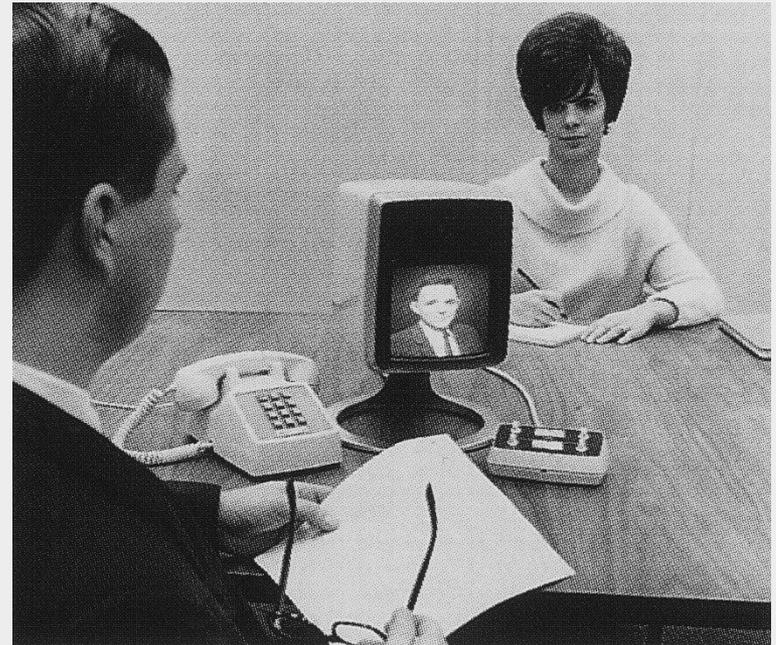
QUESTIONS?

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Anna Margaret Barris
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anthony.rubano@illinois.gov



www2.illinois.gov/dnrhistoric/Preserve/Pages/statecredit.aspx