

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application	2. DATE SUBMITTED 4/10/2014	Applicant Identifier
	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Rockford	Organizational Unit: Department: Community and Economic Development
Organizational DUNS: 136666174	Division:
Address: Street: 425 E. State Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Vicki
City: Rockford	Middle Name L.
County: Winnebago	Last Name Manson
State: Illinois	Zip Code 61104
Country: USA	Email: vicki.manson@rockfordil.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

Phone Number (give area code): (815) 987-5600
 Fax Number (give area code): (815) 967-6933

8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
 C - Municipal
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 U. S. Department of Housing & Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
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11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 The proposed activities to be undertaken for the homeless are street outreach, emergency shelter, prevention, rapid re-housing, homeless management information and administrative costs associated with delivery of these services.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 City of Rockford, Illinois

13. PROPOSED PROJECT
 Start Date: 1/1/2014 Ending Date: 12/31/2014

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 16th b. Project 16th

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 166,875 ⁰⁰	a. Yes. <input type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	\$ ⁰⁰	b. No. <input checked="" type="checkbox"/>	PROGRAM IS NOT COVERED BY E. O. 12372
c. State	\$ ⁰⁰	<input type="checkbox"/>	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	\$ 166,875 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 333,750 ⁰⁰		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name Lawrence	Middle Name J.
Last Name Morrissey		Suffix
b. Title Mayor		c. Telephone Number (give area code) (815) 987-5500
d. Signature of Authorized Representative		e. Date Signed 4/1/2014

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County: Winnebago	Last Name Manson
State: Illinois	Zip Code 61104
Country: USA	Email: vicki.manson@rockfordil.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 36-6006082

Phone Number (give area code) (815) 987-5600	Fax Number (give area code) (815) 967-6933
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8. TYPE OF APPLICATION:
 New Continuation Revision
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 (See back of form for description of letters.)
 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
 C - Municipal
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 U. S. Department of Housing & Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 14-239

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 The proposed activities to be undertaken are rehabilitation, down payment assistance, payment of operating expenses of community housing development organizations and project costs for community development housing development organizations.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 City of Rockford, Illinois

13. PROPOSED PROJECT

Start Date: 1/1/2014	Ending Date: 12/31/2014
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14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 16th b. Project 16th

15. ESTIMATED FUNDING:

a. Federal	\$	867,327 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	798,338 ⁰⁰
f. Program Income	\$	16,500 ⁰⁰
g. TOTAL	\$	1,682,165 ⁰⁰

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 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE:
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name Lawrence	Middle Name J.
Last Name Morrissey	Suffix	
b. Title Mayor	c. Telephone Number (give area code) (815) 987-5500	
d. Signature of Authorized Representative	e. Date Signed 4/1/2014	

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Standard Form 424 (Rev.9-2003)
 Prescribed by OMB Circular A-102

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 Other (specify)

9. NAME OF FEDERAL AGENCY:
U. S. Department of Housing & Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
14-218

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
The proposed activities to be undertaken are rehabilitation, real property acquisition, demolition, public facilities and improvements, economic development projects and public services.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City of Rockford, Illinois

13. PROPOSED PROJECT

Start Date: 1/1/2014	Ending Date: 12/31/2014
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 16th	b. Project 16th
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15. ESTIMATED FUNDING:

a. Federal	\$	2,091,773 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	45,000 ⁰⁰
f. Program Income	\$	57,216 ⁰⁰
g. TOTAL	\$	2,193,989 ⁰⁰

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a. Authorized Representative

Prefix	First Name Lawrence	Middle Name J.
Last Name Morrisey	Suffix	
b. Title Mayor	c. Telephone Number (give area code) (815) 987-5500	
d. Signature of Authorized Representative	e. Date Signed 4/1/2014	