

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

***a. Legal Name:** City of Rockford

*b. Employer/Taxpayer Identification Number (EIN/TIN): 36-606082	*c. Organizational DUNS: 136666174
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d. Address:

*Street 1: 425 E. State St.
Street 2: _____
*City: Rockford
County: Winnebago
*State: Illinois
Province: _____
*Country: United States of America
*Zip / Postal Code: 61104

e. Organizational Unit:

Department Name: Community Development	Division Name:
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Reid
Middle Name: _____
*Last Name: Montgomery
Suffix: _____

Title: Director

Organizational Affiliation:

*Telephone Number: (815) 987-5600 Fax Number: (815) 967-6933

*Email: reid.montgomery@ci.rockford.il.us

OMB Number: 4040-0004

Expiration Date: 01/31/2009

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***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-231 _____

CFDA Title:

Emergency Shelter Grants Program _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Rockford

***15. Descriptive Title of Applicant's Project:**

The proposed activities to be undertaken for homeless or at risk of becoming homeless are essential services, operating expenses and homeless prevention activities.

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16. Congressional Districts Of:

*a. Applicant: 16th

*b. Program/Project: 16th

17. Proposed Project:

*a. Start Date: 1/1/07

*b. End Date: 12/31/07

18. Estimated Funding (\$):

*a. Federal	\$92,800
*b. Applicant	
*c. State	
*d. Local	
*e. Other	\$92,800
*f. Program Income	
*g. TOTAL	\$185,600

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. _____ *First Name: Lawrence _____
Middle Name: J. _____
*Last Name: Morrissey _____
Suffix: _____

*Title: Mayor

*Telephone Number: (815) 987-5500

Fax Number:

* Email: larry.morrissey@ci.rockford.il.us

*Signature of Authorized Representative:

*Date Signed: 11/14/06

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Standard Form 424 (Revised 10/2005)

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