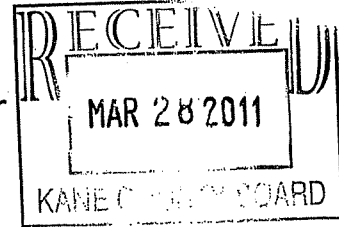
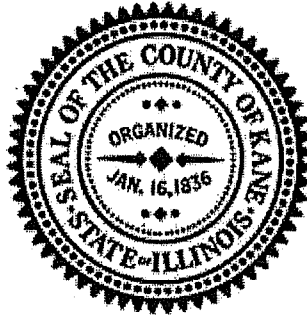


County of Kane
Office of County Board
Kane County Government Center



Karen McConnaughay
Chairman
630-232-5930



719 Batavia Avenue
Geneva, Illinois 60134
Fax 630-232-9188

DOCUMENT VET SHEET

For
Karen McConnaughay
Chairman, Kane County Board

Name of Document: Application for Federal Assistance (2 Copies)

Submitted By: Josh Beck, Office of Community Reinvestment, 444-2960

Date Submitted: March 25, 2011

Examined by: _____

KC Shepp
(Print name)

[Signature]
(Signature)

4-11-2011
(Date)

Post on Web: Yes No Atty. Initials _____

Comments:

Enclosed, please find two copies of the Application for Federal Assistance for Chairman McConnaughay's review and signature. These forms are submitted to the Department of Housing and Urban Development in order to obtain CDBG and HOME funding.

Chairman signed: Yes No 5-5-11
(Date)

Document returned to: Josh Beck

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Kane County, Illinois		Organizational Unit: Department: Office of Community Reinvestment	
Organizational DUNS: 010221786		Division:	
Address: Street: 719 Batavia Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Geneva		Prefix: Mr.	First Name: Scott
County: Kane		Middle Name W.	
State: Illinois		Last Name Berger	
Zip Code 60134	Suffix:		
Country: USA		Email: bergerscott@co.kane.il.us	

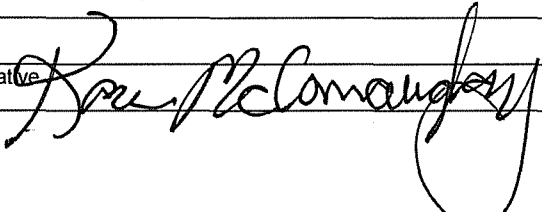
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 36-6006585		Phone Number (give area code) 630-208-5351	Fax Number (give area code) 630-232-3411
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate 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) B Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HOME Investment Partnerships Program		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kane County CDBG Program Area and the City of Elgin.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program Year 2011 HOME activities include owner-occupied housing rehabilitation and program administration.	

13. PROPOSED PROJECT Start Date: 06/01/2011		Ending Date: 05/31/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14th	b. Project 14th
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15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 725,000 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 0 ⁰⁰	DATE:	
c. State	\$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 0 ⁰⁰	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other (Required Match)	\$ 181,250 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 906,250 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 Ms.	First Name Karen	Middle Name
Last Name McConaughay		Suffix
b. Title Chairman, Kane County Board		c. Telephone Number (give area code) 630-208-5351
d. Signature of Authorized Representative 		e. Date Signed 5-5-11