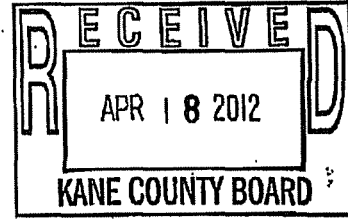


County of Kane  
Office of County Board  
Kane County Government Center



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, (630) 444-2960

Date Submitted: April 18, 2012

Examined by: Joseph Lylus  
(Print name)

Just Lylus  
(Signature)

4-25-12  
(Date)

Post on Web: Yes  No  Atty. Initials JK

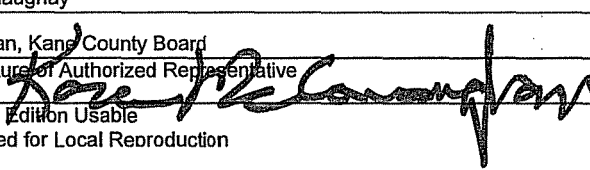
Comments:  
Enclosed, please find two copies of the Application for Federal Assistance for Chairman McConnaughay's review and signature. These forms are submitted to the Department of Housing and Urban Development in order to obtain CDBG and HOME funding.

Chairman signed:  Yes  No 4-27-12  
(Date)

Document returned to: \_\_\_\_\_

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	Applicant Identifier
			<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Kane County, Illinois		Organizational Unit: Department: Office of Community Reinvestment		
Organizational DUNS: 010221786		Division:		
Address: Street: 719 South Batavia Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.		
City: Geneva		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		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 36-6006585		Phone Number (give area code) 630-208-5351		Fax Number (give area code) 630-232-3411
<b>8. TYPE OF APPLICATION:</b> <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)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Development Block Grant Program 14-218		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Unincorporated Kane County and twenty-three municipalities in Kane County.		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Activities involving affordable housing, infrastructure, public facilities, homelessness, planning and capacity building, and administration.		
<b>13. PROPOSED PROJECT</b> Start Date: 06/01/2012 Ending Date: 05/31/2013		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 14th b. Project 14th		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 1,058,469 <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 84,620 <sup>00</sup>	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 1,015,880 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ 2,619,257 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 50,000 <sup>00</sup>			
g. TOTAL	\$ 4,828,226 <sup>00</sup>			
<b>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.</b>				
<b>a. Authorized Representative</b>				
Prefix	First Name Karen	Middle Name		
Last Name McConnaughay		Suffix		
b. Title Chairman, Kane County Board		c. Telephone Number (give area code) 630-208-5351		
d. Signature of Authorized Representative 		e. Date Signed 4-27-12		

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name: Kane County, Illinois	<b>Organizational Unit:</b> Department: Office of Community Reinvestment
Organizational DUNS: 010221786	Division:
<b>Address:</b> Street: 719 Batavia Avenue	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Scott
City: Geneva	Middle Name W.
County: Kane	Last Name Berger
State: Illinois	Zip Code 60134
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
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<b>8. TYPE OF APPLICATION:</b> <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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)
	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development

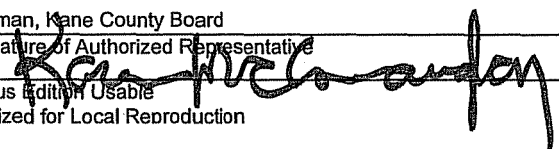
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE (Name of Program): HOME Investment Partnerships Program <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Kane County CDBG Program Area and the City of Elgin.	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Program Year 2012 HOME activities include owner-occupied housing rehabilitation, the redevelopment and resale of vacant/foreclosed housing; and program administration.
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<b>13. PROPOSED PROJECT</b> Start Date: 06/01/2012 Ending Date: 05/31/2013	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 14th b. Project 14th
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<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>550,835.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>0.00</td></tr> <tr><td>c. State</td><td>\$</td><td>0.00</td></tr> <tr><td>d. Local</td><td>\$</td><td>0.00</td></tr> <tr><td>e. Other (Required Match)</td><td>\$</td><td>137,709.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>0.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>688,544.00</td></tr> </table>	a. Federal	\$	550,835.00	b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other (Required Match)	\$	137,709.00	f. Program Income	\$	0.00	g. TOTAL	\$	688,544.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE:  b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> 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 Ms.	First Name Karen	Middle Name
Last Name McConnaughay		Suffix
b. Title Chairman, Kane County Board		c. Telephone Number (give area code) 630-208-5351
d. Signature of Authorized Representative 		e. Date Signed 4-27-12