

**CITY OF ROCHESTER
CONSOLIDATED COMMUNITY DEVELOPMENT PLAN
SUBSTANTIAL AMENDMENT TO THE 2008-09 ANNUAL ACTION PLAN
COMMUNITY DEVELOPMENT BLOCK GRANT**

CDBG-R SUBSTANTIAL AMENDMENT

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Rochester

*b. Employer/Taxpayer Identification Number (EIN/TIN):
16-6002551

*c. Organizational DUNS:
002465805

d. Address:

*Street 1: 30 Church Street

Street 2: _____

*City: Rochester

County: Monroe

*State: New York

Province: _____

*Country: United States

*Zip / Postal Code 14614

e. Organizational Unit:

Department Name:
Community Development

Division Name:
Bureau of Housing and Project Development

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

Prefix: Mr. *First Name: Bret

Middle Name: _____

*Last Name: Garwood

Suffix: _____

Title: Director of Development Services

Organizational Affiliation:
City of Rochester

*Telephone Number: (585) 428-6150

Fax Number: (585) 428-6229

*Email: garwoodb@cityofrochester.gov

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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:**

Office of the Assistant Secretary for Community Planning and Development, United States Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.253

CFDA Title:

Community Development Block Grant -Recovery (CDBG-R)

***12 Funding Opportunity Number:**

N/A

*Title:

Community Development Block Grant Program Funding under the American Recovery and Reinvestment Act of 2009

13. Competition Identification Number:

Title:

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

City of Rochester, New York

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

CDBG-R

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16. Congressional Districts Of:

*a. Applicant: 28

*b. Program/Project: 28

17. Proposed Project:

*a. Start Date: June 2009

*b. End Date: April 2010

18. Estimated Funding (\$):

*a. Federal	_____	\$2,585,159
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$2,585,159

***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: Robert

Middle Name: John

*Last Name: Duffy

Suffix: _____

*Title: Mayor

*Telephone Number: (585) 428-7045

Fax Number: (585) 428-6059

* Email: duffyr@cityofrochester.gov

*Signature of Authorized Representative: *Robert J. Duffy (pkm)*

*Date Signed: *6/1/09*