

**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*