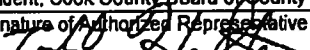


APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 25, 2008	Applicant Identifier B-08-un-17-0001	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE N/A	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY N/A	Federal Identifier	
<input type="checkbox"/> Pre-application				
<input type="checkbox"/> Construction				
<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: Cook County Board of Commissioners		Organizational Unit: Department: Department of Planning & Development		
Organizational DUNS: 007884302		Division: Bureau of Capital, Planning and Facilities Management		
Address: Street: 69 West Washington Street, Suite 2900		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Maurice		
City: Chicago		Middle Name: S.		
County: Cook		Last Name: Jones		
State: Illinois		Suffix:		
Zip Code: 60602		Email: mrjones@cookcountygov.com		
Country: United States of America		Phone Number (give area code) 312-603-1000		Fax Number (give area code) 312-603-9970
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 36-6006541		7. TYPE OF APPLICANT: (See back of form for Application Types) B-County Other (specify)		
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)		9. NAME OF FEDERAL AGENCY: Dept. of Housing & Urban Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Development Block Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Suburban Cook County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cook County Community Development Block Grant: Administration of the Neighborhood Stabilization Program.		
13. PROPOSED PROJECT Start Date: January 15, 2009 Ending Date: August, 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1 through 11 & 13 b. Project 1 through 11 & 13		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 28,156,321.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 28,156,321.00			
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: Mr.	First Name: Todd	Middle Name: H.		
Last Name: Stroger		Suffix:		
b. Title: President, Cook County Board of County Commissioners		c. Telephone Number (give area code): (312) 603-8400		
d. Signature of Authorized Representative: 		e. Date Signed: November 24, 2008		