

**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: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify) _____
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*a. Legal Name: City of Rochester

*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>16-6002551</u>	*c. Organizational DUNS: <u>002465805</u>
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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: <u>Community Development</u>	Division Name: <u>Bureau of Housing and Project Development</u>
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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