

CDAP APPLICANT PROJECT INFORMATION

TYPE OF CDAP REQUESTED: DESIGN ENGINEERING PLANNING ASSISTANCE ECONOMIC DEVELOPMENT
 PUBLIC FACILITIES EMERGENCY PUBLIC FACILITIES
 HOUSING REHABILITATION HOUSING REHABILITATION

I. GENERAL INFORMATION

RESUBMISSION: Yes No

(Information in this section applies only to the governmental entity. DO NOT include the name/address of the administrator.)

APPLICANT TYPE: City County Village Town Township

APPLICANT NAME (Entity): _____ POPULATION (from most recent U.S. Census) _____

CHIEF ELECTED OFFICIAL: _____

TITLE: _____

BUSINESS ADDRESS:

Street Address _____ P.O. Box _____
(required) (Only if no street address)

City _____ State _____ Zip Code _____ E-Mail _____
(include + 4) (required)

EXPIRATION DATE OF CURRENT TERM: _____

DAYTIME PHONE: (_____) _____ HOME PHONE: (_____) _____
(Telephone Numbers must be given in order to reach the official for award announcement purposes.)

APPLICANT FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____
(required)

II. GEOGRAPHICAL PROJECT INFORMATION

This information is required for the project benefit area, not necessarily the applicant.

COUNTY: _____ TOWNSHIP (OR PRECINCT NAME/NUMBER): _____

CENSUS TRACT(S): _____ ZIP CODE FOR PROJECT BENEFIT AREA: _____

STATE SENATE DISTRICT(S): _____ STATE HOUSE DISTRICT(S): _____

U.S. CONGRESSIONAL DISTRICT(S): _____

III. PROJECT INFORMATION

AMOUNT OF CDAP FUNDING REQUESTED \$ _____ (Whole Dollars ONLY)

TOTAL AMOUNT OF LEVERAGE \$ _____

TOTAL COST OF PROJECT \$ _____

LEVERAGE SOURCE: LOCAL USDA Rural Development
 IEPA IHDA
 BANK PRIVATE
 IRBB OTHER _____

PROJECT DESCRIPTION: _____

NAME OF ENTITY THIS APPLICATION IS IN SUPPORT OF: _____

IV. PROJECT BENEFIT INFORMATION

A. Provide the following information for Public Facilities, Design Engineering, Emergency Public Facilities, and Planning projects:

TOTAL NUMBER OF PERSONS SERVED	TOTAL NUMBER OF LMI PERSONS SERVED	<u>PERCENT BENEFIT</u> TO LMI PERSONS
-----------------------------------	---------------------------------------	--

B. Provide the following information for Economic Development projects only:

NUMBER OF JOBS CREATED	NUMBER OF LMI JOBS CREATED	<u>PERCENT LMI PERSONS</u> BENEFITING FROM JOBS
---------------------------	-------------------------------	--

C. Provide the following information for Housing projects only:

NUMBER OF UNITS TO BE REHABILITATED	TOTAL NUMBER OF PERSONS SERVED	TOTAL NUMBER OF LMI PERSONS SERVED
--	-----------------------------------	---------------------------------------

INCOME LEVEL

LOW (80%) _____

VERY LOW (50%) _____

POVERTY (30%) _____

D. Provide the following information for all CDAP projects, except Housing Rehabilitation:

Number of persons by specific ethnic group benefiting from the project. If the project is an Economic Development project, provide this information for **only the number of jobs retained** by the company.

Ethnic Category	Total Persons	# Also Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

of female headed households? _____

V. DESIGNATED PROJECT MANAGEMENT/ADMINISTRATIVE AGENCY (or CITY ADMINISTRATOR)

(If not using an administrative agency, please complete for Local Government Contact.)

AGENCY TYPE: Private Firm Regional Planning Commission Government Agency Applicant

AGENCY CONTACT PERSON: _____

TITLE: _____

AGENCY ADDRESS AND PHONE NUMBER:

Legal Name of Agency _____

Street Address _____ P.O. Box _____
(required) (Only if no street address)

City _____ State _____ Zip Code _____ E-Mail _____
(include + 4) (required)

BUSINESS PHONE: (_____) _____ FAX PHONE: (_____) _____

ADMINISTRATIVE AGENCY FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____
(required)

VI. NAME OF HOUSING INSPECTOR, Provide this information for Housing projects only

NAME: _____ TITLE: _____

Legal Name of Agency _____

Street Address _____ P.O. Box _____
(required) (Only if no street address)

City _____ State _____ Zip Code _____ E-Mail _____
(include + 4) (required)

BUSINESS PHONE: (_____) _____ FAX PHONE: (_____) _____

HOUSING INSPECTOR FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____
(required)

VII. NAME OF PROJECT ENGINEER, if applicable

NAME: _____ TITLE: _____

Legal Name of Agency _____

Street Address _____ P.O. Box _____
(required) (Only if no street address)

City _____ State _____ Zip Code _____ E-Mail _____
(include + 4) (required)

BUSINESS PHONE: (_____) _____ FAX PHONE: (_____) _____

PROJECT ENGINEER FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____
(required)

HOUSING INSPECTOR ILLINOIS LEAD INSPECTOR/RISK ASSESSOR LIC. #: _____
(required)

GRANTEE CERTIFICATE: To the best of my knowledge and belief, the information and data provided are true and correct. I realize that regardless of the elections made, we the grantee, are responsible to ensure compliance with all provisions of the grant agreement and to respond to official correspondence/notifications as required within allowable times. Further, I understand that the submission of changes to the information certified above is a grantee responsibility and that DCEO will use information from the latest certification on file based on the date of signature. I have full signature authority to sign on behalf of this grantee.

Signature - Chief Elected Official

Date

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Ill. Comp. Statutes, 20 ILCS 605/46.1. Disclosure of this information is VOLUNTARY. No penalties attach for failure to respond. This form has been approved by the State Forms Management Center.