UNOFFICIAL COPY

Doc#: 1005310022 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 02/22/2010 01:42 PM Pg: 1 of 2

Notice of Federal Interest

Legal Description: LOTS 70, 71, AND 72 IN DOWNING'S SUBDIVISION OF LOTS 7 TO 14, BOTH INCLUSIVE, IN J.H.KEDZIE'S SUBDIVISION IN THE SOUTHWEST 4 OF SECTION 23, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MER'DIAN, (EXCEPT HERETOFORE DEDICATED), IN COOK COUNTY, ILLINOIS.

Property Address. 3738-3744 West Ogden, Chicago, IL 60623 Permanent Real Estate Index Number(s): 16-23-321-041 and 16-23-321-042

Dionna Koval
Lawndale Christian Her th Center
3860 West Ogden
Chicago, IL 60623

1005310022 Page: 2 of 2

UNOFFICIAL COPY

NOTICE OF FEDERAL INTEREST

On *December 9, 2009* the Health Resources and Services Administration's Bureau of Primary Health Care awarded Grant No. <u>C80CS16969-01-00</u> to *Lawndale Christian Health Center*. The grant provides Federal funds for the construction of a new facility and only applies to the building, which is located on the property described below in Cook County, State of Illinois:

The facility will be located at 3738-44 West Ogden Avenue Chicago, IL 60623 and is currently a vacant lot.

The Notice of Grant Award for this grant includes conditions on use of the aforementioned property and provides for a continuing Federal interest in the property. Specifically, the property may not be (1) used for any purpose inconsistent with the statute and any program regulations governing the award under which the property was acquired; (2) mortgaged or otherwise used as collateral without the written permission of the Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee; or (3) sold or transferred to another party without the written permission of Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee, or its designee. These conditions are in accordance with the statutory provisions set forth in the American Recovery and Reinvestment Act, Title 45 CFR part 74 or 92 (as appropriate), the HHS Grants Policy Statement, and other terms and conditions of award.

These grant conditions and requirements cannot be nullified or voided through a transfer of ownership. Therefore, advance notice of any proposed change in usage or ownership must be provided to the Associate Administrator, Office of Fe Ieral Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee.

Signature:

Typed Name: Bruce Miller

Title: CEO

Date: January 7, 2009

Harena I. Cowan Notary Public

OFFICIAL SEAL
KARENA L COMMAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 01/13/13