

Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <b>*Other (Specify)</b> _____
<b>3. Date Received:</b>	<b>4. Applicant Identifier:</b>	
<b>5a. Federal Entity Identifier:</b>		<b>*5b. Federal Award Identifier:</b>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>	
<b>8. APPLICANT INFORMATION:</b>		
<b>*a. Legal Name:</b> Harris County		
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 76-0454514		<b>*c. Organizational DUNS:</b> 072206378
<b>d. Address:</b>		
<b>*Street 1:</b>	8410 Lantern Point Dr	
<b>Street 2:</b>	_____	
<b>*City:</b>	Houston	
<b>County:</b>	Harris	
<b>*State:</b>	TX	
<b>Province:</b>	_____	
<b>*Country:</b>	United States	
<b>*Zip / Postal Code</b>	77054	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Community Services		<b>Division Name:</b> Housing and Community Development
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b>	Mr.	<b>*First Name:</b> David
<b>Middle Name:</b>	B	
<b>*Last Name:</b>	Turkel	
<b>Suffix:</b>	_____	
<b>Title:</b>	Director	
<b>Organizational Affiliation:</b> Harris County Community Services Department		
<b>*Telephone Number:</b> 713-578-2000		<b>Fax Number:</b> 713-578-2090
<b>*Email:</b> david.turkel@csd.hctx.net		

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**\*9. Type of Applicant 1: Select Applicant Type:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.253

CFDA Title:

Community Development Block Grant ARRA Entitlement Grants CDBG-R

**\*12 Funding Opportunity Number:**

FR-5309-N-01

\*Title:

American Recovery and Reinvestment Act of 2009

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Harris County

**\*15. Descriptive Title of Applicant's Project:**

Harris County CDBG Recovery (CDBG-R) Program

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**16. Congressional Districts Of:**

\*a. Applicant: 2<sup>nd</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 18<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup> district

\*b. Program/Project: District 29

**17. Proposed Project:**

\*a. Start Date: September 2009

\*b. End Date: September 2012

**18. Estimated Funding (\$):**

*a. Federal	_____	\$2,919,475
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$2,919,475

**\*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: David \_\_\_\_\_  
Middle Name: B \_\_\_\_\_  
\*Last Name: Turkel \_\_\_\_\_  
Suffix: \_\_\_\_\_

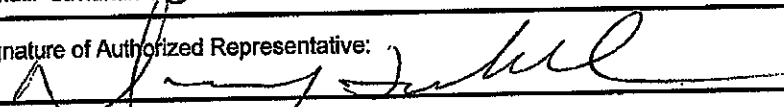
\*Title: Director

\*Telephone Number: 713-578-2000

Fax Number: 713-578-2090

\* Email: david.turkel@csd.hcbx.net

\*Signature of Authorized Representative:



\*Date Signed: 06/04/2009

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**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A