

# Application

SF 424s

Court Order

**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> _____
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<b>3. Date Received:</b> 01/15/2009	<b>4. Applicant Identifier:</b>
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<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
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**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
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**8. APPLICANT INFORMATION:**

<b>*a. Legal Name:</b> Harris County	
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 76-0454514	<b>*c. Organizational DUNS:</b> 072206378

**d. Address:**

<b>*Street 1:</b>	<u>8410 Lantern Point Drive</u>
Street 2:	_____
<b>*City:</b>	<u>Houston</u>
County:	<u>Harris County</u>
<b>*State:</b>	<u>Texas</u>
Province:	_____
<b>*Country:</b>	<u>USA</u>
<b>*Zip / Postal Code</b>	<u>77054</u>

**e. Organizational Unit:**

<b>Department Name:</b> Community Services	<b>Division Name:</b> Development and Direct Services
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> <u>Mr.</u>	<b>*First Name:</b> <u>David</u>
<b>Middle Name:</b> <u>B.</u>	
<b>*Last Name:</b> <u>Turkel</u>	
<b>Suffix:</b> _____	

<b>Title:</b> Director
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<b>Organizational Affiliation:</b>
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<b>*Telephone Number:</b> (713) 578-2000	<b>Fax Number:</b> (713) 578-2090
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<b>*Email:</b> david.turkel@csd.hctx.net
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**Application for Federal Assistance SF-424**

Version 02

**\*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:**

U.S. Department of Housing and Urban Development

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

14-231 \_\_\_\_\_

CFDA Title:  
\_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:  
\_\_\_\_\_

**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 PY2009 Emergency Shelter Grants Program



**Application for Federal Assistance SF-424**

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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.

**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> _____
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<b>3. Date Received:</b> 01/15/2008	<b>4. Applicant Identifier:</b>
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<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
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**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
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**8. APPLICANT INFORMATION:**

**\*a. Legal Name:** Harris County

<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 76-0454514	<b>*c. Organizational DUNS:</b> 072206378
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**d. Address:**

**\*Street 1:** 8410 Lantern Point Drive  
**Street 2:** \_\_\_\_\_  
**\*City:** Houston  
**County:** Harris County  
**\*State:** Texas  
**Province:** \_\_\_\_\_  
**\*Country:** USA  
**\*Zip / Postal Code** 77054

**e. Organizational Unit:**

<b>Department Name:</b> Community Services	<b>Division Name:</b> Development and Direct Services
---	--

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** Mr. **\*First Name:** David  
**Middle Name:** B.  
**\*Last Name:** Turkel  
**Suffix:** \_\_\_\_\_

**Title:** Director

**Organizational Affiliation:**

**\*Telephone Number:** (713) 578-2000 **Fax Number:** (713) 578-2090

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

**Application for Federal Assistance SF-424**

Version 02

**\*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:**

U.S. Department of Housing and Urban Development

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

14-218 \_\_\_\_\_

CFDA Title:  
\_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:  
\_\_\_\_\_

**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 PY2009 Community Development Block Grant Program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: Texas Districts

\*b. Program/Project: Texas Districts

**17. Proposed Project:**

\*a. Start Date: 3/1/2009

\*b. End Date: 2/28/2010

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

*a. Federal	_____	9,884,758
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	54,572
*g. TOTAL	_____	9,939,330

**\*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 10/15/2008
- 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: \_\_\_\_\_

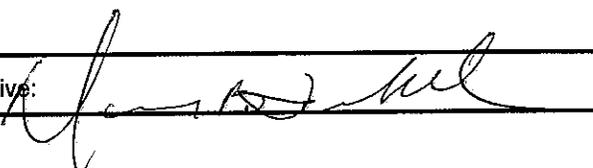
\*Title: Director

\*Telephone Number: (713) 578-2000

Fax Number: (713) 578-2090

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

\*Signature of Authorized Representative:



\*Date Signed: 11-16-08

**Application for Federal Assistance SF-424**

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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.

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County:	<u>Harris County</u>
<b>*State:</b>	<u>Texas</u>
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<b>Suffix:</b> _____	

<b>Title:</b> Director
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<b>Organizational Affiliation:</b>
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Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

U.S. Department of Housing and Urban Development

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

14-239

CFDA Title:

**\*12 Funding Opportunity Number:**

\*Title:

**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 PY2009 HOME Investment Partnership Program

Harris County PY2009 American Dream Downpayment Initiative

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**16. Congressional Districts Of:**

\*a. Applicant: Texas Districts

\*b. Program/Project: Texas Districts

**17. Proposed Project:**

\*a. Start Date: 3/1/2009

\*b. End Date: 2/28/2010

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

*a. Federal	_____	3,380,062
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	7,503
*g. TOTAL	_____	3,387,565

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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)

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**Authorized Representative:**

Prefix: Mr.      \*First Name: David

Middle Name: B.

\*Last Name: Turkel

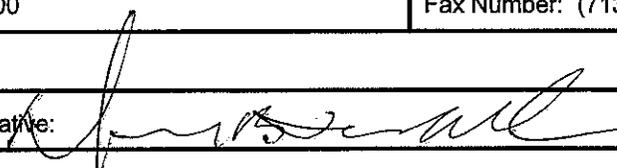
Suffix: \_\_\_\_\_

\*Title: Director

\*Telephone Number: (713) 578-2000

Fax Number: (713) 578-2090

\* Email: david\_turkel@hctx.net

\*Signature of Authorized Representative: 

\*Date Signed: 11-16-08

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**\*Applicant Federal Debt Delinquency Explanation**

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