

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:

02/03/2012

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Harris County

*b. Employer/Taxpayer Identification Number (EIN/TIN):

76-0454514

*c. Organizational DUNS:

072206378

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:

Department Name:
Community Services

Division Name:
Housing & Community Development

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:

14-239

CFDA Title:

HOME Investment Partnerships Program

***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 PY2012 HOME Investment Partnership Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: US Congressional Districts - 2, 7, 9, 10, 18, 22, 29
Program/Project: US Congressional Districts - 2, 7, 9, 10, 18, 22, 29

*b.

17. Proposed Project:

*a. Start Date: 3/1/2012

*b. End Date: 2/28/2013

18. Estimated Funding (\$):

*a. Federal	_____	\$2,012,116
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	\$1,099,596
*f. Program Income	_____	\$7,503
*g. TOTAL	_____	\$3,119,215

***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: for 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: *David Turkel*

*Date Signed: *2-15-12*

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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
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: 02/03/2012	4. Applicant Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Harris County		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 76-0454514		*c. Organizational DUNS: 072206378
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:		
Department Name: Community Services		Division Name: Housing & Community Development
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		

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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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-231

CFDA Title:

Emergency Solutions Grants Program

***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 PY2012 Emergency Solutions Grants Program

Application for Federal Assistance SF-424

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16. Congressional Districts Of:

*a. Applicant: US Congressional Districts - 2, 7, 9, 10, 18, 22, 29
Program/Project: US Congressional Districts - 2, 7, 9, 10, 18, 22, 29

*b.

17. Proposed Project:

*a. Start Date: 3/1/2012

*b. End Date: 2/28/2013

18. Estimated Funding (\$):

*a. Federal	_____	\$853,881
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$853,881

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

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- c. Program is not covered by E. O. 12372

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- Yes No

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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@csd.hctx.net

*Signature of Authorized Representative: *DePhne Lemelle*

*Date Signed: *2-8-12*

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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.

[Empty text area for explanation]

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3. Date Received: 2/3/2012	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: Harris County	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 76-0454514	*c. Organizational DUNS: 072206378

d. Address:

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

e. Organizational Unit:

Department Name: Community Services	Division Name: Housing & Community Development
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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:

Community Development Block Grants/ Entitlement Grants

***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 PY2012 Community Development Block Grant Program

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16. Congressional Districts Of:

*a. Applicant: US Congressional Districts - 2, 7, 9, 10, 18, 22, 29
Program/Project: US Congressional Districts - 2, 7, 9, 10, 18, 22, 29

*b.

17. Proposed Project:

*a. Start Date: 3/1/2012

*b. End Date: 2/28/2013

18. Estimated Funding (\$):

*a. Federal	<u>\$10,400,428</u>
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	<u>\$23,720</u>
*g. TOTAL	<u>\$10,424,148</u>

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Authorized Representative:

Prefix: Mr. *First Name: David

Middle Name: B.

*Last Name: Turkel

Suffix: _____

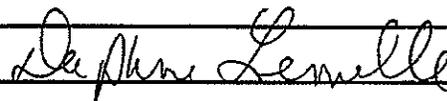
*Title: Director

*Telephone Number: (713) 578-2000

Fax Number: (713) 578-2090

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

*Signature of Authorized Representative:



*Date Signed: 2-8-12

