

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) _____
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3. Date Received:	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 Dr</u>
Street 2:	_____
*City:	<u>Houston</u>
County:	<u>Harris</u>
*State:	<u>TX</u>
Province:	_____
*Country:	<u>United States</u>
*Zip / Postal Code	<u>77054</u>

e. Organizational Unit:

Department Name: Community Services	Division Name: Development & Direct Services
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f. Name and contact information of person to be contacted on matters involving this application:

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

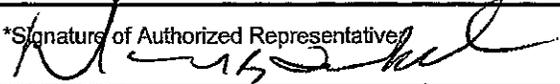
Title: Director

Organizational Affiliation: Harris County Community Services Department

*Telephone Number: 713-578-2000	Fax Number: 713-578-2090
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*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: Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number: 14.257 CFDA Title: Homeless Prevention and Rapid Re-Housing Program	
*12 Funding Opportunity Number: *Title: Homelessness Prevention Fund	
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 Homeless Prevention and Rapid Re-Housing Program	

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16. Congressional Districts Of:		
*a. Applicant: Texas Districts		*b. Program/Project: Texas Districts
17. Proposed Project:		
*a. Start Date: September 30, 2009		*b. End Date: September 30, 2012
18. Estimated Funding (\$):		
*a. Federal	_____	\$4,463,961
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$4,463,961
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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: May 12, 2009