

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: _____		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	
*State:	Texas	
Province:	_____	
*Country:	United States of America	
*Zip / Postal Code	77054	
e. Organizational Unit:		
Department Name: Community Services Department		Division Name: Development & 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: Harris County Community Services Department		

*Telephone Number: (713) 578-2000

Fax Number: (713)578-2090

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

OMB Number: 4040-0004

Expiration Date: 01/31/2009

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

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:

14.256

CFDA Title:

Neighborhood Stabilization Program

***12 Funding Opportunity Number:**

FR-5321-N-01

*Title:

Neighborhood Stabilization Program 2

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 Neighborhood Stabilization Program

OMB Number: 4040-0004
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16. Congressional Districts Of:

*a. Applicant: Texas Districts

*b. Program/Project: Texas Districts

17. Proposed Project:

*a. Start Date: January 4, 2010

*b. End Date: January 4, 2013

18. Estimated Funding (\$):

*a. Federal	\$14,575,000
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	_____

***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 07/02/2009
- 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 _____