

# Application

Court Order

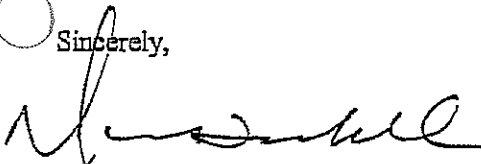
SF 424s



x.	Harris County Street Olympics	Summer Games Program	\$84,686
y.	Harris County PHES	Lead Hazard Controls Program	\$600,000
z.	Harris County PHES	Nuisance Abatement Program	\$150,000
aa.	Harris County WCID #21	Avenue D Drinking Water Storage	\$297,950
bb.	Harris County WCID #36	Waste Water Improvement Project	\$1,126,470
cc.	Healthcare for the Homeless	Dental Care for the Homeless	\$74,465
dd.	Houston Area Urban League	Emergency Housing Assistance Program	\$49,805
ee.	Houston Area Women's Center	Children & Youth Enrichment Services	\$81,880
ff.	Houston Area Women's Center	Essential Services for Homeless	\$99,190
gg.	Neighborhood Centers, Inc.	LaPorte School Age Youth Program	\$44,160
hh.	New Horizon Family Center	Residential Services Grant	\$50,312
ii.	Northwest Assistance Ministries	Meals on Wheels	\$41,382
jj.	Northwest Assistance Ministries	Shelter and Energy Assistance Program	\$83,000
kk.	SEARCH	Housing for the Homeless	\$113,592
ll.	Sunbelt FWSD	Oakwilde Sanitary Sewer Package	\$738,815
mm.	Texas Society to Prevent Blindness	Partners in Prevention & Vision Matters	\$41,142
nn.	The Bridge Over Troubled Waters, Inc.	The Bridge Emergency Housing Project	\$48,300

Thank you for your assistance with this request.

Sincerely,



David B. Turkel  
Director

DBT/DAL/lcc/mjg

07 NOV 15 AM 8:45  
 HARRIS COUNTY  
 MANAGEMENT SERVICES

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" 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> 4/1/2008	<b>4. Applicant Identifier:</b>
--------------------------------------	---------------------------------

<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
---------------------------------------	---------------------------------------

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	-----------------------------------------

**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
-----------------------------------------------------------------------------	----------------------------------------------

**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 and Economic Development	<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@hctx.net

**Application for Federal Assistance SF-424**

Version 02

**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:**

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

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 PY2008 Community Development Block Grant Program



**Application for Federal Assistance SF-424**

Version 02

**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:

\*2. Type of Application \* If Revision, select appropriate letter(s)

Preapplication

New

Application

Continuation

\*Other (Specify)

Changed/Corrected Application

Revision

3. Date Received:

4. Applicant Identifier:

01/11/2008

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 and Economic Development

Division Name:

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:

Phone Number: (713) 578-2000

Fax Number: (713) 578-2090

\*Email: david\_turkel@hctx.net



**Application for Federal Assistance SF-424**

Version 02

**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:**

14-231

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 PY2008 Emergency Shelter Grants 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: 3/1/2008

\*b. End Date: 2/28/2009

18. Estimated Funding (\$):

*a. Federal	475,349
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	475,349

\*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 10/22/2007
- 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

1. \*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:

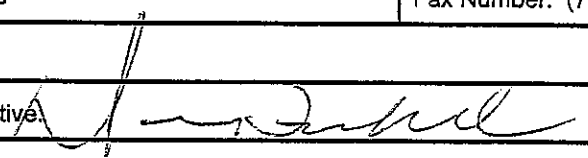
Prefix: Mr. \*First Name: David  
 Middle Name: B.  
 \*Last Name: Turkel  
 Suffix: \_\_\_\_\_

\*Title: Director

\*Telephone Number: (713) 578-2000

Fax Number: (713) 578-2090

\* Email: david\_turkel@hctx.net

\*Signature of Authorized Representative 

\*Date Signed: 1.14.08

**Application for Federal Assistance SF-424**

Version 02

**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 type="checkbox"/> Application <input checked="" 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> 04/1/2008	<b>4. Applicant Identifier:</b>
---------------------------------------	---------------------------------

<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
---------------------------------------	---------------------------------------

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	-----------------------------------------

**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
-----------------------------------------------------------------------------	----------------------------------------------

**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 and Economic Development	<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@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:

**\*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 PY2008 HOME Investment Partnership Program

Harris County PY2008 American Dream Downpayment Initiative

**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: 3/1/2008

\*b. End Date: 2/28/2009

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

*a. Federal	_____	3,352,888
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	7,503
*g. TOTAL	_____	3,387,565

**\*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 10/22/2007
- 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: \_\_\_\_\_

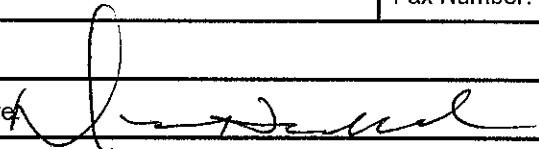
\*Title: Director

\*Telephone Number: (713) 578-2000

Fax Number: (713) 578-2090

\* Email: david\_turkel@hctx.net

\*Signature of Authorized Representative



\*Date Signed: 5/7/08

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

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

A large, empty rectangular box with a black border, intended for the applicant to provide an explanation of any federal debt delinquency. The box is currently blank.