Application

SF 424s

Court Order
Application for Federal Assistance SF-424  

*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:  
01/15/2009  

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 77064  

e. Organizational Unit:  

Department Name: Community Services  
Division Name: Development and Direct Services  

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

Prefix: Mr.  
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**  

**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:**

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**12 Funding Opportunity Number:**

---

**13. Competition Identification Number:**

---

**Title:**

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**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

**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: 2/28/2008

**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 10/15/2008
- ☐ 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:** [Signature]

- **Date Signed:** 11-11-08

---

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102
*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

**OMB Number:** 4040-0004  
**Expiration Date:** 01/31/2009

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application</th>
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<tbody>
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<td>□ Continuation</td>
<td>*Other (Specify)</td>
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<tr>
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<td>□ Revision</td>
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3. Date Received: 01/15/2008  
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5a. Federal Entity Identifier:  
5b. Federal Award Identifier:  

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d. Address:  

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- **County:** Harris County  
- **State:** Texas  
- Province:  
- **Country:** USA  
- **Zip / Postal Code:** 77054

e. Organizational Unit:  

- **Department Name:** Community Services  
- **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:**  
- **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**

<table>
<thead>
<tr>
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<th>Answer</th>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>Other (Specify):</td>
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<tr>
<td>10. Name of Federal Agency:</td>
<td>U.S. Department of Housing and Urban Development</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>14-218</td>
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<td>CFDA Title:</td>
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<td>12. Funding Opportunity Number:</td>
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<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<td>15. Descriptive Title of Applicant's Project:</td>
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   *g. TOTAL

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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)
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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: 11/11/08

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
*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:
☐ Preapplication
☒ Application
☐ Changed/Corrected Application

2. Type of Application
☑ New
☐ Continuation
☐ Revision

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Division Name: __________________________

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Last Name: Turkel __________

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Organizational Affiliation: 

Telephone Number: (713) 578-2000

Fax Number: (713) 578-2090

Email: david.turkel@csd.hctx.net
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18. Estimated Funding ($):
   a. Federal
   b. Applicant
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3,380,062

3,387,565

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Fax Number: (713) 578-2090

*Email: david_turkel@hctx.net

*Signature of Authorized Representative: [Signature]
*Date Signed: 11/11/08
Application for Federal Assistance SF-424

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