

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: 01/15/2010	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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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:

*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:**

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:

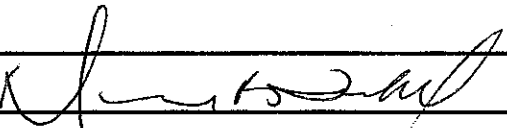
Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Harris County

***15. Descriptive Title of Applicant's Project:**

Harris County PY2010 Community Development Block Grant 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: 3/1/2010		*b. End Date: 2/28/2011
18. Estimated Funding (\$):		
*a. Federal	_____	10,796,676
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	32,478
*g. TOTAL	_____	10,829,154
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" 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 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: 1-13-10

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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.

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3. Date Received: 01/15/2010	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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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>	
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Title: Director

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*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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-231 _____

CFDA Title:

Emergency Shelter Grants Program _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

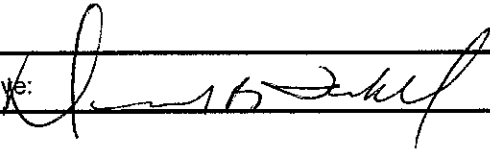
Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Harris County

***15. Descriptive Title of Applicant's Project:**

Harris County PY2010 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: 3/1/2010	*b. End Date: 2/28/2011	
18. Estimated Funding (\$):		
*a. Federal	_____	478,553
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	478,553
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" 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 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: 1-13-10

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

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Title: Director

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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:

14-239

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 PY2010 HOME Investment Partnership Program

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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: 2/28/2010

18. Estimated Funding (\$):

*a. Federal	_____	3,714,611
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	7,503
*g. TOTAL	_____	3,722,114

***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/
- 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)

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*Last Name: Turkel

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*Title: Director

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Fax Number: (713) 578-2090

* Email: david_turkel@hctx.net

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