

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission <input type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted	4. HUD Application Number																
3. Date and Time Received by HUD		5. Existing Grant Number																	
7. Applicant's Legal Name		8. Organizational Unit																	
9. Address (give city, county, State, and zip code) A. Address: B. City: C. County: D. State: E. Zip Code:		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: B. Title: C. Phone: D. Fax: E. E-mail:																	
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter appropriate letter in box) <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. University or College</td> </tr> <tr> <td>B. County</td> <td>J. Indian Tribe</td> </tr> <tr> <td>C. Municipal</td> <td>K. Tribally Designated Housing Entity (TDHE)</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Non-profit</td> </tr> <tr> <td>G. Special District</td> <td>O. Public Housing Authority</td> </tr> <tr> <td>H. Independent School District</td> <td>P. Other (Specify)</td> </tr> </table>		A. State	I. University or College	B. County	J. Indian Tribe	C. Municipal	K. Tribally Designated Housing Entity (TDHE)	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Non-profit	G. Special District	O. Public Housing Authority	H. Independent School District	P. Other (Specify)
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13. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development																	
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Component Title:		16. Descriptive Title of Applicant's Program																	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)		18a. Proposed Program start date 18b. Proposed Program end date 19a. Congressional Districts of Applicant 19b. Congressional Districts of Program																	
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.																			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.																			
22. Is the Applicant delinquent on any Federal debt? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.																			

Funding Matrix									
The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.									
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Grand Totals									
* For FHIPs, show both initiative and component									
Certifications									
<p>I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.</p> <p>Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.</p> <p>This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.</p>									
23. Signature of Authorized Official					Name (printed)				
Title							Date (mm/dd/yyyy)		