

Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input 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  *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: City of Longmont, Colorado		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 84-6000608		*c. Organizational DUNS: 080397110
d. Address:		
*Street 1: <u>Civic Center Complex</u>		
Street 2: <u>350 Kimbark Street</u>		
*City: <u>Longmont</u>		
County: <u>Boulder</u>		
*State: <u>Colorado</u>		
Province: _____		
*Country: <u>USA</u>		
*Zip / Postal Code <u>80501</u>		
e. Organizational Unit:		
Department Name: Community Services Department		Division Name: CDBG/Affordable Housing
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		*First Name: <u>Kathy</u>
Middle Name: <u>L.</u>		
*Last Name: <u>Fedler</u>		
Suffix: _____		
Title: <u>CDBG and Affordable Housing Programs Coordinator</u>		
Organizational Affiliation:		
*Telephone Number: 303-651-8736		Fax Number: 303-651-8590
*Email: <u>kathy.fedler@ci.longmont.co.us</u>		

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

C. City or Township Government

**Type of Applicant 2: Select Applicant Type:**

C. City or Township Government

**Type of Applicant 3: Select Applicant Type:**

C. City or Township Government

\*Other (Specify)

**\*10 Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.218

CFDA Title:

Community Development Block Grant Program

**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

Title:

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

City of Longmont, Boulder County, Colorado

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

The CDBG Program will address a myriad of problems including providing affordable housing, revitalizing neighborhoods and commercial areas, providing economic development opportunities and helping to assist households out of poverty.

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16. Congressional Districts Of:

\*a. Applicant: 2nd

\*b. Program/Project: 2nd

17. Proposed Project:

\*a. Start Date: 01/01/09

\*b. End Date: 12/31/09

18. Estimated Funding (\$):

*a. Federal	<u>479,381 - 532,646</u>
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	<u>55,000</u>
*g. TOTAL	<u>534,381 - 587,646</u>

\*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 \_\_\_\_\_
- 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: \_\_\_\_\_ \*First Name: Gordon

Middle Name: \_\_\_\_\_

\*Last Name: Pedrow

Suffix: \_\_\_\_\_

\*Title: City Manager

\*Telephone Number: 303-651-8601

Fax Number: 303-651-8590

\* Email: gordon.pedrow@ci.longmont.co.us

\*Signature of Authorized Representative: 

\*Date Signed: 11/4/08

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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.