## EXHIBIT 3 Page 1 of 3

OMB Approved No. 3076-0006 Version 7/03 APPLICATION FOR Applicant Identifier 12001 FEDERAL ASSISTANCE 2. DATE SUBMITTED August 11, 2014 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction Non-Construction
5. APPLICANT INFORMATION Non-Construction Legal Name: Organizational Unit: Department:
Environmental Protection and Growth Management Broward County, FL Organizational DUNS: 06-6938358 Division:
Housing Finance and Community Development Name and telephone number of person to be contacted on matters Address: involving this application (give area code) Street: 110 NE 3rd Street Prefix: Mr. First Name: Ralph Middle Name City: Fort Lauderdale Last Name Stone County: Broward Zip Code 33301 Suffix: State: Florida Email: Rstone@broward.org Country: U.S.A. 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) (954) 357-5320 (954) 357-8221 5 9 - 6 0 0 0 5 3 1 7. TYPE OF APPLICANT: (See back of form for Application Types) 8. TYPE OF APPLICATION: ∇ Continuation Revision New f Revision, enter appropriate letter(s) in box(es) Other (specify) (See back of form for description of letters.) 9. NAME OF FEDERAL AGENCY: Other (specify) U.S. Department of Housing and Urban Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Development Block Grant 1 4 - 2 1 8 TITLE (Name of Program): Community Development Block Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): **Broward County** 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project Ending Date: Start Date: 17, 19, 20, 21, 22, 23 17, 19, 20, 21, 22, 23 9/30 10/1 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE a. Federal 2,420,925 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant DATE: c. State 00 PROGRAM IS NOT COVERED BY E. O. 12372 d. Local b. No. 00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income 100,000 g. TOTAL Yes If "Yes" attach an explanation. 2,520,925 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Middle Name Prefix Ms First Name Bertha Suffix Last Name Henry Telephone Number (give area code) (954) 357-7362 County Administrator e. Date Signed d. Signature of Authorized Representative

## EXHIBIT 3 Page 2 of 3

APPLICATION FOR	í.	2. DATE SUBMITTED	ved No. 3076		icant Iden	Version 7/03		
FEDERAL ASSISTANCE		August 11, 2014		1200	Applicant Identifier 12001			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	0.0000		on Identifier		
☑ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AG			NCY Federal Identifier			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction							
Legal Name:			Organization	nal Unit:				
Broward County, FL				Department: Environmental Protection and Growth Management				
Organizational DUNS: 06-6938358	Division: Housing Finance and Community Development							
Address:				Name and telephone number of person to be contacted on matters				
Street: 110 NE 3rd Street	involving this application (give area code)  Prefix: First Name:							
			Mr.	Ralp				
City: Fort Lauderdale				Middle Name				
County: Broward	Last Name Stone							
State: Zip Code Florida 33301			Suffix:					
Country: U.S.A.	Email: Rstone@broward.org							
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	er (give area coo	de)	Fax Number (give area code)		
5 9 - 6 0 0 0 5 3 1			(954) 357-532	20		(954) 357-8221		
8. TYPE OF APPLICATION:			7. TYPE OF A	APPLICANT:	(See back	of form for Application Types)		
☐ New								
If Revision, enter appropriate lette (See back of form for description			County Other (specify)	Y				
(See back of form for description								
Other (specify)			9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development					
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIP	TIVE TITLE O	F APPLIC	CANT'S PROJECT:		
		1 4-2 3 9	HOME Invest	tment Partners	hips Prog	ram		
TITLE (Name of Program): HOME Investment Partnerships Program								
12. AREAS AFFECTED BY PRO	1							
Broward County								
13. PROPOSED PROJECT			14. CONGRE	SSIONAL DIS	TRICTS			
Start Date:	Ending Date:		a. Applicant 17, 19, 20, 21	22 23		b. Project 17, 19, 20, 21, 22, 23		
10/1 15. ESTIMATED FUNDING:	9/30					REVIEW BY STATE EXECUTIVE		
		00	ORDER 12372	2 PROCESS?				
a. Federal \$		2,614,944	a. Yes. Z	VAILABLE TO	THE STA	APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$		.00	P	PROCESS FOR REVIEW ON				
c. State \$		.00	1	ATE:				
d. Local \$		. 00	D. NO.			ERED BY E. O. 12372		
e. Other \$		.00	- Lin €	OR REVIEW		F BEEN SELECTED BY STATE		
f. Program Income \$		230,000	17. IS THE A	PPLICANT DE	LINQUEN	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		2,844,944		s" attach an ex				
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF	LICATION/PR	EAPPLICATION THE	ON ARE T APPLICAI	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS A	WARDED.						
a. Authorized Representative Prefix Ms	First Name Bertha			Middle Name	)			
Last Name Henry				Suffix				
Title				c. Telephone Number (give area code) (954) 357-7362				
County Administrator	a antativo			e. Date Signe				
<ul> <li>d. Signature of Authorized Repre</li> </ul>	senialive							

## **EXHIBIT 3**

## Page 3 of 3

APPLICATION FOR FEDERAL ASSISTANCE		OMB Approved No. 3076-00		0006	Version 7/03			
		2. DATE SUBMITTED August 11, 2014		Applicant Iden 12001	Applicant Identifier 12001			
1. TYPE OF SUBMISSION:	5	3. DATE RECEIVED BY STATE		State Applicat	State Application Identifier			
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	ENCY Federal Identif	fier			
☐ Construction ☑ Non-Construction	☐ Construction			- Todardi idanii				
5. APPLICANT INFORMATION	│							
Legal Name:			Organizational Unit:					
Broward County, FL		Department: Environmental Protection and Growth Management						
Organizational DUNS: 06-6938358		Division: Housing Finance and Community Development						
Address: Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)					
110 NE 3rd Street		Prefix:	First Name: Ralph					
City: Fort Lauderdale			Middle Name	Kaipii				
County: Broward		Last Name Stone						
State: Florida	Zip Code 33301			Suffix:				
Country: U.S.A.		Email: Rstone@broward.org						
6. EMPLOYER IDENTIFICATION		Phone Number (give area code) Fax Number (give area code)						
59-6000531	T		(954) 357-532	0	(954) 357-8221			
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See back	of form for Application Types)			
□ Nev	w 🗸 Continuation	Revision	County		V62013 8600 30			
If Revision, enter appropriate let (See back of form for description		П	Other (specify)					
Other (specify)	Ш	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development						
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:		TIVE TITLE OF APPLIC	Maria (1900)			
		1 4-2 3 1	Emergency So	olutions Grant Program				
TITLE (Name of Program): Emergency Solutions Grant Pro		20907 03200						
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties,							
Broward County								
13. PROPOSED PROJECT	Te :: 6 :			SSIONAL DISTRICTS (				
Start Date: 10/1	Ending Date: 9/30		<ul><li>a. Applicant</li><li>17, 19, 20, 21,</li></ul>		b. Project 17, 19, 20, 21, 22, 23			
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE			
a. Federal \$	Federal \$ ORDER 12372 PROCESS?  a. Yes. 195 794							
b. Applicant \$		195,794	a. Yes. IZ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON					
c. State \$		.00	DATE:					
d. Local \$		.00	b. No. 🗂 PF	ROGRAM IS NOT COV	ERED BY E. O. 12372			
e. Other \$		.00			R PROGRAM HAS NOT BEEN SELECTED BY STATE			
f. Program Income \$	. <sup>00</sup> 17. IS			7. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL \$		195,794	Yes If "Yes" attach an explanation.					
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	SOVERNING BODY OF T	LICATION/PRE HE APPLICAN	APPLICATION ARE T T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE			
a. Authorized Representative				Middle Name				
Prefix Ms	First Name Bertha							
Last Name Henry			Suffix					
b. Title County Administrator				c. Telephone Number (give area code) (954) 357-7362				
d. Signature of Authorized Repre	esentative		e. Date Signed					