

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> August 11, 2014	<b>Applicant Identifier</b> 12001	
<input checked="" type="checkbox"/> <b>Construction</b>	<input type="checkbox"/> <b>Pre-application</b>	<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>	
<input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> <b>Construction</b>	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> Broward County, FL		<b>Organizational Unit:</b> Department: Environmental Protection and Growth Management		
<b>Organizational DUNS:</b> 06-6938358		<b>Division:</b> Housing Finance and Community Development		
<b>Address:</b> Street: 110 NE 3rd Street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
<b>City:</b> Fort Lauderdale		<b>Prefix:</b> Mr.	<b>First Name:</b> Ralph	
<b>County:</b> Broward		<b>Middle Name</b>		
<b>State:</b> Florida	<b>Zip Code</b> 33301	<b>Last Name</b> Stone		
<b>Country:</b> U.S.A.		<b>Suffix:</b>		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 59-6000531		<b>Phone Number (give area code)</b> (954) 357-5320		<b>Fax Number (give area code)</b> (954) 357-8221
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> County Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-218 TITLE (Name of Program): Community Development Block Grant Program		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Broward County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Community Development Block Grant		
<b>13. PROPOSED PROJECT</b> Start Date: 10/1 Ending Date: 9/30		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 17, 19, 20, 21, 22, 23 b. Project 17, 19, 20, 21, 22, 23		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 2,420,925 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ <sup>00</sup>	DATE:		
c. State	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ 100,000 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
g. TOTAL	\$ 2,520,925 <sup>00</sup>			
<b>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.</b>				
<b>a. Authorized Representative</b>		<b>Middle Name</b>		
<b>Prefix</b> Ms	<b>First Name</b> Bertha	<b>Suffix</b>		
<b>Last Name</b> Henry		<b>c. Telephone Number (give area code)</b> (954) 357-7362		
<b>b. Title</b> County Administrator		<b>e. Date Signed</b>		
<b>d. Signature of Authorized Representative</b>				

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<input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> <b>Construction</b>	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> Broward County, FL		<b>Organizational Unit:</b> Department: Environmental Protection and Growth Management		
<b>Organizational DUNS:</b> 06-6938358		<b>Division:</b> Housing Finance and Community Development		
<b>Address:</b> Street: 110 NE 3rd Street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Fort Lauderdale		Prefix: Mr.	First Name: Ralph	
County: Broward		Middle Name		
State: Florida		Last Name Stone		
Zip Code 33301		Suffix:		
Country: U.S.A.		Email: Rstone@broward.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 59-6000531		<b>Phone Number (give area code)</b> (954) 357-5320		<b>Fax Number (give area code)</b> (954) 357-8221
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) County Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-239 TITLE (Name of Program): HOME Investment Partnerships Program		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Broward County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> HOME Investment Partnerships Program		
<b>13. PROPOSED PROJECT</b> Start Date: 10/1 Ending Date: 9/30		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 17, 19, 20, 21, 22, 23 b. Project 17, 19, 20, 21, 22, 23		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 2,614,944.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ .00	DATE:		
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ 230,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
g. TOTAL	\$ 2,844,944.00			
<b>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.</b>				
<b>a. Authorized Representative</b>		<b>Middle Name</b>		
Prefix Ms	First Name Bertha			
<b>Last Name</b> Henry		<b>Suffix</b>		
<b>b. Title</b> County Administrator		<b>c. Telephone Number (give area code)</b> (954) 357-7362		
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b>		

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<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Broward County, FL		Organizational Unit: Department: Environmental Protection and Growth Management	
Organizational DUNS: 06-6938358		Division: Housing Finance and Community Development	
Address: Street: 110 NE 3rd Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Fort Lauderdale		Prefix: Mr.	First Name: Ralph
County: Broward		Middle Name	
State: Florida		Last Name Stone	
Zip Code 33301	Suffix:		
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-231 TITLE (Name of Program): Emergency Solutions Grant Program		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Broward County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emergency Solutions Grant Program	
13. PROPOSED PROJECT Start Date: 10/1 Ending Date: 9/30		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17, 19, 20, 21, 22, 23 b. Project 17, 19, 20, 21, 22, 23	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 195,794.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ .00	DATE:	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 195,794.00		
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			
Prefix Ms	First Name Bertha	Middle Name	
Last Name Henry		Suffix	
b. Title County Administrator		c. Telephone Number (give area code) (954) 357-7362	
d. Signature of Authorized Representative		e. Date Signed	