

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: City of Columbus

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
31-6400223

\*c. Organizational DUNS:  
51369916

**d. Address:**

\*Street 1: 90 W. Broad Street  
Street 2: \_\_\_\_\_  
\*City: Columbus  
County: Franklin  
\*State: Ohio  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code 43215

**e. Organizational Unit:**

Department Name:  
Department of Finance and Management

Division Name:

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

Prefix: Mr. \*First Name: Philip  
Middle Name: \_\_\_\_\_  
\*Last Name: Carter  
Suffix: \_\_\_\_\_

Title: Grants Management Coordinator

Organizational Affiliation:  
City of Columbus, Department of Finance and Management

\*Telephone Number: 614.645.7492

Fax Number: 614.645.7139

\*Email: pdcarter@columbus.gov

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

Department of Housing and Urban Development

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

14.253 \_\_\_\_\_

CFDA Title:

CFDA Community Development Block Grant (CDBG) Entitlement / Recovery Act Funded (CDBG-R) \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

Title XII of Division A of the American Recovery and Reinvestment Act of 2009 \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

City of Columbus, Ohio

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

CDBG-R funds will expand economic development and housing opportunities through the Economic Development Loan Program and the Affordable Housing Opportunity Fund.

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**16. Congressional Districts Of:**

\*a. Applicant: OH-12, OH-15

\*b. Program/Project: OH-12, OH-15

**17. Proposed Project:**

\*a. Start Date: July 5, 2009

\*b. End Date: September 30, 2012

**18. Estimated Funding (\$):**

*a. Federal	_____	1,728,023
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	1,728,023

**\*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:**

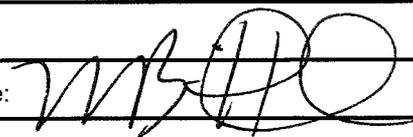
Prefix: Mr. \_\_\_\_\_ \*First Name: Michael \_\_\_\_\_  
Middle Name: B. \_\_\_\_\_  
\*Last Name: Coleman \_\_\_\_\_  
Suffix: \_\_\_\_\_

\*Title: Mayor, City of Columbus, Ohio

\*Telephone Number: 614.645.7671

Fax Number: 614.645.5818

\* Email: mac@columbus.gov

\*Signature of Authorized Representative: 

\*Date Signed: 5/28/09

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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.