

**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	<b>*Other (Specify)</b> _____
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<b>3. Date Received:</b>	<b>4. Applicant Identifier:</b>
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<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
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**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
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**8. APPLICANT INFORMATION:**

**\*a. Legal Name:** City of Columbus

<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 31-6400223	<b>*c. Organizational DUNS:</b> 51369916
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**d. Address:**

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

**e. Organizational Unit:**

<b>Department Name:</b> Department of Development	<b>Division Name:</b> Housing Division
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**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** Mr      **\*First Name:** Kim  
**Middle Name:** \_\_\_\_\_  
**\*Last Name:** Stands  
**Suffix:** \_\_\_\_\_

**Title:** Assistant Housing Manager

**Organizational Affiliation:**  
City of Columbus, Department of Development

<b>*Telephone Number:</b> 614.645.7571	<b>Fax Number:</b>
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**\*Email:** kistands@columbus.gov

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

C. City or Township Government

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:**

14.257

CFDA Title:

Homeless Prevention and Rapid Re-Housing Program

**\*12 Funding Opportunity Number:**

\*Title:

Title XII 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 and Franklin County

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

The City of Columbus and Franklin County will work through the Rebuilding Lives Funder Collaborative (RLFC) and Community Shelter Board (CSB) to fund HPRP initiatives. The RLFC and CSB have established collaborative teams to design effective services and systems to implement HPRP in the community.

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<b>16. Congressional Districts Of:</b>		
*a. Applicant: OH-12, OH-15		*b. Program/Project: OH-07, OH-12, OH-15
<b>17. Proposed Project:</b>		
*a. Start Date: 9/1/2009		*b. End Date: 12/31/2012
<b>18. Estimated Funding (\$):</b>		
*a. Federal	2,642,649	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	2,642,649	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: Mr.	_____	*First Name: Michael _____
Middle Name: B	_____	
*Last Name: Coleman	_____	
Suffix:	_____	
*Title: Mayor		
*Telephone Number: 614.645.5818		Fax Number:
* Email: MBColeman@columbus.gov		
*Signature of Authorized Representative: 		*Date Signed: 5/14/2009

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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.