

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 10-31-08	Applicant Identifier 94-6000403
		<b>3. DATE RECEIVED BY STATE</b> n/a	State Application Identifier n/a
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 10-31-08	Federal Identifier B-08-MC-06-0015 (NSP)

**5. APPLICANT INFORMATION**

Legal Name: City of Richmond, CA	<b>Organizational Unit:</b> Department: Community & Economic Development Department
Organizational DUNS: 0088770706	Division: Housing & Community Development
<b>Address:</b> Street: 1401 Marina Way South	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix:                      First Name: Patrick
City: Richmond	Middle Name
County: Contra Costa	Last Name Lynch
State: CA	Zip Code 94804
Country: USA	Email: patrick_lynych@ci.richmond.ca.us

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

94-6000403

Phone Number (give area code) 510-307-8140	Fax Number (give area code) 510-307-8195
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<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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)
<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing & Urban Development	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Development Block Grant Program <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Richmond, CA	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Neighborhood Stabilization Program to assist areas of greatest need with highest percentage of foreclosure and subprime financing to finance purchase, acquire, demolish, land bank and redevelop abandoned and foreclosed homes. CFR 5225-N-01
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<b>13. PROPOSED PROJECT</b> Start Date: 03-01-09	Ending Date: 02-28-13	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 7th	b. Project 7th
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal                      \$                      3,346,105 <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant                      \$                      . <sup>00</sup>	
c. State                      \$                      . <sup>00</sup>	
d. Local                      \$                      . <sup>00</sup>	
e. Other                      \$                      . <sup>00</sup>	
f. Program Income                      \$                      . <sup>00</sup>	
g. TOTAL                      \$                      3,346,105 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

**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 Mr.	First Name Steve	Middle Name
Last Name Duran		Suffix
b. Title Executive Director, Richmond Community Redevelopment Agency		c. Telephone Number (give area code) 510-307-8140
d. Signature of Authorized Representative 		e. Date Signed October 31, 2008