

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

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| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 2. DATE SUBMITTED 12/1/2008 | Applicant Identifier CA62850 POMONA |
| | | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | | |
| Legal Name: City of Pomona, California | | Organizational Unit: Department: Planning and Housing Department | | |
| Organizational DUNS: 07-412-7481 | | Division: Housing Division | | |
| Address: Street: 505 S. Garey Avenue | | Name and telephone number of person to be contacted on matters involving this application (give area code) | | |
| | | Prefix: Ms. | First Name: Beverly | |
| City: Pomona | | Middle Name | | |
| County: Los Angeles | | Last Name Johnson | | |
| State: CA | Zip Code 91766 | Suffix: | | |
| Country: USA | | Email: Beverly_Johnson@ci.pomona.ca.us | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000764 | | Phone Number (give area code) 909-620-2433 | Fax Number (give area code) 909-620-4567 | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input 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) | | 7. TYPE OF APPLICANT: (See back of form for Application Types) Local Government Other (specify) | | |
| | | 9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Neighborhood Stabilization Program 14.218; 14.225; and 14.228 14-218 | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The City will use NSP funds to purchase foreclosed or abandoned homes and to rehabilitate, resell, or redevelop these homes in order to stabilize neighborhoods and stem the decline of house values of neighboring homes. | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Citywide CDBG-Eligible Targeted Areas | | | | |
| 13. PROPOSED PROJECT Start Date: 1/2009 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 38 | | |
| | | b. Project 38 | | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | |
| a. Federal | \$ | 3,530,825 | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: | |
| b. Applicant | \$ | | | |
| c. State | \$ | | | |
| d. Local | \$ | | | |
| e. Other | \$ | | 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 | |
| f. Program Income | \$ | | | |
| g. TOTAL | \$ | 3,530,825 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <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 Mrs. | First Name Linda | | Middle Name | |
| Last Name Lowry | | | Suffix | |
| b. Title City Manager | | | c. Telephone Number (give area code) 909-620-2314 | |
| d. Signature of Authorized Representative | | | e. Date Signed | |