


**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

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|--|----|--|--|------------------------------|---|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 12/1/2008 | | Applicant Identifier | |
| | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | | | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: City of Allentown | | | Organizational Unit: Department: Community and Economic Development | | |
| Organizational DUNS: 068569656 | | | Division: | | |
| Address: Street: 435 Hamilton Street | | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Heidi | | |
| City: Allentown | | | Middle Name K. | | |
| County: Lehigh | | | Last Name Baer | | |
| State: PA | | Zip Code 18101 | | Suffix: | |
| Country: United States of America | | | Email: baer@allentowncity.org | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-6003116 | | | Phone Number (give area code) (610) 437-7761 | | Fax Number (give area code) (610) 439-5947 |
| 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.) | | | 7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify) | | |
| Other (specify) | | | 9. NAME OF FEDERAL AGENCY: Housing and Urban Development | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218 TITLE (Name of Program): Neighborhood Stabilization Program | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Neighborhood Stabilization Program | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Allentown | | | | | |
| 13. PROPOSED PROJECT Start Date: 2/1/2009 Ending Date: 8/31/2010 | | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 15 b. Project 15 | | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | |
| a. Federal | \$ | 2,113,456.00 | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: | | |
| b. Applicant | \$ | .00 | 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 | | |
| c. State | \$ | .00 | | | |
| d. Local | \$ | .00 | | | |
| e. Other | \$ | .00 | | | |
| f. Program Income | \$ | .00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | | |
| g. TOTAL | \$ | 2,113,456.00 | | | |
| 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 Mr. | | First Name Ed | | Middle Name | |
| Last Name Pawlowski | | Suffix | | | |
| b. Title Mayor | | c. Telephone Number (give area code) (610) 437-7546 | | | |
| d. Signature of Authorized Representative  | | e. Date Signed 11/21/2008 | | | |