

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) A. Increase Award *Other (Specify) _____
--	---	---

3. Date Received: MARCH 1, 2011	4. Applicant Identifier: B-10-MN-36-0103
---	--

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:** THE CITY OF NEW YORK

*b. Employer/Taxpayer Identification Number (EIN/TIN): 13-6400434	*c. Organizational DUNS: 13-753-8489
---	--

d. Address:

***Street 1:** 100 GOLD ST.
Street 2: _____
***City:** NEW YORK
County: _____
***State:** NY
Province: _____
***Country:** _____
***Zip / Postal Code** 10038

e. Organizational Unit:

Department Name: HOUSING PRESERVATION AND DEVELOPMENT	Division Name: DISTRESSED ASSET FINANCE
---	---

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

Prefix: Ms. ***First Name:** Arden
Middle Name: _____
***Last Name:** Sokolow
Suffix: _____

Title: DIVISION DIRECTOR

Organizational Affiliation:

***Telephone Number:** (212) 863-6196 **Fax Number:** (212) 863-6407

***Email:** sokolowa@hpd.nyc.gov

Application for Federal Assistance SF-424 Version 02

***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:**
U.S. DEPT OF HOUSING AND URBAN DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:
14-218 _____
CFDA Title:
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
CITY OF NEW YORK

***15. Descriptive Title of Applicant's Project:**
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM - Neighborhood Stabilization Program-Round 3 (NSP3)

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: NY 006 THROUGH 019 *b. Program/Project: NY 006 THROUGH 019

17. Proposed Project:
*a. Start Date: 03/31/11 *b. End Date: 04/01/14

18. Estimated Funding (\$):

*a. Federal	9,787,803
*b. Applicant	2,500,000
*c. State	0
*d. Local	9,072,873
*e. Other	0
*f. Program Income	0
*g. TOTAL	21,360,676

***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: ROBERT
Middle Name: K.
*Last Name: STEEL
Suffix: _____

*Title: DEPUTY MAYOR, CITY OF NEW YORK

*Telephone Number: (212) 788-3098 Fax Number: _____

* Email: rgoldrich@cityhall.nyc.gov

*Signature of Authorized Representative:  *Date Signed: 02/22/11

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A