

| 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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____ |
| 3. Date Received: May 18, 2009 | 4. Applicant Identifier: S-08-MC-0104 | |
| 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: 61-806-4877 |
| d. Address: | | |
| *Street 1: | 33 Beaver Street, 17 th Floor | |
| Street 2: | _____ | |
| *City: | New York | |
| County: | _____ | |
| *State: | N.Y. | |
| Province: | _____ | |
| *Country: | United States of America | |
| *Zip / Postal Code | 10004 | |
| e. Organizational Unit: | | |
| Department Name: Department of Homlessness Services | | Division Name: Government Relations |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Ms. | *First Name: Jennifer | |
| Middle Name: | _____ | |
| *Last Name: Yeaw | _____ | |
| Suffix: | _____ | |
| Title: | Director of Government Relations | |
| Organizational Affiliation: NYC Department of Homeless Services | | |
| *Telephone Number: (212) 361-7978 | | Fax Number: |
| *Email: jyeaw@dhs.nyc.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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.257 _____

CFDA Title:

Homelessness Prevention and Rapid Rehousing Program (HPRP) _____

***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:**

Homelessness Prevention and Rapid Rehousing Program (HPRP)

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

17. Proposed Project:
 *a. Start Date: 09/30/2009 *b. End Date: 09/30/2012

18. Estimated Funding (\$):

| | |
|--------------------|---------------------|
| *a. Federal | <u>\$73,929,729</u> |
| *b. Applicant | _____ |
| *c. State | _____ |
| *d. Local | _____ |
| *e. Other | _____ |
| *f. Program Income | _____ |
| *g. TOTAL | <u>\$73,929,729</u> |

***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: C.

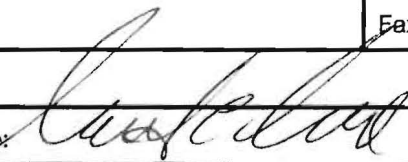
*Last Name: Lieber

Suffix: _____

*Title: Deputy Mayor for Economic Development, THE CITY OF NEW YORK

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

* Email: rgoldrich@cityhall.nyc.gov

*Signature of Authorized Representative:  *Date Signed: 5/15/09

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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.

N/A