

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy)	Applicant Identifier
	3. Date Received by State (mm/dd/yyyy)	State Application Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. Applicant Information

Legal Name	Organizational Unit
Address (give city, county, State, and zip code)	Name and telephone number of the person to be contacted on matters involving this application (give area code)

6. Employer Identification Number (EIN) (xx-yyyzzzz) <input type="text"/> - <input type="text"/>	7. Type of Applicant (enter appropriate letter in box) <input type="checkbox"/> A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N Nonprofit O Public Housing Agency P. Other (Specify)
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8. Type of Application:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify)

9. Name of Federal Agency

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

Title: -

11. Descriptive Title of Applicant's Project

12. Areas Affected by Project (cities, counties, States, etc.)

13. Proposed Project	14. Congressional Districts of
Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)	a. Applicant b. Project

15. Estimated Funding <div style="border: 1px solid black; padding: 20px; text-align: center;"> <p>Complete form HUD-424-M, Funding Matrix</p> </div>	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) _____ b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
	17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input type="checkbox"/> No

18. To the best of my knowledge and belief, all data in this application/pre-application 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. Typed Name of Authorized Representative	b. Title	c. Telephone Number (Include Area Code)
d. Signature of Authorized Representative		e. Date Signed (mm/dd/yyyy)

Federal Assistance Funding Matrix

COMMUNITY DEVELOPMENT BLOCK GRANT	Applicant Share (Prior Year Funds)	Federal Share	State Share	Local Share	Other	Program Income	TOTAL
PUBLIC FACILITIES/INFRASTRUCTURE							
Lancaster County Health and Welfare Foundation		\$180,000			\$47,338		\$227,338
Pink Alley Paving and Storm Water Improvements	\$35,000		\$2,111	\$9,278			\$46,389
Gap Sewer Extension Phase II, Section II		\$220,000	\$305,049	\$26,500	\$3,500		\$555,049
Rockvale Road Sanitary Sewer Extension	\$20,000	\$170,000		\$54,440	\$35,560		\$280,000
Sunhill Service Area Water Upgrade		\$193,000		\$146,419			\$339,419
Market Street Water and Sanitary Sewer Improvements		\$215,000		\$104,700	\$203,800		\$523,500
Mondale/Hunsicker Roads Sewer Extension		\$180,000		\$67,500	\$13,500		\$261,000
New Charlotte/Eby Streets Neighborhood Improvement Project		\$152,000		\$62,143	\$96,573		\$310,716
Christiana Neighborhood Improvement Project, Phase IV		\$180,000		\$47,890	\$11,560		\$239,450
Susan Avenue Reconstruction		\$180,000	\$43,000	\$56,923			\$279,923
Barber Street Reconstruction		\$100,000	\$27,800	\$11,200			\$139,000
PUBLIC/HUMAN SERVICES							
Public Services (to be determined)		\$640,000					\$640,000

Federal Assistance Funding Matrix

COMMUNITY DEVELOPMENT BLOCK GRANT	Applicant Share (Prior Year Funds)	Federal Share	State Share	Local Share	Other	Program Income	TOTAL
HOUSING ACTIVITIES							
Homebuyer Assistance Program	\$200,000	\$100,000		\$250,000	\$375,000		\$925,000
Home Improvement Program	\$425,000	\$375,000				\$200,000	\$1,000,000
Homeowner Assistance Program	\$7,500				\$15,000		\$22,500
Rental Housing Program - Rehabilitation	\$860,000			\$150,000	\$4,030,000	\$60,000	\$5,100,000
CAP Weatherization Program		\$150,000			\$1,119,571		\$1,269,571
Vacant Property Reinvestment Program	\$295,000						\$295,000
Home Improvement Program - Administration		\$185,000					\$185,000
Rental Housing Program - Administration	\$20,000	\$15,000					\$35,000
ECONOMIC DEVELOPMENT ACTIVITIES							
Community First Fund		\$50,000			\$242,243		\$292,243
ASSETS Business Training Program		\$40,000			\$535,000		\$575,000
Lancaster County Entrepreneurial Development Program		\$20,000			\$99,900		\$119,900
Lancaster County Microenterprise Assistance Program	\$175,000					\$25,000	\$200,000

Federal Assistance Funding Matrix

COMMUNITY DEVELOPMENT BLOCK GRANT	Applicant Share (Prior Year Funds)	Federal Share	State Share	Local Share	Other	Program Income	TOTAL
ADMINISTRATION							
CDBG General Administration		\$510,000					\$510,000
CDBG Indirect Administration		\$90,000					\$90,000
CDBG Public Participation		\$10,000					\$10,000
Fair Housing Program		\$45,000					\$45,000
CONTINGENCY							
Local Option Contingency Funds	\$250,000						\$250,000
TOTALS	\$2,287,500	\$4,000,000	\$377,960	\$986,993	\$6,828,545	\$285,000	\$14,765,998

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10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: <input type="text"/> — <input type="text"/>	11. Descriptive Title of Applicant's Project
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12. Areas Affected by Project (cities, counties, States, etc.)

13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)	14. Congressional Districts of a. Applicant b. Project
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Complete form HUD-424-M, Funding Matrix	15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) _____ b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
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Federal Assistance Funding Matrix

EMERGENCY SHELTER GRANT PROGRAM	Applicant Share (Prior Year Funds)	Federal Share	State Share	Local Share	Other	Program Income	TOTAL
OPERATING COSTS							
Lancaster Domestic Violence Center		\$45,000			\$1,399,910		\$1,444,910
Transitional Living Center		\$32,000			\$513,756		\$545,756
Crispus Attucks Community Center		\$14,491			\$403,130		\$417,621
Clare House		\$9,500			\$170,758		\$180,258
United Veterans Beacon House		\$3,900			\$4,675		\$8,575
							\$0
PUBLIC SERVICES							\$0
Shelter to Independent Living		\$28,109			\$265,177		\$293,286
TOTALS	\$0	\$133,000	\$0	\$0	\$2,757,406	\$0	\$2,890,406

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7. Type of Applicant (enter appropriate letter in box)

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B. County	K. Indian Tribe
C. Municipal	L. Individual
D. Township	M. Profit Organization
E. Interstate	N. Nonprofit
F. Inter-municipal	O. Public Housing Agency
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Date (mm/dd/yyyy) _____

b. **No** Program is not covered by E.O. 12372

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Federal Assistance Funding Matrix

HOME INVESTMENT PARTNERSHIPS PROGRAM	Applicant Share (Prior Year Funds)	Federal Share	State Share	Local Share	Other	Program Income	TOTAL
Program Administration		\$135,175					\$135,175
CHDO Set-Aside		\$202,763		\$50,691	\$755,000		\$1,008,454
CHDO Operating Costs		\$30,000			\$51,657		\$81,657
Rental Housing - New Construction		\$983,812		\$245,953	\$3,625,000		\$4,854,765
American Dream Downpayment Initiative 2003		\$71,638		\$17,910	\$626,833		\$716,380
American Dream Downpayment Initiative 2004		\$84,534			\$760,806		\$845,340
TOTALS	\$0	\$1,507,922	\$0	\$314,553	\$5,819,296	\$0	\$7,641,771