

# SECTION 1 – APPLICATION FOR FEDERAL ASSISTANCE

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# Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

Application  Preapplication

2. Date Submitted <b>11/17/2004</b>	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number <b>DUNS #: 071193551</b>

7. Applicant's Legal Name <b>County of Lancaster</b>		8. Organizational Unit <b>Redevelopment Authority of the County of Lancaster</b>	
9. Address (give city, county, State, and zip code) A. Address: <b>50 North Duke Street</b> B. City: <b>Lancaster</b> C. County: <b>Lancaster</b> D. State: <b>Pennsylvania</b> E. Zip Code: <b>17608-3480</b>		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: <b>Randy S. Patterson</b> B. Title: <b>Executive Director</b> C. Phone: <b>(717) 394-0793</b> D. Fax: <b>(717) 394-7635</b> E. E-mail: <b>rpatterson@lchra.com</b>	
11. Employer Identification Number (EIN) or SSN <b>23-6003055</b>		12. Type of Applicant (enter appropriate letter in box) <b>B</b> A. State I. University or College B. County J. Indian Tribe C. Municipal K. Tribally Designated Housing Entity (TDHE) D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency <b>U.S. Department of Housing and Urban Development</b>	
15. Catalog of Federal Domestic Assistance (CFDA) Number <b>14 --- 218</b> Title: <b>Community Development Block Grant Program</b> Component Title:		16. Descriptive Title of Applicant's Program <b>Fiscal Year 2005 Community Development Block Grant Program for Lancaster County</b>	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)			
18a. Proposed Program start date <b>1/1/2005</b>	18b. Proposed Program end date <b>12/31/2005</b>	19a. Congressional Districts of Applicant <b>16th</b>	19b. Congressional Districts of Program <b>16th</b>
20. Estimated Funding: <b>Applicant must complete the Funding Matrix on Page 2.</b>			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 <input checked="" type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			

## Federal Assistance Funding Matrix

<b>COMMUNITY DEVELOPMENT BLOCK GRANT</b>	HUD Share	Applicant Share (Prior Year Funds)	State Share	Local Share	Other	Program Income	TOTAL
<b>HOUSING</b>							
Vacant Property Reinvestment Program		\$200,000					\$200,000
Community Homebuyer Program		\$175,000					\$175,000
Home Improvement Program - Projects	\$532,000	\$218,000				\$250,000	\$1,000,000
Home Improvement Program - Administration		\$220,000					\$220,000
Homeowner Assistance Program		\$10,000					\$10,000
Rental Housing Program - Rehabilitation - Projects		\$860,000				\$40,000	\$900,000
Rental Housing Program - Administration		\$25,000					\$25,000
CAP Weatherization Program	\$150,000						\$150,000
<b>PUBLIC/HUMAN SERVICES</b>							
Public Services (to be determined)							\$0
<b>PUBLIC FACILITIES/INFRASTRUCTURE</b>							
YWCA Facilities Renovation	\$40,000						\$40,000
Community Services Center Building Renovations -Phase III	\$230,000						\$230,000
Conestoga Manor Sanitary Sewer Extension	\$165,000						\$165,000
Fairview Road Sanitary Sewer Extension	\$164,000						\$164,000
Red Run & Wide Hollow Roads Water/Sanitary Sewer Ext.	\$200,000						\$200,000

<b>COMMUNITY DEVELOPMENT BLOCK GRANT</b>	HUD Share	Applicant Share (Prior Year Funds)	State Share	Local Share	Other	Program Income	TOTAL
Vintage Sanitary Sewer Extension	\$240,000						\$240,000
North Sixth Street NIP	\$230,000						\$230,000
West Ferdinand & South Grant Streets NIP	\$206,000						\$206,000
<b>PUBLIC SERVICES</b>							
Activities to be Determined	\$665,000						\$665,000
<b>ECONOMIC DEVELOPMENT ACTIVITIES</b>							
Community First Fund	\$60,000						\$60,000
ASSETS Business Training Program	\$40,000						\$40,000
Lancaster County Entrepreneurial Development Program	\$30,000						\$30,000
Lancaster County Microenterprise Assistance Program		\$80,000				\$20,000	\$100,000
<b>PLANNING &amp; ADMINISTRATION</b>							
CDBG General Administration	\$550,000						\$550,000
CDBG Indirect Administration	\$90,000						\$90,000
CDBG Public Participation	\$10,000						\$10,000
Fair Housing Program	\$45,000						\$45,000
<b>CONTINGENCY</b>							
Local Option Contingency Funds	\$128,000						\$128,000

<b>COMMUNITY DEVELOPMENT BLOCK GRANT</b>	HUD Share	Applicant Share (Prior Year Funds)	State Share	Local Share	Other	Program Income	TOTAL
<b>TOTALS</b>	\$4,000,000	\$1,788,000	\$0	\$0	\$0	\$310,000	\$6,098,000

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure to Report Lobbying. I certify that I shall require all sub-awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded under the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official:	Name: Howard "Pete" Shaub
Title: Chairman, Lancaster County Commissioners	Date: November 17, 2004

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11. Employer Identification Number (EIN) or SSN <b>23-6003055</b>		12. Type of Applicant (enter appropriate letter in box) <b>B</b> A. State I. University or College B. County J. Indian Tribe C. Municipal K. Tribally Designated Housing Entity (TDHE) D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)	
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15. Catalog of Federal Domestic Assistance (CFDA) Number <b>14 --- 239</b> Title: <b>HOME Investment Partnerships Program</b> Component Title:		16. Descriptive Title of Applicant's Program <b>Fiscal Year 2005 HOME Investment Partnerships Program for Lancaster County</b>	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)			
18a. Proposed Program start date <b>1/1/2005</b>	18b. Proposed Program end date <b>12/31/2005</b>	19a. Congressional Districts of Applicant <b>16th</b>	19b. Congressional Districts of Program <b>16th</b>
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## Federal Assistance Funding Matrix

<b>HOME INVESTMENT PARTNERSHIPS PROGRAM</b>	HUD Share	Applicant Share (Prior Year Funds)	State Share	Local Share	Other	Program Income	TOTAL
Rental Housing - New Construction	\$813,750			\$203,500	\$2,542,250		\$3,559,500
American Dream Downpayment Initiative	\$75,000				\$750,000		\$825,000
CHDO Set-Aside	\$168,750				\$675,000		\$843,750
CHDO Operating Costs	\$30,000			\$56,675			\$86,675
Program Administration	\$112,500						\$112,500
<b>TOTALS</b>	<b>\$1,200,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$260,175</b>	<b>\$3,967,250</b>	<b>\$0</b>	<b>\$5,427,425</b>

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure to Report Lobbying. I certify that I shall require all sub-awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

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Title: Chairman, Lancaster County Commissioners

Date: November 17, 2004

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15. Catalog of Federal Domestic Assistance (CFDA) Number <b>14 --- 231</b> Title: <b>Emergency Shelter Grant Program</b> Component Title:		16. Descriptive Title of Applicant's Program <b>Fiscal Year 2005 Emergency Shelter Grant Program for Lancaster County</b>	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)	18a. Proposed Program start date <b>1/1/2005</b>	18b. Proposed Program end date <b>12/31/2005</b>	19a. Congressional Districts of Applicant <b>16th</b>
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## Federal Assistance Funding Matrix

<b>EMERGENCY SHELTER GRANT PROGRAM</b>	HUD Share	Applicant Share (Prior Year Funds)	State Share	Local Share	Other	Program Income	TOTAL
<b>OPERATING COSTS</b>							
Lancaster Domestic Violence Center	\$40,100		\$731,854	\$197,184	\$459,118		\$1,428,256
Transitional Living Center	\$28,500			\$21,945	\$439,590		\$490,035
Crispus Attucks Community Center	\$14,000			\$22,818	\$186,419		\$223,237
Clare House	\$8,400			\$10,000	\$102,330		\$120,730
United Veterans Beacon House	\$3,500				\$16,500		\$20,000
<b>PUBLIC SERVICES</b>							
Shelter to Independent Living	\$25,000			\$46,750	\$257,341		\$329,091
Clare House	\$4,000			\$10,000	\$52,000		\$66,000
Crispus Attucks Community Center	\$11,500			\$20,000	\$23,000		\$54,500
<b>TOTALS</b>	\$135,000	\$0	\$731,854	\$328,697	\$1,536,298	\$0	\$2,731,849

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