

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> February 7th, 2011	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction			
<b>5. APPLICANT INFORMATION</b>				
Legal Name: City of Mesa, Arizona		<b>Organizational Unit:</b> Department: Neighborhood Services Department		
Organizational DUNS: 020141404		Division: Housing and Revitalization Division		
<b>Address:</b> Street: P.O. Box 1466 20 East Main Street, Suite 250 City: Mesa		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
County: Maricopa		Prefix: Mr.	First Name: Ramiro	
State: Arizona		Middle Name		
Zip Code: 85211-1466	Last Name Villa			
Country: United States of America		Suffix:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 8 6 - 6 0 0 0 2 5 2		Email: ray.villa@mesaaz.gov		
		Phone Number (give area code) 480-644-4546	Fax Number (give area code) 480-644-4322	
<b>8. TYPE OF APPLICATION:</b> <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.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Development Block Grants/Entitlement Grants 1 4 - 2 1 8		<b>9. NAME OF FEDERAL AGENCY:</b> Department of Housing and Urban Development (HUD)		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Mesa, Arizona		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Neighborhood Stabilization Program #3 (NSP3)		
<b>13. PROPOSED PROJECT</b> Start Date: March 14, 2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 5,6		
Ending Date: March 14, 2014		b. Project 5,6		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 4,019,457 <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ <sup>00</sup>	DATE:		
c. State	\$ <sup>00</sup>	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 4,019,457 <sup>00</sup>			
<b>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.</b>				
a. Authorized Representative				
Prefix Mr.	First Name Christopher	Middle Name J.		
Last Name Brady		Suffix		
b. Title City Manager		c. Telephone Number (give area code) 480-644-2066		
d. Signature of Authorized Representative 		e. Date Signed 2/8/11		