

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED May 14, 2012	Applicant Identifier 93-60021769
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-12-MC-410006
5. APPLICANT INFORMATION				
Legal Name: City of Gresham		Organizational Unit: Department: Urban Design & Planning		
Organizational DUNS: 037079860		Division: Community Revitalization Program		
Address: Street: 1333 NW Eastman Parkway		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Gresham		Prefix:	First Name: Elaine	
County: Multnomah		Middle Name		
State: Oregon	Zip Code 97030	Last Name Fultz		
Country: U.S.A.		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-6002176		Email: elaine.fultz@greshamoregon.gov		
		Phone Number (give area code) 506-618-2818	Fax Number (give area code) 503-669-1376	
8. TYPE OF APPLICATION: <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) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) c. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Development Block Grant/Entitlement Grants 14-218		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): OR - The City of Gresham		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2012-2013 Consolidated Plan Action Plan for City of Gresham		
13. PROPOSED PROJECT Start Date: 07/01/2012 Ending Date: 06/30/2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Third in OR b. Project Third in OR		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 867,201 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 28,842 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 10,000 ⁰⁰			
g. TOTAL	\$ 906,043 ⁰⁰			
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.				
a. Authorized Representative				
Prefix Mr.	First Name Erik	Middle Name		
Last Name Kvarsten			Suffix	
b. Title City Manager			c. Telephone Number (give area code) 503-618-2346	
d. Signature of Authorized Representative			e. Date Signed	