

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED March 1, 2011	Applicant Identifier B-10-MY-120037
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier FL122514 PLANTATION
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
City of Plantation		Department:		
Organizational DUNS: 078466380		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 400 NW 73 Avenue		Prefix:	First Name: Patrick	
City: Plantation		Middle Name		
County: Broward		Last Name Haggerty		
State: Florida	Zip Code 33317	Suffix:		
Country: USA		Email: phaggerty@plantation.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-6017775		Phone Number (give area code) 954-797-2656	Fax Number (give area code) 954-797-2793	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal recipient Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218 TITLE (Name of Program): Entitlement Grant		9. NAME OF FEDERAL AGENCY:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Plantation NSP3 Target Area (see map)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Acquisition and Rehabilitation of foreclosed properties within the City of Plantation NSP3 target area with 25% going to low income.		
13. PROPOSED PROJECT Start Date: May 1, 2011 Ending Date: May 1, 2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20,22,23 b. Project 20		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal NSP 3	\$ 1,216,427.00	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	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$.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	First Name Rae	Middle Name Carole		
Last Name Armstrong	Suffix			
b. Title Mayor	c. Telephone Number (give area code)			
d. Signature of Authorized Representative	e. Date Signed			