

**Application for Federal Assistance SF-424** Version 02

<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s)</b> A. Increase Award <b>*Other (Specify)</b> _____
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<b>3. Date Received:</b> DECEMBER 1, 2008	<b>4. Applicant Identifier:</b> B-08-MN-36-0103
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<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
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**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
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**8. APPLICANT INFORMATION:**

**\*a. Legal Name:** THE CITY OF NEW YORK

<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 13-6400434	<b>*c. Organizational DUNS:</b> 61-806-4877
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**d. Address:**

**\*Street 1:** 100 GOLD ST.  
**Street 2:** \_\_\_\_\_  
**\*City:** NEW YORK  
**County:** \_\_\_\_\_  
**\*State:** NY  
**Province:** \_\_\_\_\_  
**\*Country:** \_\_\_\_\_  
**\*Zip / Postal Code** 10038

**e. Organizational Unit:**

<b>Department Name:</b> HOUSING PRESERVATION AND DEVELOPMENT	<b>Division Name:</b> INTERGOVERNMENTAL AFFAIRS
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**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** Ms. **\*First Name:** ALEXANDRA  
**Middle Name:** \_\_\_\_\_  
**\*Last Name:** SEWELL  
**Suffix:** \_\_\_\_\_

**Title:** ASSISTANT COMMISSIONER

**Organizational Affiliation:**

**\*Telephone Number:** (212) 863-8402 **Fax Number:** (212) 863-7450

**\*Email:** SEWELLA@HPD.NYC.GOV

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**\*9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

**U.S. DEPT OF HOUSING AND URBAN DEVELOPMENT**

**11. Catalog of Federal Domestic Assistance Number:**

14-218 \_\_\_\_\_

CFDA Title:

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**CITY OF NEW YORK**

**\*15. Descriptive Title of Applicant's Project:**

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM - Neighborhood Stabilization Program (NSP))

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**16. Congressional Districts Of:**

\*a. Applicant: NY 006 THROUGH 019  
019

\*b. Program/Project: NY 006 THROUGH

**17. Proposed Project:**

\*a. Start Date: 02/15/09

\*b. End Date: 06/13/10

**18. Estimated Funding (\$):**

*a. Federal	24,257,740
*b. Applicant	6,000,000
*c. State	0
*d. Local	55,931,498
*e. Other	0
*f. Program Income	0
*g. TOTAL	86,189,238

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes       No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

**Authorized Representative:**

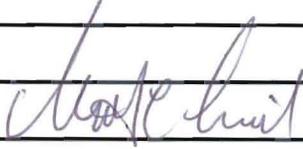
Prefix: MR.      \*First Name: ROBERT  
Middle Name: C.  
\*Last Name: LIEBER  
Suffix: \_\_\_\_\_

\*Title: DEPUTY MAYOR, CITY OF NEW YORK

\*Telephone Number: (212) 788-3098

Fax Number:

\* Email: rgoldrich@cityhall.nyc.gov

\*Signature of Authorized Representative: 

\*Date Signed: 12/01/2008

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**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

CITY OF NEW YORK  
 2008 Amended - *Neighborhood Stabilization Program*  
 Additional Funding Sources  
 Organizational DUNS: 61-806-4877

Entitlement Grant (Includes reallocated funds)			
	CDBG		\$0
	NSP	\$24,257,740	
	ESG		\$0
	HOME		\$0
	ADDI		\$0
	HOPWA		\$0
<b>Total</b>			<b>\$24,257,740</b>
Prior Years' Program Income NOT previously programmed or reported			
	CDBG		\$0
	ESG		\$0
	HOME		\$0
	HOPWA		\$0
<b>Total</b>			<b>\$0</b>
Reprogrammed Prior Years' Funds			
	CDBG		\$0
	ESG		\$0
	HOME		\$0
	HOPWA		\$0
<b>Total</b>			<b>\$0</b>
Total Estimated Program Income			
	ALL OTHER		\$0
<b>Total</b>			<b>\$0</b>
Section 108 Loan Guarantee Fund			\$0
<b>TOTAL FUNDING SOURCES</b>			<b>\$24,257,740</b>
Other Funds			
	APPLICANT (Dept. of Housing Preservation and Development)	\$6,000,000	
	PRIVATE FUNDS	\$55,931,498	
<b>Total</b>			<b>\$61,931,498</b>
<b>Submitted Proposed Projects Totals</b>			<b>\$86,189,238</b>
<b>Un-Submitted Proposed Projects Totals</b>			<b>\$0</b>