

Appendix D: SF 424 Form



**City of Citrus Heights
2010 Action Plan**

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 060726
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 91-1762645
5. APPLICANT INFORMATION			
Legal Name: City of Citrus Heights		Organizational Unit: Department: Community and Economic Development Department	
Organizational DUNS: 04-179-2834		Division: Housing and Grants	
Address: Street: 6237 Fountain Square Drive		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Katherine	
City: Citrus Heights		Middle Name Robin	
County: Sacramento		Last Name Cooley	
State: Ca		Suffix:	
Zip Code 95670		Email: kcooley@citrusheights.net	
Country: USA		Phone Number (give area code) 916-727-4952	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 1 - 1 7 6 2 6 4 5		Fax Number (give area code) 916-725-5799	
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)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 1 8		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development	
TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Grant Administration Public Services Housing Rehabilitation Infrastructure Projects	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-3	
13. PROPOSED PROJECT Start Date: 1/1/2010		b. Project CA-3	
Ending Date: 12/31/2010		16. 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 type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 694,575 ⁰⁰		
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ 856,000 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ 50,000 ⁰⁰		
g. TOTAL	\$ 1,606,000 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		Middle Name	
First Name Henry		Suffix	
Last Name Tingle		c. Telephone Number (give area code) 916-725-2448	
b. Title City Manager		e. Date Signed 4/28/10	
d. Signature of Authorized Representative 			