

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

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| <b>1. TYPE OF SUBMISSION:</b><br>Application         |  | <b>2. DATE SUBMITTED</b><br>11-19-2008                  | Applicant Identifier<br>94-6000509          |
| <input type="checkbox"/> Construction                | Pre-application  | <b>3. DATE RECEIVED BY STATE</b>                        | State Application Identifier                |
| <input checked="" type="checkbox"/> Non-Construction | <input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b><br>11-21-2008 | Federal Identifier<br>B-08-UC-06-0002 (NSP) |

**5. APPLICANT INFORMATION**

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| Legal Name:<br>County of Contra Costa                      | <b>Organizational Unit:</b><br>Department:<br>Conservation and Development  |
| Organizational DUNS:<br>139441955                          | Division:<br>Redevelopment  |
| <b>Address:</b><br>Street:<br>2530 Arnold Drive, Suite 190 | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b><br>Prefix:                      First Name:<br>Kara |
| City:<br>Martinez  | Middle Name<br>Lyn  |
| County:<br>Contra Costa                                    | Last Name<br>Douglas  |
| State:<br>CA                      Zip Code<br>94553        | Suffix:   |
| Country:<br>USA  | Email:<br>kdoug@cd.cccounty.us  |

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| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><br>9 4 - 6 0 0 0 5 0 9 | Phone Number (give area code)<br>925-335-7223 | Fax Number (give area code)<br>925-335-7201 |
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| <b>8. TYPE OF APPLICATION:</b><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br><br>Other (specify) <input type="checkbox"/> <input type="checkbox"/> | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>County<br>Other (specify) |
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| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><br>1 4 - 2 1 8 | <b>9. NAME OF FEDERAL AGENCY:</b><br>U.S. Department of Housing & Urban Development |
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| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>Counties | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Neighborhood Stabilization Program to assist areas of greatest need with highest percentage of foreclosure and subprime financing to finance purchase, acquire, demolish, land bank and redevelop abandoned and foreclosed homes. FR 5225-N-01 |
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| <b>13. PROPOSED PROJECT</b><br>Start Date: 01-01-2009                      Ending Date: 06-30-2013 | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant 7th                      b. Project 7th and 10th |
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| <b>15. ESTIMATED FUNDING:</b>   | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>   |
| a. Federal                      \$                      6,019,051 <sup>00</sup> | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br><br>DATE: |
| b. Applicant                      \$                      . <sup>00</sup>       | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  |
| c. State                      \$                      . <sup>00</sup>           | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |
| d. Local                      \$                      . <sup>00</sup>           | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>   |
| e. Other                      \$                      . <sup>00</sup>           | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |
| f. Program Income                      \$                      . <sup>00</sup>  |   |
| g. TOTAL                      \$                      6,019,051 <sup>00</sup>   |   |

**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.**

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| <b>a. Authorized Representative</b>   |                     |  |
| Prefix<br>Mr.   | First Name<br>James | Middle Name  |
| Last Name<br>Kennedy  |                     | Suffix   |
| b. Title<br>Deputy Director, Redevelopment  |                     | c. Telephone Number (give area code)<br>925-335-7225 |
| d. Signature of Authorized Representative  |                     | e. Date Signed<br>11-19-2008                         |