

**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 11/28/2008	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State of Rhode Island	Organizational Unit: Department: Administration
Organizational DUNS: #####	Division: Planning, Office of Housing and Community Development *
Address: Street: One Capitol Hill, 3rd Floor	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Michael
City: Providence	Middle Name
County: Providence	Last Name Tondra
State: RI	Zip Code 02908-5873
Country: US	Suffix: Email: mtondra@doa.ri.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): # # - # # # # # # # #	Phone Number (give area code) (401) 222-2079	Fax Number (give area code) (401) 222-2083
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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) A: State Other (specify)
	9. NAME OF FEDERAL AGENCY: Federal Mediation and Conciliation Service HUD

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 2 8 TITLE (Name of Program): State Community Development Block Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: R.I. Neighborhood Stabilization Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rhode Island Statewide	

13. PROPOSED PROJECT Start Date: 1/1/2009	Ending Date: 6/30/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant RI 1 and 2	b. Project RI 1 and 2
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 19,600,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/12/08
b. Applicant \$. ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
d. Local \$. ⁰⁰	
e. Other \$. ⁰⁰	
f. Program Income \$. ⁰⁰	
g. TOTAL \$ 19,600,000 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	First Name Noreen	Middle Name
Last Name Shawcross		Suffix
b. Title Chief, Office of Housing and Community Development		c. Telephone Number (give area code) (401) 222-5766
d. Signature of Authorized Representative		e. Date Signed 11/28/2008