

**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		2. DATE SUBMITTED December 3, 2010	Applicant Identifier
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
5. APPLICANT INFORMATION			
Legal Name: City of Lawrenceburg		Organizational Unit: Department: City Council	
Organizational DUNS: 07-677-0437		Division: Redevelopment Committee	
Address: Street: 230 Walnut St.		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Frederick	
City: Lawrenceburg		Middle Name M.	
County: Dearborn		Last Name Jones	
State: IN	Zip Code 47025	Suffix:	
Country: United States		Email: jonesenterprises@centurylink.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 5 - 6 0 0 1 0 8 5		Phone Number (give area code) 317-518-2400	Fax Number (give area code) 812-532-3559
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) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Development Block Grants/Entitlement Grants 1 4 - 2 2 8		9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lawrenceburg, IN		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Neighborhood Stabilization Program	
13. PROPOSED PROJECT Start Date: April 1, 2011 Ending Date: July 31, 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Indiana Ninth b. Project Indiana Ninth	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,500,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 100,000.00	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	\$ 5,600,000.00		
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 Mr.	First Name Frederick	Middle Name M.	
Last Name Jones		Suffix	
b. Title Administrator		c. Telephone Number (give area code) 317-518-2400	
d. Signature of Authorized Representative <i>Frederick M. Jones</i>		e. Date Signed 12/31/2010	