

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> May 15, 2009	Applicant Identifier S-09-DY-36-0100
	<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier
	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> May 15, 2009		Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> New York State Office of Temporary and Disability Assistance	<b>Organizational Unit:</b> Department: The Center for Specialized Services
<b>Organizational DUNS:</b> 80-6781860	<b>Division:</b> Bureau of Housing and Shelter Services
<b>Address:</b> Street: 40 North Pearl Street, 10B City: Albany County: Albany State: New York Zip Code: 12243-0100 Country: USA: United States	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Richard Middle Name: M. Last Name: Umholtz Suffix:  Email: richard.umholtz@otda.state.ny.us

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 14-6013200	<b>Phone Number (give area code)</b> 518-474-3080	<b>Fax Number (give area code)</b> 518-486-7068
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<b>8. TYPE OF APPLICATION:</b> <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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) State (A) Other (specify)
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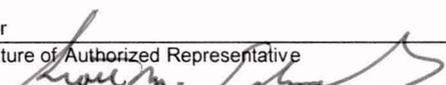
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-257	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development
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<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Homelessness Prevention and Rapid Re-Housing Program (HPRP)	<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> New York State
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<b>13. PROPOSED PROJECT</b> Start Date: September 30, 2009 Ending Date: September 30, 2012	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant All of State b. Project All of State
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<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>25,527,382<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>25,527,382<sup>00</sup></td> </tr> </table>	a. Federal	\$	25,527,382 <sup>00</sup>	b. Applicant	\$	<sup>00</sup>	c. State	\$	<sup>00</sup>	d. Local	\$	<sup>00</sup>	e. Other	\$	<sup>00</sup>	f. Program Income	\$	<sup>00</sup>	g. TOTAL	\$	25,527,382 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> 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
a. Federal	\$	25,527,382 <sup>00</sup>																				
b. Applicant	\$	<sup>00</sup>																				
c. State	\$	<sup>00</sup>																				
d. Local	\$	<sup>00</sup>																				
e. Other	\$	<sup>00</sup>																				
f. Program Income	\$	<sup>00</sup>																				
g. TOTAL	\$	25,527,382 <sup>00</sup>																				
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						

**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.**

<b>a. Authorized Representative</b>		
Prefix Mr.	First Name Scott	Middle Name M.
Last Name Edwards		Suffix
b. Title Director		c. Telephone Number (give area code) 518-474-1051
d. Signature of Authorized Representative 		e. Date Signed 5/7/09