

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<input type="checkbox"/> Pre-application	<b>2. DATE SUBMITTED</b> May 8, 2009	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Hidalgo County, Texas			Organizational Unit: Department: Urban County Program		
Organizational DUNS: 103110834			Division: CDBG Grants Division		
Address: Street: 100 E. Cano, 2nd Floor			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Diana		
City: Edinburg			Middle Name R.		
County: County of Hidalgo			Last Name Serna		
State: Texas		Zip Code 78539		Suffix:	
Country: United States of America			Email: drsema@bizrgv.rr.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 74-6000717			Phone Number (give area code) (956) 787-8127		Fax Number (give area code) (956) 787-5291
<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) <input type="checkbox"/> <input type="checkbox"/>			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Labor Management Cooperation Program 14-257			<b>9. NAME OF FEDERAL AGENCY:</b> Department of Housing and Urban Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Hidalgo County, Texas			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Homeless Prevention Homeless Prevention Rapid Re-Housing Program (HPRP)		
<b>13. PROPOSED PROJECT</b> Start Date: September 1, 2009			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 15. & 28.		
Ending Date: August 31, 2012			b. Project 15. & 28.		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	3,463,905 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 10, 2009		
b. Applicant	\$	<sup>00</sup>	b. No. <input 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	\$	3,463,905 <sup>00</sup>			
<b>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>					
<b>a. Authorized Representative</b>					
Prefix Mr.		First Name Juan		Middle Name De Dios (D.)	
Last Name Salinas, III				Suffix	
b. Title Hidalgo County Judge				c. Telephone Number (give area code) 1 (956) 318-2600	
d. Signature of Authorized Representative				e. Date Signed	