

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 6/3/09	Applicant Identifier
<input checked="" type="checkbox"/> <b>Construction</b>	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> <b>Construction</b>	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
	<input type="checkbox"/> <b>Non-Construction</b>		

**5. APPLICANT INFORMATION**

Legal Name: Santa Barbara County Housing and Community Development		<b>Organizational Unit:</b> Department: Housing and Community Development Department	
Organizational DUNS: 13-185-1003		Division: Housing Development and Grants Administration Division	
<b>Address:</b> Street: 123 East Anapamu Street, Room 27		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Santa Barbara		Prefix: Mr.	First Name: Carlos
County: Santa Barbara		Middle Name	
State: CA		Last Name Jimenez	
Zip Code 93101	Suffix: Jr.		
Country: United States of America		Email: cjimenez@co.santa-barbara.ca.us	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 6 0 0 2 8 3 3	Phone Number (give area code) (805) 568-2523	Fax Number (give area code) (805) 560-1091
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<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" 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"/> A	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B-County Other (specify)
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**9. NAME OF FEDERAL AGENCY:**  
U.S. Department of Housing and Urban Development

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Development Block Grant Program	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> American Recovery and Reinvestment Act of 2009: Community Development Block Grant-Recovery (CDBG-R)
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Santa Barbara County, Cities of Lompoc, Santa Barbara, Goleta, Carpinteria
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<b>13. PROPOSED PROJECT</b> Start Date: 9/1/09	Ending Date: 10/30/2012	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 23 and 24	b. Project 23 and 24
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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    \$    542,154. <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON 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    \$    542,154. <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.**

<b>a. Authorized Representative</b>		
Prefix Mr.	First Name Joseph	Middle Name
Last Name Centeno		Suffix
<b>b. Title</b> Chair, Board of Supervisors		<b>c. Telephone Number (give area code)</b> (805) 346-8400
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b>