OMB Number: 4040-0004 Expiration Date: 10/31/2019

Application for Federal Assistance SF-424			
* 1. Type of Submission: Preapplication New Application Changed/Corrected Application Revision	* If Revision, select appropriate letter(s): * Other (Specify):		
* 3. Date Received: 4. Applicant Identifier: 07/26/2017			
5a. Federal Entity Identifier:	5b. Federal Award Identifier:		
State Use Only:			
6. Date Received by State: 7. State Applicat	ion Identifier:		
8. APPLICANT INFORMATION:			
*a.Legal Name: City of Orlando, Florida		一	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:		
59-60000396	0703436400000		
d. Address:	•		
* Street1: City Hall, 7th Floor			
Street2: 400 South Orange Avenue			
* City: Orlando			
County/Parish: Orange			
* State: FL: Florida			
Province:			
* Country: USA: UNITED STATES			
* Zip / Postal Code: 38801-3360			
e. Organizational Unit:			
Department Name:	Division Name:		
Housing & Community Developmen			
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr. * First No.	ame: <mark>Oren</mark>	一	
Middle Name:		_	
* Last Name: Henry			
Suffix:		_	
Title: Director			
Organizational Affiliation:			
* Telephone Number: 407-246-2328	Fax Number: 407-246-3055	$\overline{}$	
* Email: oren.henry@cityoforlando.net			

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
C: City or Township Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
U.S. Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Number:
14.218
CFDA Title:
CDBG Program
* 12. Funding Opportunity Number:
B-17-MC-12-0015
* Title:
CDBG Program
13. Competition Identification Number:
To Somponion resimilation realisms.
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
2017 CDBG Program
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments
Police / Machinione

Application for Federal Assistance SF-424		
16. Congressional Districts Of:		
* a. Applicant 579,10	* b. Program/Project 579,10	
Attach an additional list of Program/Project Congressional District	ts if needed.	
	Add Attachment Delete Attachment View Attachment	
17. Proposed Project:		
* a. Start Date: 10/01/2017	* b. End Date: 09/30/2018	
18. Estimated Funding (\$):		
* a. Federal 1,866,085.00		
* b. Applicant 0		
* c. State 0		
* d. Local 0		
* e. Other		
* f. Program Income		
* g. TOTAL		
* 19. Is Application Subject to Review By State Under Exec		
a. This application was made available to the State und		
b. Program is subject to E.O. 12372 but has not been se	elected by the State for review.	
x c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If	"Yes," provide explanation in attachment.)	
Yes X No		
If "Yes", provide explanation and attach		
	Add Attachment Delete Attachment View Attachment	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements		
herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to		
herein are true, complete and accurate to the best of n comply with any resulting terms if I accept an award. I am	ny knowledge. I also provide the required assurances** and agree to aware that any false, fictitious, or fraudulent statements or claims may	
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herein are true, complete and accurate to the best of n comply with any resulting terms if I accept an award. I am subject me to criminal, civil, or administrative penalties. (I ** I AGREE ** The list of certifications and assurances, or an internet site specific instructions. **Authorized Representative: Prefix: Mr. * First Middle Name: * Last Name: Dyer Suffix: ** Title: Mayor * Telephone Number: 407-246-2221	ny knowledge. I also provide the required assurances** and agree to aware that any false, fictitious, or fraudulent statements or claims may J.S. Code, Title 218, Section 1001) where you may obtain this list, is contained in the announcement or agency at Name: Buddy Buddy	