

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED December 1, 2008	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Pasco County, Florida	Organizational Unit: Department: Office of Management and Budget
Organizational DUNS: 069677953	Division: Community Development Division
Address: Street: 5640 Main Street, Suite 200	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.
City: New Port Richey	First Name: George
County: Pasco County, Florida	Middle Name
State: Florida	Last Name: Romagnoli
Zip Code: 34652	Suffix: AICP
Country: United States	Email: gromagnoli@pascocountyfl.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-6000793	Phone Number (give area code) (727) 834-3445	Fax Number (give area code) (727) 834-3450
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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.)	7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development
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TITLE (Name of Program): Neighborhood Stabilization Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Neighborhood Stabilization Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Pasco County, City of New Port Richey, San Antonio, St. Leo	

13. PROPOSED PROJECT Start Date: 12/1/08 Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 5, 9 b. Project: 5, 9
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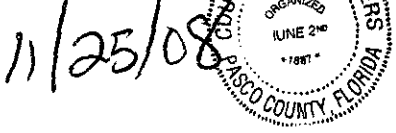
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 19,495,805.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 19,495,805.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION 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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes if "Yes" attach an explanation. 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.

Authorized Representative Prefix: Mr. First Name: Jack Middle Name:	Last Name: Mariano Suffix:
Title: Chairman Signature of Authorized Representative: <i>Jack Mariano</i>	c. Telephone Number (give area code): (727) 847-8100 e. Date Signed:

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Standard Form 424 (Rev.9-2003)
 Prescribed by OMB Circular A-102