

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12-01-08	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: City of Chandler, Arizona	Organizational Unit: Department: City Manager
Organizational DUNS: 07-752-4981	Division: Neighborhood Resources Division
Address: Street: Mail Stop 310, PO Box 4008	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Judith
City: Chandler	Middle Name
County: Maricopa County	Last Name Register
State: AZ Zip Code 85244-4008	Suffix:
Country: USA	Email: judith.register@chandleraz.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
8 6 - 6 0 0 0 2 3

Phone Number (give area code) 480-782-4347	Fax Number (give area code) 480-782-4350
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8. TYPE OF APPLICATION:
 New Continuation Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
Local Government: City
Other (specify)

9. NAME OF FEDERAL AGENCY:
US Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 4 - 2 1 8

TITLE (Name of Program):
Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Neighborhood Stabilization Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Chandler, AZ zip code 85225

13. PROPOSED PROJECT
Start Date: 02-01-09 Ending Date: 02-01-2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant First Arizona b. Project First Arizona

15. ESTIMATED FUNDING:

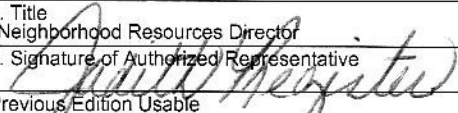
a. Federal	\$	2,415,100.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 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.

a. Authorized Representative

Prefix Ms.	First Name Judith	Middle Name
Last Name Register		Suffix
b. Title Neighborhood Resources Director		c. Telephone Number (give area code) 480-782-4347
d. Signature of Authorized Representative 		e. Date Signed 12-01-08