

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>2. DATE SUBMITTED</b> July 18, 2007		Applicant Identifier <b>DUNS #073540288</b>	
<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	
Preapplication <input type="checkbox"/> <b>Construction</b> <input checked="" type="checkbox"/> <b>Non-Construction</b>		State Application Identifier  Federal Identifier	
<b>5. APPLICANT INFORMATION</b>			
Legal Name: <b>CITY OF JONESBORO</b>		Organizational Unit: <b>CITY GOVERNMENT - MUNICIPALITY</b>	
Address (give city, county, State, and zip code): <b>P. O. BOX 1845, 515 WEST WASHINGTON JONESBORO, CRAIGHEAD, AR 72403</b>		Name and telephone number of person to be contacted on matters involving this application (give area code) <b>GAYLE VICKERS 870-933-4635</b>	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 7 1 — 6 0 1 3 7 4 9		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <div style="text-align: right;"><input checked="" type="checkbox"/> <b>C</b></div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> <b>U. S. DEPT. OF HOUSING &amp; URBAN DEVELOPMENT</b>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 4 — 2 1 8 TITLE: <b>COMMUNITY DEVELOPMENT BLOCK GRANT</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>COMMUNITY DEVELOPMENT ENTITLEMENT BLOCK GRANT PROJECTS INCLUDING HOUSING-REHAB, NEW HOMEOWNERSHIP, DEMOLITION, PUBLIC IMPROVEMENTS, CODE ENFORCEMENT, PLANNING AND ADMINISTRATION</b>	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): <b>VERY LOW/LOW/MODERATE INCOME AREAS OF JONESBORO</b>			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 1/1/07	Ending Date 12/31/07	a. Applicant 1	b. Project 1
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 564,191 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>07/18/07</u>	
b. Applicant	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ <sup>00</sup>		
e. Other	\$ <sup>00</sup>		
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 564,191 <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>			
a. Type Name of Authorized Representative <b>DOUGLAS FORMON</b>		b. Title <b>MAYOR</b>	c. Telephone Number <b>(870) 932-1052</b>
d. Signature of Authorized Representative		e. Date Signed	