

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>*Other (Specify)</b> _____
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<b>3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
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<b>5a. Federal Entity Identifier:</b> _____	<b>*5b. Federal Award Identifier:</b> B-08-MN-26-0003
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**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
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**8. APPLICANT INFORMATION:**

**\*a. Legal Name:** City of Dearborn

<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 38-6004605	<b>*c. Organizational DUNS:</b> 142420798
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**d. Address:**

**\*Street 1:** Economic & Community Development Department  
**Street 2:** 13615 Michigan Avenue, Suite 9  
**\*City:** Dearborn  
**County:** Wayne  
**\*State:** Michigan  
**Province:** \_\_\_\_\_  
**\*Country:** USA  
**\*Zip / Postal Code** 48126-3582

**e. Organizational Unit:**

<b>Department Name:</b> Economic & Community Development	<b>Division Name:</b> N/A
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**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** Ms.                      **\*First Name:** Michelle  
**Middle Name:** M.  
**\*Last Name:** DaRos  
**Suffix:** \_\_\_\_\_

**Title:** Deputy Director

**Organizational Affiliation:**  
Economic & Community Development

**\*Telephone Number:** 313-943-4150                      **Fax Number:** 313-943-2776

**\*Email:** mdaros@ci.dearborn.mi.us

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**\*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:

Community Development Block Grant (Entitlement) \_\_\_\_\_

**\*12 Funding Opportunity Number:**

n/a \_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

n/a \_\_\_\_\_

Title:

\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**City of Dearborn, NSP Target Area (Census Tract 573300, 573600, 563800, and 573900)**

**\*15. Descriptive Title of Applicant's Project:**

HUD Neighborhood Stabilization Program



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**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

Not applicable.