

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Applicant Identifier B-08-MN-39-0011
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		
Legal Name: City of Middletown		Organizational Unit: Department: City of Middletown		
Organizational DUNS: [REDACTED]		Division: Community Revitalization		
Address: Street: One Donham Plaza		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Kyle		
City: Middletown		Middle Name David		
County: Butler		Last Name Fuchs		
State: Ohio	Zip Code 45042	Suffix:		
Country: United States		Email: kylef@cityofmiddletown.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [REDACTED]		Phone Number (give area code) (513)425-7950		Fax Number (give area code) (513)425-7921
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) C - Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Labor Management Cooperation Program		9. NAME OF FEDERAL AGENCY: Federal Mediation and Conciliation Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Middletown Census tracts less than or equal to 120% of Median Income		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Middletown Neighborhood Stabilization Program		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 8th b. Project 8th		
Start Date: 01-01-2009	Ending Date: 07-01-2010	15. ESTIMATED FUNDING: a. Federal \$ 2,144,379.00 b. Applicant \$ 0.00 c. State \$ 0.00 d. Local \$ 0.00 e. Other \$ 0.00 f. Program Income \$ 250,000.00 g. TOTAL \$ 2,394,379.00		
		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 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? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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 Mrs. First Name Judith Middle Name A. Last Name Gilleland Suffix b. Title City Manager c. Telephone Number (give area code) d. Signature of Authorized Representative e. Date Signed				