

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier B-08-MN-39-0011	
<input type="checkbox"/> Construction		Pre-application		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction		State Application Identifier	
<input type="checkbox"/> Non-Construction		<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION					
Legal Name:		City of Middletown		Organizational Unit:	
City of Middletown		Organizational DUNS:		Department: City of Middletown	
Address:		Street: One Donham Plaza		Division: Community Revitalization	
City: Middletown		County: Butler		Name and telephone number of person to be contacted on matters involving this application (give area code)	
State: Ohio		Zip Code 45042		Prefix: Mr.	
Country: United States				First Name: Kyle	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		[REDACTED]		Middle Name David	
				Last Name Fuchs	
				Suffix:	
				Email: kylef@cityofmiddletown.org	
				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		7. TYPE OF APPLICANT: (See back of form for Application Types)	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<input type="checkbox"/> Continuation		C - Municipal	
Other (specify)		<input type="checkbox"/> Revision		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		3 4 - 0 0 2		9. NAME OF FEDERAL AGENCY:	
TITLE (Name of Program): Labor Management Cooperation Program				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:	
13. PROPOSED PROJECT		Start Date: 01-01-2009		City of Middletown Neighborhood Stabilization Program	
		Ending Date: 07-01-2010			
15. ESTIMATED FUNDING:				14. CONGRESSIONAL DISTRICTS OF:	
a. Federal	\$	2,144,379	⁰⁰	a. Applicant 8th	b. Project 8th
b. Applicant	\$		⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
c. State	\$		⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
d. Local	\$		⁰⁰	DATE:	
e. Other	\$		⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
f. Program Income	\$	250,000	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL	\$	2,394,379	⁰⁰	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) (513)425-7836	
d. Signature of Authorized Representative				e. Date Signed	