


# Appendix I: Application for Federal Assistance (SF-424)

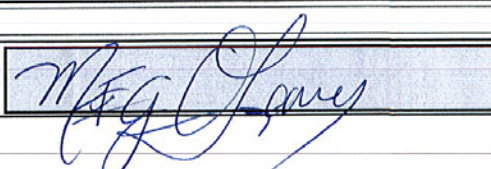
OMB Number: 4040-0004  
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 04/09/2015	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: State of Montana		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 81-0302402	* c. Organizational DUNS: 8097905790000	
d. Address:		
* Street1: PO Box 202925	<input type="text"/>	
Street2: Montana Department of Public Health & Human Services	<input type="text"/>	
* City: Helena	<input type="text"/>	
County/Parish: Lewis & Clark	<input type="text"/>	
* State: MT: Montana	<input type="text"/>	
Province:	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 59620-2925	<input type="text"/>	
e. Organizational Unit:		
Department Name: Public Health & Human Services	Division Name: Human & Community Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: 1) Marcia; 2) Kane	
Middle Name:	<input type="text"/>	
* Last Name: 1) Lemon; 2) Quenemoen	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: 1) Program Manager; 2) Bureau Chief	<input type="text"/>	
Organizational Affiliation: DPHHS - Human & Community Services Division		
* Telephone Number: 406-447-4267	Fax Number: 406-444-2547	
* Email: 1) mlemon@mt.gov 2 kquenemoen@mt.gov		

Application for Federal Assistance SF-424	
<p><b>* 9. Type of Applicant 1: Select Applicant Type:</b></p> <p>A: State Government</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>* Other (specify):</p>	
<p><b>* 10. Name of Federal Agency:</b></p> <p>US Department of Housing and Urban Development</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b></p> <p>14-231</p> <p>CFDA Title:</p> <p>ESG and HOPWA</p>	
<p><b>* 12. Funding Opportunity Number:</b></p> <p>309999</p> <p>* Title:</p> <p>HUD Montana Nonentitlement for ESG and HOPWA</p>	
<p><b>13. Competition Identification Number:</b></p> <p>Title:</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b></p> <p>Add Attachment Delete Attachment View Attachment</p>	
<p><b>* 15. Descriptive Title of Applicant's Project:</b></p> <p>State of Montana ESG and HOPWA</p>	
<p>Attach supporting documents as specified in agency instructions.</p> <p>Add Attachments Delete Attachments View Attachments</p>	

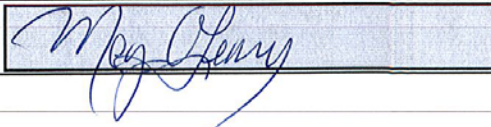
Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	MT
* b. Program/Project	MT
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date:	04/01/2015
* b. End Date:	03/31/2016
18. Estimated Funding (\$):	
* a. Federal	684,772.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	684,772.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	Ms.
* First Name:	Jamie
Middle Name:	
* Last Name:	Palagi
Suffix:	
* Title:	Administrator: Montana DPHHS HCSD
* Telephone Number:	406-444-6676
Fax Number:	406-444-2547
* Email:	jpalagi@mt.gov
* Signature of Authorized Representative:	
* Date Signed:	4.7.15

Application for Federal Assistance SF-424	
<p><b>* 9. Type of Applicant 1: Select Applicant Type:</b></p> <input type="text" value="A: State Government"/>	
<p>Type of Applicant 2: Select Applicant Type:</p> <input type="text"/>	
<p>Type of Applicant 3: Select Applicant Type:</p> <input type="text"/>	
<p>* Other (specify):</p> <input type="text"/>	
<p><b>* 10. Name of Federal Agency:</b></p> <input type="text" value="US Department of Housing and Urban Development"/>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b></p> <input type="text" value="14-228"/>	
<p>CFDA Title:</p> <input type="text" value="Community Development Block Grant Program"/>	
<p><b>* 12. Funding Opportunity Number:</b></p> <input type="text" value="309999"/>	
<p>* Title:</p> <input type="text" value="HUD - Montana Nonentitlement for Community Development Block Grant Program"/>	
<p><b>13. Competition Identification Number:</b></p> <input type="text"/>	
<p>Title:</p> <input type="text"/>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b></p> <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<p><b>* 15. Descriptive Title of Applicant's Project:</b></p> <input type="text" value="State of Montana Community Development Block Grant Program"/>	
<p>Attach supporting documents as specified in agency instructions.</p> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	MT
* b. Program/Project	MT
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date:	04/01/2015
* b. End Date:	03/31/2016
18. Estimated Funding (\$):	
* a. Federal	5,682,163.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	5,682,163.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	Ms.
* First Name:	Meg
Middle Name:	
* Last Name:	O'Leary
Suffix:	
* Title:	Director: Montana Department of Commerce
* Telephone Number:	406-842-2770
Fax Number:	406-841-2771
* Email:	DocCDD@mt.gov
* Signature of Authorized Representative:	
* Date Signed:	4/9/15

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="04/09/2015"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="State of Montana"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="81-0302402"/>	* c. Organizational DUNS: <input type="text" value="8097905790000"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="301 South Park Avenue"/>	Street2: <input type="text" value="Montana Department of Commerce - PO Box 200523"/>	
* City: <input type="text" value="Helena"/>	County/Parish: <input type="text" value="Lewis &amp; Clark"/>	
* State: <input type="text" value="MT: Montana"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="59620-0523"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text" value="Montana Department of Commerce"/>	Division Name: <input type="text" value="Community Development Division"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="1) Kelly; 2) Jennifer"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="1) Lynch; 2) Olson"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="1) Division Administrator; 2) Bureau Chief"/>		
Organizational Affiliation: <input type="text" value="Department of Commerce Community Development Division"/>		
* Telephone Number: <input type="text" value="406-841-2770"/>	Fax Number: <input type="text" value="406-841-2771"/>	
* Email: <input type="text" value="1) klynch@mt.gov 2) jeolson@mt.gov"/>		

Application for Federal Assistance SF-424	
<p><b>* 9. Type of Applicant 1: Select Applicant Type:</b>  <input type="text" value="A: State Government"/></p> <p>Type of Applicant 2: Select Applicant Type:  <input type="text"/></p> <p>Type of Applicant 3: Select Applicant Type:  <input type="text"/></p> <p>* Other (specify):  <input type="text"/></p>	
<p><b>* 10. Name of Federal Agency:</b>  <input type="text" value="US Department of Housing and Urban Development"/></p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b>  <input type="text" value="14-239"/></p> <p>CFDA Title:  <input type="text" value="Home Investment Partnerships Program"/></p>	
<p><b>* 12. Funding Opportunity Number:</b>  <input type="text" value="309999"/></p> <p>* Title:  <input type="text" value="HUD Montana Nonentitlement for HOME Investment Partnerships Program"/></p>	
<p><b>13. Competition Identification Number:</b>  <input type="text"/></p> <p>Title:  <input type="text"/></p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b></p> <p><input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>	
<p><b>* 15. Descriptive Title of Applicant's Project:</b>  <input type="text" value="State of Montana Home Investments Partnerships Program"/></p>	
<p>Attach supporting documents as specified in agency instructions.</p> <p><input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/></p>	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input type="text" value="MT"/>	* b. Program/Project <input type="text" value="MT"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="04/01/2015"/>	* b. End Date: <input type="text" value="03/31/2016"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="3,002,167.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="3,002,167.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .	
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Meg"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="O'Leary"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Director: Montana Department of Commerce"/>	
* Telephone Number: <input type="text" value="406-842-2770"/>	Fax Number: <input type="text" value="406-841-2771"/>
* Email: <input type="text" value="DocCDD@mt.gov"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="4/9/15"/>



Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 04/09/2015	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: State of Montana		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 81-0302402	* c. Organizational DUNS: 8097905790000	
d. Address:		
* Street1: 301 South Park Avenue	Street2: Montana Department of Commerce - PO Box 200523	
* City: Helena	County/Parish: Lewis & Clark	
* State: MT: Montana	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 59620-0523	
e. Organizational Unit:		
Department Name: Montana Department of Commerce	Division Name: Community Development Division	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: 1) Kelly; 2) Jennifer	
Middle Name: <input type="text"/>		
* Last Name: 1) Lynch; 2) Olson	Suffix: <input type="text"/>	
Title: 1) Division Administrator; 2) Bureau Chief		
Organizational Affiliation: Department of Commerce Community Development Division		
* Telephone Number: 406-841-2770	Fax Number: 406-841-2771	
* Email: 1) klynch@mt.gov 2) jjeolson@mt.gov		

