Resol.

R-0520E-1987

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAS VEGAS, NEVADA, TO ESTABLISH PARTICIPATION IN THE U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S RENTAL REHABILITATION PROGRAM

WHEREAS, the City of Las Vegas has been invited to submit a proposal to the U. S. Department of Housing and Urban Development for participation in its Rental Rehabilitation Program; and

WHEREAS, the City of Las Vegas desires to further its Housing Assistance Plan goals and objectives for FY 87-88 under its Community Development Block Grant Program of Title I of the Housing and Community Development Act of 1974 (P. L. 93-383) as amended; and

WHEREAS, the City has been formally notified to make application for HUD's 87-88 allocation under the Rental Rehabilitation Program for $192,000 and additional allowances of Section 8 vouchers.

NOW, THEREFORE, BE IT RESOLVED BY THE City Council of the City of Las Vegas, Nevada:

1. That the Department of Economic and Urban Development may submit a formal application to the United States Department of Housing and Urban Development.

2. That the Department of Economic and Urban Development shall be responsible for the administration of the Rental Rehabilitation Program.

PASSED, ADOPTED AND APPROVED THIS 20th day of May, 1987.

William H. Briare

WILLIAM H. BRIARE, MAYOR

5-21-87

ATTEST:

Carol A. Hawley

Carol Ann Hawley, City Clerk

OMB Approval No. 29-R0218

FEDERAL ASSISTANCE

1. TYPE OF ACTION (Mark appropriate box)
- ☐ PREAPPLICATION
- ☒ APPLICATION
- ☐ NOTIFICATION OF INTENT (Opt.)
- ☐ REPORT OF FEDERAL ACTION

2. APPLICANT'S APPLICATION
a. NUMBER: R-87-32-0201
b. DATE (Year month day): 19 87 5 28

3. STATE APPLICATION IDENTIFIER
a. NUMBER:
b. DATE ASSIGNED (Year month day): 19

Leave Blank

SECTION I—APPLICANT/RECIPIENT DATA

4. LEGAL APPLICANT/RECIPIENT
a. Applicant Name: City of Las Vegas
b. Organization Unit: Dept. of Economic & Urban Development
c. Street/P.O. Box: 400 E. Stewart Avenue
d. City: Las Vegas
e. County: Clark
f. State: Nevada
g. ZIP Code: 89101
h. Contact Person (Name & telephone No.): Jack Thomason (702) 386-6462

5. FEDERAL EMPLOYER IDENTIFICATION NO.

6. PROGRAM (From Federal Catalog)
a. NUMBER:
b. TITLE: Rental Rehabilitation Program

7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT
Aladdin Gardens Project,consting of nine(9) structures which contain 88 two-bedroom housing units.

8. TYPE OF APPLICANT/RECIPIENT
A-State; B-Interstate; C-Substate District; D-County; E-City; F-School District; G-Special Purpose District; H-Community Action Agency; I-Higher Educational Institution; J-Indian Tribe; K-Other (Specify):
Enter appropriate letter: ☐

9. TYPE OF ASSISTANCE
A-Basic Grant; B-Supplemental Grant; C-Loan; D-Insurance; E-Other
Enter appropriate letter(s): ☐☐

10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.)
City of Las Vegas, Clark County Nevada

11. ESTIMATED NUMBER OF PERSONS BENEFITING
500

12. TYPE OF APPLICATION
A-New; B-Renewal; C-Revision; D-Continuation; E-Augmentation
Enter appropriate letter: ☐

13. PROPOSED FUNDING

a. FEDERAL	$192,000	.00
b. APPLICANT	-0-	.00
c. STATE	-0-	.00
d. LOCAL	-0-	.00
e. OTHER	-0-	.00
f. TOTAL	$192,000	.00

14. CONGRESSIONAL DISTRICTS OF:
a. APPLICANT: Nevada I
b. PROJECT: Nevada I

15. TYPE OF CHANGE (For 12c or 12e)
A-Increase Dollars; B-Decrease Dollars; C-Increase Duration; D-Decrease Duration; E-Cancellation; F-Other (Specify):
Enter appropriate letter(s): ☐☐☐

16. PROJECT START DATE (Year month day): 19 87 8 1

17. PROJECT DURATION: 12 Months

18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY (Year month day): 19 87 5 28

19. EXISTING FEDERAL IDENTIFICATION NUMBER

20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)
Dept. of Housing & Urban Development,Phoenix, Arizona 85004

21. REMARKS ADDED
☐ Yes ☒ No

SECTION II—CERTIFICATION

22. THE APPLICANT CERTIFIES THAT ▶

a. To the best of my knowledge and belief, data in this preapplication/application 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 approved.

b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached:

	No response	Response attached
(1)	☐	☐
(2)	☐	☐
(3)	☐	☐

23. CERTIFYING REPRESENTATIVE
a. TYPED NAME AND TITLE: WILLIAM H. BRIARE, MAYOR
Attest: Carol A. Hardy City Clerk
b. SIGNATURE: William H. Briare Approved 5/26/87
c. DATE SIGNED (Year month day): 19

SECTION III—FEDERAL AGENCY ACTION

24. AGENCY NAME

25. APPLICATION RECEIVED (Year month day): 19

26. ORGANIZATIONAL UNIT

27. ADMINISTRATIVE OFFICE

28. FEDERAL APPLICATION IDENTIFICATION

29. ADDRESS

30. FEDERAL GRANT IDENTIFICATION

31. ACTION TAKEN
- ☐ a. AWARDED
- ☐ b. REJECTED
- ☐ c. RETURNED FOR AMENDMENT
- ☐ d. DEFERRED
- ☐ e. WITHDRAWN

32. FUNDING

a. FEDERAL	$	.00
b. APPLICANT		.00
c. STATE		.00
d. LOCAL		.00
e. OTHER		.00
f. TOTAL	$	.00

33. ACTION DATE ▶ (Year month day): 19

34. STARTING DATE (Year month day): 19

35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)

36. ENDING DATE (Year month day): 19

37. REMARKS ADDED
☐ Yes ☐ No

38. FEDERAL AGENCY A-95 ACTION

a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.

b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)