

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 N Briare

WILLIAM H. BRIARE, MAYOR

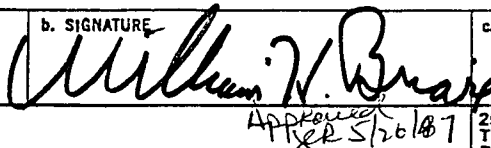
ATTEST:

Carol A Hawley

Carol Ann Hawley, City Clerk



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FEDERAL ASSISTANCE		2. APPLICANT'S APPLICATION	a. NUMBER R-87-32-0201	3. STATE APPLICATION IDENTIFIER	a. NUMBER
1. TYPE OF ACTION ☐ PREAPPLICATION ☒ APPLICATION (Mark appropriate box) ☐ NOTIFICATION OF INTENT (Opt.) ☐ REPORT OF FEDERAL ACTION		b. DATE Year month day 19 87 5 28	b. DATE Year month day ASSIGNED 19		
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. PRD-GRAM (From Federal Catalog) a. NUMBER b. TITLE Rental Rehabilitation Program		
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT Aladdin Gardens Project, consisting of nine(9) structures which contain 88 two-bedroom housing units.			8. TYPE OF APPLICANT/RECIPIENT A-State B-Interstate C-Substate D-District E-County F-City G-School District H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other (Specify): Enter appropriate letter ☐		
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		
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 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		
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) ☐			12. TYPE OF APPLICATION A-New B-Renewal C-Revision D-Continuation E-Augmentation Enter appropriate letter ☐		
20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code) Dept. of Housing & Urban Development, Phoenix, Arizona 85004			19. EXISTING FEDERAL IDENTIFICATION NUMBER 21. REMARKS ADDED ☐ Yes ☒ No		
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:		(1) ☐ Response attached (2) ☐ (3) ☐			
23. CERTIFYING REPRESENTATIVE a. TYPED NAME AND TITLE WILLIAM H. BRIARE, MAYOR Attest: Carol G. Hardy City Clerk		b. SIGNATURE 		c. DATE SIGNED Year month day 19	
24. AGENCY NAME City of Las Vegas			25. APPLICATION RECEIVED Year month day 19		
26. ORGANIZATIONAL UNIT			27. ADMINISTRATIVE OFFICE		
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 35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)	
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.)			