

CITY OF TOLEDO



Department of Neighborhoods

May 13, 2010

Ms. Jorgelle R. Lawson, Director  
Office of Community Planning and Development  
U.S. Dept. of Housing and Urban Development  
Columbus Field Office  
200 North High Street  
Columbus, OH 43215-2499

Dear Ms. Lawson:

Enclosed are the original and five (5) copies of the City of Toledo's Five-Year Consolidated Plan and One-Year Action Plan. The Consolidated Plan expresses the City of Toledo's vision and long-term goals while setting outcomes for housing and community development activities. The Plan is comprehensive in scope and combines various resources to address local needs.

In addition, the City of Toledo's Analysis of Impediments (AOI) to Fair Housing is enclosed. The City of Toledo's AOI identifies impediments that inhibit consumers from acquiring housing.

If there are any questions, please contact me at (419) 936-3647.

Sincerely,

A handwritten signature in black ink that reads "Kattie M. Bond". The signature is written in a cursive, flowing style.

Kattie M. Bond  
Director

KMB:slt

Enclosures

cc: Michael Badik, Commissioner – Hsg./Adm. Services  
Veronica Burkhardt, Adm. Analyst IV

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

\*2. Type of Application

- New  
 Continuation  
 Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

34-6401447

5a. Federal Entity Identifier:

34-6401447

\*5b. Federal Award Identifier:

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**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: City of Toledo, Department of Neighborhoods

\*b. Employer/Taxpayer Identification Number (EIN/TIN):

34-6401447

\*c. Organizational DUNS:

059397653

**d. Address:**

\*Street 1: One Government Center, Suite 1800

Street 2: \_\_\_\_\_

\*City: Toledo

County: Lucas

\*State: Ohio

Province: \_\_\_\_\_

\*Country: U.S.A.

\*Zip / Postal Code 43604

**e. Organizational Unit:**

Department Name:

Neighborhoods

Division Name:

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Ms. \*First Name: Kattie

Middle Name: M.

\*Last Name: Bond

Suffix: \_\_\_\_\_

Title: Director, Department of Neighborhoods

Organizational Affiliation:

\*Telephone Number: (419) 936-3647

Fax Number: (419) 245-1413

\*Email: kattie.bond@toledo.oh.gov

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14-218 \_\_\_\_\_

CFDA Title:

36th Year Community Development Block Grant Program \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

FY 10: CDBG-CFDA #14.218 \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Toledo

**\*15. Descriptive Title of Applicant's Project:**

Programmatic and operational plan for improving the physical, economic and social conditions, and quality of life for citizens through community development, economic development, and housing activities.

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## 16. Congressional Districts Of:

\*a. Applicant: Ninth Ohio District

\*b. Program/Project: Ninth Ohio District

## 17. Proposed Project:

\*a. Start Date: 7/1/10

\*b. End Date: 6/30/11

## 18. Estimated Funding (\$):

*a. Federal	8,761,779.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	443,500.00
*g. TOTAL	9,205,279.00

## \*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

## \*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- Yes  No

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)

\*\* 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: Mr. \_\_\_\_\_ \*First Name: Michael \_\_\_\_\_

Middle Name: P. \_\_\_\_\_

\*Last Name: Bell \_\_\_\_\_

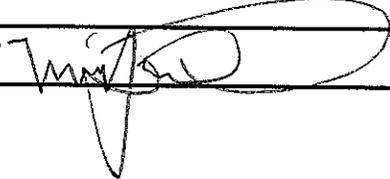
Suffix: \_\_\_\_\_

\*Title: Mayor, City of Toledo

\*Telephone Number: (419) 245-1001

Fax Number: (419) 245-1370

\* Email: mayor.toledo@toledo.oh.gov

\*Signature of Authorized Representative: X 

\*Date Signed: 5/11/10

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

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Neighborhoods

**Division Name:**

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Ms. \*First Name: Kattie  
Middle Name: M.  
\*Last Name: Bond  
Suffix: \_\_\_\_\_

Title: Director, Department of Neighborhoods

**Organizational Affiliation:**

\*Telephone Number: (419) 936-3647

Fax Number: (419) 245-1413

\*Email: kattie.bond@toledo.oh.gov

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Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14-239 \_\_\_\_\_

CFDA Title:

19<sup>th</sup> Year HOME Investment Partnerships Program \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

FY 10: HOME-CFDA #14.239 \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Toledo

**\*15. Descriptive Title of Applicant's Project:**

Housing Rehabilitation Program: Owner-occupied rehabilitation, housing development, CHDO set-aside, tenant-based rental assistance.



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Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14-231

CFDA Title:

24<sup>th</sup> Year Emergency Shelter Grant Program

**\*12 Funding Opportunity Number:**

\*Title:

FY 10: ESG-CFDA #14.231

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Toledo

**\*15. Descriptive Title of Applicant's Project:**

Provision of services to emergency shelters and transitional facilities for operating costs, essential services, administrative costs, rehabilitation and renovation, and homeless prevention activities.



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