

Facsimile Transmittal

**U. S. Department of Housing
and Urban Development**

OMB Number: 2525-0118
Expiration Date: 06/30/2013

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Office of Department Grants
Management and Oversight

Name of Document Transmitting:

[Redacted]

1. Applicant Information:

Legal Name: [Redacted]
Address:
Street1: [Redacted]
Street2: [Redacted]
City: [Redacted]
County: [Redacted]
State: [Redacted]
Zip Code: [Redacted] Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

Organizational DUNS: [Redacted] CFDA No.: [Redacted]
Title: [Redacted]
Program Component: [Redacted]

3. Facsimile Contact Information:

Department: [Redacted]
Division: [Redacted]

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: [Redacted] First Name: [Redacted]
Middle Name: [Redacted]
Last Name: [Redacted]
Suffix: [Redacted]
Phone Number: [Redacted]
Fax Number: [Redacted]

5. Email: [Redacted]

6. What is your Transmittal? (Check one box per fax)

a. Certification b. Document c. Match/Leverage Letter d. Other

7. How many pages (including cover) are being faxed? [Redacted]

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