







OMB Control #: 2577-xxxx Number: (expires xx/xx/2014)

Urban Communities 2013 Promise Zone Abstract Form

Posting Application Information. After the selection process, HUD may post on-line certain summary and contact information from Promise Zone applications (e.g., the Executive Summary, neighborhood map, Lead Applicant contact information, etc.) in order to provide information to interested non-federal organizations and members of the public.

Part A: Urban Target Neighborhood	/Community Na	me			
Urban Community Name:					
Urban Organizational Information					
Organization Serving as Lead Applicant:					
Street Address:					
City:	State:		Zip Code:		
Website:					
Type of Organization:					
Designated Official from Lead Applicant Organization Please provide contact information for the person designated to execute documents on behalf of the lead applicant organization, generally the Mayor, Executive Director, President, CEO or similar position.					
Name:		Title:			
Phone:		Email:			
Street Address:					
City:	State:		Zip Code:		
Staff Point of Contact Please provide contact information any questions about the Promise 2	-	ithin the organization	on that Federal staff may contact with		
Name: Title:		Title:	itle:		
Phone:		Email:			
Street Address:					
City:	State:		Zip Code:		

support. For applications commitment must be de	Local Official he Application Guide, please list the local official cacross jurisdictional lines, a clear lead applicant monstrated by leadership of all jurisdictions invol ion in the "Additional Local Official" box at the e	t must be identified, and Ived. For additional officials,
Authorized Representative Name:		
Title:		
Jurisdiction:		
Check Box if Letter of Commitment Attached:		
Congressional Distric	ct(s) onal District(s) your Promise Zone would encomp	pass.
Implementation Par In the space below, pleat of the Promise Zone ¹ .	tners se list partnering organizations that will be colla	borating in the implementation
	Boundaries are Included in the Propos programs. The complete list of qualifying progra	
Select Qualifying Program	n: Eligible Community Name:	Year of Original Award:

¹ Refer to the last page of the Application Guide for the definition of Implementation Partners.

Part D: Boundaries of Zone					
a. Check Box if Maps and optional Mapping Tool data sheet are attached:					
b. Narrative Description of Pi	oposed Promise Zone and its Bound	daries (1,500 Character Limit):			
County/counties:	City/cities:	State(s):			
	to Section II and III of the Application G rime statistics. In Section III of the Appli				
Overall Poverty Rate					
Highest Poverty Census Tract Rate	2				
Population ³					
Vacancy Rate					
Employment Rate					
Rate of Part 1, serious and violent crimes for 2010-2012 within the proposed target area. ⁴					

² Proposed Urban Promise Zones must have an overall poverty rate above 20%, and must have one census tract with a poverty

³ Proposed Urban Promise Zones must encompass a population of at least 10,000 but no more than 200,000 residents. ⁴ Use 2009-2011 if 2012 is unavailable.

Part F: Promise Zone Evidence Ba	se (500 Characters Each): community's goals and strategies related to each of the Promise Zone goals.
Creating Jobs	
Increasing Economic Activity	
Improving Educational Opportunities	
Reducing (or Maintaining a Low Rate of) Serious and Violent Crime	
Leveraging Private Capital	
Other Key Outcomes (If Applicable) Including reduction of Promise Zone poverty rate.	

Executive Summary (5,000 Character Limit):
The Executive Summary should include a statement of local priorities and describe how the Promise Zones
designation would accelerate and strengthen efforts at comprehensive neighborhood revitalization.
Additional Local Officials (Optional):
Please list any additional officials in the space below by name, title, jurisdiction, and if a letter of commitment is attached.

Note: Public reporting burden for the entire collection of information is estimated to average 48 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for OMB #2577-xxx and will be used for xxx. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. No confidentiality is assured.