

# Facsimile Transmittal

U. S. Department of Housing  
and Urban Development

OMB Number: 2525-0118  
Expiration Date: 06/30/2011

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Office of Department Grants  
Management and Oversight

Name of Document Transmitting:

## 1. Applicant Information:

Legal Name:

Address:

Street1:

Street2:

City:

County:

State:

Zip Code:

Country:

USA: UNITED STATES

## 2. Catalog of Federal Domestic Assistance Number:

Organizational DUNS:

CFDA No.:

Title:

Program Component:

## 3. Facsimile Contact Information:

Department:

Division:

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

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Phone Number:

Fax Number:

## 5. Email:

## 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?