KANSAS GEOLOGICAL SURVEY

The University of Kansas
1930 Constant Ave
Lawrence KS 66047-3726
phone 785-864-3965
fax 785-864-5317
www.kgs.ku.edu

May 25, 2006

Mr. Steve Lightle, Executive Director
Coffee County Housing Authority
313 Neosho St.
Burlington, KS 66839

Re: Application for USDA Rural Development Housing Preservation Grant

Dear Mr. Lightle:

I have received your request for comment by the Kansas Geological Survey on an application for a USDA Rural Development Housing Preservation Grant. No specific locations were provided. The area affected is Coffee County, Kansas.

A geologic issue is the potential for future damage to structures located within a designated floodplain. Based on the information you supplied to the Kansas Geological Survey, we have no knowledge of other geologic conditions that would affect this project. However, other state agencies may have information related to this project.

The above discussion represents our best assessment based on the information that the Kansas Geological Survey has about this locality and/or proposed project at the time of this writing. Other geologic conditions, not discussed herein, or for which the Kansas Geological Survey has no knowledge, may affect the viability or safe operation of this facility or property. The information provided in this letter is from regional or countywide studies and should not be used as a substitute for detailed site characterization by a licensed geologist or engineer. It is the responsibility of the applicant to provide any required site characterizations.

Sincerely,

Gregory C. Ohlmacher
Associate Scientist

Enc.

KS Instruction 1940-J
Exhibit D

AGENCY REVIEW TRANSMITTAL FORM

Comments by:_____ _____
Transmittal Date

PROJECT TITLE: Housing Preservation 06-07

CONTACT PERSON: Steve Lightle

_____ Notification of Int
_____ Preapplication
_____ Final Application
_____ Final Application
_____ Direct Development

This form provides notification and the opportunity **RETURN TO:** for *your* agency to review and comment on this proposed project as required by Executive Order 12372. Please complete Parts II & III as appropriate. Your prompt response will be appreciated.

PART I: **REVIEW AGENCIES/COMMISSIONS**

___Aging Education	___Education	___State Forester,
___Agriculture - DWR	✓ Geological Survey, KS	___Transportation
___Biological Survey, KS	___Health & Environment	___Water Off.
___Conservation Comm.	___Historical Society	___Wildlife & Park
___Corporation Comm.	___Human Resources	__ _____
___Commerce	___Social & Rehab. Serv	__ _____

PART II (To be completed by **review agency and** returned to contact person)

AGENCY REVIEW COMMENTS

COMMENTS: See cover letter

PART III (To be completed by **review agency and returned** to contact person)

RECOMMENDED ACTION COMMENTS

___Clearance of the project be granted.

___ Clearance of the project should not be granted

___Clearance of the project should be delayed until the issues or questions have been clarified.

__✓ Clearance of the project should not be delayed but the Applicant should (in the final application) address/clarify the questions or concerns indicated above.

___ Request the opportunity to review final application prior to submission to the federal funding agency.

___Request a State Process Recommendation in concurrence with above comments.

DIVISIONS/AGENCY/COMMISSION

Gregory Ohlmacher P.G. 5/25/06

Reviewer's Name Date:

Coffey County Housing Authority
313 Neosho St.
Burlington, KS 66839
620-364-8895
Fax 620-364-5107
Email ccha66839@yahoo.com

Steve L. Lightle
Executive Director

Ronda Gilbert
Administrative Assistant

April 18, 2006

This letter is written as a cover letter for our application for Federal Funds under the Rural Development Housing Preservation Grant #533 Program.

Enclosed is a copy of our application for your review. The application will be submitted to USDA Rural Development, 1303 SW First American Place, Suite 100, Topeka, Kansas 66604-4040. This application will be submitted by May 19, 2006.

Coffey County Housing Authority will comply with all appropriate state laws concerning the application. If you have any comments and or questions, please advise.

Yours truly,

Steve L. Lightle

Steve Lightle, CCHA Executive Director

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☒ Non-Construction	☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Coffey County Housing Authority

Organizational DUNS: 008856866

Address:

Street: 313 Neosho

City: Burlington

County: Coffey

State: Kansas

Zip Code 66839

Country: USA

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 48-1145841

Organizational Unit:

Department:

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Mr. First Name: Steve

Middle Name L.

Last Name Lightle

Suffix:

Email: CCHA66839@yahoo.com

Phone Number (give area code) 620-364-8895

Fax Number (give area code)

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.) ☐ ☐

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

Other (specify) B County

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Housing Preservation Grant ☐☐-☐☐☐

TITLE (Name of Program): #533

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing Preservation 2006-2007

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Coffey County Kansas

13. PROPOSED PROJECT

Start Date: 10-1-06

Ending Date: 9-30-07

14. CONGRESSIONAL DISTRICTS OF: Jim Ryan

a. Applicant

b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 59,312.00
b. Applicant	$ 29,656.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 88,968.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION 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 AWARDED.

a. Authorized Representative

Prefix: Mr. First Name: Robert Middle Name:

Last Name: Hyde Suffix:

b. Title: Chairperson Board of Directors CCHA c. Telephone Number (give area code): 620-364-8895

d. Signature of Authorized Representative: Robert E. Hyde e. Date Signed: MAY 10, 2006

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	18	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		