

<b>1. TYPE OF SUBMISSION</b>		<b>2. DATE SUBMITTED:</b>	APPLICANT IDENTIFIER:
Application:	Pre-application:		
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE:</b>	STATE APPLICATION IDENTIFIER:
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
		<b>4. DATE REC'D by FEDERAL AGENCY:</b>	FEDERAL IDENTIFIER:

**5. APPLICANT INFORMATION:**

<b>Legal Name:</b> Tom Green County	<b>Organizational Unit:</b> County Government
<b>Address (City, County, State, and Zip Code) of applicant:</b>  112 West Beauregard San Angelo TX	<b>Name/Title, Agency or Company, Address, Area Code, Telephone and Fax Numbers, and e-mail address of application preparer:</b>  Martha Drake, Grantworks,. Inc. 2201 Northland Dr. Phone: 936 291 1406 Fax: 512 402 8303 Austin TX 78756 martha@grantworks.net

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 75600184	<b>6a. DUNS NUMBER:</b> 0477754104
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<b>7. TYPE OF APPLICANT:</b> <input type="checkbox"/> A. Municipal <input checked="" type="checkbox"/> B. County	<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
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<b>9. NAME OF FEDERAL / STATE AGENCY:</b> Texas Department of Agriculture	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-228 Title: Texas Community Development Block Grant Program (TxCDBG)
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<b>11. PROJECT TYPE:</b> Water Improvements (03J)	<b>11a. TYPE OF APPLICATION:</b> Disaster Relief Fund
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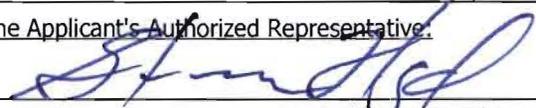
<b>12. TARGET AREA(S) AFFECTED BY THE PROJECT:</b>  Concho Rural Water Corporation (Grape Creek Service Area)	<b>13. APPLICANT'S FISCAL YEAR:</b>  Beginning Date: 10/1 Ending Date: 9/30
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<b>14. CONGRESSIONAL DISTRICTS:</b>	Representative: 72 Senate: 28 Congress: 11
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
A. TxCDBG REQUEST: \$350,000.00	<input type="checkbox"/> Yes the preapplication / application was made available to the State Executive Order 12372 process for review on: Date: _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Program is not covered by E.O. 12372 -OR- <input type="checkbox"/> Program has not been selected by the State for review
B. FEDERAL: _____	
C. STATE: _____	
D. APPLICANT: _____	
E. LOCAL: _____	
F. OTHER: _____	
G. TOTAL: \$350,000.00	

**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 CERTIFICATIONS AND CITIZEN PARTICIPATION PLAN INCLUDED IN THE PROCEDURES SECTION OF THE TxCDBG PROGRAM APPLICATION GUIDE IF THE ASSISTANCE IS AWARDED.**

<b>Typed Name of the Applicant's Authorized Representative:</b> Stephen C. Floyd	<b>Title:</b> County Judge	<b>Telephone Number:</b> +1 (325) 653-3318	<b>E-mail Address:</b> steve.floyd@co.tom-green.tx.us
<b>Signature of the Applicant's Authorized Representative:</b> 			<b>Date:</b> May 16, 2014