Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15, 2010.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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AUG 02 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier: CA-7130

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0520B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: United States Veterans Initiative

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4382752

*c. Organizational DUNS: 829704761

d. Address:

*Street 1: 733 South Hindry Avenue
Street 2:
*City: Inglewood
County: Los Angeles
*State: CA
Province:
*Country: United States of America
*Zip / Postal Code 90301

e. Organizational Unit:

Department Name: United States Veterans Initiative

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms
*First Name: Nicole
Middle Name: A
*Last Name: Ward
Suffix:

Title: Regional Operations Coordinator

Organizational Affiliation:

*Telephone Number: 310-348-7600 ext. 3105

Fax Number: 310-645-2605

*Email: nward@usvetsinc.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Inglewood, Los Angeles County, California

***15. Descriptive Title of Applicant's Project:**

Veterans in Progress Program

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 35 *b. Program/Project: 35

17. Proposed Project:

*a. Start Date: 8/1/2011 *b. End Date: 7/31/2012

18. Estimated Funding ($):

*a. Federal	$289,796
*b. Applicant	$68,999
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$344,995

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ____

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Nicole

Middle Name: A

*Last Name: Ward

Suffix:

*Title: Regional Operations Coordinator

*Telephone Number: 310-348-7600 ext. 3105 Fax Number: 310-645-2805

* Email: nward@usvetsinc.org

*Signature of Authorized Representative: Nicole Ward *Date Signed: 7/30/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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AUG 02 2010
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA7028

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Filipino American Service Group, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
953714064

*c. Organizational DUNS:
793681560

d. Address:

*Street 1: 135 N. Park View Street
Street 2:
*City: Los Angeles
County: Los Angeles County
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90026

e. Organizational Unit:

Department Name:
Housing Unit

Division Name:
N/A

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.
*First Name: Susan
Middle Name: Espiritu
*Last Name: Dilkes
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (213) 487-9804
Fax Number: (213) 487-9806

*Email: susand@fasgi.org

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Depart ment of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

N/A

*Title:

N/A

13. Competition Identification Number:

N/A

Title:

N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles County

***15. Descriptive Title of Applicant's Project:**

Park View House

Transitional Housing Program

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: District#34 *b. Program/Project: District#33 & 34

17. Proposed Project:

*a. Start Date: 05/01/11 *b. End Date: 04/30/12

18. Estimated Funding ($):

*a. Federal $190,449.00
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/30/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mrs. *First Name: Susan
Middle Name: Espiritu
*Last Name: Dilkes
Suffix:

*Title: Executive Director

*Telephone Number: (213) 487-9804 ext. 201 | Fax Number: (213) 487-9806

* Email: susand@fasgi.org

*Signature of Authorized Representative: *Date Signed: 7/30/10

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name:

*b. Employer/Taxpayer Identification Number (EIN/TIN): 13-3391210

*c. Organizational DUNS: 617537436

d. Address:

*Street 1: 1325 N. Western Avenue
Street 2:
*City: Hollywood
County: Los Angeles County
*State: California
Province:
*Country:
*Zip / Postal Code 90027-5615

e. Organizational Unit:

Department Name: Transitonal Living Programs

Division Name: Supportive Apartment Program

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:
*First Name: Regina
Middle Name: M.
*Last Name: Klein
Suffix:

Title: Senior Grants Manager

Organizational Affiliation:
Covenant House California, Development Department

*Telephone Number: 323.461.3131.251
Fax Number: 323.461-6491

*Email: rklein@covca.org

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

2010 SuperNOFA Continuum of Care

***12 Funding Opportunity Number:**

FR-5909-N-01

*Title:

Supportive Housing Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Hollywood, Los Angeles, Los Angeles County, California

***15. Descriptive Title of Applicant's Project:**

Supportive Apartment Program for Transitional Age Homeless Youth

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 29, 30 *b. Program/Project: 29, 30

17. Proposed Project:

*a. Start Date: 12/1/2010 *b. End Date: 11/30/2011

18. Estimated Funding ($):

*a. Federal	$129,736
*b. Applicant	$24,433
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$154,169

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/2/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: *First Name: George

Middle Name: R.

*Last Name: Lozano

Suffix:

*Title: Executive Director

*Telephone Number: 323.461-3131.248 Fax Number: 323.461.6491

* Email: glozano@covca.org

*Signature of Authorized Representative: George R. Lozano *Date Signed: 7/30/2010

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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AUG 02 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Single Room Occupancy (SRO) Housing Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-3909215

*c. Organizational DUNS:
12-203/5124

d. Address:

*Street 1: 354 S. Spring Street, Suite 400
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90013

e. Organizational Unit:

Department Name:
Contracts & Grants

Division Name:
Social Services

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms
*First Name: Myrna
Middle Name:
*Last Name: Dantes
Suffix:

Title: Administrator, Contracts & Grants

Organizational Affiliation:
Single Room Occupancy (SRO) Housing COrporation

*Telephone Number: (213)229-9640 x20
Fax Number: (213) 229-2837

*Email: mdantes@srohousing.org

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N01

*Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Central City East, Downtown Los Angeles, County of Los Angeles, State of California

***15. Descriptive Title of Applicant's Project:**

SHP Enhanced Emergency Housing Program

SHP Golden West Hotel Transitional Housing Program

SHP Marshal House Transitional Housing Program

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-34 *b. Program/Project:

17. Proposed Project:

*a. Start Date: 4/01/11 *b. End Date: 3/31/12

18. Estimated Funding ($):

*a. Federal	741,721
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	741,721

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/02/10

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Anita

Middle Name: U.

*Last Name: Nelson

Suffix:

*Title: CEO/Executive Director

*Telephone Number: (213) 229-9640 Fax Number: (213) 229-9733

* Email: anitan@srohousing.org

*Signature of Authorized Representative: Anita U. Nelson *Date Signed: 8/02/10

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ Non-Construction	2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Montague	Organizational Unit: Department: Water
Organizational DUNS: 933529278	Division: Water Treatment
Address: Street: P.O. Box 428	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Chris
City: Montague	Middle Name
County: Siskiyou	Last Name Tyhurst
State: California Zip Code 96064	Suffix:
Country: USA	Email: montaguepubwks@sbcglobal.net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000375	Phone Number (give area code) (530) 459-5204 Fax Number (give area code) (530) 459-0327
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) Municipal Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA - Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Treatment Plant Upgrade / DBP Reduction
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Montague	
13. PROPOSED PROJECT Start Date: April 2011 Ending Date: December 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant California 2nd b. Project California 2nd

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 5,590,000.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 0.00	
c. State	$ 0.00	
d. Local	$ 0.00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ 0.00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 5,590,000.00	☐ 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 Chris	Middle Name
Last Name Tyhurst		Suffix
b. Title Water / Sewer Supt.		c. Telephone Number (give area code) (530) 459-5204
d. Signature of Authorized Representative		e. Date Signed 1/14/10

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Previous Edition Usable
Authorized for Local Reproduction

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

RECEIVED

JAN 19 2010

By:

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☐ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier: CA7180

RECEIVED AUG 02 2010 STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0401B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Step Up on Second Street, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4109386

*c. Organizational DUNS: 36-299-0244

d. Address:

*Street 1: 1328 Second Street
Street 2:
*City: CA718
County:
*State: CA
Province:
*Country: United States of America
*Zip / Postal Code 90401

e. Organizational Unit:

Department Name: Supportive Housing Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:
*First Name: Tod
Middle Name: E
*Last Name: Lipka
Suffix:

Title: President and CEO

Organizational Affiliation:

*Telephone Number: 310-394-6889

Fax Number: 310-394-6883

*Email: tod@stepuponsecond.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**
FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Santa Monica, CA

***15. Descriptive Title of Applicant's Project:**

Permanent supportive housing development for 16 chronically homeless adults affected by mental illness.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA 030 *b. Program/Project: CA 030

17. Proposed Project:

*a. Start Date: July 2011 *b. End Date: July 2012

18. Estimated Funding ($):

*a. Federal	$126,727
*b. Applicant	$41,211
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$167,938

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: Marlene

Middle Name: _____

*Last Name: Barkley

Suffix: _____

*Title: Chief Financial Officer

*Telephone Number: 310-576-1308 Fax Number: 310-576-1027

* Email: marlene@stepuponsecond.org

*Signature of Authorized Representative: Marlene Barkley *Date Signed: 2/30/2010

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA 030 *b. Program/Project: CA 030

17. **Proposed Project:**

*a. Start Date: July 2011 *b. End Date: July 2012

18. Estimated Funding ($):

*a. Federal	$126,727
*b. Applicant	$41,211
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$167,938

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: Marlene

Middle Name: _____

*Last Name: Barkley

Suffix: _____

*Title: Chief Financial Officer

*Telephone Number: 310-576-1308 Fax Number: 310-576-1027

* Email: marlene@stepuponsecond.org

*Signature of Authorized Representative: Marlene Berkley *Date Signed: 2/30/2010

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED
AUG 02 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:
Fund 069

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
FR-5409-N-01

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Los Angeles Gay and Lesbian Community Services Center

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-3567895

*c. Organizational DUNS:
07-723-5034

d. Address:

*Street 1: 1625 N Schrader Boulevard
Street 2:
*City: Los Angeles
County: Los Angeles
*State: California
Province:
*Country: U.S.A.
*Zip / Postal Code 90028-6213

e. Organizational Unit:

Department Name:
Children, Youth & Family Services

Division Name:
Youth Services

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
*First Name: Karen
Middle Name: Therese
*Last Name: O'Brien
Suffix:

Title: Grants Manager

Organizational Affiliation:
L.A. Gay & Lesbian Center

*Telephone Number: (323) 993-7634
Fax Number: (323) 308-4014

*Email: kobrien@lagaycenter.org

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Housing & Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles County

***15. Descriptive Title of Applicant's Project:**

The Kruks/Tilsner Transitional Living Program offers a 24-bed, 18-month project designed to assist at-risk youth ages 17 - 25 make the transition from life on the streets to self-supporting, independent living.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 33 *b. Program/Project: 33

17. Proposed Project:

*a. Start Date: 02/01/11 *b. End Date: 01/31/12

18. Estimated Funding ($):

*a. Federal	367,493
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	367,493

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/02/10

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. *First Name: Michael

Middle Name: John

*Last Name: Holtzman

Suffix:

*Title: Chief Financial Officer

*Telephone Number: (323) 993-7615 | Fax Number: (323) 308-4425

* Email: mholtzman@lagaycenter.org

*Signature of Authorized Representative: *Date Signed: 08/02/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[ ] New	
[ ] Application	[X] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

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* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Upward Bound House

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-4288926	969225260

d. Address:

* Street1: 1104 Washington Avenue
Street2:
* City: Santa Monica
County: Los Angeles
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90403

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. * First Name: David
Middle Name:
* Last Name: Snow
Suffix:

Title: Executive Director

Organizational Affiliation:
Executive Director - Staff Member

* Telephone Number: 310-458-7779 x202	Fax Number: 310-458-7289

* Email: dsnow@upwardboundhouse.org

RECEIVED
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STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Nonprofit with 501(c)(3) IRS Status (other than institution of higher education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

NGMS Agency U.S. Department of Housing & Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

U.S. Department of Housing & Urban Development - Supportive Housing

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS FR-5409-N-01

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Cities of Los Angeles and Santa Monica; County of Los Angeles

*** 15. Descriptive Title of Applicant's Project:**

Upward Bound House Family Place Transitional Housing

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-030 * b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 7/1/2011 * b. End Date: 6/30/2012

18. Estimated Funding ($):

* a. Federal	310,492
* b. Applicant	
* c. State	
* d. Local	11,070
* e. Other	682,217
* f. Program Income	
* g. TOTAL	994,779

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 7/30/10.

[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.

[ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

[ ] Yes [X] No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

[X] **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: David

Middle Name:

* Last Name: Snow

Suffix:

* Title: Executive Director

* Telephone Number: 310-458-7779 x202 Fax Number: 310-458-7289

* Email: dsnow@upwardboundhouse.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

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STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier: CA7224

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Penny Lane Centers

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2633765

*c. Organizational DUNS: 795312388

d. Address:

*Street 1: 15317 Raven Street
Street 2:
*City: North Hills
County: Los Angeles
*State: California
Province:
*Country: United States of America
*Zip / Postal Code 91343

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
*First Name: Ingrid
Middle Name:
*Last Name: Hines
Suffix:

Title: Director of Transitional Services

Organizational Affiliation:

*Telephone Number: (818) 892-3423
Fax Number: (818) 892-3574

*Email: ihines@pennylane.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:
14-235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**
FR-5100-NO1

*Title:
FY 2010 SuperNOFA

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**
Rayen Transitional Housing Porgram for homeless emancipated foster youth

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 26 *b. Program/Project: 26

17. Proposed Project:

*a. Start Date: 03/01/10 *b. End Date: 02/29/11

18. Estimated Funding ($):

*a. Federal	
*b. Applicant	$174,971.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$174,971.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Ingrid

Middle Name:

*Last Name: Hines

Suffix:

*Title: Director of Transitional Services

*Telephone Number: (818) 892-3423 Fax Number: (818) 892-3574

* Email: ihines@pennylane.org

*Signature of Authorized Representative: *Date Signed: 07/27/2010

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:
CA0488159D000802

*5b. Federal Award Identifier:
CA7028

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Filipino American Service Group, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
953714064

*c. Organizational DUNS:
793681560

d. Address:

*Street 1: 135 N. Park View Street
Street 2:
*City: Los Angeles
County: Los Angeles County
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90026

e. Organizational Unit:

Department Name:
Housing Unit

Division Name:
Transitional Housing

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.
*First Name: Susan
Middle Name: Espiritu
*Last Name: Dilkes
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (213) 487-9804
Fax Number: (213) 487-9806

*Email: susand@fasgl.org

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01/2010 SuperNOFA Continuum of Care

Title:

N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles County

***15. Descriptive Title of Applicant's Project:**

Park View House

Transitional Housing Program

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: District#34 *b. Program/Project: District#33 & 34

17. Proposed Project:

*a. Start Date: 05/01/11 *b. End Date: 04/30/12

18. Estimated Funding ($):

*a. Federal $190,449.00
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/03/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mrs. *First Name: Susan
Middle Name: Espiritu
*Last Name: Dilkes
Suffix:

*Title: Executive Director

*Telephone Number: (213) 487-9804 ext. 201 | Fax Number: (213) 487-9806

* Email: susand@fasgi.org

*Signature of Authorized Representative: *Date Signed: 8/2/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☐ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Mary Lind Recovery Centers

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6061190

*c. Organizational DUNS: 085924827

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d. Address:

*Street 1: 2500 Wilshire Blvd, Suite 826
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90057

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.
*First Name: Ed
Middle Name:
*Last Name: Woodhull
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 213-382-4241
Fax Number: 213-382-0136

*Email: ewoodhull@marylind.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles COunty, CA

***15. Descriptive Title of Applicant's Project:**

Transitional Housing with Supportive Services

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-031 *b. Program/Project: CA-031

17. Proposed Project:

*a. Start Date: *b. End Date:

18. Estimated Funding ($):

*a. Federal _____
*b. Applicant _____
*c. State _____
*d. Local _____
*e. Other _____
*f. Program Income _____
*g. TOTAL _____

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: MR. *First Name: Ed
Middle Name: _____
*Last Name: Woodhull
Suffix: _____

*Title: Executive Director

*Telephone Number: 213-382-4241 | Fax Number: 213-382-0136

* Email: ewoodhull@marylind.org

*Signature of Authorized Representative: Ed Woodhull *Date Signed: 08/04/2010

OMB No. 0348-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	CA16B60082

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: New Economics for Women

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-3969029	197689474

d. Address:

* Street1: 303 South Loma Drive
Street2:
* City: Los Angeles
County: Los Angeles
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90017

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms. * First Name: Maggie
Middle Name:
* Last Name: Cervantes
Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: (213) 483-2060 x 304 Fax Number: (213) 483-7848

* Email: mcervantes@neworg.us

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

M.Nonprofit w/501C3 IRS Status (oth than higher Edu)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles City and County CoC

*** 15. Descriptive Title of Applicant's Project:**

Transitional Housing for Single Teen Mothers and Their Children

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB No. 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 34
* b. Program/Project: 34

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: Feb. 2011
* b. End Date: Jan. 2012

18. Estimated Funding ($):

* a. Federal	$155,254.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$155,254.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on .
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [x] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- [ ] Yes
- [x] No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

- [ ] **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	Ms.
* First Name:	Maggie
Middle Name:	
* Last Name:	Cervanes
Suffix:	
* Title:	Executive Director
* Telephone Number:	(213) 483-2060 ext 304
Fax Number:	(213) 483-7848
* Email:	mcervantes@neworg.us
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: August 3, 2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Yurok Indian Housing Authority

Organizational Unit:

Address (give city, county, State, and zip code): 15540 U.S. Highway 101 North, Klamath, CA 95548

Name and telephone number of person to be contacted on matters involving this application (give area code): (707) 482-1506 x1002

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0397286

7. TYPE OF APPLICANT: (enter appropriate letter in box) K

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Tribal Designated

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770

TITLE: Colonias and Native Americans Section 306c Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Repair and Replacement of a Failed Wastewater System

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Trinity River Elder Village, Hoopa, Humboldt County, California

13. PROPOSED PROJECT

Start Date: 4/1/11 Ending Date: 3/31/11

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Yurok Indian Housing Authority

b. Project: Trinity River Elder Village Water/Waste Disposal System

15. ESTIMATED FUNDING:

a. Federal	$ 640,879.00
b. Applicant	$ 199,799.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 840,678.00

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 08/04/10

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. Type Name of Authorized Representative	b. Title	c. Telephone Number
Betty Brown	Chair, Board of Commissioners	(707) 482-1506

d. Signature of Authorized Representative: Betty Brown

e. Date Signed: 8-3-10

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 5/25/2010	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☑ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: County of Sutter	**Organizational Unit:** Department: Public Works
Organizational DUNS: 076123488	Division: Water Resources
Address: Street: 1130 Civic Center Boulevard	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. / First Name: James
City: Yuba City	Middle Name: Earl
County: Sutter	Last Name: Walton
State: CA / Zip Code: 95993	Suffix:
Country: United States	Email: jwalton@co.sutter.ca.us
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000542	Phone Number (give area code): (530) 822-3299 / Fax Number (give area code): (530) 822-7457

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision f 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) B Other (specify) **9. NAME OF FEDERAL AGENCY:**
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Water Main Replacement & Water Meter Installation Project (see project description and project location map attached)
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Robbins, Sutter, California	
13. PROPOSED PROJECT Start Date: June 2011 / Ending Date: December 2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 02 / b. Project 02

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 1,357,500.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 1,357,500.00	☐ 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: Douglas	Middle Name: R.
Last Name: Gault		Suffix
. Title: Director of Public Works		c. Telephone Number (give area code): (530) 822-7450
. Signature of Authorized Representative: Douglas R. Gault		e. Date Signed: 7/27/10

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 5/25/2010	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☑ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: County of Sutter	**Organizational Unit:** Department: Public Works
Organizational DUNS: 076123488	Division: Water Resources
Address: Street: 1130 Civic Center Boulevard	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: James
City: Yuba City	Middle Name: Earl
County: Sutter	Last Name: Walton
State: CA Zip Code: 95993	Suffix:
Country: United States	Email: jwalton@co.sutter.ca.us
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 0 0 5 4 2	Phone Number (give area code): (530) 822-3299 Fax Number (give area code): (530) 822-7457

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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) B Other (specify) **9. NAME OF FEDERAL AGENCY:**
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0 TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Construction of a New Robbins Water Treatment Plant & Arsenic Removal System (see project description and project location map attached)
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Robbins, Sutter, California	
13. PROPOSED PROJECT Start Date: June 2011 Ending Date: December 2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 02 b. Project 02

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 2,409,000 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 2,409,000 .00	☐ 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: Douglas	Middle Name: R.
Last Name: Gault		Suffix
b. Title: Director of Public Works		c. Telephone Number (give area code): (530) 822-7450
d. Signature of Authorized Representative: Douglas R. Gault		e. Date Signed: 7/27/10

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

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	CA0410B9D000802

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Catholic Charities of Los Angeles, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-1690973	039550020

d. Address:

* Street1: 1531 James M. Wood Blvd.
Street2:
* City: Los Angeles
County:
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90015

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. * First Name: David
Middle Name: L.
* Last Name: Furukawa
Suffix:

Title: Asst. Controller

Organizational Affiliation:

* Telephone Number: (213) 251-3466 Fax Number: (213) 380-4603

* Email: dfurukawa@ccharities.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

M. Non-profit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

FR-5409-N-01

Title:

Continuum of Care Homeless Assistance Competition

14. Areas Affected by Project (Cities, Counties, States, etc.):

LA County

*** 15. Descriptive Title of Applicant's Project:**

Lancaster Community Shelter - transitional housing for the homeless men, women and families

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

15. Congressional Districts Of:

* a. Applicant: CA-034
* b. Program/Project: CA-025, CA-022

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 07/1/2011
* b. End Date: 06/30/2012

18. Estimated Funding ($):

* a. Federal	$142,900
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$142,900

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/05/2010

[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.

[ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

[ ] Yes [x] No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

[x] **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	Mr.
* First Name:	David
Middle Name:	T.
* Last Name:	Furukawa
Suffix:	
* Title:	Asst. Controller
* Telephone Number:	(213) 251-3466
Fax Number:	(213) 380-4603
* Email:	dfurukawa@ccharities.org
* Signature of Authorized Representative:	David T. Furukawa
* Date Signed:	8/4/2010

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
10-9419-0074

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Regents of the University of California

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6036494

*c. Organizational DUNS:
04-712-0084

d. Address:

*Street 1: Office of Research - Sponsored Programs
Street 2: 1850 Research Park Drive, Suite 300
*City: Davis
County: Yolo
*State: CA
Province:
*Country: United States
*Zip / Postal Code 95618

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e. Organizational Unit:

Department Name:
CA Animal Health & Food Safety Laboratory System

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:
*First Name: Sue
Middle Name:
*Last Name: Blair
Suffix:

Title: Contracts/Grants Officer

Organizational Affiliation: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

*Telephone Number: (530)754-8266
Fax Number: (530)754-8229

*Email: sublair@ucdavis.edu

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA, APHIS, VS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Diseases, Pest Control and Animal Care

12 *Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

California and any other support of NAHLN as required

***15. Descriptive Title of Applicant's Project:**

Classical swine fever surveillance

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: One *b. Program/Project:

17. Proposed Project:

*a. Start Date: 09/01/2010 *b. End Date: 03/31/2011

18. Estimated Funding ($):

*a. Federal	32,527
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	32,527

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/5/10

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: *First Name: Sue

Middle Name:

*Last Name: Blair

Suffix:

*Title: Contracts and Grants Officer

*Telephone Number: (530)754-8266 Fax Number: (530)754-8229

*Email: sublair@ucdavis.edu

*Signature of Authorized Representative: Sue Blair *Date Signed: 8/5/10

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
10-9419-0201

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Regents of the University of California

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6036494

*c. Organizational DUNS:
04-712-0084

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d. Address:

*Street 1: Office of Research- Sponsored Programs
Street 2: 1850 Research Park Drive, Suite 300
*City: Davis
County: Yolo
*State: CA
Province:
*Country: United States
*Zip / Postal Code 95618

e. Organizational Unit:

Department Name:
CA Animal Health & Food Safety Laboratory System

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:
*First Name: Sue
Middle Name:
*Last Name: Blair
Suffix:

Title: Contracts/Grants Officer

Organizational Affiliation:

Regents of the University of California
Office of Research-Sponsored Programs
1850 Research Park Drive, Suite 300
Davis, CA 95618-6153

*Telephone Number: 530-754-6266 Fax Number:

*Email: sublair@ucdavis.edu

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA, APHIS, VS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Diseases, Pest Control and Animal Care

***12 Funding Opportunity Number:**

n/a

*Title:

13. Competition Identification Number:

n/a

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

California and any other support of NAHLN as required

***15. Descriptive Title of Applicant's Project:**

Pseudorabies testing agreement

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: One *b. Program/Project: One

17. Proposed Project:

*a. Start Date: 9/1/2010 *b. End Date: 3/31/2011

18. Estimated Funding ($):

*a. Federal	2750.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	2750.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/2/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: *First Name: Sue

Middle Name:

*Last Name: Blair

Suffix:

*Title: Contracts & Grants Officer

*Telephone Number: 530-754-8268 Fax Number:

* Email: sublair@ucdavis.edu

*Signature of Authorized Representative: Sue Blair *Date Signed: 7/29/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA 0486 B9D 00802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Mary Lind Recovery Centers

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6061190

*c. Organizational DUNS:
085924827

d. Address:

*Street 1: 2500 Wilshire Blvd, Suite 826
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90057

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e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.
*First Name: Ed
Middle Name:
*Last Name: Woodhull
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 213-382-4241
Fax Number: 213-382-0136

*Email: ewoodhull@marylind.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles COunty. CA

***15. Descriptive Title of Applicant's Project:**

Transitional Housing with Supportive Services

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-031 *b. Program/Project: CA-031

17. Proposed Project:

*a. Start Date: 2011 *b. End Date: 2012

18. Estimated Funding ($):

*a. Federal	442,319
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	128,410
*g. TOTAL	570,729

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on ____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: MR. *First Name: Ed

Middle Name:

*Last Name: Woodhull

Suffix:

*Title: Executive Director

*Telephone Number: 213-382-4241 Fax Number: 213-382-0136

* Email: ewoodhull@marylind.org

*Signature of Authorized Representative: Ed Woodhull *Date Signed: 08/04/2010

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier: *5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: 7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: YMCA of Metropolitan Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1644-52

*c. Organizational DUNS: '074125949

d. Address:

*Street 1: 1553 N. Schrader Blvd
Street 2:
*City: Hollywood
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90028

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STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: n/a

Division Name: n/a

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs. *First Name: Katherine
Middle Name: Marie
*Last Name: Gordillo
Suffix:

Title: Director of Development

Organizational Affiliation: Staff

*Telephone Number: 213-639-7542 Fax Number: 323-467-3026

*Email: kittygordillo@ymcala.org

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

United States Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-235

CFDA Title:

Supportive Housing Program (SHP)

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Continum of Care

13. Competition Identification Number:

CoC-01

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Hollywood, California

***15. Descriptive Title of Applicant's Project:**

A Brighter Future, Transitional Housing Program for Women and Their Children

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

15. Congressional Districts Of:

*a. Applicant: 29 *b. Program/Project: 29

17. Proposed Project:

*a. Start Date: 3/1/2011 *b. End Date: 2/28/2012

18. Estimated Funding ($):

*a. Federal	177,487
*b. Applicant	69,285
*c. State	
*d. Local	
*e. Other	84,750
*f. Program Income	
*g. TOTAL	331,522

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/5/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr *First Name: Larry

Middle Name: M.

*Last Name: Rosen

Suffix:

*Title: President and CEO

*Telephone Number: 213-251-2201 Fax Number:

* Email: larryrosen@ymcala.org

*Signature of Authorized Representative: *Date Signed: 8/5/2010

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Homes for Life Foundation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0248725

*c. Organizational DUNS: 802054916

d. Address:

*Street 1: 8939 S. Sepulveda Blvd.
Street 2: Suite 460
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: United States
*Zip / Postal Code 90045

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.
*First Name: Carol
Middle Name: M
*Last Name: Liess
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (310) 337-7417
Fax Number: (310) 337-7413

*Email: cliess@homesforlife.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**
FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**
Homes for Life Foundation Harvest House Permanent Housing

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-035 *b. Program/Project: CA-038

17. Proposed Project:

*a. Start Date: 12/1/2011 *b. End Date: 11/30/2012

18. Estimated Funding ($):

*a. Federal	72067
*b. Applicant	
*c. State	
*d. Local	
*e. Other	51000
*f. Program Income	87600
*g. TOTAL	210667

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/5/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mrs. *First Name: Carol

Middle Name: M.

*Last Name: Liess

Suffix:

*Title: Executive Director

*Telephone Number: (310) 337-7417 Fax Number: (310) 337-7413

* Email: cliess@homesforlife.org

*Signature of Authorized Representative: *Date Signed: 8.5.10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Venice Family Clinic

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2769432

*c. Organizational DUNS: 114434020

d. Address:

*Street 1: 604 Rose Avenue
Street 2:
*City: Venice
County: Los Angeles
*State: California
Province:
*Country: USA
*Zip / Postal Code 90291

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
*First Name: Loreto
Middle Name:
*Last Name: Melo
Suffix:

Title: Director of Finance

Organizational Affiliation:
Venice Family Clinic

*Telephone Number: 310-664-7902
Fax Number: 310-396-8279

*Email: LMelo@mednet.ucla.edu

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles City and County, California

***15. Descriptive Title of Applicant's Project:**

Santa Monica Dual Diagnosis Project

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA 36 *b. Program/Project: CA 36, CA 30

17. Proposed Project:

*a. Start Date: *b. End Date:

18. Estimated Funding ($):

*a. Federal	$271,279
*b. Applicant	$54,256
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$325,535

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/4/10

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Elizabeth

Middle Name: Benson

*Last Name: Forer

Suffix:

*Title: Executive Director

*Telephone Number: (310) 664-7901 Fax Number: (310) 396-8279

* Email: eforer@mednet.ucla.edu

*Signature of Authorized Representative: *Date Signed: 8/4/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Antelope Valley Domestic Violence Council

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3582588

*c. Organizational DUNS: 849371117

d. Address:

*Street 1: P.O. Box 2880

Street 2:

*City: Lancaster

County: Los Angeles

*State: Ca.

Province:

*Country: USA

*Zip / Postal Code 93539

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.

*First Name: Carol

Middle Name: L

*Last Name: Crabson

Suffix: LCSW

Title:

Organizational Affiliation:

*Telephone Number: 661-949-1916

Fax Number: 661-940-3422

*Email: ccrabson@avdvc.org

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Los Angeles Homeless Services Authority

11. Catalog of Federal Domestic Assistance Number:

14-235

CFDA Title:

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01/2010

Title:

SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

Acton, Canyon Country, Lancaster, Palmdale, Quartz Hill, Littlerock, Lake L.A. Pearblossom, Sunland, Lleona Valley, Lake Elizabeth, Lake Hughs, Green Valley all in Los Angeles County, Rosamond, California City and Mojave in Kern County, California.

***15. Descriptive Title of Applicant's Project:**

2 year transitional housing program offering rental assistance, case management, job development, living skills, child care, emergency transportation, assistance in applying to schools, employment, permanent housing and financial aid.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: *b. Program/Project: 25

17. Proposed Project:

*a. Start Date: 2011 *b. End Date: 2012

18. Estimated Funding ($):

*a. Federal	143,912.00
*b. Applicant	34,873
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	178,785.

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mrs. *First Name: Carol

Middle Name: L

*Last Name: Crabson

Suffix: LCSW

*Title: CEO

*Telephone Number: 661-949-1916 Fax Number: 661-940-3422

* Email: ccrabson@avdvc.org

*Signature of Authorized Representative: Carol Crabson *Date Signed: 06/06/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

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5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0402B9D000802

State Use Only:

6. Date Received by State: 7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Immanuel Housing, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4502941

*c. Organizational DUNS: 073963428

d. Address:

*Street 1: 1800 East 85th Street

Street 2:

*City: Los Angeles

County:

*State: California

Province:

*Country:

*Zip / Postal Code 90001

e. Organizational Unit:

Department Name: snaps

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs. *First Name: Karen

Middle Name: E.

*Last Name: Hirst

Suffix:

Title:

Organizational Affiliation: Executive Director

*Telephone Number: 323-256-6975 Fax Number: 323-259-8624

*Email: karen@immanuelhousing.org

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

SHP

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Continuun of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

This project consists of providing case management services to homeless families including women and children fleeing domestic violence. Case management services includes household budgeting, acess to parenting classes, individual and family counseling, and referral services for job training, placement, the housing first program through Beyond Shelter, and permanent housing.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-034 *b. Program/Project:

17. Proposed Project:

*a. Start Date: 2011 *b. End Date: 2012

18. Estimated Funding ($):

*a. Federal	76,192.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	9,00.00
*f. Program Income	20,00.00
*g. TOTAL	105,192.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mrs. *First Name: Karen

Middle Name: E.

*Last Name: Hirst

Suffix:

*Title: Executive Director

*Telephone Number: 323-256-6975 Fax Number: 323-259-8624

* Email: karen@immanuelhousing.org

*Signature of Authorized Representative: Karen E. Hirst *Date Signed: Aug. 6, 2010

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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3. Date Received:

4. Applicant Identifier: CA0385B9D000801

5a. Federal Entity Identifier: 95-1691013

*5b. Federal Award Identifier: CA0385B9D000801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Jewish Family Service of Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1691013

*c. Organizational DUNS: 113799076

d. Address:

*Street 1: 3580 Wilshire Blvd.
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country:
*Zip / Postal Code 90010

e. Organizational Unit:

Department Name: Jewish Family Service of Los Angeles

Division Name: Gramercy Place Shelter

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms
*First Name: Marlene Singer
Middle Name: Mina
*Last Name: Singer
Suffix:

Title: Director

Organizational Affiliation:

*Telephone Number: 213 387-0171
Fax Number: 213 387-8850

*Email: msinger@jfsla.org

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
HUD

11. Catalog of Federal Domestic Assistance Number:

14-235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:
2010 SuperNOFA Continuum of Care

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles County

***15. Descriptive Title of Applicant's Project:**

Two year transitional family shelter providing shelter, case management, therapy, access to vocational training and job development, health and legal services, food subsidies, child care and referrals to permanent housing in order to help homeless families break the cycle of homelessness

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 33 *b. Program/Project: 33

17. Proposed Project:

*a. Start Date: July 2011 *b. End Date: June 2012

18. Estimated Funding ($):

*a. Federal	272,247
*b. Applicant	110,000
*c. State	0
*d. Local	34,000
*e. Other	0
*f. Program Income	553,247
*g. TOTAL	

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. *First Name: Paul

Middle Name:

*Last Name: Castro

Suffix:

*Title: Executive Director Paul S. Castro

*Telephone Number: 323 761-8800 Fax Number:

* Email: pcastro@jfsla.org

*Signature of Authorized Representative: *Date Signed: 8/6/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received:

4. Applicant Identifier: CA-123

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0462C9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Pomona

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000764

*c. Organizational DUNS: 074127461

d. Address:

*Street 1: 505 S. Garey Ave.
Street 2: N/A
*City: Pomona
County: Los Angeles
*State: CA
Province: N/A
*Country: United States
*Zip / Postal Code 91766

e. Organizational Unit:

Department Name: Community Development Department

Division Name: Housing

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
*First Name: Benita
Middle Name: Marie
*Last Name: DeFrank
Suffix: N/A

Title: Housing Manager, City of Pomona

Organizational Affiliation: same as above

*Telephone Number: (909) 620-2094
Fax Number: (909) 620-4567

*Email: benita_defrank@ci.pomona.ca.us

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.238

CFDA Title:

Shelter Plus Care (S+C)

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Continiuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Pomona

***15. Descriptive Title of Applicant's Project:**

City of Pomona Housing Authority Shelter Plus Care Program

Providing permanent housing to homeless and disabled individuals/families within the city of Pomona.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-038 *b. Program/Project: CA-038

17. Proposed Project:

*a. Start Date: 4/1/2011 *b. End Date: 3/31/2012

18. Estimated Funding ($):

*a. Federal	$748,068
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$748,068

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/06/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Genevieve

Middle Name: Rebekah

*Last Name: Herzog

Suffix:

*Title: Family Self-Sufficiency Coordinator

*Telephone Number: (909) 620-2235 Fax Number: (909) 620-4567

* Email: genevieve_herzog@ci.pomona.ca.us

*Signature of Authorized Representative: Genevieve Herzog *Date Signed: 8/6/2010

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0378B9D000902

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Center for Human Rights and Constitutional Law, Inc

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4609414

*c. Organizational DUNS: 175894562

d. Address:

*Street 1: 256 S. Occidental Blvd

Street 2:

*City: Los Angeles

County: Los Angeles

*State: CA

Province:

*Country: USA

*Zip / Postal Code 90057

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*First Name: Chelsea

Middle Name:

*Last Name: Bell

Suffix:

Title: Program Director

Organizational Affiliation:

*Telephone Number: (213) 388-8693 Ext. 307

Fax Number: (213) 386-9484

*Email: cbell@centerforhumanrights.org

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:
14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**
FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Program

13. Competition Identification Number:
CoC-01

Title:
2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles County, California

***15. Descriptive Title of Applicant's Project:**
Freedom House / Casa Libre Homeless Youth Shelter

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-031 *b. Program/Project: CA-031

17. Proposed Project:

*a. Start Date: 2011 *b. End Date: 2012

18. Estimated Funding ($):

*a. Federal	$134,493.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$134,493.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/5/10

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☒ Yes ☐ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or edministrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: *First Name: Peter

Middle Name: Anthony

*Last Name: Schey

Suffix:

*Title: Executive Director

*Telephone Number: (213) 388-8693 Ext. 304 Fax Number: (213) 386-9484

* Email: pschey@centerforhumanrights.ort

*Signature of Authorized Representative: Peter Schey *Date Signed: 8/5/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Housing Authority of the City of Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6001623

*c. Organizational DUNS: 077233732

d. Address:

*Street 1: 2600 Wilshire Blvd.
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90057-3400

e. Organizational Unit:

Department Name: Section 8

Division Name: Special Programs Administration

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.
*First Name: Tinzy
Middle Name:
*Last Name: Milton
Suffix: Jr.

Title: Special Programs Coordinator

Organizational Affiliation:

*Telephone Number: (213) 252-6988
Fax Number: (213) 252-2738

*Email: tinzy.milton@hacla.org

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 31st *b. Program/Project: 25th

17. Proposed Project:

*a. Start Date: *b. End Date:

18. Estimated Funding ($):

*a. Federal _____
*b. Applicant _____
*c. State _____
*d. Local _____
*e. Other _____
*f. Program Income _____
*g. TOTAL _____

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. *First Name: Rudolf
Middle Name: C.
*Last Name: Monitel
Suffix: _____

*Title: President and CEO

*Telephone Number: (213) 252-1810 Fax Number: (213) 383-9719

* Email: rudolf.montiel@haacla.org

*Signature of Authorized Representative: *Date Signed:

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

L. Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.238

CFDA Title:

Shelter Plus Care

***12 Funding Opportunity Number:**

FR-5401-N-01

*Title:

Continuum of Care Homeless Assistance Competiton

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Los Angeles

***15. Descriptive Title of Applicant's Project:**

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0460B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Venice Family Clinic

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-2769432

*c. Organizational DUNS:
114434020

d. Address:

*Street 1: 604 Rose Avenue
Street 2:
*City: Venice
County: Los Angeles
*State: California
Province:
*Country: USA
*Zip / Postal Code 90291

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
*First Name: Loreto
Middle Name:
*Last Name: Melo
Suffix:

Title: Director of Finance

Organizational Affiliation:
Venice Family Clinic

*Telephone Number: 310-664-7902
Fax Number: 310-396-8279

*Email: LMelo@mednet.ucla.edu

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles City and County, California

***15. Descriptive Title of Applicant's Project:**

Santa Monica Dual Diagnosis Project

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA 36 *b. Program/Project: CA 36, CA 30

17. Proposed Project:

*a. Start Date: 2011 *b. End Date: 2012

18. Estimated Funding ($):

*a. Federal	$271,279
*b. Applicant	$54,256
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$325,535

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/4/10

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Elizabeth

Middle Name: Benson

*Last Name: Forer

Suffix:

*Title: Executive Director

*Telephone Number: (310) 664-7901 Fax Number: (310) 396-8279

* Email: eforer@mednet.ucla.edu

*Signature of Authorized Representative: *Date Signed: 8/4/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:
CA052B9D000802

*5b. Federal Award Identifier:
CFDA 14-235

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Venice Community Housing Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-4200761

*c. Organizational DUNS:
883805509

d. Address:

*Street 1: 720 Rose Avenue
Street 2:
*City: Venice
County: Los Angeles
*State: CA
Province:
*Country: United States
*Zip / Postal Code 90291

e. Organizational Unit:

Department Name:
N/A

Division Name:
N/A

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
*First Name: Priscilla
Middle Name: Ellen
*Last Name: Smith
Suffix:

Title: Controller

Organizational Affiliation:

*Telephone Number: 310-399-4100 x105
Fax Number: 310-399-1130

*Email: priscilla@vchcorp.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
U.S. Deparment of Housing & Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01/2010 SuperNOFA Continuum of Care

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Transitional Living Center for Homeless women and their children.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-036 *b. Program/Project: CA-036

17. Proposed Project:

*a. Start Date: 2011 *b. End Date: 2012

18. Estimated Funding ($):

*a. Federal	81,170
*b. Applicant	60,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	141,170

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/30/2010

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms *First Name: Priscilla

Middle Name: Ellen

*Last Name: Smith

Suffix:

*Title: Controller

*Telephone Number: 310-399-4100 x105 Fax Number: 310-399-1130

* Email: priscilla@vchcorp.org

*Signature of Authorized Representative: Priscilla E. Smith *Date Signed: 07/30/2010

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [x] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: JWCH Institute, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2289916

* c. Organizational DUNS: 093059533

d. Address:

* Street1: 1910 W. Sunset Blvd., #650
Street2:
* City: Los Angeles
County: Los Angeles
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90026

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
* First Name: Jeanne
Middle Name: Gee
* Last Name: Lam
Suffix:

Title: Chief Financial Officer

Organizational Affiliation:

* Telephone Number: 213-484-1186
Fax Number: 213-484-6165

* Email: jlam@jwchinstitute.org

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

M. Nonprofit with 501 (c) (3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

HUD

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program (SHP)

*** 12. Funding Opportunity Number:**

FR-5409-N-01

* Title:

Continuum of Care Homeless Assistance Competition (CoC)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles County, CA

*** 15. Descriptive Title of Applicant's Project:**

Healthcare & Supportive Services Intervention Team

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA - 034 * b. Program/Project CA-031, 034, 039

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 07/01/2011 * b. End Date: 06/30/2012

18. Estimated Funding ($):

* a. Federal 308,999
* b. Applicant 263,211
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 572,210

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/09/2010.

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☑ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☑ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Jeanne

Middle Name: Gee

* Last Name: Lam

Suffix:

* Title: Chief Financial Officer

* Telephone Number: 213-484-1186 Fax Number: 213-484-6165

* Email: jlam@jwchinstitute.org

* Signature of Authorized Representative: Jeanne Lam * Date Signed: 08/09/2010

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☐ Application	☒ Continuation	* Other (Specify)
☒ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	CA0410B9D000802

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Catholic Charities of Los Angeles, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-1690973	039550020

d. Address:

* Street1: 1531 James M. Wood Blvd.
Street2:
* City: Los Angeles
County:
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90015

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. * First Name: David
Middle Name: I.
* Last Name: Furukawa
Suffix:

Title: Asst. Controller

Organizational Affiliation:

* Telephone Number: (213) 251-3466 Fax Number: (213) 380-4603

* Email: dfurukawa@ccharities.org

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

M. Non-profit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

NGMS Agency US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS FR-5409-N-01

* Title:

MBL-SF424Family-AllForms

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01 / 2010 SuperNOFA Continuum of Care

Title:

Continuum of Care Homeless Assistance Program

14. Areas Affected by Project (Cities, Counties, States, etc.):

LA County

*** 15. Descriptive Title of Applicant's Project:**

Lancaster Community Shelter - transitional housing for the homeless men, women and families

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments View Attachments

OMB Number 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-034
* b. Program/Project: CA-025, CA-022

Attach an additional list of Program/Project Congressional Districts if needed.

Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/1/2011
* b. End Date: 06/30/2012

18. Estimated Funding ($):

* a. Federal	$142,900
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$142,900

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/09/2010.

[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.

[ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

[ ] Yes [x] No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

[x] **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	Mr.
* First Name:	David
Middle Name:	I.
* Last Name:	Furukawa
Suffix:	
* Title:	Asst. Controller
* Telephone Number:	(213) 251-3466
Fax Number:	(213) 380-4603
* Email:	dfurukawa@ccharities.org
* Signature of Authorized Representative:	Completed by Grants.gov upon submission
* Date Signed:	Completed by Grants.gov upon submission

8/9/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Beyond Shelter

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-4197075	603524117

d. Address:

* Street1:	1200 Wilshire Blvd.
Street2:	Suite 600
* City:	Los Angeles
County:	Los Angeles
* State:	CA
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90017

e. Organizational Unit:

Department Name:	Division Name:
Programs Department	

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	Ms.	* First Name:	Christine
Middle Name:	Mirasy		
* Last Name:	Glasco		
Suffix:			

Title: Executive Director/COO

Organizational Affiliation:
Beyond Shelter

* Telephone Number:	213-252-0772	Fax Number:	213-480-0846

* Email: cglasco@beyondshelter.org

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Nonprofit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

*** 12. Funding Opportunity Number:**

* Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Los Angeles, County of Los Angeles, State of California

*** 15. Descriptive Title of Applicant's Project:**

South Central Family Transition Program

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-034 * b. Program/Project CA-035

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 12/1/2010 * b. End Date: 11/31/2011

18. Estimated Funding ($):

* a. Federal 141,911
* b. Applicant
* c. State
* d. Local 33,788
* e. Other
* f. Program Income
* g. TOTAL 175,699

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☑ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☑ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Christine

Middle Name:

* Last Name: Mirasy-Glasco

Suffix:

* Title: President/CEO

* Telephone Number: 213-252-0772 Fax Number: 213-480-0846

* Email: cglasco@beyondshelter.org

* Signature of Authorized Representative: Christine Glasco * Date Signed: 08-09-10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0415C9D000802

State Use Only:

6. Date Received by State: 7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Santa Monica Housing Authority

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000790

*c. Organizational DUNS: 149405123

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d. Address:

*Street 1: 1901 Main Street
Street 2: 1st Floor, Suite A
*City: Santa Monica
County: Los Angeles
*State: California
Province:
*Country: USA
*Zip / Postal Code 90405

e. Organizational Unit:

Department Name: Housing and Economic Development

Division Name: Housing Authority

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs. *First Name: Julie
Middle Name: Piedras
*Last Name: Lansing
Suffix:

Title: Housing Authority Administrator

Organizational Affiliation: City of Santa Monica Housing Authority

*Telephone Number: 310-458-8743 Fax Number: 310-264-7757

*Email: julie.lansing@smgov.net

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
U. S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Santa Monica

***15. Descriptive Title of Applicant's Project:**

Project Application under 2010 SuperNOFA through Los Angeles Continuum of Care

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 30 *b. Program/Project: 30

17. Proposed Project:

*a. Start Date: 2011 *b. End Date: 2012

18. Estimated Funding ($):

*a. Federal	1,708,836.
*b. Applicant	
*c. State	
*d. Local	
*e. Other	1,708,836.
*f. Program Income	
*g. TOTAL	3,417,672.

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. *First Name: Rod

Middle Name:

*Last Name: Gould

Suffix:

*Title: City Manager

*Telephone Number: 310-458-8743 Fax Number: 310-264-7757

* Email: rod.gould@smgov.net

*Signature of Authorized Representative: *Date Signed:

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0330B9D000802

State Use Only:

6. Date Received by State: 7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: HARBOR INTERFAITH SERVICES, INC.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 330-03-1099

*c. Organizational DUNS: 618378053

d. Address:

*Street 1: 670 W. Ninth Street

Street 2:

*City: San Pedro (postal address/neighborhood within the City of Los Angeles

County: Los Angeles

*State: California

Province:

*Country: USA

*Zip / Postal Code 90731

e. Organizational Unit:

Department Name: Residential Programs - Transitional Housing

Division Name: "You Can Have It A.L.L."

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms. *First Name: Tabia

Middle Name:

*Last Name: Hayslet

Suffix:

Title: Executive Director

Organizational Affiliation: Private/independent nonprofit

*Telephone Number: (310) 831-0603 Fax Number: (310) 831-0791

*Email: exec dir@harborinterfaith.org

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Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

The Continuum of Care Homeless Assistance Program

13. *Competition Identification Number:*

CoC-01/2010 SuperNOFA Continuum of Care

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Primarily the Harbor District within the City of Los Angeles; also, some outlying independent municipalities surrounding it-- all located in the County of Los Angeles.

***15. Descriptive Title of Applicant's Project:**

"You Can Have It A.L.L. (Accelerated Learning and Living)" is a transitional housing program that primarily serves female-headed families for periods of 12-18 months. Permanent housing and job placement both are achieved through ongoing case management, intensive education/training, and abundant supportive services.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 36th (Harman) *b. Program/Project: 36th (Harman)

17. Proposed Project:

*a. Start Date: 2011 *b. End Date: 2012

18. Estimated Funding ($):

*a. Federal	127,673
*b. Applicant	31,983
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	159,656

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on July 30, 2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Tahia

Middle Name:

*Last Name: Hayslet

Suffix:

*Title: Executive Director

*Telephone Number: (310) 831-0603 Fax Number: (310) 831-0791

* Email: exec.dir@harbor.interfaith.org

*Signature of Authorized Representative: Tahia Hayslet *Date Signed: August 9, 2010

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0482B9D000801

State Use Only:

6. Date Received by State: 7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Covenant House California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 13-3391210

*c. Organizational DUNS: 617537436

d. Address:

*Street 1: 1325 N. Western Avenue
Street 2:
*City: Hollywood
County: Los Angeles County
*State: California
Province:
*Country:
*Zip / Postal Code 90027-5615

e. Organizational Unit:

Department Name: Transitonal Living Programs

Division Name: Supportive Apartment Program

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: *First Name: Regina
Middle Name: M.
*Last Name: Klein
Suffix:

Title: Senior Grants Manager

Organizational Affiliation: Covenant House California, Development Department

*Telephone Number: 323.461.3131.251 Fax Number: 323.461-6491

*Email: rklein@covca.org

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

Hollywood, Los Angeles, Los Angeles County, California

***15. Descriptive Title of Applicant's Project:**

Supportive Apartment Program for Transitional Age Homeless Youth

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 29, 30 *b. Program/Project: 29, 30

17. Proposed Project:

*a. Start Date: 12/1/2011 *b. End Date: 11/30/2012

18. Estimated Funding ($):

*a. Federal	$129,736
*b. Applicant	$24,433
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$154,169

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/9/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: *First Name: George

Middle Name: R.

*Last Name: Lozano

Suffix:

*Title: Executive Director

*Telephone Number: 323.461-3131.248 Fax Number: 323.461.6491

* Email: glozano@covca.org

*Signature of Authorized Representative: George R. Lozano *Date Signed: 8/9/2010

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0396B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Los Angeles Youth Network

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3953979

*c. Organizational DUNS: 175842889

d. Address:

*Street 1: 1754 Taft Avenue
Street 2:
*City: Los Angeles
County:
*State: CA
Province:
*Country: United States Of America
*Zip / Postal Code 90028

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms
*First Name: Mayra
Middle Name:
*Last Name: Camarillo
Suffix:

Title: Director of Administration

Organizational Affiliation:

*Telephone Number: 323-467-8466
Fax Number: 323-464-4357

*Email: mcamarillo@layn.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Competiton

13. Competition Identification Number:

Coc-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles County, California

***15. Descriptive Title of Applicant's Project:**

The Los Angeles Youth Network Hollywood Youth Shelter provides emergency shelter to homeless, unaccompanied and runaway youth ages 12-17 yrs of age for a maximum of 90 days.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 33 *b. Program/Project: 33

17. Proposed Project:

*a. Start Date: 2011 *b. End Date: 2012

18. Estimated Funding ($):

*a. Federal	140,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	140,000.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/09/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr *First Name: Matt

Middle Name:

*Last Name: Kamin

Suffix:

*Title: Executive Director

*Telephone Number: 323-467-8466 Fax Number: 323-464-4357

* Email: mkamin@layn.org

*Signature of Authorized Representative: *Date Signed: 08/09/2010

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 08/06/2010

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: South Coast Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419

* c. Organizational DUNS: 025986159

d. Address:

* Street1: 21865 Copley Drive
Street2:
* City: Diamond Bar
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91765

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:
* First Name: Nancy
Middle Name:
* Last Name: Cole
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 909-396-2767
Fax Number: 909-396-2765

* Email: ncole@aqmd.gov

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Special District

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

*** 12. Funding Opportunity Number:**

EPA-OAR-CCD-10-05

* Title:

"Greenhouse Gas Reporting Systems: Outreach to Reporting Facilities and Analysis of Greenhouse Gas Mitigation Opportunities"

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*** 15. Descriptive Title of Applicant's Project:**

Outreach and GHG Module to Facilitate Understanding of GHG Reporting Requirements and Reduction Opportunities

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-042 * b. Program/Project: 24-49

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2010 * b. End Date: 08/31/2013

18. Estimated Funding ($):

* a. Federal	200,000.00
* b. Applicant	126,307.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	326,307.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/10/2010.

[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.

[ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

[ ] Yes [X] No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

[X] ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Barry

Middle Name:

* Last Name: Wallerstein

Suffix: D. Env

* Title: Executive Officer

* Telephone Number: 909-396-2100 Fax Number:

* Email: bwallerstein@aqmd.gov

* Signature of Authorized Representative: Nancy Cole * Date Signed: 08/06/2010

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED
AUG 10 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
Please See Attached

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Salvation Army, a California corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1156347

*c. Organizational DUNS:
074629460

d. Address:

*Street 1: 900 West James M. Wood Boulevard
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90015

e. Organizational Unit:

Department Name:

Division Name:
Southern California

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.
*First Name: Steve
Middle Name:
*Last Name: Lytle
Suffix:

Title: Funding Consultant

Organizational Affiliation:

*Telephone Number: (213) 553-3253
Fax Number: (213) 607-7253

*Email: Steve.Lytle@usw.salvationarmy.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

CoC-01/ 2010 SuperNOFA Continuum of Care

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of California, Counties of Los Angeles and Ventura, Cities of Los Angeles, Bell, Santa Fe Springs, Glendale, Long Beach, and Ventura.

***15. Descriptive Title of Applicant's Project:**

The Salvation Army Southern California Division Supportive Housing Program at Alegria, Bell Shelter, Haven, Santa Fe Springs Transitional Living Center, The Way In, Westwood Transitional Village, Long Beach Transitional Living Center, Glendale Nancy Painter House, Glendale Chester Village, and Ventura Transitional Living Center.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 34 *b. Program/Project: Please see attached

17. Proposed Project:

*a. Start Date: 02/01/2011 *b. End Date: 12/31/2012

18. Estimated Funding ($):

*a. Federal	2,535,477
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	2,535,477

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on August 10, 2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Lt. Colonel *First Name: Victor

Middle Name: A.

*Last Name: Leslie

Suffix:

*Title: Divisional Commander

*Telephone Number: (213) 553-3253 Fax Number: (213) 607-7253

* Email: Victor.Leslie@usw.salvationarmy.org

*Signature of Authorized Representative: *Date Signed: August 10, 2010

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[ ] New	
[ ] Application	[X] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED AUG 10 2010 STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: CA0338B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Alcohol and Drug Programs, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 237228780

* c. Organizational DUNS: 060378189

d. Address:

* Street1: 11500 Paramount Blvd.
Street2:
* City: Downey
County:
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90241

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
* First Name: Lynne
Middle Name:
* Last Name: Appel
Suffix: M.S.

Title: Executive Director

Organizational Affiliation: Southern California Alcohol and Drug Programs, Inc.

* Telephone Number: 562-923-4545 x2226
Fax Number: 562-862-0918

* Email: lrappel@earthlink.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M. Nonprofit with 501 (C)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

*** 12. Funding Opportunity Number:**

FR-5409-N-01

* Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01/ 2010 SuperNOFA Continuum of Care

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles

*** 15. Descriptive Title of Applicant's Project:**

Angel Step Too s a transitional housing program targeting battered, substance addicted women and their children. The program offers needs assessment, case management and service linkage, substance abuse counseling and education, domestic violence counseling and education, life skills training, and vocational/educational services. Angel Step Too works to place our transitional housing participants into stable housing following program completion.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-034 * b. Program/Project CA-034

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date: 2011 * b. End Date: 2012

18. Estimated Funding ($):

* a. Federal	355,943
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	355,943

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 8-10-2010.

[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.

[ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

[ ] Yes [X] No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

[X] **** I AGREE**

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Lynne

Middle Name:

* Last Name: Appel

Suffix: M.S.

* Title: Executive Director

* Telephone Number: 562-923-4545 x2226 Fax Number: 562-862-0918

* Email: lrappel@earthlink.net

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received:

4. Applicant Identifier: CA-123

RECEIVED AUG 10 2010 STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0462C9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Pomona

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000764

*c. Organizational DUNS: 074127481

d. Address:

*Street 1: 505 S. Garey Ave.
Street 2: N/A
*City: Pomona
County: Los Angeles
*State: CA
Province: N/A
*Country: United States
*Zip / Postal Code 91766

e. Organizational Unit:

Department Name: Community Development Department

Division Name: Housing

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms. *First Name: Benita
Middle Name: Marie
*Last Name: DeFrank
Suffix: N/A

Title: Housing Manager, City of Pomona

Organizational Affiliation: same as above

*Telephone Number: (909) 620-2094 Fax Number: (909) 620-4567

*Email: benita_defrank@ci.pomona.ca.us

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.238

CFDA Title:

Shelter Plus Care (S+C)

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Continiuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Pomona

***15. Descriptive Title of Applicant's Project:**

City of Pomona Housing Authority Shelter Plus Care Program

Providing permanent housing to homeless and disabled individuals/families within the city of Pomona.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-038 *b. Program/Project: CA-038

17. Proposed Project:

*a. Start Date: 4/1/2011 *b. End Date: 3/31/2012

18. Estimated Funding ($):

*a. Federal	$748,068
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$748,068

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/06/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Linda

Middle Name:

*Last Name: Lowry

Suffix:

*Title: City Manager, City of Pomona

*Telephone Number: (909) 620-2051 Fax Number: (909) 620-3707

* Email: linda_lowry@ci.pomona.ca.us

*Signature of Authorized Representative: Linda C Lowry *Date Signed: 8/10/10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Homes for Life Foundation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0248725

*c. Organizational DUNS: 802054916

d. Address:

*Street 1: 8939 S. Sepulveda Blvd.
Street 2: Suite 460
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: United States
*Zip / Postal Code 90045

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.
*First Name: Carol
Middle Name: M
*Last Name: Liess
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (310) 337-7417
Fax Number: (310) 337-7413

*Email: cliess@homesforlife.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**
FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**
Homes for Life Foundation Harvest House Permanent Housing

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-036 *b. Program/Project: CA-038

17. Proposed Project:

*a. Start Date: 12/1/2011 *b. End Date: 11/30/2012

18. Estimated Funding ($):

*a. Federal	72067
*b. Applicant	
*c. State	
*d. Local	
*e. Other	51000
*f. Program Income	87600
*g. TOTAL	210667

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/5/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mrs. *First Name: Carol

Middle Name: M.

*Last Name: Liess

Suffix:

*Title: Executive Director

*Telephone Number: (310) 337-7417 Fax Number: (310) 337-7413

* Email: cliess@homesforlife.org

*Signature of Authorized Representative: [signature] *Date Signed: 8.5.10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0489B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Su Casa ~ Ending Domestic Violence

*b. Employer/Taxpayer Identification Number (EIN/TIN): 953495175

*c. Organizational DUNS: 101805575

d. Address:

*Street 1: 3840 Woodruff Avenue - Ste. 203
Street 2:
*City: Long Beach
County: Los Angeles
*State: CA
Province:
*Country: U.S.
*Zip / Postal Code 90808

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms. *First Name: Vicki
Middle Name: L.
*Last Name: Doolittle
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 562-421-6537 Fax Number: 562 421-8117

*Email: vicki@sucasadv.org

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STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Su Casa Supportive Housing Program

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-039 *b. Program/Project: CA-039

17. Proposed Project:

*a. Start Date: January 1, 2012 *b. End Date: December 31, 2012

18. Estimated Funding ($):

*a. Federal	$52,463
*b. Applicant	$14,376
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$66,839

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/27/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Vicki

Middle Name: L.

*Last Name: Doolittle

Suffix:

*Title: Executive Director

*Telephone Number: 562-421-6537 Fax Number: 562-421-8117

* Email: vicki@sucasadv.org

*Signature of Authorized Representative: Vicki Doolittle *Date Signed: 08/10/2010

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [x] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: CA0485B9D000802

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: 1736 Family Crisis Center

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3989251

* c. Organizational DUNS: 61-821-6519

d. Address:

* Street1: 2116 Arlington Avenue, #200
Street2:
* City: Los Angeles
County: Los Angeles
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90018

e. Organizational Unit:

Department Name: N/A

Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
* First Name: Carol
Middle Name: A.
* Last Name: Adelkoff
Suffix:

Title: CEO and Executive Director

Organizational Affiliation: 1736 Family Crisis Center

* Telephone Number: (323) 737-3900
Fax Number: (323) 737-3993

* Email: carol.adelkoff@gmail.com

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Private nonprofit with 501(c)(3)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program (SHP)

*** 12. Funding Opportunity Number:**

FR-5409-N-01

* Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles County, California

*** 15. Descriptive Title of Applicant's Project:**

Two Domestic Violence Shelters and Comprehensive Supportive Services

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-033, CA-036, CA-037 * b. Program/Project 33

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 07/01/11 * b. End Date: 06/30/12

18. Estimated Funding ($):

* a. Federal 521,823
* b. Applicant 139,137
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 660,960

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/10/10.

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☑ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☑ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Carol

Middle Name: A.

* Last Name: Adelkoff

Suffix:

* Title: CEO and Executive Director

* Telephone Number: (323) 737-3900 Fax Number: (323) 737-3993

* Email: carol.adelkoff@gmail.com

* Signature of Authorized Representative: Carol A. Adelkoff * Date Signed: August 10, 2010

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)
Revisions: Federal Award Identifier, CDFA, Competition ID Number

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0351B9D000802

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AUG 11 2010
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Homes for Life Foundation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
33-0248725

*c. Organizational DUNS:
802054916

d. Address:

*Street 1: 8939 S. Sepulveda Blvd.
Street 2: Suite 460
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: United States
*Zip / Postal Code 90045

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.
*First Name: Carol
Middle Name: M
*Last Name: Liess
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (310) 337-7417
Fax Number: (310) 337-7413

*Email: cliess@homesforlife.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number**

FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Homes for Life Foundation HFL Cedar Street Homes Transitional Housing

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-035 *b. Program/Project: CA-038

17. Proposed Project:

*a. Start Date: 12/1/2011 *b. End Date: 11/30/2012

18. Estimated Funding ($):

*a. Federal	72067
*b. Applicant	
*c. State	
*d. Local	
*e. Other	51000
*f. Program Income	87600
*g. TOTAL	210667

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/11/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mrs *First Name: Carol

Middle Name: M.

*Last Name: Liess

Suffix:

*Title: Executive Director

*Telephone Number: (310) 337-7417 Fax Number: (310) 337-7413

* Email: cliess@homesforlife.org

*Signature of Authorized Representative: *Date Signed: 8·10·10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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AUG 11 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier
CA387B9D000801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Homes for Life Foundation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
33-0248725

*c. Organizational DUNS:
802054916

d. Address:

*Street 1: 8939 S. Sepulveda Blvd.
Street 2: Suite 460
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: United States
*Zip / Postal Code 90045

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.
*First Name: Carol
Middle Name: M
*Last Name: Liess
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (310) 337-7417
Fax Number: (310) 337-7413

*Email: cliess@homesforlife.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number**

FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Homes for Life Foundation Harvest House Permanent Housing

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-035 *b. Program/Project: CA-038

17. Proposed Project:

*a. Start Date: 7/1/2011 *b. End Date: 6/30/2012

18. Estimated Funding ($):

*a. Federal	337,590
*b. Applicant	
*c. State	
*d. Local	
*e. Other	777339
*f. Program Income	363000
*g. TOTAL	1477929

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/11/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mrs. *First Name: Carol

Middle Name: M.

*Last Name: Liess

Suffix:

*Title: Executive Director

*Telephone Number: (310) 337-7417 Fax Number: (310) 337-7413

* Email: cliess@homesforlife.org

*Signature of Authorized Representative: *Date Signed: 8.10.10

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier: CA7224

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0449B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Penny Lane Centers

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2633765

*c. Organizational DUNS: 795312388

d. Address:

*Street 1: 15317 Raven Street
Street 2:
*City: North Hills
County: Los Angeles
*State: California
Province:
*Country: United States of America
*Zip / Postal Code 91343

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
*First Name: Ingrid
Middle Name:
*Last Name: Hines
Suffix:

Title: Director of Transitional Services

Organizational Affiliation:

*Telephone Number: (818) 892-3423
Fax Number: (818) 892-3574

*Email: ihines@pennylane.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
US Department of Housing and Urban Developmemt (HUD)

11. Catalog of Federal Domestic Assistance Number:
14-235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**
FR-5409-NO1

*Title:
Continuum of Care Homeless Assistance Program

13. Competition Identification Number:
CoC-01

Title:
2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**
Rayen Transitional Housing Porgram for homeless emancipated foster youth

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 26 *b. Program/Project: 26

17. Proposed Project:

*a. Start Date: 2011 *b. End Date: 2012

18. Estimated Funding ($):

*a. Federal	
*b. Applicant	$174,971.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$174,971.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Ingrid

Middle Name:

*Last Name: Hines

Suffix:

*Title: Director of Transitional Services

*Telephone Number: (818) 892-3423 Fax Number: (818) 892-3574

* Email: ihines@pennylane.org

*Signature of Authorized Representative: *Date Signed: 08/09/2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☒ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	**2. DATE SUBMITTED**	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01698

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	**Organizational Unit:** Department: California Department of Parks and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. First Name: Patti
City: Sacramento	Middle Name
County: Sacramento	Last Name Keating
State: California Zip Code 94296-0001	Suffix:
Country: USA	Email: pkeating@parks.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68 - 0303606	Phone Number (give area code) (916) 651-8597 / Fax Number (give area code) (916) 653-6511

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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) A. State Other (specify) **9. NAME OF FEDERAL AGENCY:** U.S. Department of Interior, National Park Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15 - 916 TITLE (Name of Program): Land & Water Conservation Fund	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Marks Ranch Acquisition Wildlife Conservation Board
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: 06-64224	
13. PROPOSED PROJECT Start Date: / Ending Date: 06/30/2013	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 03 / b. Project 17

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 292,407.00	a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/12/2010
b. Applicant	$ 1,906.00	
c. State	$ 2,826,022.00	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 3,120,335.00	☐ 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 Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-8597
d. Signature of Authorized Representative Patti Keating		e. Date Signed 7/23/10

R9 Tracking #10-463
OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
	R9 Tracking #10-463

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Joaquin Valley Unified Air Pollution Control District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
77-0262563	786808394

d. Address:

* Street1: 1990 East Gettysburg Avenue
Street2:
* City: Fresno
County: Fresno
* State: CA: California
Province:
* Country: USA: United States
* Zip / Postal Code: 93726-0244

e. Organizational Unit:

Department Name:	Division Name:
Administration	Administrative Services Division

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. * First Name: Ryan
Middle Name: L.
* Last Name: Kincaid
Suffix:

Title: Senior Accountant

Organizational Affiliation:

* Telephone Number: (559) 230-6028 Fax Number: (559) 230-6063

* Email: ryan.kincaid@valleyair.org

R9 Tracking #10-463
OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Environmental Protection Agency - Region 9

11. Catalog of Federal Domestic Assistance Number:

66.001

CFDA Title:

Air Pollution Control Program Support (CAA Section 105)

*** 12. Funding Opportunity Number:**

R9 Tracking #10-463

* Title:

EPA Fiscal Year 2011 Clean Air Act (CAA) Section 105 grant funds.

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties.

*** 15. Descriptive Title of Applicant's Project:**

The San Joaquin Valley APCD FY-11 CAA Section 105 Air Pollution Control Program

Attach supporting documents as specified in agency instructions.

[redacted]

R9 Tracking #10-463
OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-19
* b. Program/Project: CA-19

Attach an additional list of Program/Project Congressional Districts if needed.

CA-11, CA-18, CA-20, CA-21, CA-22 [redacted] Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010
* b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	$2,896,235.00
* b. Applicant	$9,804,487.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$12,700,722.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 8/12/2010.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- [ ] Yes
- [x] No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

- [x] **** I AGREE**

** The list of certifications and assurances, or an internal site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Seyed
Middle Name:
* Last Name: Sadredin
Suffix:

* Title: Executive Director / A.P.C.O.

* Telephone Number: (559) 230-6020 Fax Number:

* Email: seyed.sadredin@valleyair.org

* Signature of Authorized Representative: * Date Signed: 8/12/2010

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Springville Public Utility District	Organizational Unit: Department:
Organizational DUNS: 011235611	Division:
Address: Street: 35559 Hwy 190 - P. O. Box 434	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Marilyn
City: Springville, CA 93265	Middle Name
County: Tulare	Last Name Delk
State: California Zip Code 93265	Suffix:
Country: United States	Email: spud@springvillewireless.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 1731897	Phone Number (give area code) 559-539-2869 Fax Number (give area code) 559-539-1002

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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) G (Public Utility District Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA/RD
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 760 TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Upgrade Treatment Facilities Reference Supplemental #1
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Springville Ca. - Tulare County	
13. PROPOSED PROJECT Start Date: March, 2011 Ending Date: March, 2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Dist. 21 b. Project Dist. 21

15. ESTIMATED FUNDING:	
a. Federal	$ 3,102,000.
b. Applicant	$ -0-
c. State	$ on SRF List
d. Local	$ -0-
e. Other	$ -0-
f. Program Income	$ -0-
g. TOTAL	$ 3,102,000.

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: 07-21-2010

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	First Name Thomas	Middle Name Justin
Last Name Carter		Suffix
b. Title Board President - SpringvilleP.U.D.		c. Telephone Number (give area code) 559 - 539-0409
d. Signature of Authorized Representative		e. Date Signed 8-10-10

Previous Edition Usable
Authorized for Local Reproduction

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

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier: CA-90-Y832

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AUG 13 2010
STATE CLEARING HOUSE

5a. Federal Entity Identifier: 5624

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Western Contra Costa Transit Authority

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0162086

*c. Organizational DUNS: 103429301

d. Address:

*Street 1: 601 Walter ave
Street 2:
*City: Pinole
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 94564

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.
*First Name: Robert
Middle Name:
*Last Name: Thompson
Suffix:

Title: Manager of Grants, capital Projects and Procurements

Organizational Affiliation:

*Telephone Number: 510-724-331
Fax Number: 510-724-5515

*Email: rob@westcat.org

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20507

CFDA Title:

Federal Transit Formula Grant

***12 Funding Opportunity Number:**

5307

*Title:

Urbanized Area Formula

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Cities of Hercules and Pinole, Western Contra Costa

***15. Descriptive Title of Applicant's Project:**

All FTA funding is Section 5307

CC-990045 ADA operating set-a-side - 114,450

Local Match (20%) - 28,613

Total - 143,063

CC-090038 Purchase and installation of bus lifts in Maintenance facility - 62,132

Local Match 15,533

Total - 77,665

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-007 *b. Program/Project: CA-007

17. Proposed Project:

*a. Start Date: 05/13/10 *b. End Date: 03/31/11

18. Estimated Funding ($):

*a. Federal	176582
*b. Applicant	44146
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	220728

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 6/05/10

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr *First Name: Robert

Middle Name:

*Last Name: Thompson

Suffix:

*Title: Manager of Grants, Cap 'rojects and Procurements	
*Telephone Number: 510-724-3331	Fax Number: 510-724-5551
* Email: Rob@westcat.org	
*Signature of Authorized Representative: Robert Stacy	*Date Signed: JUNE 11th 2010

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Staudard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0431B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: United Friends of the Children

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3665186

*c. Organizational DUNS: 146784884

d. Address:

*Street 1: 1055 Wilshire Blvd., Suite 1955
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: United States
*Zip / Postal Code 90017

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:
*First Name: Polly
Middle Name: C.
*Last Name: Williams
Suffix:

Title: President

Organizational Affiliation:

*Telephone Number: 213-580-1850
Fax Number: 213-580-1820

*Email: Polly@unitedfriends.org

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STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
U.S Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR 5409-N-01

*Title:
CoC-01 / 2010 Super NOFA Continuum of Care

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Pathways to Independence, a transitional housing program for homeless emancipated foster youth.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 34 *b. Program/Project: 39

17. Proposed Project.

*a. Start Date: 10-01-11 *b. End Date: 9-30-12

18. Estimated Funding ($):

*a. Federal	295,657
*b. Applicant	206,400
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	502,057

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 7-27-10

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ *I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: *First Name: Polly

Middle Name: E.

*Last Name: Williams

Suffix:

*Title: President

*Telephone Number: 213-580-1850 Fax Number: 213-580-1820

*Email: Polly@unitedfriends.org

*Signature of Authorized Representative: Polly Williams *Date Signed: 7/27/10

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☑ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Pixley Public Utility District	Organizational Unit:
	Department:
Organizational DUNS: 102312423	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: Tulare County, P.O. Box 535	Prefix: Mr. / First Name: Billy
City: Pixley	Middle Name
County: Tulare	Last Name Harris
State: Ca. / Zip Code 93256	Suffix:
Country: United States	Email: ppud@sbcglobal.net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1522677	Phone Number (give area code) (559) 757-3878 / Fax Number (give area code) (559) 751-3459
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) G Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pixley Water Meter Project
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Pixley, CA	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 09/15/2010 / Funding Date: 06/15/2011	a. Applicant 21st / b. Project 21st

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 257,500 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant Contribution	$ 75,000 .00	DATE: 06/08/2010
c. State	$ 245,137 .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 577,637 .00	☐ 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 Billy	Middle Name
Last Name Harris		Suffix
b. Title Board President		c. Telephone Number (give area code) (559) 757-3878
d. Signature of Authorized Representative		e. Date Signed 6-7-10

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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: City of Biggs

Organizational Unit:
Department: Public Works
Division: Engineering

Organizational DUNS: 082101346

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STATE CLEARING HOUSE

Address:
Street: 3016 Sixth St.
City: Biggs
County: Butte
State: CA
Zip Code: 95917
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: David
Middle Name:
Last Name: Swartz
Suffix:
Email: swartz@cecusa.net
Phone Number (give area code): 530-751-0952
Fax Number (give area code): 530-751-0953

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 0 0 3 0 0

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)
C - Municipality
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0
TITLE (Name of Program):
Water and Waste Disposal Grant and Loan Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Wastewater Treatment Plant Rehabilitation to bring the City into permit compliance.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
City of Biggs, CA

13. PROPOSED PROJECT
Start Date: 6/1/11
Ending Date: 6/1/12

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 2
b. Project: 2

15. ESTIMATED FUNDING:

a. Federal	$ 9,024,000.00
b. Applicant	$ 21,800.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 9,045,800.00

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: 8/13/10
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: Peter
Middle Name: R.
Last Name: Carr
Suffix:
b. Title: City Administrator
c. Telephone Number (give area code): 530-868-5493
d. Signature of Authorized Representative
e. Date Signed