Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15, 2009.** 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.

Form 424 | OMB Approval No. 0348-0043

Application for Federal Assistance

2. Date Submitted: **18-Sep-09**

. Applicant Identifier:

1. Type of Submission Application

Application: [ ] Construction [x] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

3. Date received State:

4. Date received by Federal Agency:

State Application Identifier:

Federal Identifier:

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5. Applicant Information

6. Legal Name: **Peninsula Corridor Joint Powers Board**

Address *(give city, county, state, and zip)*
1250 San Carlos Avenue
San Carlos, San Mateo County, CA 94070

Name and telephone of contact person *(give area code)*
Joel Slavit, (650) 508-6476

6. Employer Identification Number (EIN): 9 4 **3152903**

7. Type of Applicant *(enter appropriate letter in box)* G

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermural
G. Special District
H. Independent School Dst.
I. State Controlled Institution of higher learning.
J. Private University
K. Indian Tribe
L. Profit Insitution
M. Other: MPO

8. Type of Application

[X] new [ ] continuation [ ] Revision

If revision, enter appropriate letter(s) in boxes: [ ] [ ]

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

10. Catalog of federal domestic assistance number: **20507**
Section 5307 Program (ARRA FHWA transfer)

9. Name of federal Agency:
Federal Transit Administration

11. Descriptive title of applicant project:
CA-66-X011 (ARRA STP) Preventive Maintenance

12. Areas affected by project:
San Francisco, San Mateo and Santa Clara Counties

13. Proposed Project
Start Date: **7/1/2009**
End Date: **6/30/2010**

15. Estimated Funding

a. Federal	**$1,033,836**
b. Applicant	
c. State	
d. Local	
f. Program Income	
e. Other	
g. TOTAL	**$1,033,836**

14. Congressional Districts of:

a. Applicant: **8, 12, 13, 14, 15 & 16**
B. Project: **8, 12, 13, 14, 15 & 16**

16. Is application subject to review by state executive 12372 process? **Yes**
a. Yes this preapplication/application was made available to the state executive order 12372 process review on
Date: **25-Sep-09**
b. No [ ] Program is not covered by E.). 12372
or [ ] or program has notbeen selected by state for review

17. Is the applicant delinquent on any federal debt?
[ ] Yes.(attach an explanation)
[x] 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 assistance is awarded.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number:
Michael J. Scanlon	**Executive Director**	**(650) 508-6221**

d. Signature of Authorized representative: M J Scanlon

e. Date Signed: 9/22/09

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: 10/05/2009

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Jose State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6017638

* c. Organizational DUNS: 056820715

d. Address:

* Street1: 210 N. Fourth Street, 4th Floor
Street2:
* City: San Jose
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95112

e. Organizational Unit:

Department Name: Office of Sponsored Programs

Division Name: Pre-Award

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

Prefix: Ms.
* First Name: Jarri
Middle Name:
* Last Name: Carmo
Suffix:

Title: Deputy COO and Director OSP

Organizational Affiliation: San Jose State University Research Foundation

* Telephone Number: 408-924-1429
Fax Number: 408-924-1496

* Email: osp@foundation.sjsu.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:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Non-profit auxiliary to SJSU

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.439

CFDA Title:

Marine Mammal Data Program

*** 12. Funding Opportunity Number:**

NOAA-NMFS-PRPO-2010-2001770

* Title:

John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program)

13. Competition Identification Number:

2143632

Title:

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

Monterey County, California

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

Enhancing the Response to Marine Mammal Strandings by Moss Landing Marine Laboratories in Central California

Attach supporting documents as specified in agency instructions.

[redacted] [redacted] [redacted]

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-016
* b. Program/Project: CA-017

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

17. Proposed Project:

* a. Start Date: 06/01/2010
* b. End Date: 05/31/2013

18. Estimated Funding ($):

* a. Federal	99,960.00
* b. Applicant	33,415.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	133,375.00

*** 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 10/02/2009.
- [ ] 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: Dr.
* First Name: Pamela
Middle Name: C.
* Last Name: Stacks
Suffix:

* Title: AVP Graduate Studies & Research

* Telephone Number: 408-924-2488
Fax Number: 408-924-1496

* Email: osp@foundation.sjsu.edu

* Signature of Authorized Representative: Pamela Stacks
* Date Signed: 10/05/2009

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SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted 7/1/09	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	☐ Construction	☐ Construction
		☒ Non Construction	☐ Non Construction
Applicant Information			
City of Roseville		CA3108 ROSEVILLE	
311 Vernon Street		DUNS # 076119643	
		City of Roseville	
Roseville	California	Community Services Department	
ZIP	Country U.S.A.	Housing Division	
Employer Identification Number (EIN):		Placer County	
94-60000409		07/01/2008	
Applicant Type:		Specify Other Type if necessary:	
Local Government: City		Specify Other Type	
Program Funding		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles 2009/2010 CDBG Program city-wide and targeted benefits to low-income areas.		Description of Areas Affected by CDBG Project(s)	
$513,846	$Additional HUD Grant(s) Leveraged	Describe	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged	
$Locally Leveraged Funds		$Grantee Funds Leveraged	
$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s)			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
$HOME Grant Amount	$Additional HUD Grant(s) Leveraged	Describe	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged	
$Locally Leveraged Funds		$Grantee Funds Leveraged	

$Anticipated Program Income	Other (Describe)
Total Funds Leveraged for HOME-based Project(s)	

Housing Opportunities for People with AIDS	14.241 HOPWA	
HOPWA Project Titles	Description of Areas Affected by HOPWA Project(s)	
$HOPWA Grant Amount	$Additional HUD Grant(s) Leveraged	Describe
$Additional Federal Funds Leveraged	$Additional State Funds Leveraged	
$Locally Leveraged Funds	$Grantee Funds Leveraged	
$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)		

Emergency Shelter Grants Program	14.231 ESG	
ESG Project Titles	Description of Areas Affected by ESG Project(s)	
$ESG Grant Amount	$Additional HUD Grant(s) Leveraged	Describe
$Additional Federal Funds Leveraged	$Additional State Funds Leveraged	
$Locally Leveraged Funds	$Grantee Funds Leveraged	
$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)		

Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
4th	4th		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		☒ Yes	This application was made available to the state EO 12372 process for review on DATE
		No	Program is not covered by EO 12372
☐ Yes	☒ No	☐ N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Esmerita	G.	Rivera
Sr. Program Technician II	(916) 774-5469	(916) 774-5286
erivera@roseville.ca.us	www.roseville.ca.us/housing	Jan Shonkwiler (916) 774-5273
Signature of Authorized Representative W. Craig Robinson		Date Signed June 24, 2009

RCH #304 Approved 9.24.09

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: Corporation for Better Housing

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322

*c. Organizational DUNS: 602791829

d. Address:

*Street 1: 15303 Ventura Blvd
Street 2: Suite 1100
*City: Sherman Oaks
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 91403

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: Sclafani
Suffix:

Title: Senior Vice President

Organizational Affiliation:

*Telephone Number: 818-905-2430
Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.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:**
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:**
Rural Housing Service, USDA

11. Catalog of Federal Domestic Assistance Number:
Section 10.405 and 10.427

CFDA Title:
Farm Labor Housing Loans and Grants for Section 514 and 516

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Selma, CA

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

Seet Attached Description.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-028 *b. Program/Project: CA-021

17. Proposed Project:

*a. Start Date: 10/1/2010 *b. End Date: 10/1/2011

18. Estimated Funding ($):

*a. Federal	3,000,000 (RHS)
*b. Applicant	418,357 (DDF)
*c. State	1,000,000 (AHP)
*d. Local	12,581,817 (Equity)
*e. Other	
*f. Program Income	
*g. TOTAL	17,000,174

***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 7/20/09

☐ 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: David

Middle Name:

*Last Name: Sciafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

* Email: dsciafani@sbcglobal.net

*Signature of Authorized Representative: *Date Signed: 7/14/09

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: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Academy of Sciences

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156258

* c. Organizational DUNS: 074632456

d. Address:

* Street1: 55 Music Concourse Drive
Street2:
* City: San Francisco
County: San Francisco
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94118

e. Organizational Unit:

Department Name: Ornithology and Mammology

Division Name: Research

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

Prefix:
* First Name: Maureen
Middle Name: E.
* Last Name: Flannery
Suffix:

Title: Collection Manager

Organizational Affiliation: California Academy of Sciences

* Telephone Number: 415-379-5377 Fax Number: 415-379-5738

* Email: mflannery@calacademy.org

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

Application for Federal Assistance SF-424 Version 02

8. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.439

CFDA Title:

Marine Mammal Data Program

*** 12. Funding Opportunity Number:**

NOAA-NMFS-PRO-2010-2001773

* Title:

John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program)

13. Competition Identification Number:

2143632

Title:

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

California: Sonoma County, Marin County, Contra Costa County, Alameda County, San Clara County, San Francisco County, San Mateo County

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

Enhancing response and data collection from dead stranded marine mammals in northern California

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-008
* b. Program/Project: CA-008

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

CAS_Additional_Congressional | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2010
* b. End Date: 06/30/2012

18. Estimated Funding ($):

* a. Federal	100,000.00
* b. Applicant	61,737.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	161,737.00

*** 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 10/02/2009.

[ ] 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: Alison
Middle Name: K
* Last Name: Brown
Suffix:

* Title: Chief of Staff / Chief Financial Officer

* Telephone Number: 415-479-5148
Fax Number: 415-479-5727

* Email: abrown@coolacademy.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
- [x] Application
- [ ] Changed/Corrected Application

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

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: San Jose State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6017638

* c. Organizational DUNS: 056820715

d. Address:

* Street1: 210 North Fourth Street, 4th Floor
Street2:
* City: San Jose
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95112

e. Organizational Unit:

Department Name: Office of Sponsored Programs

Division Name: Pre-Award

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

Prefix: Ms.
* First Name: Jerri
Middle Name:
* Last Name: Carmo
Suffix:

Title: Deputy COO and Director OSP

Organizational Affiliation: San Jose State University Research Foundation

* Telephone Number: 408-924-1400
Fax Number: 408-924-1496

* Email: osp@foundation.sjsu.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:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Non-profit auxiliary of SJSU

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.439

CFDA Title:

Marine Mammal Data Program

*** 12. Funding Opportunity Number:**

NOAA-NMFS-PRPO-2010-2001770

* Title:

John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program)

13. Competition Identification Number:

2143632

Title:

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

Moss Landing, California; San Francisco Bay and Tomales Bay - California coast

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

A comparison of wild harbor seal (Phoca vitulina) survival during the first and second years of life: San Francisco Bay and Tomales Bay, California

Attach supporting documents as specified in agency instructions.

[redacted] [redacted] [redacted]

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-016
* b. Program/Project: CA-017

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

District List Harvey_Menugia [redacted]

17. Proposed Project:

* a. Start Date: 07/01/2010
* b. End Date: 05/01/2012

18. Estimated Funding ($):

* a. Federal	100,000.00
* b. Applicant	79,035.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	179,035.00

*** 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 10/02/2009.
- [ ] 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 [redacted]

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:	Dr.
* First Name:	Pamela
Middle Name:	C.
* Last Name:	Stacks
Suffix:	
* Title:	AVP Graduate Studies and Research
* Telephone Number:	408-924-2488
Fax Number:	408-924-1496
* Email:	osp@foundation.sjsu.edu
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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: High Valleys Water District

Organizational DUNS: 06-614-2399

Address:

Street: 47781 Twin Pines Road

City: Banning

County: Riverside

State: CA

Zip Code: 92220-9658

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix:

First Name: A.C. "Clem"

Middle Name

Last Name: Kunkel

Suffix:

Email:

Phone Number (give area code): 951-849-2612

Fax Number (give area code): 951-922-9667

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-2798225

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 - Water District

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Water source and energy efficiency/off-peak pumping modifications

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

Service area of HVWD and area surrounding transmission pipeline

13. PROPOSED PROJECT

Start Date: Fall 2009

Ending Date: Fall 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 45 Bono

b. Project: 45 Bono

15. ESTIMATED FUNDING:

a. Federal	$ 1,830,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,830,000 .00

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix:

First Name: Clem

Middle Name:

Last Name: Kunkel

Suffix:

b. Title: General Manager

c. Telephone Number (give area code): 760-849-2612

d. Signature of Authorized Representative: AC Kunkel

e. Date Signed: 10/1/09

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: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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OCT - 7 2009
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: NA08NOS4290316

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University Corporation at Monterey Bay

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0387459

* c. Organizational DUNS: 082412920

d. Address:

* Street1: 100 Campus Center
Street2:
* City: Seaside
County: Monterey
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93955

e. Organizational Unit:

Department Name: Science, Media Arts & Technolo

Division Name: Science & Environmental Policy

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

Prefix:
* First Name: Patricia
Middle Name:
* Last Name: Casey
Suffix:

Title: Grants and Contracts Specialist

Organizational Affiliation: Office of Grants & Contracts

* Telephone Number: 831.582.4146
Fax Number: 831.582.3309

* Email: pcasey@csumb.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:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Auxiliary to state university

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.429

CFDA Title:

Marine Sanctuary Program

*** 12. Funding Opportunity Number:**

NOAA-NOS-NMS-2010-2001002

* Title:

FY10 California Bay Watershed Education and Training Program

13. Competition Identification Number:

2150556

Title:

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

Monterey County, California

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

Increasing Watershed Awareness in Youth through the Cycle of Habitat Restoration

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: 17 * b. Program/Project: 17

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2010 * b. End Date: 07/31/2011

18. Estimated Funding ($):

* a. Federal	57,681.00
* b. Applicant	8,615.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	66,296.00

*** 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 10/07/2009.

[ ] 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: Ms. * First Name: Cynthia

Middle Name:

* Last Name: Lopez

Suffix:

* Title: Director of Grants and Contracts

* Telephone Number: 831.582.3089 Fax Number: 831.582.3305

* Email: clopez@csumb.edu

* 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
- [x] Application
- [ ] Changed/Corrected Application

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: NA09NOS4290315

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University Corporation at Monterey Bay

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0387459

* c. Organizational DUNS: 082412920

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d. Address:

* Street1: 100 Campus Center
Street2:
* City: Seaside
County: Monterey
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93955

e. Organizational Unit:

Department Name: Science, Media Arts & Technolo

Division Name: Science & Environmental Policy

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

Prefix:
* First Name: Patricia
Middle Name:
* Last Name: Casey
Suffix:

Title: Grant & Contract Specialist

Organizational Affiliation: Office of Grants & Contracts

* Telephone Number: 831.582.4146
Fax Number: 831.582.3305

* Email: pcasey@csumb.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:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Auxiliary to state university

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.429

CFDA Title:

Marine Sanctuary Program

*** 12. Funding Opportunity Number:**

NOAA-NOS-NMS-2010-2001882

* Title:

FY10 California Bay Watershed Education and Training Program

13. Competition Identification Number:

2150558

Title:

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

Monterey County, California

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

Professional Development for Creeks of Salinas to the Bay

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: 17 * b. Program/Project: 17

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010 * b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	59,999.00
* b. Applicant	28,252.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	88,251.00

*** 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 10/08/2009.
- [ ] 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: Cynthia

Middle Name:

* Last Name: Lopez

Suffix:

* Title: Director of Grants and Contracts

* Telephone Number: 831.582.3089 Fax Number: 831.582.3305

* Email: clopez@csumb.edu

* 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

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OCT 12 2009
STATE CLEARING HOUSE

* 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: 10/08/2009

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: NA09NOS4290268

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Jose State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6017638

* c. Organizational DUNS: 056820715

d. Address:

* Street1: 210 North Fourth Street, 4th Floor
Street2:
* City: San Jose
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95112

e. Organizational Unit:

Department Name: Office of Sponsored Programs

Division Name: Pre-Award

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

Prefix: Ms.
* First Name: Jerri
Middle Name:
* Last Name: Carmo
Suffix:

Title: Deputy COO and Director OSP

Organizational Affiliation: San Jose State University Research Foundation

* Telephone Number: 408-924-1440
Fax Number: 408-924-1496

* Email: osp@foundation.sjsu.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:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Non-profit auxiliary of SJSU

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.429

CFDA Title:

Marine Sanctuary Program

*** 12. Funding Opportunity Number:**

NOAA-NOS-NMS-2010-2001882

* Title:

FY10 California Bay Watershed Education and Training Program

13. Competition Identification Number:

2150558

Title:

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

California counties of Monterey, San Benito, Santa Clara, Santa Cruz, San Luis Obispo

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

Incorporation of Marine Research and Resource Issues into Public Education

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-016 * b. Program/Project: CA-017

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010 * b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	59,880.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	59,880.00

*** 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 10/08/2009.

[ ] 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: Dr. * First Name: Pamela

Middle Name: C.

* Last Name: Stacks

Suffix:

* Title: AVP Graduate Studies and Research

* Telephone Number: 408-924-1400 Fax Number: 408-924-1496

* Email: osp@foundation.sjsu.edu

* Signature of Authorized Representative: Pamela Stacks * Date Signed: 10/08/2009

Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED	Applicant Identifier CA 0605B9D040801
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier FR-5341-N-01 OMB 2506-0112

5. APPLICANT INFORMATION

Legal Name: Greater Bakersfield Legal Assistance, Inc. (GBLA)	Organizational Unit: Department: N/A
Organizational DUNS: 113798383	Division: N/A
Address: Street: 615 California Ave.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Estela
City: Bakersfield	Middle Name N/A - No Middle Name
County: Kern	Last Name Casas
State: CA Zip Code 93304	Suffix: Esq.
Country: USA	Email: ecasas@gbla.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2829257	Phone Number (give area code) 661-334-4660 / Fax Number (give area code) 661-325-4482

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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)

O. Not for Profit

Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235

TITLE (Name of Program): Supportive Housing Program (SHP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The "Community Homeless Law Center Project" removes legal barriers (either through direct civil legal assistance or participation in the Community Homeless Court) that prohibit many homeless persons from securing housing and employment. Legal assistance, outreach, case management, support and follow-through is provided.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Kern and Bakersfield, CA

13. PROPOSED PROJECT

Start Date:	Ending Date:
August 1, 2010	July 31, 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
20 & 22	20 & 22

15. ESTIMATED FUNDING:

a. Federal	$ 120,044
b. Applicant	$ 30,011
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 150,055

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: 10-09-09

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: Ms.	First Name: Estela	Middle Name: N/A - No Middle Name
Last Name: Casas		Suffix: Esq.
b. Title: Executive Director		c. Telephone Number (give area code): 661-334-4660
d. Signature of Authorized Representative		e. Date Signed: 10-09-09

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)

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OCT 12 2009
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*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 x 105
Fax Number: 310-399-1130

*Email: priscilla@vchcorp.org

SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

OMB No. 1890-0014
(EXP. 2/28/2009)

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: Venice Community Housing Corporation

Applicant's DUNS Number: 883805509

Grant Name: 2009 SuperNOFA Continuum of Care CFDA Number: 14.235

1. Does the applicant have 501(c)(3) status?

   [x] Yes [ ] No

2. How many full-time equivalent employees does the applicant have? *(Check only one box).*

   [ ] 3 or Fewer [x] 15-50
   [ ] 4-5 [ ] 51-100
   [ ] 6-14 [ ] over 100

3. What is the size of the applicant's annual budget? *(Check only one box.)*

   [ ] Less Than $150,000
   [ ] $150,000 - $299,999
   [x] $300,000 - $499,999
   [ ] $500,000 - $999,999
   [ ] $1,000,000 - $4,999,999
   [ ] $5,000,000 or more

4. Is the applicant a faith-based/religious organization?

   [ ] Yes [x] No

5. Is the applicant a non-religious community-based organization?

   [x] Yes [ ] No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

   [ ] Yes [x] No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

   [x] Yes [ ] No

8. Is the applicant a local affiliate of a national organization?

   [ ] Yes [x] No

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)
A. Increase Award C. Increase Duration
*Other (Specify)

3. Date Received:

4. Applicant Identifier: N/A

5a. Federal Entity Identifier: N/A

*5b. Federal Award Identifier: CA0455B9D00801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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OCT 13 2009
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*a. Legal Name: PATH (People Assisting The Homeless)

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3950196

*c. Organizational DUNS: 847856390

d. Address:

*Street 1: 340 North Madison Avenue
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: United States of America
*Zip / Postal Code 90004

e. Organizational Unit:

Department Name: PATH

Division Name: Street Outreach

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

Prefix: Mrs. *First Name: Tricia
Middle Name: Leigh
*Last Name: Ciampa
Suffix:

Title: Grants Manager

Organizational Affiliation: n/a

*Telephone Number: (323) 644-2257 Fax Number: (323) 644-2288

*Email: pciampa@epath.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-5341-N-01

*Title:

Continuum of Care Homeless Assistance Program (CoC)

13. Competition Identification Number:

CoC-01

Title:

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

Los Angeles County

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

Regional Street Outreach

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: 30,31

17. Proposed Project:

*a. Start Date: 7/1/10 *b. End Date: 6/30/11

18. Estimated Funding ($):

*a. Federal	114,529
*b. Applicant	27,274
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	141,803

***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 10/12/09

☐ 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: Joel

Middle Name: John

*Last Name: Roberts

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (323) 644-2209 Fax Number: (323) 644-2200

* Email: joelr@epath.org

*Signature of Authorized Representative: *Date Signed: 10/13/09

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)
A. Increase Award C. Increase Duration
*Other (Specify)

3. Date Received:

4. Applicant Identifier: N/A

5a. Federal Entity Identifier: N/A

*5b. Federal Award Identifier: CA0432B9D000801

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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: PATH (People Assisting The Homeless)

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3950196

*c. Organizational DUNS: 847856390

d. Address:

*Street 1: 340 North Madison Avenue
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: United States of America
*Zip / Postal Code 90004

e. Organizational Unit:

Department Name: Regional Homeless Center

Division Name: PATHWays Transitional Housing

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

Prefix: Mrs.
*First Name: Tricia
Middle Name: Leigh
*Last Name: Ciampa
Suffix:

Title: Grants Manager

Organizational Affiliation: n/a

*Telephone Number: (323) 644-2257
Fax Number: (323) 644-2288

*Email: pciampa@epath.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-5341-N-01

*Title:
Continuum of Care Homeless Assistance Program (CoC)

13. Competition Identification Number:

CoC-01

Title:

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

Los Angeles County

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

Supportive Housing Program: PATHWays 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: 30 *b. Program/Project: 30,31

17. Proposed Project:

*a. Start Date: 3/1/10 *b. End Date: 2/28/11

18. Estimated Funding ($):

*a. Federal	199,201
*b. Applicant	0
*c. State	0
*d. Local	66,401
*e. Other	
*f. Program Income	0
*g. TOTAL	0
	265,602

***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 10/12/09

☐ 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: Joe

Middle Name: John

*Last Name: Roberts

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (323) 644-2209 Fax Number: (323) 644-2200

* Email: joelr@epath.org

*Signature of Authorized Representative: *Date Signed: 10/13/09

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: 10/14/2009
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: 10/14/2009
7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Santa Monica

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000790
*c. Organizational DUNS: 074152596

d. Address:

*Street 1: 1685 Main Street
Street 2: Room 212
*City: Santa Monica
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90405

e. Organizational Unit:

Department Name: Community and Cultural Services
Division Name: Human Services Division

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

Prefix:
*First Name: Stacy
Middle Name: M
*Last Name: Rowe
Suffix: Ph. D.

Title: Human Services Administrator

Organizational Affiliation:

*Telephone Number: 310-458-8701
Fax Number: 310-458-3380

*Email: stacy.rowe@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:**
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. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:
CDFA 14.235

CFDA Title:
Super NOFA Continuum of Care

***12 Funding Opportunity Number:**
FR - 5341-N-01

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
City of Santa Monica, CA

***15. Descriptive Title of Applicant's Project:**
Santa Monica Serial Inebriate Program - Rental subsidy, case management and administration for 30 chronically homeless individuals.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-30 *b. Program/Project: CA-30

17. Proposed Project:

*a. Start Date: 04/01/2010 *b. End Date: 3/31/2011

18. Estimated Funding ($):

*a. Federal	491,791
*b. Applicant	8328
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	500,119

***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 10/14/2009

☐ 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: P.

Middle Name: Lamont

*Last Name: Ewell

Suffix:

*Title: Santa Monica City Manager

*Telephone Number: 310-458-8301 Fax Number: 310-917-6640

* Email: lamont.ewell@smgov.net

*Signature of Authorized Representative: see attached e-snaps form *Date Signed: 10/13/2009

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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:	*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:

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 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: Tahia
Middle Name:
*Last Name: Hayslet
Suffix:

Title: Executive Director

Organizational Affiliation: Private/independent nonprofit

*Telephone Number: (310) 831-0803 Fax Number: (310) 831-0791

*Email: exec.dir@harborinterfaith.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:**
U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:
14.235

CFDA Title:
2009 SuperNOFA Continuum of Care

***12 Funding Opportunity Number:**
FR-5341-N-01

*Title:
Continuum of Care Homeless Assistance

13. Competition Identification Number:

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: One year *b. End Date:

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 10/15/09

☐ 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) 831-0791 Fax Number: (310) 831 0603

*Email: cxcc.dir@harborinterfaith.org

*Signature of Authorized Representative: Tahia Hayslet *Date Signed: 10/14/09

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)

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

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: General Atomics

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3735102

* c. Organizational DUNS: 067638957

d. Address:

* Street1: 3550 General Atomics Court
Street2:
* City: San Diego
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92121-1122

e. Organizational Unit:

Department Name:

Division Name: Energy Group

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

Prefix: Dr.
* First Name: Bunsen
Middle Name:
* Last Name: Wong
Suffix:

Title: Program Manager

Organizational Affiliation: General Atomics

* Telephone Number: 858-455-2621
Fax Number:

* Email: bunsen.wong@gat.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:

Q: For-Profit Organization (Other than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000104

* Title:

Baseload Concentrating Solar Power Generation

13. Competition Identification Number:

Title:

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

San Diego, California

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

Baseload Concentrating Solar Power Generation

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-053
* b. Program/Project: CA-053

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2010
* b. End Date: 06/30/2014

18. Estimated Funding ($):

* a. Federal	2,059,913.00
* b. Applicant	850,713.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,910,626.00

*** 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 10/15/2009.

[ ] 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: Ms. * First Name: Ramona

Middle Name:

* Last Name: Gompper

Suffix:

* Title: Senior Contract Administrator

* Telephone Number: 858-455-3057 Fax Number:

* Email: ramona.gompper@gat.com

* 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: Completed by Grants.gov upon submission

4. Applicant Identifier:

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OCT 15 2009
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: NEW DIRECTIONS, INC.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4242745

* c. Organizational DUNS: 949022131

d. Address:

* Street1: 11303 WILSHIRE BLVD, V.A. BLDG 116
Street2:
* City: LOS ANGELES, CA 90073-1003
County: LOS ANGELES
* State: CALIFORNIA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90073-1003

e. Organizational Unit: Administration

Department Name:

Division Name:

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

Prefix: MS
* First Name: LYNN
Middle Name: MARIETTA
* Last Name: JENKINS
Suffix:

Title: GRANT WRITER

Organizational Affiliation:
EMPLOYEE

* Telephone Number: 310 914-4045
Fax Number: 310 914 5495

* Email: ljenkins@ndvets.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:
NON-PROFIT Agency

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency: US DEPT of HOUSING URBAN DEVELOPMENT
~~NGMS Agency~~ HUD-

11. Catalog of Federal Domestic Assistance Number:
CDFA 14.235

CFDA Title:
2009 SuperNOFA Continuum of Care

* 12. Funding Opportunity Number:
MBL-SF424FAMILY-ALLFORMS FR-5341-N-01

* Title
MBL-SF424Family-AllForms Continuum of Care - SUPPORTIVE HOUSING PROGRAM

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: "REGIONAL HOME FOR HOMELESS VETERANS" provides Transitional Housing FOR HOMELESS VETERANS WITH SUBSTANCE ABUSE DISORDERS.

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: 29

* a. Applicant 29 * b. Program/Project 29-41

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

Add Attachment

17. Proposed Project:

* a. Start Date: 5/1/10 * b. End Date: 4/30/11

18. Estimated Funding ($):

* a. Federal	$547,641
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$547,641

*** 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 10/15/09

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

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: TONI

Middle Name: LEACH

* Last Name: REINIS

Suffix:

* Title: EXECUTIVE DIRECTOR

* Telephone Number: 310 914-4045 Fax Number: 310 914-5495

* Email: TREINIS@NDVETS.ORG

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

Authorized for Local Reproduction

10/15/09

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: CA0521B9D000801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

*a. Legal Name: Rainbow Services, Ltd.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3855705

*c. Organizational DUNS: 825412182

d. Address:

*Street 1: 453 W. 7th Street

Street 2:

*City: San Pedro

County: Los Angeles

*State: CA

Province:

*Country: USA

*Zip / Postal Code 90731

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: B.

Middle Name: Bennett

*Last Name: Schirmer

Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 310-548-5450

Fax Number: 310-548-0611

*Email: bschirmer@rainbowservicesdv.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:**

Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR5341-N-01

*Title:

Continuum of Care Homeless Assistance Competition

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:**

Villa Paloma 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: 36 *b. Program/Project: 36

17. Proposed Project:

*a. Start Date: 12/01/2010 *b. End Date: 11/30/2011

18. Estimated Funding ($):

*a. Federal	255,012
*b. Applicant	65,600
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	320,612

***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 10/15/2009

☐ 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: B.

Middle Name: Bennett

*Last Name: Schirmer

Suffix:

*Title: Executive Director

*Telephone Number: 310-548-5450 Fax Number: 310-548-0611

* Email: bschirmer@rainbowservicesdv.org

*Signature of Authorized Representative: *Date Signed: 10/15/09

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)

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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: 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

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-5341-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: 07/01/2010 * b. End Date: 06/30/2011

18. Estimated Funding ($):

* a. Federal 308,699
* 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 10/15/2009.

☐ 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: 10/15/2009

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	
X Application	X 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:

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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: St. Joseph Center

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-3874381	169308566

d. Address:

* Street1: 204 Hampton Drive
Street2:
* City: Venice
County: Los Angeles
* State: CA
Province:
* Country: USA: UNITED STATES
* 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: * First Name: Judy
Middle Name:
* Last Name: Alexander
Suffix:

Title: Associate Director

Organizational Affiliation:
St. Joseph Center

* Telephone Number: (310) 396-6468 x 306 Fax Number: (310) 392-8402

* Email: jalexander@stjosephctr.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:

Non-profit 501 (3) c

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 and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title: 14.235

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS FR-5341-N-01

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

2009 SuperNOFA Continuum of Care- CFDA 14.235

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

Los Angeles City and County

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

St. Joseph Center Homeless Senior Outreach Program

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: 36 * b. Program/Project: 36

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

Add Attachment

17. Proposed Project:

* a. Start Date: 07/01/10 * b. End Date: 6/30/11

18. Estimated Funding ($):

* a. Federal	47,247
* b. Applicant	11,249
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	58,496

*** 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 10/15/09

[ ] 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 X

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: Judy

Middle Name:

* Last Name: Alexander

Suffix:

* Title: Associate Director

* Telephone Number: (310) 396-6468 x 306 Fax Number: (310) 392-8402

* Email: jalexander@stjosephctr.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)

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 Rayen Street
Street 2:
*City: North Hills
County: Los Angeles
*State: California
Province:
*Country: USA
*Zip / Postal Code 91343

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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: 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:**
United States 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-5100-N01

*Title:
FY 2009 SuperNOFA

13. Competition Identification Number:

Title:

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

***15. Descriptive Title of Applicant's Project:**
Rayen 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: 26 *b. Program/Project: 26

17. Proposed Project:

*a. Start Date: 3/1/09 *b. End Date: 2/29/10

18. Estimated Funding ($):

*a. Federal _____
*b. Applicant $174,971
*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: 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: Ingrid Hines *Date Signed: 10/15/09

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:

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): 95-1644552

*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

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:

*First Name:

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

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:**
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-5341-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

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: 3/1/2010 *b. End Date: 2/28/2011

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 10/17/09

☐ 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: 10/15/09

Authorized for Local Reproduction

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

①

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: n/a

*5b. Federal Award Identifier: CA0331B9D000801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: A Community of Friends

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4203106

*c. Organizational DUNS: 621592120

d. Address:

*Street 1: 3345 Wilshire Blvd. Suite 1000
Street 2:
*City: Los Angeles
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90010

e. Organizational Unit:

Department Name: Residential Services

Division Name: Compliance

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

Prefix:
*First Name: Nancy
Middle Name:
*Last Name: Neilson
Suffix:

Title:

Organizational Affiliation:

*Telephone Number: 323-757-0670 xt 103

Fax Number: 323-757-0660

*Email: nneilson@acof.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:
2009 Super NOFA Continuum of Care

***12 Funding Opportunity Number:**

FR-5341-N-01

*Title:
Notice of Funding Announcement for Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

N/A

Title:

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

Los Angeles, California

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

39 West Apartments is an SHP renewal project which provides 33 units of permanent supportive housing for homeless and chronically homeless women and men with a chronic mental health diagnoses. SHP funding under this contract pays for the supportive services and administration. The program seeks to end the cycle of homelessness and offers residents the opportunity to live in a permanent supportive housing community while receiving supportive services and learning to live with the challenges of a mental illness, physical disabilities, or recovery from substance abuse. The program aims to prevent homelessness by providing on site case management services, improving access to medical services, providing life management skills, socialization skills, and

vocational skills.

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-033,

17. Proposed Project:

*a. Start Date: 2-1-2010 *b. End Date: 1-31-2011

18. Estimated Funding ($):

*a. Federal	$175,000.00
*b. Applicant	$41,667.00
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$216,667.00

***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: _____ *First Name: Nancy

Middle Name: _____

*Last Name: Neilson

Suffix: _____

*Title: Assistant Director - Compliance

*Telephone Number: 323-757-0670 xt 103 | Fax Number: 323-757-0660

* Email: nneilson@acof.org

(2)

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:
n/a

*5b. Federal Award Identifier:
CA0428B9D000801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: A Community of Friends

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-4203106

*c. Organizational DUNS:
621592120

d. Address:

*Street 1: 3345 Wilshire Blvd. Suite 1000
Street 2:
*City: Los Angeles
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90010

e. Organizational Unit:

Department Name:
Residential Services

Division Name:
Compliance

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

Prefix:
*First Name: Nancy
Middle Name:
*Last Name: Neilson
Suffix:

Title:

Organizational Affiliation:

*Telephone Number: 323-757-0670 xt 103
Fax Number: 323-757-0660

*Email: nneilson@acof.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:
2009 Super NOFA Continuum of Care

***12 Funding Opportunity Number:**

FR-5341-N-01

*Title:
Notice of Funding Announcement for Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

N/A

Title:

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

Los Angeles, California

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

Parker Hotel Apartments is an SHP renewal project which provides 30 units of permanent supportive housing for homeless and chronically homeless women and men with a chronic mental health diagnoses. SHP funding under this contract pays for the supportive services and administration. The program seeks to end the cycle of homelessness and offers residents the opportunity to live in a permanent supportive housing community while receiving supportive services and learning to live with the challenges of a mental illness, physical disabilities, or recovery from substance abuse. The program aims to prevent homelessness by providing on site case management services, improving access to medical services, providing life management skills, socialization skills, and

vocational skills.

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-034,

17. Proposed Project:

*a. Start Date: 1-1-2010 *b. End Date: 12-31-2011

18. Estimated Funding ($):

*a. Federal	$52,250.00
*b. Applicant	$12,441.00
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$64,691.00

***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: _____ *First Name: Nancy

Middle Name: _____

*Last Name: Neilson

Suffix: _____

*Title: Assistant Director - Compliance

*Telephone Number: 323-757-0670 xt 103 | Fax Number: 323-757-0660

* Email: nneilson@acof.org

(2)

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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OCT 15 2009
STATE CLEARING HOUSE

3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier: n/a

*5b. Federal Award Identifier: CA0478B9D000801

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: A Community of Friends

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4203106

*c. Organizational DUNS: 621592120

d. Address:

*Street 1: 3345 Wilshire Blvd. Suite 1000
Street 2:
*City: Los Angeles
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90010

e. Organizational Unit:

Department Name: Residential Services

Division Name: Compliance

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

Prefix: *First Name: Nancy
Middle Name:
*Last Name: Neilson
Suffix:

Title:

Organizational Affiliation:

*Telephone Number: 323-757-0670 xt 103 Fax Number: 323-757-0660

*Email: nneilson@acof.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:
2009 Super NOFA Continuum of Care

***12 Funding Opportunity Number:**

FR-5341-N-01

*Title:
Notice of Funding Announcement for Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

N/A

Title:

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

Los Angeles, California

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

Step Out Apartments is an SHP renewal project which provides 20 units of Transitional Housing for Transitional Aged Youth which are emncipated and exiting the foster care system with no housing options or other available resources. SHP funding under this contract pays for the supportive services and administration. The program seeks to help end the cycle of homelessness and offers residents the opportunity to live in a transitional housing supportive housing community while receiving supportive services and learning to live with the challenges of a mental illness, physical disabilities, or recovery from substance abuse. The program aims to prevent homelessness by providing on site case management services, improving access to medical services, providing life

management skills, socialization skills, vocational skills, and moving tenants into 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-031 *b. Program/Project: CA-039,

17. Proposed Project:

*a. Start Date: 7-1-2010 *b. End Date: 6-31-2011

18. Estimated Funding ($):

*a. Federal	$213,003.00
*b. Applicant	$58,216.00
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$271,219.00

***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: _____ *First Name: Nancy

Middle Name: _____

*Last Name: Neilson

Suffix: _____

*Title: Assistant Director - Compliance

*Telephone Number: 323-757-0670 xt 103 | Fax Number: 323-757-0660

* Email: nneilson@acof.org

(2)

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:
n/a

*5b. Federal Award Identifier:
CA0428B9D000801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: A Community of Friends

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-4203106

*c. Organizational DUNS:
621592120

d. Address:

*Street 1: 3345 Wilshire Blvd. Suite 1000
Street 2:
*City: Los Angeles
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90010

e. Organizational Unit:

Department Name:
Residential Services

Division Name:
Compliance

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

Prefix:
*First Name: Nancy
Middle Name:
*Last Name: Neilson
Suffix:

Title:

Organizational Affiliation:

*Telephone Number: 323-757-0670 xt 103
Fax Number: 323-757-0660

*Email: nneilson@acof.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:
2009 Super NOFA Continuum of Care

***12 Funding Opportunity Number:**
FR-5341-N-01

*Title:
Notice of Funding Announcement for Continuum of Care Homeless Assistance Program

13. Competition Identification Number:
N/A

Title:

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

***15. Descriptive Title of Applicant's Project:**
Parker Hotel Apartments is an SHP renewal project which provides 30 units of permanent supportive housing for homeless and chronically homeless women and men with a chronic mental health diagnoses. SHP funding under this contract pays for the supportive services and administration. The program seeks to end the cycle of homelessness and offers residents the opportunity to live in a permanent supportive housing community while receiving supportive services and learning to live with the challenges of a mental illness, physical disabilities, or recovery from substance abuse. The program aims to prevent homelessness by providing on site case management services, improving access to medical services, providing life management skills, socialization skills, and

vocational skills.

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-034,

17. Proposed Project:

*a. Start Date: 1-1-2010 *b. End Date: 12-31-2011

18. Estimated Funding ($):

*a. Federal	$52,250.00
*b. Applicant	$12,441.00
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$64,691.00

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

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☐ 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

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Authorized Representative:

Prefix: _____ *First Name: Nancy

Middle Name: _____

*Last Name: Neilson

Suffix: _____

*Title: Assistant Director - Compliance

*Telephone Number: 323-757-0670 xt 103 | Fax Number: 323-757-0660

* Email: nneilson@acof.org

①

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:
n/a

*5b. Federal Award Identifier:
CA0331B9D000801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: A Community of Friends

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-4203106

*c. Organizational DUNS:
621592120

d. Address:

*Street 1: 3345 Wilshire Blvd. Suite 1000
Street 2:
*City: Los Angeles
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90010

e. Organizational Unit:

Department Name:
Residential Services

Division Name:
Compliance

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

Prefix:
*First Name: Nancy
Middle Name:
*Last Name: Neilson
Suffix:

Title:

Organizational Affiliation:

*Telephone Number: 323-757-0670 xt 103
Fax Number: 323-757-0660

*Email: nneilson@acof.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:
2009 Super NOFA Continuum of Care

***12 Funding Opportunity Number:**
FR-5341-N-01

*Title:
Notice of Funding Announcement for Continuum of Care Homeless Assistance Program

13. Competition Identification Number:
N/A

Title:

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

***15. Descriptive Title of Applicant's Project:**
39 West Apartments is an SHP renewal project which provides 33 units of permanent supportive housing for homeless and chronically homeless women and men with a chronic mental health diagnoses. SHP funding under this contract pays for the supportive services and administration. The program seeks to end the cycle of homelessness and offers residents the opportunity to live in a permanent supportive housing community while receiving supportive services and learning to live with the challenges of a mental illness, physical disabilities, or recovery from substance abuse. The program aims to prevent homelessness by providing on site case management services, improving access to medical services, providing life management skills, socialization skills, and

vocational skills.

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-033,

17. Proposed Project:

*a. Start Date: 2-1-2010 *b. End Date: 1-31-2011

18. Estimated Funding ($):

*a. Federal	$175,000.00
*b. Applicant	$41,667.00
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$216,667.00

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

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*Telephone Number: 323-757-0670 xt 103 | Fax Number: 323-757-0660

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