Federal Grant Applications

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [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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STATE CLEARING HOUSE

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: CA0485B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: 1736 Family Crisis Center

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3989251

* c. Organizational DUNS: 61-621-6519

d. Address:

* Street1: 2116 Arlington Avenue, #200
Street2:
* City: Los Angeles
County: Los Angeles
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90018

e. Organizational Unit:

Department Name: N/A

Division Name: N/A

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

Prefix: Ms.
* First Name: Carol
Middle Name: A.
* Last Name: Adelkoff
Suffix:

Title: CEO and Executive Director

Organizational Affiliation: 1736 Family Crisis Center

* Telephone Number: (323) 737-3900
Fax Number: (323) 737-3993

* Email: carol.adelkoff@gmail.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Private nonprofit with 501(c)(3)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program (SHP)

*** 12. Funding Opportunity Number:**

FR-5415-N-17

* Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

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

Los Angeles County California

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

Two Domestic Violence Shelters and Comprehensive Supportive Services

Attach supporting documents as specified in agency instructions.

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

Application for Federal As istance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-033, CA-036, CA-33 * b. Program/Project 33

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

17. Proposed Project:

* a. Start Date: 07/01/11 * b. End Date: 06/30/12

18. Estimated Funding ($):

* a. Federal 521,823
* b. Applicant 139,137
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 660,960

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

☑ a. This application was mac e available to the State under the Executive Order 12372 Process for review on 10/04/10.

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

☐ c. Program is not covered b / E.O. 12372.

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Carol

Middle Name: A.

* Last Name: Adelkoff

Suffix:

* Title: CEO and Executi e Director

* Telephone Number: (323) 7 7-3900 Fax Number: (323) 737-3993

* Email: carol.adelkoff@gmail.c m

* Signature of Authorized Repre ntative: Carol A. Adelkoff * Date Signed: October 4, 2010

Authorized for Local Reproductic

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

OCT 01 2010
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA387B9D000801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Homes for Life Foundation

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

*c. Organizational DUNS: 802054916

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Executive Director

Organizational Affiliation:

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

*Email: cliess@homesforlife.org

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OCT 01 2010
STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

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

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

Homes for Life Foundation Harvest House Permanent Housing

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-035 *b. Program/Project: CA-036

17. Proposed Project:

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

18. Estimated Funding ($):

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

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/11/2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mrs. *First Name: Carol

Middle Name: M.

*Last Name: Liess

Suffix:

*Title: Executive Director

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

* Email: cliess@homesforlife.org

*Signature of Authorized Representative: M. Liess *Date Signed: 10/1/10

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)
Revisions: Federal Award Identifier, CDFA, Competition ID Number

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3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0351B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Homes for Life Foundation

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

*c. Organizational DUNS:
802054916

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Executive Director

Organizational Affiliation:

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

*Email: cliess@homesforlife.org

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

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

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

Homes for Life Foundation HFL Cedar Street Homes Transitional Housing

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	337,590
*b. Applicant	
*c. State	
*d. Local	
*e. Other	777339
*f. Program Income	363000
*g. TOTAL	1477929

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/11/2010

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

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

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

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 216, Section 1001)

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mrs. *First Name: Carol

Middle Name: M.

*Last Name: Liess

Suffix:

*Title: Executive Director

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

* Email: cliess@homesforlife.org

*Signature of Authorized Representative: M. Liess *Date Signed: 10/1/10

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

Application for Federal Assistance SF-424 Version 02

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

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

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: Upward Bound House

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

* c. Organizational DUNS: 969225260

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Executive Director

Organizational Affiliation:
Executive Director - Staff Member

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

* Email: dsnow@upwardboundhouse.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

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

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS FR-5415-N-17

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

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

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

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

Upward Bound House Family Place Transitional Housing

Attach supporting documents as specified in agency instructions.

[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-030 * b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	351,424
* b. Applicant	
* c. State	
* d. Local	11,070
* e. Other	635,800
* f. Program Income	
* g. TOTAL	998,294

*** 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 10/01/10.

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

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

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

[ ] Yes [X] No

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

[X] **** I AGREE**

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

Authorized Representative:

Prefix: Mr. * First Name: David

Middle Name:

* Last Name: Snow

Suffix:

* Title: Executive Director

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

* Email: dsnow@upwardboundhouse.org

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [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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STATE CLEARING HOUSE

* 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: 056020715

d. Address:

* Street1: 210 North Fourth Street
Street2:
* City: San Jose
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95112-5569

e. Organizational Unit:

Department Name: Office of Sponsored Programs

Division Name:

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

Prefix: Dr.
* First Name: James
Middle Name: T.
* Last Name: Harvey
Suffix:

Title: Professor

Organizational Affiliation: Moss Landing Marine Laboratories

* Telephone Number: 831-771-4434
Fax Number:

* Email: harvey@mlml.calstate.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-2011-2002494

* Title:

John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program) for Fiscal Year 2011

13. Competition Identification Number:

2186764

Title:

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

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

Epizootic Risk Assessment: Genotypic characterization, antimicrobial susceptibility, and seasonal diversity of Vibrio spp. isolated from live stranded and wild caught Pacific harbor seals

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.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2011 * b. End Date: 07/31/2014

18. Estimated Funding ($):

* a. Federal	74,334.00
* b. Applicant	27,443.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	101,777.00

*** 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 10/01/2010.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: 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: 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
Street2:
* City: San Jose
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95112-5569

e. Organizational Unit:

Department Name: Office of Sponsored Programs

Division Name:

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

Prefix: Dr.
* First Name: James
Middle Name: T.
* Last Name: Harvey
Suffix:

Title: Professor

Organizational Affiliation: Moss Landing Marine Laboratories

* Telephone Number: 831-771-4434
Fax Number:

* Email: harvey@mlml.calstate.edu

RECEIVED
OCT - 1 2010
STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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-2011-2002494

* Title:

John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program) for Fiscal Year 2011

13. Competition Identification Number:

2186764

Title:

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

*** 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 and Tomales Bay, 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-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: 08/01/2011 * b. End Date: 07/31/2014

18. Estimated Funding ($):

* a. Federal	98,424.00
* b. Applicant	39,317.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	137,741.00

*** 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 10/01/2010.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: 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: 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)

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

4. Applicant Identifier:

RECEIVED
OCT - 4 2010
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: Friends of Animals, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 13-6018549

* c. Organizational DUNS: 075230730

d. Address:

* Street1: 777 Post Road
Street2: Suite 205
* City: Darien
County: Fairfield
* State: CT: Connecticut
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 06820

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: Dianne

Middle Name:

* Last Name: Forehman

Suffix:

Title: Vice President

Organizational Affiliation: Friends of Animals, Inc.

* Telephone Number: 203/656-1522

Fax Number:

* Email: dianne@friendsofanimals.org

RECEIVED
OCT 04 2010
STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit 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-PRPO-2011-2002494

* Title:

John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program) for Fiscal Year 2011

13. Competition Identification Number:

2186764

Title:

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

Santa Monica, Venice, Marina del Rey, El Segundo, Manhattan Beach, Hermosa Beach, Redondo Beach, Torrance, Palos Verdes Estates, Rancho Palos Verdes, San Pedro

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

Friends of Animals Marine Animal Rescue Program Capacity Improvement Plan

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: CT-004
* b. Program/Project: CA-030

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

SF424 addl Congress District | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2011
* b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	83,000.00
* b. Applicant	27,670.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	110,670.00

*** 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 10/01/2010.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Dianne
Middle Name:
* Last Name: Forthman
Suffix:

* Title: Vice President

* Telephone Number: 203/656-1522
Fax Number:

* Email: dianne@friendsofanimals.org

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

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED OCT 04 2010 STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0330B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: HARBOR INTERFAITH SERVICES, INC.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 330-03-1099

*c. Organizational DUNS: 618378053

d. Address:

*Street 1: 670 W. Ninth Street

Street 2:

*City: San Pedro (postal address/neighborhood within the City of Los Angeles

County: Los Angeles

*State: California

Province:

*Country: USA

*Zip / Postal Code 90731

e. Organizational Unit:

Department Name: Residential Programs - Transitional Housing

Division Name: "You Can Have It A.L.L."

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

Prefix: Ms.

*First Name: Tahia

Middle Name:

*Last Name: Hayslet

Suffix:

Title: Executive Director

Organizational Affiliation: Private/independent nonprofit

*Telephone Number: (310) 831-0603

Fax Number: (310) 831-0791

*Email: exec.dir@harborinterfaith.org

RECEIVED OCT 04 2010 STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

The Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01/2010 SuperNOFA Continuum of Care

Title:

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

Primarily the Harbor District within the City of Los Angeles; also, some outlying independent municipalities surrounding it-- all located in the County of Los Angeles.

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

"You Can Have It A.L.L. (Accelerated Learning and Living)" is a transitional housing program that primarily serves female-headed families for periods of 12-18 months. Permanent housing and job placement both are achieved through ongoing case management, intensive education/training, and abundant supportive services.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 36th (Harman) *b. Program/Project: 36th (Harman)

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	127,673
*b. Applicant	31,983
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	159,656

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Tahia

Middle Name:

*Last Name: Hayslet

Suffix:

*Title: Executive Director

*Telephone Number: (310) 831-0603 Fax Number: (310) 831-0791

* Email: exec.dir@harbor.interfaith.org

*Signature of Authorized Representative: Tahia Hayslet *Date Signed: 10/03/10

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

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STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier: CA0385B9D000801

5a. Federal Entity Identifier: 95-1691013

*5b. Federal Award Identifier: CA0385B9D000801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

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

*c. Organizational DUNS: 113799076

d. Address:

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

e. Organizational Unit:

Department Name: Jewish Family Service of Los Angeles

Division Name: Gramercy Place Shelter

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

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

Title: Director

Organizational Affiliation:

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

*Email: msinger@jfsla.org

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:**
HUD

11. Catalog of Federal Domestic Assistance Number:

14-235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:
2010 SuperNOFA Continuum of Care

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

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

Los Angeles County

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

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

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

18. Estimated Funding ($):

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

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Paul

Middle Name:

*Last Name: Castro

Suffix:

*Title: Executive Director Paul A. Castro

*Telephone Number: 323 761-8800 Fax Number:

* Email: pcastro@jfsla.org

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

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ 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 04 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier: CA7224

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0449B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Penny Lane Centers

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

*c. Organizational DUNS: 795312388

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Director of Transitional Services

Organizational Affiliation:

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

*Email: ihines@pennylane.org

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

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

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**
FR-5415-N-17

*Title:
Continuum of Care Homeless Assistance Program

13. Competition Identification Number:
CoC-01

Title:
2010 SuperNOFA Continuum of Care

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

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

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

18. Estimated Funding ($):

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

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Ingrid

Middle Name:

*Last Name: Hines

Suffix:

*Title: Director of Transitional Services

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

* Email: ihines@pennylane.org

*Signature of Authorized Representative: Ingrid Hines *Date Signed: 10/04/2010

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

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OCT 04 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0516B9D000803

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Ocean Park Community Center

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6143865

*c. Organizational DUNS:
08-433-7922

d. Address:

*Street 1: 1453 16th Street
Street 2:
*City: Santa Monica
County: Los Angeles
*State: California
Province:
*Country: USA
*Zip / Postal Code 90404

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: Christina Miller
Middle Name:
*Last Name: Miller
Suffix:

Title: Associate Director

Organizational Affiliation:

*Telephone Number: (310) 264.6646
Fax Number: (310) 264.6647

*Email: chmiller@opcc.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:**
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-5415-N-17

*Title:
2010 SuperNOFA Application

13. Competition Identification Number:

Title:

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

***15. Descriptive Title of Applicant's Project:**
Turning Point 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: 30 *b. Program/Project: 30

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	305,938
*b. Applicant	
*c. State	87,672
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	393,610

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: John

Middle Name:

*Last Name: Maceri

Suffix:

*Title: Executive Director

*Telephone Number: (310) 264.6646 Fax Number: (310) 264.6647

* Email: jmaceri@opcc.net

*Signature of Authorized Representative: *Date Signed: 10/04/2010

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

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

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

4. Applicant Identifier:

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OCT 04 2010
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: CA0338B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Alcohol and Drug Programs, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 237228780

* c. Organizational DUNS: 060378189

d. Address:

* Street1: 11500 Paramount Blvd.
Street2:
* City: Downey
County:
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90241

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
* First Name: Lynne
Middle Name:
* Last Name: Appel
Suffix: M.S.

Title: Executive Director

Organizational Affiliation:
Southern California Alcohol and Drug Programs, Inc.

* Telephone Number: 562-923-4545 x2226
Fax Number: 562-862-0918

* Email: lrappel@earthlink.net

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 501 (C)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

*** 12. Funding Opportunity Number:**

FR-5415-N-17

* Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01/ 2010 SuperNOFA Continuum of Care

Title:

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

Los Angeles

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

Angel Step Too s a transitional housing program targeting battered, substance addicted women and their children. The program offers needs assessment, case management and service linkage, substance abuse counseling and education, domestic violence counseling and education, life skills training, and vocational/educational services. Angel Step Too works to place our transitional housing participants into stable housing following program completion.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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-034

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	355,943
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	355,943

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 10-4-2010 .

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Lynne

Middle Name:

* Last Name: Appel

Suffix: M.S.

* Title: Executive Director

* Telephone Number: 562-923-4545 x2226 Fax Number: 562-862-0918

* Email: lrappel@earthlink.net

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

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

Application for Federal Assistance SF-424 Version 02

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

3. Date Received: 4. Applicant Identifier:

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USE

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
CA0488B9D000802	CA7028

State Use Only:

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

8. APPLICANT INFORMATION:

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

*b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
953714064	793681560

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
Housing Unit	Transitional Housing

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

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

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (213) 487-9804 Fax Number: (213) 487-9808

*Email: susand@fasgi.org

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01/2010 SuperNOFA Continuum of Care

Title:

N/A

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

Los Angeles County

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

Park View House

Transitional Housing Program

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

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

18. Estimated Funding ($):

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

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/03/2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

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

*Title: Executive Director

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

* Email: susand@fasgl.org

*Signature of Authorized Representative: *Date Signed: 05/05/10

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

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OCT 05 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED
OCT 05 2010
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*a. Legal Name: County of Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000927

*c. Organizational DUNS: 106625903

d. Address:

*Street 1: 425 Shatto Place
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90020

e. Organizational Unit:

Department Name: Department of Children and Family Services

Division Name: Youth Development Services

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

Prefix: Ms.
*First Name: Bedrae
Middle Name:
*Last Name: Davis
Suffix:

Title: Children Services Administrator

Organizational Affiliation:
Department of Children and Family Services, Transitional Housing Program

*Telephone Number: 213-351-0239
Fax Number: 213-637-0042

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:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U. S. Dept. of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA 14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

13. Competition Identification Number:

Title:

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

Los Angeles, Los Angeles County, California

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

Transitional Housing for Homeless Young People

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

Transitional Housing for Homeless Young People

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 33 *b. Program/Project: 27,29,30

17. Proposed Project:

*a. Start Date: 07-01-11 *b. End Date: 06-30-12

18. Estimated Funding ($):

*a. Federal	$384,676
*b. Applicant	$60,184
*c. State	
*d. Local	
*e. Other	
*f. Program Income	$446,860
*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:	Patricia
Middle Name:	S.		
*Last Name:	Ploehn		
Suffix:			
*Title: Director			
*Telephone Number: 213-351-5600		Fax Number: 213-427-6125	
* Email: tploehn@dcfs.lacounty.gov			
*Signature of Authorized Representative:	Trish Ploehn	*Date Signed:	5-7-10

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:

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*a. Legal Name: County of Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000927

*c. Organizational DUNS: 106625903

d. Address:

*Street 1: 425 Shatto Place
Street 2:
*City: Los Angeles
County: Los Angeles
*State: California
Province:
*Country: USA
*Zip / Postal Code 90020

e. Organizational Unit:

Department Name: Department of Children and Family Services

Division Name: Youth Development Services

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

Prefix: Ms. *First Name: Bedrae
Middle Name:
*Last Name: Davis
Suffix:

Title: Children Services Administrator

Organizational Affiliation: Department of Children and Family Services

*Telephone Number: 213-351-0239 Fax Number: 213-637-0042

*Email: davisb@dcfs.lacounty.gov

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:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U. S. Dept. of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA 14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

13. Competition Identification Number:

Title:

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

Los Angeles, Los Angeles County, California

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

Transitional Housing for Homeless Young People

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 33 *b. Program/Project: 22,25,32,35

17. Proposed Project:

*a. Start Date: 04-01-11 *b. End Date: 03-31-12

18. Estimated Funding ($):

*a. Federal	$274,400
*b. Applicant	$65,696
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$340,096

***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: Patricia

Middle Name: S.

*Last Name: Ploehn

Suffix:

*Title: Director

*Telephone Number: 213-351-5600 Fax Number: 213-427-6125

* Email: tploehn@dcfs.lacounty.gov

*Signature of Authorized Representative: Trish Ploehn *Date Signed: 5-7-10

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

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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: County of Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000927

*c. Organizational DUNS: 106625903

d. Address:

*Street 1: 425 Shatto Place
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90020

e. Organizational Unit:

Department Name: Department of Children and Family Services

Division Name: Youth Development Services

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

Prefix: Ms.
*First Name: Bedrae
Middle Name:
*Last Name: Davis
Suffix:

Title: Children Services Administrator

Organizational Affiliation:
Department of Children and Family Services, Transitional Housing Program

*Telephone Number: 213-351-0239

Fax Number: 213-637-0042

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:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U. S. Dept. of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA 14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

13. Competition Identification Number:

Title:

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

Los Angeles, Los Angeles County, California

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

Transitional Housing for Homeless Young People

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

Transitional Housing for Homeless Young People

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 33 *b. Program/Project: 35

17. Proposed Project:

*a. Start Date: 07-01-11 *b. End Date: 06-30-12

18. Estimated Funding ($):

*a. Federal	$197,621
*b. Applicant	$27,465
*c. State	
*d. Local	
*e. Other	
*f. Program Income	$225,086
*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:	Patricia
Middle Name:	S.		
*Last Name:	Ploehn		
Suffix:			
*Title: Director			
*Telephone Number: 213-351-5600		Fax Number: 213-427-6125	
* Email: tploehn@dcfs.lacounty.gov			
*Signature of Authorized Representative:		*Date Signed:	

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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: County of Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000927

*c. Organizational DUNS: 106625903

d. Address:

*Street 1: 425 Shatto Place
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90020

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e. Organizational Unit:

Department Name: Department of Children and Family Services

Division Name: Youth Development Services

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

Prefix: Ms.
*First Name: Bedree
Middle Name:
*Last Name: Davis
Suffix:

Title: Children Services Administrator

Organizational Affiliation:
Department of Children and Family Services, Transitional Housing Program

*Telephone Number: 213-351-0239
Fax Number: 213-637-0042

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:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U. S. Dept. of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA 14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

13. Competition Identification Number:

Title:

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

Los Angeles, Los Angeles County, California

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

Transitional Housing for Homeless Young People

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

Transitional Housing for Homeless Young People

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 33 *b. Program/Project: 30,31,35

17. Proposed Project:

*a. Start Date: 07-01-11 *b. End Date: 06-30-12

18. Estimated Funding ($):

*a. Federal	$89,062
*b. Applicant	$22,354
*c. State	
*d. Local	
*e. Other	
*f. Program Income	$111,416
*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:	Patricia
Middle Name:	S.		
*Last Name:	Ploehn		
Suffix:			
*Title: Director			
*Telephone Number: 213-351-5600		Fax Number: 213-427-6125	
* Email: tploehn@dcfs.lacounty.gov			
*Signature of Authorized Representative:		*Date Signed:	5-7-10

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
- [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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OCT 05 2010
STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier: 610043135

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Alliance for Housing and Healing (formerly Serra Ancillary Care Corporation)

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4147364

* c. Organizational DUNS: 610043135

d. Address:

* Street1: 825 Colorado Blvd.
Street2: Suite 100
* City: Los Angeles
County: Los Angeles
* State: California
Province:
* Country: USA USA: UNITED STATES
* Zip / Postal Code: 90041

e. Organizational Unit:

Department Name: The Serra Project

Division Name: CHOISS SPA 8

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

Prefix: Ms.
* First Name: Susan
Middle Name:
* Last Name: McGinnis
Suffix:

Title: Director of Operations

Organizational Affiliation:

* Telephone Number: 323 344-4898
Fax Number: 323 254-2956

* Email: smcginnis@alliancehh.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 Learning)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS FR-5415-N-17

* Title:

MBL-SF424Family-AllForms

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

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

City of Los Angeles, SPA 8

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

Housing and supportive services at 18 rental units throughout Service Provider Area 8 in Los Angeles city.

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-031 * b. Program/Project: CA-035

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

CA-036, CA-037 Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 1/1/12 * b. End Date: 12/31/12

18. Estimated Funding ($):

* a. Federal	326,848
* b. Applicant	27,792
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	354,640

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

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

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Terry

Middle Name:

* Last Name: Goddard

Suffix:

* Title: Executive Director

* Telephone Number: 323 344-4899 Fax Number: 323 254-2956

* Email: tgoddard@alliancehh.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:
- [ ] New
- [x] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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OCT 05 2010
STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier: 610043135

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Alliance for Housing and Healing (formerly Serra Ancillary Care Corporation)

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4147364

* c. Organizational DUNS: 610043135

d. Address:

* Street1: 825 Colorado Blvd.
Street2: Suite 100
* City: Los Angeles
County: Los Angeles
* State: California
Province:
* Country: USA USA: UNITED STATES
* Zip / Postal Code: 90041

e. Organizational Unit:

Department Name: The Serra Project

Division Name: CHOISS SPA 2

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

Prefix: Ms.
* First Name: Susan
Middle Name:
* Last Name: McGinnis
Suffix:

Title: Director of Operations

Organizational Affiliation:

* Telephone Number: 323 344-4898
Fax Number: 323 254-2956

* Email: smcginnis@alliancehh.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 Learning)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

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

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS FR-5415-N-17

*** Title:**

MBL-SF424Family-AllForms

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

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

City of Los Angeles, SPA 2

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

Housing and supportive services at 18 rental units throughout Service Provider Area 2 in Los Angeles.

Attach supporting documents as specified in agency instructions.

[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-031
* b. Program/Project: CA-027

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

CA-028, CA-029 | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	303,173
* b. Applicant	22,954
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	326,127

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

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

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Terry

Middle Name:

* Last Name: Goddard

Suffix:

* Title: Executive Director

* Telephone Number: 323 344-4899 Fax Number: 323 254-2956

* Email: tgoddard@alliancehh.org

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

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OCT 05 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier: CA7180

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0401B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

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

*c. Organizational DUNS: 36-299-0244

d. Address:

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

e. Organizational Unit:

Department Name: Supportive Housing Department

Division Name:

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

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

Title: President and CEO

Organizational Affiliation:

*Telephone Number: 310-394-6889

Fax Number: 310-394-6883

*Email: tod@stepuponsecond.org

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

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

*Title:
Continuum of Care Homeless Assistance program

13. Competition Identification Number:

Title:

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

Santa Monica, CA

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

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

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

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

Continuum of Care Homeless Assistance program

13. Competition Identification Number:

Title:

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

Santa Monica, CA

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

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

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

18. Estimated Funding ($):

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

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Marlene

Middle Name: _____

*Last Name: Barkley

Suffix: _____

*Title: Chief Financial Officer

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

* Email: marlene@stepuponsecond.org

*Signature of Authorized Representative: Marlene Barkley *Date Signed: 9/30/2010

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*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: CA0415C9D000802

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: City of Santa Monica Housing Authority

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

*c. Organizational DUNS: 149405123

d. Address:

*Street 1: 1901 Main Street
Street 2: 1st Floor, Suite A
*City: Santa Monica
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90405

e. Organizational Unit:

Department Name: Housing and Economic Development

Division Name: Housing Auhtority

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

Prefix: Mrs. *First Name: Julie
Middle Name: Piedras
*Last Name: Lansing
Suffix:

Title: Housing Authority Administrator

Organizational Affiliation: City of Santa Monica Housing Authority

*Telephone Number: 310-458-8743 Fax Number: 310-264-7757

*Email: julie.lansing@smgov.net

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Shelter Plus Care

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC - 01

Title:

2010 SuperNOFA Continuum of Care

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

City of Santa Monica

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

Project Renewal Grant to serve 126 households with housing subsidy and 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: 30 *b. Program/Project: 30

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	1,708,836
*b. Applicant	
*c. State	
*d. Local	
*e. Other	1,708,836
*f. Program Income	
*g. TOTAL	3,417,672

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mrs. *First Name: Barbara

Middle Name:

*Last Name: Collins

Suffix:

*Title: Housing Manager

*Telephone Number: 310-458-8743 Fax Number: 310-264-7757

* Email: barbara.collins@smgov.net

*Signature of Authorized Representative: *Date Signed: 10/5/10

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0489B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Su Casa – Ending Domestic Violence

*b. Employer/Taxpayer Identification Number (EIN/TIN): 953495175

*c. Organizational DUNS: 101805575

d. Address:

*Street 1: 3840 Woodruff Avenue - Ste. 203
Street 2:
*City: Long Beach
County: Los Angeles
*State: CA
Province:
*Country: U.S.
*Zip / Postal Code 90808

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
*First Name: Vicki
Middle Name: L.
*Last Name: Doolittle
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 562-421-6537

Fax Number: 562 421-8117

*Email: vicki@sucasadv.org

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

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

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

Su Casa Supportive Housing Program

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-039 *b. Program/Project: CA-039

17. Proposed Project:

*a. Start Date: January 1, 2012 *b. End Date: December 31, 2012

18. Estimated Funding ($):

*a. Federal	$52,463
*b. Applicant	$14,376
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$66,839

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/27/2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Vicki

Middle Name: L.

*Last Name: Doolittle

Suffix:

*Title: Executive Director

*Telephone Number: 562-421-6537 Fax Number: 562-421-8117

* Email: vicki@sucasadv.org

*Signature of Authorized Representative: Vicki Doolittle *Date Signed: 10/05/2010

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Testimonial Community Love Center

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4376926

*c. Organizational DUNS: 87-4689391

d. Address:

*Street 1: 5721 South Western Avenue
Street 2:
*City: Los Angeles
County: Los Angeles
*State: California
Province:
*Country: USA
*Zip / Postal Code 90062

e. Organizational Unit:

Department Name: Supportive Housing Program

Division Name: TCLC Transitional Housing Program

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

Prefix: Ms.
*First Name: Cynthia
Middle Name:
*Last Name: Carter
Suffix:

Title: Program Director

Organizational Affiliation: Testimonial Community Love Center

*Telephone Number: 323 291-6753
Fax Number: 323 292-1512

*Email: cindytclc@aol.com

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. Dept. Of Housing & Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

COC-01

Title:

2010 SuperNofa Continuum of Care

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

Los Angeles City/County

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

TCLC 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: 33rd Cong.District *b. Program/Project: 33rd Congressional District

17. Proposed Project:

*a. Start Date: 5/1/2011 *b. End Date: 4/30/12

18. Estimated Funding ($):

*a. Federal	136,888
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	136,888

***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 7/26/10

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Cynthia

Middle Name: Delphene

*Last Name: Carter

Suffix:

*Title: Program Director

*Telephone Number: 323 291-6753 Fax Number: 323 292-1512

* Email: cindytclc@aol.com

*Signature of Authorized Representative: Cynthia Carter *Date Signed: 7/26/10

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)

RECEIVED
OCT 06 2010
STATE CLEARINGHOUSE

3. Date Received:
4. Applicant Identifier:

5a. Federal Entity Identifier:
*5b. Federal Award Identifier: CA0432B9D000802

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: USA
*Zip / Postal Code 90004

e. Organizational Unit:

Department Name: Regional Homeless Center
Division Name: PATH Ways 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: Managing Director

Organizational Affiliation:

*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-5415-N-17

*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 - PATH Ways 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: 3/1/11 *b. End Date: 2/28/12

18. Estimated Funding ($):

*a. Federal	199,201
*b. Applicant	
*c. State	
*d. Local	
*e. Other	$66,401
*f. Program Income	
*g. TOTAL	$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 7/30/10

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

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

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

☐ Yes ☒ 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) 644-2288

* Email: joeln@epath.org

*Signature of Authorized Representative: *Date Signed: 10/5/10

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)

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OCT 06 2010
STATE CLEARING HOUSE

3. Date Received:
4. Applicant Identifier:

5a. Federal Entity Identifier:
*5b. Federal Award Identifier: CA0455B9D00802

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: USA
*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: Clampa
Suffix:

Title: Managing Director

Organizational Affiliation:

*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-5415-N-17

*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: 7/1/11 *b. End Date: 6/30/12

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 7/30/10

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

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

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

☐ Yes ☒ 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) 644-2288

* Email: joelr@epath.org

*Signature of Authorized Representative: *Date Signed: 10/5/10

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:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0429B9D000802

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: USA
*Zip / Postal Code 90004

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OCT 06 2010
STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:
PATH Westside Center

Division Name:
PATH Finders

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: Managing Director

Organizational Affiliation:

*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-5415-N-17

*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:**

PATHFinders Job Center/PATH Westside Center

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: 9/1/11 *b. End Date: 8/30/12

18. Estimated Funding ($):

*a. Federal	100,275
*b. Applicant	23,875
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	124,150

***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 7/30/10

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

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

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

☐ Yes ☒ 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) 644-2288

* Email: joelr@epath.org

*Signature of Authorized Representative: *Date Signed: 10/5/10

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

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3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0331B9D000802

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 Service

Division Name:

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

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

Title: Assistant Director Residential Services - Compliance

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:
2010 Super NOFA Continuum of Care

***12 Funding Opportunity Number:**
FR-5415-N-17

*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

***15. Descriptive Title of Applicant's Project:**
The 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 diagnosis. 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: 2-1-2011 *b. End Date: 1-31-2012

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 Residential Services - Compliance

*Telephone Number: 323-757-0670 xt 103 | Fax Number: 323-757-0870

* Email: nneilson@acof.org

*Signature of Authorized Representative:	*Date Signed: 10-06-2010

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*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: n/a

*5b. Federal Award Identifier: CA0478B9D000802

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 Service

Division Name:

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

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

Title: Assistant Director Residential Services - Compliance

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:
2010 Super NOFA Continuum of Care

***12 Funding Opportunity Number:**
FR-5415-N-17

*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 emancipated 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 end the cycle of homelessness and offers tenants the opportunity to live in a transitional 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-039

17. Proposed Project:

*a. Start Date: 7-1-2011 *b. End Date: 6-31-2012

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 Residential Services - Compliance

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

* Email: nneilson@acof.org

*Signature of Authorized Representative:	*Date Signed: 10-06-2010

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

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OCT 06 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:
n/a

*5b. Federal Award Identifier:
CA0428B9D000802

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 Service

Division Name:

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

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

Title: Assistant Director Residential Services - Compliance

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:
2010 Super NOFA Continuum of Care

***12 Funding Opportunity Number:**
FR-5415-N-17

*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 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 diagnosis. 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: 1-2-2011 *b. End Date: 12-31-2012

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

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Authorized Representative:

Prefix: _____ *First Name: Nancy

Middle Name: _____

*Last Name: Neilson

Suffix: _____

*Title: Assistant Director Residential Services - Compliance

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

* Email: nneilson@acof.org

*Signature of Authorized Representative:	*Date Signed: 10-06-2010

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier: DE-FG02-04ER15502
b. Agency Routing Identifier:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
*** Organizational DUNS:** 113645084
* Legal Name: The Regents of the University of California
Department: School of Natural Sciences
Division:
* Street1: 5200 N. Lake Rd.
Street2:
* City: Merced
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 95343-5705

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STATE CLEARING HOUSE

Person to be contacted on matters involving this application
Prefix:
* First Name: Jue
Middle Name:
* Last Name: Sun
Suffix:
* Phone Number: 209-228-4758
Fax Number: 209-228-6996
Email: spo@ucmerced.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 27-0093858

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☐ New ☐ Resubmission
☒ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Dynamics of excitons and multiexcitons in II-VI nanostructures.

12. PROPOSED PROJECT:
* Start Date: 02/15/2011
* Ending Date: 02/14/2014

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT:** CA-18

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof.
* First Name: David
Middle Name: F.
* Last Name: Kelley
Suffix:
Position/Title: Professor
* Organization Name: University of California, Merced
Department: School of Natural Sciences
Division:
* Street1: 5200 N. Lake Rd.
Street2:
* City: Merced
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 95343-5705
* Phone Number: 209-228-4354
Fax Number:
* Email: dfkelley@ucmerced.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	473,557.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	473,557.00
d. Estimated Program Income	0.00

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

a. YES [X] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 10/07/2010

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. 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 18, 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.*

18. SFLLL or other Explanatory Documentation

View Attachment | Delete Attachment | Add Attachment

19. Authorized Representative

Prefix: | * First Name: Thea | Middle Name:

* Last Name: Vicari | Suffix:

* Position/Title: Director, Sposored Projects Services

* Organization: The Regents of the University of California

Department: School of N | Division:

* Street1: 5200 N. Lake Rd.

Street2:

* City: Merced | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 95343-5705

* Phone Number: 209-228-4318 | Fax Number: 209-228-6906

* Email: spo@ucmerced.edu

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application

View Attachment | Delete Attachment | Add Attachment

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA 0406B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name:

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

*c. Organizational DUNS:
197689474

d. Address:

*Street 1: 303 South Loma Drive
Street 2:
*City: Los Angeles
County: Los Angles
*State: CA
Province:
*Country: USA: United States
*Zip / Postal Code 90017

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Executive Director

Organizational Affiliation:

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

*Email: mcervantes@neworg.us

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

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Progrma

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01

Title:

2010 Super NOFA Continuum of Care

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

Los Angeles City and County Coc

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

Transitonal Housing for Single Teen Mothers 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: 34 *b. Program/Project: 34

17. Proposed Project:

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

18. Estimated Funding ($):

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

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

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

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

☒ 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: Maggie

Middle Name:

*Last Name: Cervantes

Suffix:

*Title: Executive Director

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

* Email: mcervantes@neworg.us

*Signature of Authorized Representative: Maggie Cervantes | *Date Signed: 10/7/2010

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OCT 07 2010
STATE CLEARING HOUSE

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:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Santa Barbara County Flood Control & Water Conservation Dist

*b. Employer/Taxpayer Identification Number (EIN/TIN): 956002330

*c. Organizational DUNS: 010718553

d. Address:

*Street1: 123 East Anapamu Street

Street2:

*City: Santa Barbara

County: Santa Barbara

*State: CA: California

Province:

*Country: USA: UNITED STATES

*Zip / Postal Code: 93101

e. Organizational Unit:

Department Name: Public Works

Division Name: Water Resources

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

Prefix: Ms.

*First Name: Karen

Middle Name:

*Last Name: Sullivan

Suffix:

Title: Civil Engineer

Organizational Affiliation:

*Telephone Number: 805-568-3158

Fax Number: 805-568-3434

*Email: ksulliv@cosbpw.net

Expiration Date: 01/31/2010

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

E: County Government

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:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS NCRO-2010-2002614

*** Title:**

2010 Open Rivers Initiative

13. Competition Identification Number:

2135291

Title:

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

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

Nonbecito Creek Channel Modification Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant 23 *b. Program/Project 23

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

*a. Start Date: 08/01/2011 *b. End Date: 10/01/2011

18. Estimated Funding ($):

*a. Federal	187,700.00
*b. Applicant	222,300.75
*c. State	0.00
*d. Local	0.00
*e. Other	0.00
*f. Program Income	0.00
*g. TOTAL	410,000.75

***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 10/07/2010

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

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

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

[ ] Yes [X] No

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

[X] **I AGREE

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

Authorized Representative:

Prefix: Mr. ***First Name:** Jon

Middle Name:

***Last Name:** Frye

Suffix:

***Title:** Deputy Director, Water Resources, Interim

***Telephone Number:** 805-563-3444 **Fax Number:** 805-568-3434

***Email:** jfrye@co.slo.ca.us

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

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

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

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: St. Joseph Center

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

*c. Organizational DUNS: 169308566

d. Address:

*Street 1: 204 Hampton Drive
Street 2:
*City: Venice
County:
*State: California
Province:
*Country:
*Zip / Postal Code 90291-8633

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: Nick
Middle Name:
*Last Name: Malorino
Suffix:

Title: Deputy Director for Contracts

Organizational Affiliation:
St. Joseph Center

*Telephone Number: (310) 396-6468 x330 Fax Number: (310) 392-8402

*Email: nmalorino@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:**
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:

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:
MBL-SF424Family-All forms

13. Competition Identification Number:

Title:

2010 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 Outrach Program

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: 07/01/11 *b. End Date: 6/30/12

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?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/07/10

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Va Lecia

Middle Name:

*Last Name: Adams

Suffix: Ph.D.

*Title: Executive Director

*Telephone Number: (310) 396-6468 x304 | Fax Number: (310) 392-8402

* Email: vadams@stjosephctr.org

*Signature of Authorized Representative: Va Lecia Adams, Ph.D. | *Date Signed: 10/07/10

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

Application for Federal Assistance SF-424 Version 02

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

3. Date Received: 10/5/2010
4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Southern California Alcohol and Drug Programs, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7228780
*c. Organizational DUNS: 060378189

d. Address:

*Street 1: 11500 Paramount Blvd.
Street 2:
*City: Downey
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90241

e. Organizational Unit:

Department Name:
Division Name:

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

Prefix: Ms.
*First Name: Lynne
Middle Name:
*Last Name: Appel
Suffix: M.S.

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 562-923-4545 x2226
Fax Number: 562-862-0918

*Email: lrappel@earthlink.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:**
Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

Orange County

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 34 *b. Program/Project: 40, 47

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	382,527.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	382,527.00

***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 10/5/2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Lynne

Middle Name:

*Last Name: Appel

Suffix: M.S.

*Title: Executive Director

*Telephone Number: 562-923-4545 x2226 Fax Number: 562-862-0918

* Email: lrappel@earthlink.net

*Signature of Authorized Representative: Lynne Appel *Date Signed: 10/5/2010

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)
A. Increase Award C. Increase Duration
*Other (Specify)

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3. Date Received: n/a
4. Applicant Identifier: n/a

5a. Federal Entity Identifier: n/a
*5b. Federal Award Identifier: CA0429B9D000802

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Gramercy Housing Group

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4396861
*c. Organizational DUNS: 874617103

d. Address:

*Street 1: 1824 4th Avenue
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90019

e. Organizational Unit:

Department Name: Gramercy Court
Division Name: N/A

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

Prefix: Mrs.
*First Name: Joey
Middle Name: Cara
*Last Name: Solomon
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (323)737-7351
Fax Number: (323)737-7352

*Email: joey@gramercyhousinggroup.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-5415-N-17

*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:**

Gramercy Court

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: 7/1/11 *b. End Date: 6/30/12

18. Estimated Funding ($):

*a. Federal	210,960
*b. Applicant	7,223
*c. State	44,812
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	262,995

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/07/10

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mrs *First Name: Joey

Middle Name: Cara

*Last Name: Solomon

Suffix:

*Title: Executive Director

*Telephone Number: (323) 737-7351 Fax Number: (323) 737-7352

* Email: joey@gramercyhousinggroup.org

*Signature of Authorized Representative: Joey Solomon *Date Signed: 10/7/10

RECEIVED
OCT 07 2010
STATE CLEARING HOUSE

DOT FTA

U.S. Department of Transportation Federal Transit Administration

Application

Recipient ID:	1622
Recipient Name:	CALIFORNIA STATE DOT (CALTRANS) DIVISION OF MASS TRANSPORTATION
Project ID:	CA-37-X128-00
Budget Number:	1 - Budget Approved
Project Information:	JARC-SU-Op, Cap, Plng, Admin

Part 1: Recipient Information

Project Number:	CA-37-X128-00
Recipient ID:	1622
Recipient Name:	CALIFORNIA STATE DOT (CALTRANS) DIVISION OF MASS TRANSPORTATION
Address:	P.O. BOX 942874 MS-39 , SACRAMENTO, CA 94274 0001
Telephone:	(916) 654-8625
Facsimile:	(916) 654-9366

Union Information

No Information found.

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-37-X128-00
Project Description:	JARC-SU-Op, Cap, Plng, Admin
Recipient Type:	State Agency
FTA Project Mgr:	Audrey Bredehoft
Recipient Contact:	H Louie/Jackie Fleck 916-654-9979
New/Amendment:	None Specified
Amend Reason:	Initial Application

Gross Project Cost:	$7,250,455
Adjustment Amt:	$0
Total Eligible Cost:	$7,250,455
Total FTA Amt:	$3,696,097
Total State Amt:	$0
Total Local Amt:	$3,554,358
Other Federal Amt:	$0
Special Cond Amt:	$0

Fed Dom Asst. #:	20516
Sec. of Statute:	5316
State Appl. ID:	135253776
Start/End Date:	Oct. 01, 2011 - Sep. 30, 2016
Recvd. By State:	Sep. 14, 2010
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Aug. 24, 2010
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	No
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

Congressional Districts

State ID	District Code	District Official
6	1	Mike Thompson
6	2	Wally Herger
6	3	Daniel E Lungren
6	4	Tom McClintock
6	5	Doris O Matsui
6	6	Lynn C Woolsey
6	7	George Miller
6	8	Nancy Pelosi
6	9	Barbara Lee
6	10	Ellen O Tauscher
6	11	Jerry McNerney
6	12	Jackie Speier
6	13	Fortney P Stark
6	14	Anna G Eshoo
6	15	Michael M Honda
6	16	Zoe Lofgren

6	17	Sam Farr
6	18	Dennis A Cardoza
6	19	George P Radanovich
6	20	Jim Costa
6	21	Devin Nunes
6	22	Kevin McCarthy
6	23	Lois Capps
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Judy L Chu
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Laura Richardson
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	40	Edward R Royce
6	41	Jerry Lewis
6	42	Gary G Miller
6	43	Joe Baca
6	44	Ken Calvert
6	45	Mary Bono-Mack
6	46	Dana Rohrabacher
6	47	Loretta Sanchez
6	48	John Campbell
6	49	Darrell E Issa
6	50	Brian P Bilbray
6	51	Bob Filner
6	52	Duncan Hunter
6	53	Susan A Davis

Project Details

The State of California, Division of Mass Transportation (Caltrans), is submitting a Small Urbanized Section 5316

Grant CA-37-X128 for use of its Federal Fiscal Years (FFY) 2008, 2009, 2010 and 2010 restoration funding from FR 27056 apportionments. This grant includes eighteen (18) total projects plus administrative costs for a total of $3,696,097. These projects are all derived from locally developed, coordinated, public transit-human services transportation plans. These plans were also developed through a process that included representatives of public, private, and nonprofit transportation and human services providers. The CA Department of Transportation State Management Plan for FTA Section 5316 dated April 2008 has been submitted and approved by FTA.

Of the eighteen (18) projects allocated, three (3) are capital expense and fifteen (15) are operating expense project. Two (2) are Non-Profit Agencies, eleven (11) are Public Agencies and four (4) are For Profit Agencies. There are no Tribal projects included in this grant.

Currently, no planning activities are programmed, but could occur at a later time. These planning activities will comply with the rules for use of 10% of the funds. Eighteen (18) projects are in category B.

Currently there are no activities for safety and security, but could occur at a later date. They would comply with the rules of 1% usage of the funds. If/when these activities are programmed; these projects will be included in a grant revision.

Grant CA-37-X128 Small Urbanized JARC Section 5316 will include the following eighteen (18) projects:

SUBRECIPIENT PROJECT DESCRIPTION FTA$
Seniors Council of Santa Cruz Benito Counties - Operating Assistance - $101,900
Outreach and Escort, Inc. - Operating Assistance - $130,000
City of Visalia - Mobility Management - $400,000
Regional Rideshare, a branch of San Luis Obispo Council of Governments - Mobility Management - $155,000
Monterey-Salinas Transit - Mobility Management - $233,600
Yolo County Transportation District - Operating Assistance - $96,000
City of El Paso de Robles - Operating Assistance - $70,500
Napa County Transportation and Planning Agency - Operating Assistance - $50,000
City of Lompoc - Operating Assistance - $83,850
City of Santa Maria (Santa Maria Area Transit: SMAT) - Operating Assistance - $100,000
City of Simi Valley - Operating Assistance - $91,000
Monterey-Salinas Transit - Operating Assistance - $400,000
Monterey-Salinas Transit - Operating Assistance - $200,000
City of Petaluma - Operating Assistance - $101,150
City of Vallejo - Operating Assistance - $400,000
Livermore Amador Valley Transit Authority (LAVTA) -Operating Assistance - $323,225
Yuba-Sutter Transit Authority - Operating Assistance -$153,050
Riverside Transit Agency - Operating Assistance - $224,656

Total allocated FFY 2009 Small Urbanized JARC Section 5316 POPs is $3,696,097 (Administrative Costs Included).

Of the eighteen (18) projects, sixteen (16) projects are transferred to Section 5307 program listed below:

SUBRECIPIENT PROJECT DESCRIPTION 5307 TRANSFER FTA$
City of Visalia - Mobility Management - DIRECT TRANSFER -$400,000
Regional Rideshare, a branch of San Luis Obispo Council of Governments - Mobility Management - DIRECT TRANSFER - $155,000
Monterey-Salinas Transit - Mobility Management - DIRECT TRANSFER - $233,600
Yolo County Transportation District - Operating Assistance - DIRECT TRANSFER - $96,600
City of El Paso de Robles - Operating Assistance - DIRECT TRANSFER - $70,500
Napa County Transportation and Planning Agency - Operating Assistance - DIRECT TRANSFER - $50,000
City of Santa Maria (Santa Maria Area Transit: SMAT)- Operating Assistance - DIRECT TRANSFER - $83,850
City of Simi Valley - Operating Assistance - DIRECT TRANSFER - $91,000
Monterey-Salinas Transit - Operating Assistance - DIRECT TRANSFER - $400,000
Monterey-Salinas Transit - Operating Assistance - DIRECT TRANSFER - $200,000
City of Petaluma - Operating Assistance - DIRECT TRANSFER - $101,150
City of Vallejo - Operating Assistance - DIRECT TRANSFER - $400,000
Livermore Amador Valley Transit Authority (LAVTA)-Operating Assistance - TRANSFER TO MTC - $323,225

Yuba-Sutter Transit Authority - Operating Assistance -DIRECT TRANSFERM - $153,050
Riverside Transit Agency - Operating Assistance - DIRECT TRANSFER - $224,658
City of Santa Maria (Santa Maria Area Transit: SMAT)-Operating Assistance - DIRECT TRANSFER - $100,000

Total allocated FFY 2009 Small Urbanized JARC Section 5316 POPs to be transferred to Section 5307 Program is $3,082,631.

EO 12372 is not applicable.

This application requests $388,600 in capital funds; $1,308,031 in operating funds; and zero administrative funds from the Caltrans FFY2008 JARC Small Urbanized apportionment. In addition, the application requests zero capital funds; $568,340 operating funds; and $381,476 in administrative funds from Caltrans FFY2009 JARC Small Urbanized apportionment. The application requests zero in capital funds, operating funds or administrative funds from Caltrans FFY2010 apportionment. The application also requests $400,000 in capital funds; $649,650 in operating funds; and zero administrative funds from Caltrans FFY2010 JARC Small Urbanized restoration funding from FR 27056 apportionments.

Earmarks

No information found.

Security

No information found.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
646-00 JARC PROJECTS	0	$3,082,631.00	$6,405,089.00
ACTIVITY			
11.7L.00 MOBILITY MANAGEMENT (5302(A)(1)(L))	0	$400,000.00	$500,000.00
11.7L.00 MOBILITY MANAGEMENT (5302(A)(1)(L))	0	$155,000.00	$193,750.00
11.7L.00 MOBILITY MANAGEMENT (5302(A)(1)(L))	0	$233,600.00	$292,000.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$96,600.00	$204,527.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$70,500.00	$141,000.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$50,000.00	$622,250.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$83,850.00	$167,700.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$100,000.00	$200,000.00

30.09.01 UP TO 50% FEDERAL SHARE	0	$91,000.00	$479,700.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$400,000.00	$800,000.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$200,000.00	$400,000.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$101,150.00	$202,300.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$400,000.00	$800,000.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$323,225.00	$646,450.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$153,050.00	$306,100.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$224,656.00	$449,312.00
SCOPE			
300-00 OPERATING ASSISTANCE	0	$231,990.00	$463,890.00
ACTIVITY			
30.09.01 UP TO 50% FEDERAL SHARE	0	$101,990.00	$203,890.00
30.09.01 UP TO 50% FEDERAL SHARE	0	$130,000.00	$260,000.00
SCOPE			
610-00 STATE ADMINISTRATION	0	$381,476.00	$381,476.00
ACTIVITY			
11.80.00 STATE OR PROGRAM ADMINISTRATION	0	$381,476.00	$381,476.00
		Estimated Total Eligible Cost:	**$7,250,455.00**
		Federal Share:	**$3,696,097.00**
		Local Share:	**$3,554,358.00**

OTHER (Scopes and Activities not included in Project Budget Totals)

None

SOURCES OF FEDERAL FINANCIAL ASSISTANCE

UZA ID	Accounting Classification	FPC	FY	SEC	Previously Approved	Amendment Amount	Total
60000	2009.25.37.JS.2	06	2010	37	$0.00	$56,450.00	$56,450.00

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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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: City of Santa Monica

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

d. Address:

* Street1: 1685 Main Street, Room 212
Street2:
* City: Santa Monica
County:
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 90401

e. Organizational Unit:

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

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

Prefix:
* First Name: Margaret
Middle Name:
* Last Name: Willis
Suffix:

Title: Sr. Administrative Analyst

Organizational Affiliation:

* Telephone Number:	Fax Number:
310-458-8701x5239	310-458-3380

* Email: margaret.willis@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:

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:

14.235

CFDA Title:

Supportive Housing Program

*** 12. Funding Opportunity Number:**

FR-5415-N-17

* Title:

2010 Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

Title:

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

City of Santa Monica, County of Los Angeles

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

Serial Inebriate 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: 30 * b. Program/Project: 30

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

Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 4/1/11 * b. End Date: 3/31/12

18. Estimated Funding ($):

* a. Federal	491,791
* b. Applicant	8,328
* 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 7/29/10.

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

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

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

☐ Yes ☑ No Explanation

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

☑ - ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Rod

Middle Name:

* Last Name: Gould

Suffix:

* Title: City Manager

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

* Email: rod.gould@smgov.net

* Signature of Authorized Representative: Date Signed: 7-28-10

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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: Colette's Children Home, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 91-1939140

*c. Organizational DUNS: 147368448

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d. Address:

*Street 1: 17301 Beach Blvd.
Street 2: Suite 23
*City: Huntington Beach
County: Orange
*State: County
Province:
*Country: USA
*Zip / Postal Code 92647

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: William
Middle Name: C.
*Last Name: O'Connell
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 714-596-1380
Fax Number: 714-848-1866

*Email: coletteschildren@aol.com

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

Orange County, California

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

Transitional Housing for homeless women with children and homeless single women.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 46 *b. Program/Project: 46

17. Proposed Project:

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

18. Estimated Funding ($):

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

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/7/2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: William

Middle Name: _____

*Last Name: O'Connell

Suffix: _____

*Title: Executive Director

*Telephone Number: 714-596-1380 | Fax Number: 714-848-1866

* Email: coletteschildren@aol.com

*Signature of Authorized Representative: William O'Connell | *Date Signed: 10/7/2010

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

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3. Date Received:

4. Applicant Identifier: CA-123

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0462C9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Pomona

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

*c. Organizational DUNS: 074127481

d. Address:

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

e. Organizational Unit:

Department Name: Community Development Department

Division Name: Housing

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

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

Title: Housing Manager, City of Pomona

Organizational Affiliation: same as above

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

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

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

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.236

CFDA Title:

Shelter Plus Care (S+C)

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

Continuum of Care

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

City of Pomona

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

City of Pomona Housing Authority Shelter Plus Care Program

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

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

18. Estimated Funding ($):

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

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Linda

Middle Name:

*Last Name: Lowry

Suffix:

*Title: City Manager, City of Pomona

*Telephone Number: (909) 620-2051 Fax Number: (909) 620-3707

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

*Signature of Authorized Representative: Linda C Lowry *Date Signed: 8/10/10

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0521B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. 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:**

FR-5415-N-17

*Title:

Continuum of Care Housing 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:**

Rainbow Services 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: 12/01/2011 *b. End Date: 11/30/2012

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 10/08/10

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: 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: 10/08/10

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:
CA0505B9D000601

*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: L.A.Family Housing

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-3920560

*c. Organizational DUNS:
617533708

d. Address:

*Street 1: 7843 Lankershim Blvd.
Street 2:
*City: North Hollywood
County: Los Angeles
*State: CA
Province:
*Country: United States of America
*Zip / Postal Code 91605

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: Christine
Middle Name:
*Last Name: Ferguson
Suffix:

Title: Vice President of Programs

Organizational Affiliation:
N/A

*Telephone Number: (818) 255-2711
Fax Number: (818) 255-2770

*Email: cferguson@lafh.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:

Transitional Housing and Supportive Services Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

North Hollywood, Los Angeles County, CA

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

The Transitional Housing and Supportive Services Project (THP) is a renewal project that provides 135 beds of transitional housing combined with supportive services to homeless individuals with mulitple diagnoses. Supportive services offered at THP include intensive case management, life skills counseling, on-site medical and mental health services, employment assessment, training and placement, money management, tenant education, benefits assistance, substance abuse treatment and follow-up self-sufficiency case management. THP remains the only transitional housing program for single adults in the San Fernando Valley (SPA 2).

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 28 *b. Program/Project: 28

17. Proposed Project:

*a. Start Date: 10/01/2010 *b. End Date: 9/30/2011

18. Estimated Funding ($):

*a. Federal	355,664
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	355,664

***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: Stephanie

Middle Name: _____

*Last Name: Klasky-Gamer

Suffix: _____

*Title: President and CEO

*Telephone Number: (818) 982-4091 | Fax Number: (818) 255-2770

* Email: stephanie@lafh.org

*Signature of Authorized Representative: Stephanie K Gamer | *Date Signed: 10/8/10

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

Application for Federal Assistance SF-424 Version 02

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

3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0367B9D000802

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State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: South Central Health & Rehabilitation Program

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4482413

*c. Organizational DUNS: 077169170

d. Address:

*Street 1: 2610 Industry Way, Suite A
Street 2:
*City: Lynwood
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90262

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: Julie
Middle Name:
*Last Name: Elder
Suffix:

Title: Contract Specialist

Organizational Affiliation:
South Central Health & Rehabilitation Program

*Telephone Number: 310 631 8004 Fax Number: 310 631 5875

*Email: skyelder1@earthlink.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:**
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-5415-N-17

*Title:
Continuum of Care Homeless Assistance Program

13. Competition Identification Number:
CoC-01

Title:
2010 SuperNOFA Continuum of Care

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

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

The Dual Diagnosis Supportive Services Program annually provides supportive services to 200 homeless individuals who have a dual diagnosis of a mental illness and a substance abuse disorder.

The project directly provides outreach and intake services, case management, mental health assessments, money management, benefits advocacy, independent living skills training and substance abuse services. Medication and Psychiatry support services are provided through linkage to other South Central Health & Rehabilitation Program services.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 39 *b. Program/Project: 33

17. Proposed Project:

*a. Start Date: 2/1/2011 *b. End Date: 1/31/2012

18. Estimated Funding ($):

*a. Federal	$225,479
*b. Applicant	$56,190
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$281,669

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/20/2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Jack

Middle Name:

*Last Name: Barbour

Suffix: MD

*Title: Co-Director

*Telephone Number: 310 631-8004 Fax Number: 310 631-5875

* Email: jmbarbour@earthlink.net

*Signature of Authorized Representative: *Date Signed: 10-8-2010

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:
CA0490B9D000801

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: L.A.Family Housing

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-3920560

*c. Organizational DUNS:
617533708

d. Address:

*Street 1: 7843 Lankershim Blvd.
Street 2:
*City: North Hollywood
County: Los Angeles
*State: CA
Province:
*Country: United States of America
*Zip / Postal Code 91605

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: Christine
Middle Name:
*Last Name: Ferguson
Suffix:

Title: Vice President of Programs

Organizational Affiliation:
N/A

*Telephone Number: (818) 255-2711
Fax Number: (818) 255-2770

*Email: cferguson@lafh.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:
Sydney M. Irmas Transitional Living Center

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

North Hollywood, Los Angeles County, CA

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

The Transitional Living Center (TLC) is a renewal project that provides 30 units of transitional housing and supportive services to a minimum of 120 homeless families with general needs per year. Supportive services offered at TLC include intensive case management, on-site medal and mental health services, employment assessment, training and placement, money management, tenant education, parenting skills, on-site licensed pre-school, children's enrichment activities, and follow-up self-sufficiency case management. TLC remains the only transitional housing program in the San Fernando Valley (SPA 2) that accepts all of the subpopulations of homeless families with children.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 28 *b. Program/Project: 28

17. **Proposed Project:**

*a. Start Date: 01/01/2011 *b. End Date: 12/31/2011

18. Estimated Funding ($):

*a. Federal	363,659
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	363,659

***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: Stephanie

Middle Name: _____

*Last Name: Klasky-Gamer

Suffix: _____

*Title: President and CEO

*Telephone Number: (818) 982-4091 | Fax Number: (818) 255-2770

* Email: stephanie@lafh.org

*Signature of Authorized Representative: Stephanie K [signature] *Date Signed: 10/8/10

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED May 29, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction ☐ Non-Construction	X Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: VENTURA COUNTY WATERWORKS DISTRICT NO. 19	Organizational Unit: Department: PUBLIC WORKS AGENCY
Organizational DUNS: 06691122	Division: WATER AND SANIATION DEPARTMENT
Address: P. O. BOX 250	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 6767 SPRING ROAD	Prefix: Mr. / First Name: R.
City: MORPARK	Middle Name: REDDY
County: VENTURA	Last Name: PAKALA
State: CALIFORNIA / Zip Code: 93021	Suffix:
Country: USA	Email: reddy.pakala@mail.co.ventura.ca.us
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944	Phone Number (give area code) 805.378-3005 / Fax Number (give area code) 805.529-7542
8. TYPE OF APPLICATION: X 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 (Special District) Other (specify) 9. NAME OF FEDERAL AGENCY:
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.760 TITLE (Name of Program): WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County Waterworks District No. 19 Pipelines Replacement -- Somis Community
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): VENTURA COUNTY, CALIFORNIA	
13. PROPOSED PROJECT Start Date: JULY 2005 / Ending Date: JULY 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 24TH DISTRICT / b. Project: 24TH DISTRICT
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Federal	$10,000,000
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$10,000,000

a. Yes X THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON May 27, 2009

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 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 THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name R	Middle Name REDDY
Last Name PAKALA		Suffix
b. Title DIRECTOR		c. Telephone Number (give area code) 805.378.3005
d. Signature of Authorized Representative		e. Date Signed 5/26/09

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED May 29, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction ☐ Non-Construction	X Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: VENTURA COUNTY WATERWORKS DISTRICT NO. 19		Organizational Unit: Department: PUBLIC WORKS AGENCY	
Organizational DUNS: 06691122	RECEIVED OCT 12 2010 STATE CLEARING HOUSE	Division: WATER AND SANIATION DEPARTMENT	
Address: P. O. BOX 250		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 6767 SPRING ROAD		Prefix: Mr.	First Name: R.
City: MORPARK		Middle Name: REDDY	
County: VENTURA		Last Name: PAKALA	
State: CALIFORNIA	Zip Code: 93021	Suffix:	
Country: USA		Email: reddy.pakala@mail.co.ventura.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Phone Number (give area code) 805.378-3005	Fax Number (give area code) 805.529-7542

8. TYPE OF APPLICATION: X 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 (Special District) Other (specify) 9. NAME OF FEDERAL AGENCY:
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.760 TITLE (Name of Program): WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 860 Reservoir Replacement
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): VENTURA COUNTY, CALIFORNIA	
13. PROPOSED PROJECT Start Date: JULY 2005 / Ending Date: JULY 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 24TH DISTRICT / b. Project: 24TH DISTRICT
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Federal	$250,000
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$250,000

a. Yes X THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON May 27, 2009.
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 . 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 THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Mr.	First Name: R	Middle Name: REDDY
Last Name: PAKALA		Suffix
b. Title: DIRECTOR		c. Telephone Number (give area code) 805.378.3005
d. Signature of Authorized Representative		e. Date Signed 5/26/09

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED May 29, 2008		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	X Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: VENTURA COUNTY WATERWORKS DISTRICT NO. 19	Organizational Unit: Department: PUBLIC WORKS AGENCY
Organizational DUNS: 06691122	Division: WATER AND SANIATION DEPARTMENT
Address: P. O. BOX 250	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 6767 SPRING ROAD	Prefix: Mr. / First Name: R.
City: MORPARK	Middle Name: REDDY
County: VENTURA	Last Name: PAKALA
State: CALIFORNIA / Zip Code: 93021	Suffix:
Country: USA	Email: reddy.pakala@mail.co.ventura.ca.us
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944	Phone Number (give area code) 805.378-3005 / Fax Number (give area code) 805.529-7542

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STATE CLEARING HOUSE

8. TYPE OF APPLICATION:
X 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 (Special District)
Other (specify)

9. NAME OF FEDERAL AGENCY:

10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10.760
TITLE (Name of Program): WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Ventura County Waterworks District No. 19 Well #2 Iron and Manganese Removal

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):
VENTURA COUNTY, CALIFORNIA

13. PROPOSED PROJECT
Start Date: JULY 2005 / Ending Date: JULY 2006

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 24TH DISTRICT / b. Project: 24TH DISTRICT

15. ESTIMATED FUNDING:

a. Federal	$1,500,000
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$1,500,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes X THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
May, 27, 2009:
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 . 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 THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name R	Middle Name REDDY
Last Name PAKALA		Suffix
b. Title DIRECTOR		c. Telephone Number (give area code) 805.378.3005
d. Signature of Authorized Representative		e. Date Signed 5/26/09

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:**
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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OCT 12 2010
STATE CLEARING HOUSE

* 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: Redevelopment Agency of the City of Fresno

* b. Employer/Taxpayer Identification Number (EIN/TIN): 770455468

* c. Organizational DUNS: 11-255 2983

d. Address:

* Street1: 2344 Tulare St., Suite 200
Street2:
* City: Fresno
County: Fresno
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93614

e. Organizational Unit:

Department Name: Redevelopment Agency

Division Name: N/A

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

Prefix: Mr.
* First Name: John
Middle Name:
* Last Name: Quiring
Suffix:

Title: Project Manager

Organizational Affiliation: Industrial development

* Telephone Number: 559-621-7635
Fax Number: 559-498-1870

* Email: john.quiring@fresno.gov

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):

Redevelopment Agency

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

*** 12. Funding Opportunity Number:**

EPA-OSWER OBLR-10-11

* Title:

Proposal Guidelines for Brownfields Cleanup Grants

13. Competition Identification Number:

Title:

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

City of Fresno

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

Reinvesting Fresno's neighborhoods through preliminary inventorying, assessment, a dynamic area wide plan and clean-up plans when necessary toward eliminating Brownfields.

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: 20
* b. Program/Project: 20

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/04/2011
* b. End Date: 04/04/2013

18. Estimated Funding ($):

* a. Federal	400,000.00
* b. Applicant	
* c. State	
* d. Local	80,000.00
* e. Other	
* f. Program Income	
* g. TOTAL	480,000.00

*** 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 09/17/2010
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:	Ms.
* First Name:	Marlene
Middle Name	
* Last Name:	Murphey
Suffix:	
* Title:	Executive Director
* Telephone Number	559-621-7611
Fax Number:	559-498-1870
* Email:	marlene.murphey@fresno.gov
* Signature of Authorized Representative:	Completed by Grants.gov upon submission
* Date Signed:	Completed by Grants.gov upon submission

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITT 10/6/10

Applicant Identifier

1. TYPE OF SUBMISSION:
Application
☒ Construction
☐ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name
Los Angeles County Metropolitan Transportation Authority

Organizational Unit:
Regional Program Management

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Kathy Banh
(213) 922-7635

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OCT 12 2010
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6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95 - 4401975

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

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

State Chartered Transit District

8. TYPE OF APPLICATION:
New ☐ Continuation ☒ Revision ☐

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

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

9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 507
TITLE 49 U.S.C. § 5309

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
CA-03-0508-13 – Metro Gold Line Eastside Extension

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
04/08/01	12/31/12	25 through 39, 42, 46	29, 31, 32 and 34

15. ESTIMATED FUNDING		
a Federal	$	9,582,551.00
b Applicant	$	.00
c State	$	.00
d Local	$	-90,087.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	9,492,464.00

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 10/6/10

b NO ☐ PROGRAM IS NOT COVERED BY E O 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a Typed Name of Authorized Representative	b Title	c Telephone number
Kathy Banh	Transportation Planning Manager Regional Program Management	(213) 922-7635

d. Signature of Authorized Representative	e. Date Signed
Kathy Banh	10-6-10

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED
OCT 1 2 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0461B9D000801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: SHIELDS For Families

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-4336420

*c. Organizational DUNS:
136274870

d. Address:

*Street 1: 11601 S. Western Avenue
Street 2:
*City: Los Angeles
County:
*State: California
Province:
*Country: USA
*Zip / Postal Code 90047

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: Kathryn
Middle Name:
*Last Name: Icenhower
Suffix: Ph.D.

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 323-242-5000 x 1268
Fax Number: 323-242-5000

*Email: kicenhower@shieldsforfamilies.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:**

HUD

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

2010 SuperNOFA Continuum of Care

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:

13. Competition Identification Number:

Title:

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

Los Angeles, California

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

Tranisitional Housing program for dually diagnosed substance abusing women and children.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-037 *b. Program/Project: CA-037

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	90935
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	90935

***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 10/12/2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Kathryn

Middle Name:

*Last Name: Icenhower

Suffix: Ph.D.

*Title: Executive Director

*Telephone Number: 323-242-5000 x 1268 Fax Number: 323-242-5000

* Email: kicenhower@shieldsforfamilies.org

*Signature of Authorized Representative: Kathryn Icenhower *Date Signed: 10/12/2010

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STATE CLEARING HOUSE

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: Donner Summit Public Utility Dist.	Organizational Unit:
Organizational DUNS: 006434575	Department: Administration
Address:	Division: N/A
Street: 53823 Sherritt Lane, P.O. Box 610	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Soda Springs	Prefix: Mr. First Name: Tom
County: Nevada	Middle Name: Gunder
State: CA Zip Code: 95728	Last Name: Skjelstad
Country: USA	Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1602556	Email: tskjelstad@dspud.com
	Phone Number (give area code): 530-426-3456 Fax Number (give area code): 530-426-3460

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water & Waste Disposal 10-760 TITLE (Name of Program): Loan & Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Donner Summit PUD Wastewater Treatment Plant Upgrade & Expansion Project
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State	
13. PROPOSED PROJECT Start Date: 03/2012 Ending Date: 12/2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th b. Project 4th

15. ESTIMATED FUNDING:	
a. Federal	$
b. Applicant	$
c. State SWSRF Planning loan	$ 1,478,000
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE:
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix: Mr.	First Name: Thomas	Middle Name: Gunder
Last Name: Skjelstad		Suffix:
b. Title: General Manager		c. Telephone Number (give area code): 530-426-3456
d. Signature of Authorized Representative		e. Date Signed: 10/12/10

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Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED	Applicant Identifier CA 0605B9D040802
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier FR-5415-N-17

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Greater Bakersfield Legal Assistance, Inc. (GBLA)

Organizational DUNS: 113798383

Address:
Street: 615 California Ave.
City: Bakersfield
County: Kern
State: CA
Zip Code: 93304
Country: USA

Organizational Unit:
Department: N/A
Division: N/A

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Estela
Middle Name: N/A - No Middle Name
Last Name: Casas
Suffix: Esq.
Email: ecasas@gbla.org
Phone Number (give area code): 661-334-4660
Fax Number (give area code): 661-325-4462

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-2629257

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 prohibits 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: August 1, 2011
Ending Date: July 31, 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 20 & 22
b. Project: 20 & 22

15. ESTIMATED FUNDING:

a. Federal	$ 120,044.00
b. Applicant	$ 31,760.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 151,804.00

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: 10-13-10

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative
Prefix: 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: 10-13-10

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0460B9D000802

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Venice Family Clinic

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

*c. Organizational DUNS: 114434020

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Director of Finance

Organizational Affiliation:
Venice Family Clinic

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

*Email: LMelo@mednet.ucla.edu

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

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

Los Angeles City and County, California

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

Santa Monica Dual Diagnosis Project

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. **Proposed Project:**

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

18. Estimated Funding ($):

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

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Elizabeth

Middle Name: Benson

*Last Name: Forer

Suffix:

*Title: Executive Director

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

* Email: eforer@mednet.ucla.edu

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

DRAFT

PART I - FACE SHEE

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TD CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
11SR121530

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

RECEIVED
OCT 14 2010
STATE CLEARING HOUSE

5. APPLICATION INFORMATION

LEGAL NAME: Volunteer Center Santa Cruz

DUNS NUMBER: 165444084

ADDRESS (give street address, city, state, zipcode and county):
1010 Emeline Ave #C
Santa Cruz CA 95060 - 1913
County: Santa Cruz

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED DN MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Debbi Brooks

TELEPHONE NUMBER: (831) 427-5070

FAX NUMBER: (831) 423-6267

INTERNET E-MAIL ADDRESS: rsvpvol@scvolunteercenter.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
941702678

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization

8. TYPE OF APPLICATION (Check appropriate box).

[ ] NEW [X] NEW/PREVIOUS GRANTEE

[ ] CONTINUATION [ ] AMENDMENT

If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER *(specify below)*:

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Monterey Bay RSVP

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Monterey, Santa Cruz, and San Benito Counties

13. PROPOSED PROJECT: START DATE: 01/01/11 END DATE: 12/31/13

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 017 b.Program CA 017

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 82,757.00
b. APPLICANT	$ 75,927.00
c. STATE	$ 5,450.00
d. LOCAL	$ 70,477.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 158,684.00

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

[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 10-OCT-10

[ ] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES if "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 THE ASSISTANCE IS AWARDED.

a. *TYPED NAME OF AUTHORIZED REPRESENTATIVE:*	b. *TITLE:*	c. *TELEPHONE NUMBER:*
Lois Connell	Administrative Director	(831) 427-5070

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:
9/30/2010

OMB Number: 4040-0004
Expiration Date 04/31/2012

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 14 2010
STATE CLEARING HOUSE

*3. Date Received: 4. Application 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: County of San Mateo

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000532

*c. Organizational DUNS: 8307209960000

d. Address:

*Street1: 2000 Alameda de las Pulgas, Suite 200
Street 2: Attn. Dorothy Vura-Weis, MD
*City: San Mateo
County: San Mateo
*State: CA
Province:
Country: US
*Zip/ Postal Code: 94403

e. Organizational Unit:

Department Name: San Mateo County Health System

Division Name: Family Health Services

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

Prefix:
First Name: Dorothy
Middle Name:
*Last Name: Vura-Weis
Suffix:

Title: Assistant Health Officer, CHDP Medical Director

Organizational Affiliation:

*Telephone Number: (650) 573-2492
Fax Number: (650) 573-2859

*Email: DVura-Weis@co.sanmateo.ca.us

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
U.S. Environmental Protection Agency, Region 9

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

*12. Funding Opportunity Number: EPA-R9-AIR6-10-005

*Title: Indoor Environments: Reducing Public Exposure to Indoor Pollutants

13. Competition Identification Number:

Title:

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

San Mateo County, CA

*15. Descriptive Title of Applicant's Project:

Motivating Environmental Change in Asthma Triggers (MECAT)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-012, CA-014

*a. Applicant CA-012

*b. Program/Project: CA-012, CA-014

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

17. Proposed Project:

*a. Start Date: March 1, 2011

*b. End Date: February 28, 2013

18. Estimated Funding ($):

*a. Federal	$35,000.00	*d. Local	
*b. Applicant	$33,189.66	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	$68,189.66

***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: Mary

Middle Name: Jo

*Last Name: Hansell

Suffix:

*Title: Director, Family Health Services; Director, Public Health Nursing

*Telephone Number: 650-573-2316

Fax Number: 650-578-8939

*Email: MHansell@co.sanmateo.ca.us

*Signature of Authorized Representative:

Date Signed: October 14, 2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 10/14/10	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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5. APPLICANT INFORMATION

Legal Name: Fullerton Interfaith Emergency Service

Organizational DUNS: 555890946

Address:

Street: 514 W. Amerige Ave.

City: Fullerton, CA

County: Orange

State: CA. Zip Code 92832

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: Mrs. First Name: Pam

Middle Name

Last Name: Lee

Suffix:

Email: pam.lee@fies.us

Phone Number (give area code): (714)680-3691 Fax Number (give area code): (714)871-3032

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0147739

8. TYPE OF APPLICATION: ☐ New ☒ Continuation ☐ Revision

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

Other (specify)

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

Other (specify)

9. NAME OF FEDERAL AGENCY: HUD

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Childcare Services

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

13. PROPOSED PROJECT

Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 40th b. Project 40th

15. ESTIMATED FUNDING:

a. Federal	$ 252,000.00	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 252,000.00	

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: Mrs. First Name: Pam Middle Name

Last Name: Lee Suffix

b. Title: Executive Director c. Telephone Number (give area code): (714)680-3691

d. Signature of Authorized Representative: Pam Lee e. Date Signed: 10/13/10

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 10/14/2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G0998011, Am#1	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-69-R-3, Am#1	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational Unit:
Department: Fish and Game

Organizational DUNS: 808322358

Division: GRANTS MANAGEMENT BRANCH

Address:
Street: 1831 9TH STREET

City: SACRAMENTO

County: SACRAMENTO

State: CA Zip Code 95811

Country: USA

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms First Name: LISA
Middle Name
Last Name: BAYS
Suffix:
Email: lbays@dfg.ca.gov
Phone Number (give area code): (916) 445-3701
Fax Number (give area code): (916) 327-6320

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567

8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☒ Revision

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

Other (specify)

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

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611

TITLE (Name of Program): WILDLIFE RESTORATION ACT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT INVENTORIES & RESEARCH - WATERFOWL

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

13. PROPOSED PROJECT
Start Date: 07/01/2010 Ending Date: 06/30/2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3 b. Project STATEWIDE

15. ESTIMATED FUNDING:

a. Federal	$ 293,026.00
b. Applicant	$
c. State	$ 97,675.00
d. Local	$
e. Other	$
f. Program Income	$ 0.00
g. TOTAL	$ 390,701.00

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: 10/14/2010

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mr. First Name: BLAINE Middle Name:

Last Name: NICKENS Suffix:

b. Title: CHIEF, GRANTS MANAGEMENT BRANCH

c. Telephone Number (give area code): (916) 445-9300

d. Signature of Authorized Representative

e. Date Signed

Review Standard Form 424

APPLICATION FOR FEDERAL ASSISTANCE (SF 424)	2. DATE SUBMITTED October 13, 2010	Applicant Identifier
1.TYPE OF SUBMISSION New Application	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5.APPLICANT INFORMATION		
Legal Name Sonoma County Water Agency		Organizational Unit Engineering Division
Address 404 Aviation Boulevard, Santa Rosa, CA 95403-9019		Name and telephone number of the person to be contacted on matters involving this application Cordel Stillman, 707-547-1953
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6000539	6.a. DUNS NUMBER 074662503	7. TYPE OF APPLICANT Special Governmental District
8. TYPE OF APPLICATION Project Application		9. NAME OF FEDERAL AGENCY Federal Emergency Management Agency
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 97.047 Pre-Disaster Mitigation, Department of Homeland Security		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Water Transmission Pipeline Seismic Hazard Mitigation at the Mark West Creek Crossing
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Sonoma County, California		
13. PROPOSED PROJECT: Start Date: 10/1/2011 End Date : 9/30/2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA06 b. Project CA06
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? Yes. Submitted for review 10/13/2010.
a. Federal	$2,810,700.00	
b. Applicant	$936,900.00	
c. State	$0.00	
d. Local	$0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? No.
e. Other	$0.00	
f. Program Income	$0.00	
g. TOTAL	$3,747,600.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a.Name of Authorized Representative Grant Davis	b.Title General Manager	c.Telephone Number 707- 547-1911
d.Signature of Authorized Representative		e.Date Signed 10/13/2010

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