

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2009**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**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**

**3. Date Received:**

n/a

**4. Applicant Identifier:**

n/a

OCT 19 2009

**5a. Federal Entity Identifier:**

n/a

**\*5b. Federal Award Identifier:**

CA0384B9D000801

STATE CLEARING HOUSE

**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):**

954396881

**\*c. Organizational DUNS:**

874617103

**d. Address:**

\*Street 1: 1924 4<sup>th</sup> Avenue

Street 2: \_\_\_\_\_

\*City: Los Angeles

County: Los Angeles

\*State: CA

Province: \_\_\_\_\_

\*Country: USA

\*Zip / Postal Code: 90019

**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: Joey

Middle Name: \_\_\_\_\_

\*Last Name: Solomon

Suffix: \_\_\_\_\_

Title: Executive Director

Organizational Affiliation:

Non-Profit

\*Telephone Number: 323-737-7351

Fax Number: 323-737-1790

\*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:**

Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14-235

CFDA Title:

Supportive Housing Program

**\*12 Funding Opportunity Number:**

FR-5341-N-01

\*Title:

Continuum of Care Homeless Assistance Program

**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 Services Program-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: July 1, 2010

\*b. End Date: June 30, 2011

## 18. Estimated Funding (\$):

*a. Federal	<u>210,960</u>
*b. Applicant	<u>7,223</u>
*c. State	<u>44,812</u>
*d. Local	<u>0</u>
*e. Other	<u>0</u>
*f. Program Income	<u>0</u>
*g. TOTAL	<u>262,895</u>

## \*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 10/16/09
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes  No

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

\*\* I AGREE

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

## Authorized Representative:

Prefix: Mrs. \*First Name: Joey

Middle Name: \_\_\_\_\_

\*Last Name: Solomon

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 323-737-7351

Fax Number: 323-737-1790

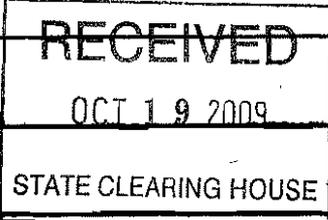
\* Email: [joey@gramerocyhousinggroup.org](mailto:joey@gramerocyhousinggroup.org)\*Signature of Authorized Representative: Joey Solomon

\*Date Signed: 10/16/09

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
--	---



3. Date Received: \_\_\_\_\_ 4. Applicant Identifier: \_\_\_\_\_

5a. Federal Entity Identifier: \_\_\_\_\_ 5b. Federal Award Identifier: STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

\*a. Legal Name: MARY LIND RECOVERY CENTERS

\*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6061196

\*c. Organizational DUNS: 085924827

d. Address:

\*Street 1: 2500 WILSHIRE BLVD, SUITE #826  
Street 2: \_\_\_\_\_  
\*City: LOS ANGELES  
County: LOS ANGELES  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code: 90057

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: KATHRYN  
Middle Name: C  
\*Last Name: THEIS  
Suffix: \_\_\_\_\_

Title: CHIEF FINANCIAL OFFICER

Organizational Affiliation: \_\_\_\_\_

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

\*Email: KTHEIS@MARYLIND.ORG

Application for Federal Assistance SF-424

Version 02

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

M. NONPROFIT WITH 501(C)(3) IRS STATUS

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

\*10 Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\*12 Funding Opportunity Number:

FR-5341-N-01

\*Title:

CONTINUUM OF CARE HOMELESS ASSISTANCE  
COMPETITION

13. Competition Identification Number:

Title:

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

LOS ANGELES COUNTY, CA

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

TRANSITIONAL HOUSING WITH SUPPORTIVE  
SERVICES

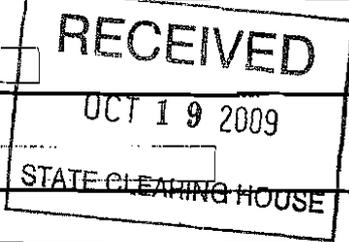
<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
*a. Applicant: _____	*b. Program/Project: _____	
<b>17. Proposed Project:</b>		
*a. Start Date: _____	*b. End Date: _____	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: <u>MS</u>	*First Name: <u>KATHRYN</u>	
Middle Name: <u>C</u>		
*Last Name: <u>THEIS</u>		
Suffix: _____		
*Title: <u>CHIEF FINANCIAL OFFICER</u>		
*Telephone Number: <u>213-382-4241</u>	Fax Number: <u>213-382-0136</u>	
* Email: <u>KTHEIS@MARYLAND.ORG</u>		
*Signature of Authorized Representative: <u>Kathryn C. Theis</u>	*Date Signed: <u>10/16/09</u>	

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text"/> <small>Completed by Grants.gov upon submission.</small>	4. Applicant Identifier: <input type="text"/>
--	--



5a. Federal Entity Identifier: <input type="text"/> 95-4288926	* 5b. Federal Award Identifier: <input type="text"/>
---	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. APPLICANT INFORMATION:

\* a. Legal Name:  Upward Bound House

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 95-4288926	* c. Organizational DUNS: <input type="text"/> 96-922-4260
--	---

d. Address:

* Street1:	<input type="text"/> 1104 Washington Avenue
Street2:	<input type="text"/>
* City:	<input type="text"/> Santa Monica
County:	<input type="text"/> Los Angeles
* State:	<input type="text"/> California
Province:	<input type="text"/>
* Country:	<input type="text"/> USA; UNITED STATES
* Zip / Postal Code:	<input type="text"/> 90403

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

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

Prefix: <input type="text"/> Mr.	* First Name: <input type="text"/> David
Middle Name: <input type="text"/>	
* Last Name: <input type="text"/> Snow	
Suffix: <input type="text"/>	

Title:  Executive Director

Organizational Affiliation:  
 Executive Director - Staff Member

* Telephone Number: <input type="text"/> 310-458-7779 x202	Fax Number: <input type="text"/> 310-458-7289
--	---

\* Email:  dsnow@upwardboundhouse.org

**Application for Federal Assistance SF-424**

Version 02

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

Nonprofit with 501(c)(3) IRS Status

**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:**

Us. Department of Housing & Urban Development - Supportive Housing

**\* 12. Funding Opportunity Number:**

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

**\* Title:**

MBL-SF424Family-AllForms

Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

N/A

**Title:**

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

Cities of Los Angeles and Santa Monica; Los Angeles County

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

Upward Bound House Family Place Transitional Housing

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachment](#) [View Attachments](#)

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-030	* b. Program/Project
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	7/1/2010	* b. End Date:
6/30/2011		
<b>18. Estimated Funding (\$):</b>		
* a. Federal	\$301,492	
* b. Applicant		
* c. State		
* d. Local	\$11070	
* e. Other	\$682,217	
* f. Program Income		
* g. TOTAL	\$994,779	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	10/16/09
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
	<input type="text" value="Explanation"/>	
<b>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)</b>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
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:	dsn@upwardboundhouse.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:
		Completed by Grants.gov upon submission.

**Application for Federal Assistance SF-424**

Version 02

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	

**RECEIVED**

OCT 19 2009

STATE CLEARING HOUSE

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
95-4288926	

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name:	Upward Bound House
------------------	--------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-4288926	96-922-4260

**d. Address:**

* Street1:	1104 Washington Avenue
Street2:	
* City:	Santa Monica
County:	Los Angeles
* State:	California
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
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* Email:	dsnow@upwardboundhouse.org
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**Application for Federal Assistance SF-424**

Version 02

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

Nonprofit with 501(c)(3) IRS Status

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:

Us. Department of Housing & Urban Development - Supportive Housing

**\* 12. Funding Opportunity Number:**

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

\* Title:

MBL-SF424Family-AllForms  
Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

N/A

Title:

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

Cities of Los Angeles and Santa Monica; Los Angeles County

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

Upward Bound House Family Place Transitional Housing

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

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

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





## 17. Proposed Project:

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

## 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$301,492"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="\$11070"/>
* e. Other	<input type="text" value="\$682,217"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$994,779"/>

## \* 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:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed:



**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/16/09	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		<input type="checkbox"/> Non-Construction	

**5. APPLICANT INFORMATION**

Legal Name: Bethany Services dba Bakersfield Homeless Center	Organizational Unit: Department:
Organizational DUNS: 781523824	Division:
Address: Street 1600 East Truxtun Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Louis
City: Bakersfield	Middle Name
County: Kern	Last Name Gill
State: California	Suffix:
Zip Code 93305	Email: lbjgill@bakhc.com
Country: USA	Phone Number (give area code) (661) 322-9199
	Fax Number (give area code) (661) 322-9203

**RECEIVED**  
  
**OCT 19 2009**  
  
**STATE CLEARING HOUSE**

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
9 5 - 2 8 5 8 9 3 6

**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)  
 Not for Profit  
 Other (specify)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
1 4 - 2 3 5

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

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Transitional Services

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

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

**13. PROPOSED PROJECT**  
Start Date: Ending Date:

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant 20 & 22    b. Project 20 & 22

**15. ESTIMATED FUNDING:**

a. Federal	\$	269,408 <sup>00</sup>
b. Applicant	\$	64,146 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	333,554 <sup>00</sup>

**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: 10/16/09  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
 Yes If "Yes" attach an explanation.     No

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

**a. Authorized Representative**

Prefix	First Name Louis	Middle Name
Last Name Gill	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) (661) 322-9199	
d. Signature of Authorized Representative <i>Carolan Warren for UPB</i>	e. Date Signed 10/16/09	

**Application for Federal Assistance SF-424** Version 02

*1. Type of Submission <input type="checkbox"/> Precapapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): Community-Wide Assessment Grant  * Other (Specify) Community-Wide Assessment Grant
---	--	--

*3. Date Received: 10/16/09	4. Application Identifier:
--------------------------------	----------------------------

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	<b>RECEIVED</b> OCT 19 2009
--------------------------------	--------------------------------	--------------------------------

<b>State Use Only:</b>	
6. Date Received by State: 10/16/09	7. State Application Identifier: STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

* a. Legal Name: The Redevelopment Agency of the City of Fresno	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 770455468	*c. Organizational DUNS: 11-256-2983

**d. Address:**

*Street 1: 2344 Tulare St., Suite 200	
Street 2:	
*City: Fresno	
County: Fresno	
*State: Ca	
Province:	
Country: United States	*Zip/ Postal Code: 93721

**e. Organizational Unit:**

Department Name: Redevelopment Agency of the City of Fresno	Division Name: Industrial Development
--	--

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

Prefix: Mr.	First Name: John
Middle Name: E.	
*Last Name: Quiring	
Suffix:	

Title: Project manager
Organizational Affiliation: Mr. Quiring is a project manager responsible for development of blighted parcels within the Redevelopment Agency's industrial zones

*Telephone Number: 559-621-7635	Fax Number: 559-498-1870
---------------------------------	--------------------------

*Email: john.quiring@fresno.gov
---------------------------------

**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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Proposal Guidelines for Brownfields Assessment Grants

\*12. Funding Opportunity Number: EPA-OSWER-OBLR-09-04

\*Title: The Small Business Liability Relief and Brownfields Revitalization Act ("Brownfields Law", P.L. 107-118) requires the U.S. Environmental Protection Agency (EPA) to publish guidance to assist applicants in preparing proposals for grants to assess and clean up brownfield sites.

13. Competition Identification Number: None provided in solicitation

Title:

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

City of Fresno, CA

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

Assessment, community engagement and clean-up plans for potential hazardous materials in seven parcels within three of the Redevelopment Agency's 19 project areas. The purpose of this grant is to encourage development on all parcels within the next five years; and protect the health and safety among residents located in or around industrial zones

**Attach supporting documents as specified in agency instructions.**

<b>Application for Federal Assistance SF-424</b>		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	* 4. Applicant Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">OCT 19 2009</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">STATE CLEARING HOUSE</div>
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="1736 Family Crisis Center"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-3989251"/>	* c. Organizational DUNS: <input type="text" value="61-821-6519"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="2116 Arlington Avenue, #200"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Los Angeles"/>	County: <input type="text" value="Los Angeles"/>	
* State: <input type="text" value="CA"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="90018"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text" value="N/A"/>	Division Name: <input type="text" value="N/A"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Carol"/>	
Middle Name: <input type="text" value="A."/>	* Last Name: <input type="text" value="Adelkoff"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="CEO and Executive Director"/>	
Organizational Affiliation: <input type="text" value="1736 Family Crisis Center"/>		
* Telephone Number: <input type="text" value="(323) 737-3900"/>	Fax Number: <input type="text" value="(323) 737-3993"/>	
* Email: <input type="text" value="carol.adelkoff@gmail.com"/>		

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>9. Type of Applicant 1: Select Applicant Type:</b>		
Private nonprofit with 501(c)(3)		
<b>Type of Applicant 2: Select Applicant Type:</b>		
<b>Type of Applicant 3: Select Applicant Type:</b>		
* Other (specify):		
<b>* 10. Name of Federal Agency:</b>		
U.S. Department of Housing and Urban Development		
<b>11. Catalog of Federal Domestic Assistance Number:</b>		
14.235		
CFDA Title:		
Supportive Housing Program (SHP)		
<b>* 12. Funding Opportunity Number:</b>		
FR-5220-N-01		
* Title:		
Continuum of Care Homeless Assistance Program		
<b>13. Competition Identification Number:</b>		
N/A		
Title:		
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>		
Los Angeles County, California		
<b>* 15. Descriptive Title of Applicant's Project:</b>		
Two Domestic Violence Shelters and Comprehensive Supportive Services		
Attach supporting documents as specified in agency instructions.		

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA638, CA-MB, CA-037

\* b. Program/Project 33

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

17. Proposed Project:

\* a. Start Date: 07/01/10

\* b. End Date: 06/30/11

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 10/16/09
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Ms. \* First Name: Carol

Middle Name: A.

\* Last Name: Adelskoff

Suffix:

\* Title: CEO and Executive Director

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

\* Email: carol.adelskoff@gmail.com

\* Signature of Authorized Representative: *Carol A. Adelskoff* \* Date Signed: October 16, 2009

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 2076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 10/18/09	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier
<b>5. APPLICANT INFORMATION</b>			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>
Legal Name: Fullerton Interfaith Emergency Service		Organizational Unit: Department:	
Organizational DUNS: 555890946		Division:	
Address: Street: 514 W. Amerige Ave.		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Fullerton		Prefix: Ms.	First Name: Lisa
County: Orange		Middle Name: Ann	
State: County		Last Name: Escobar	
Zip Code: 92832		Suffix:	
Country: USA		Email: Lisaann6760@yahoo.com	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 33-0147739		Phone Number (give area code) (714) 680-3691	Fax Number (give area code) (714) 871-3032
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)	
Other (specify)		Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Child Care Collaborative Project Renewal		<b>9. NAME OF FEDERAL AGENCY:</b> US Department of Housing and Urban Development	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Orange County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Child Care Collaborative Project Renewal will provide Child Care Services to families living in ten (10) homeless and/or domestic violence shelters throughout Orange County. The provision of these funds will enable families to seek and secure employment and eventually save enough money to gain independence and move into permanent housing.	
<b>13. PROPOSED PROJECT</b> Start Date: 08/01/10		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 40th	
Ending Date: 07/31/11		b. Project 40th	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 252,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ .00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ .00	<input type="checkbox"/> Yes if "Yes" attach an explanation.	
f. Program Income	\$ .00	<input checked="" type="checkbox"/> No	
g. TOTAL	\$ 252,000.00	(Continued)	
<b>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.</b>			
<b>a. Authorized Representative</b>			
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		e. Date Signed 10/18/09	

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 19 2009

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:

B. APPLICANT INFORMATION:

\* a. Legal Name: The Salvation Army, a California corporation

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

94-1156347

\* c. Organizational DUNS:

074629460

d. Address:

\* Street1: 900 West James M. Wood Boulevard

Street2:

\* City: Los Angeles

County:

\* State: CA

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 90015

e. Organizational Unit:

Department Name:

Division Name:

Southern California

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

Prefix: Mr. \* First Name: Jerry

Middle Name:

\* Last Name: Hill

Suffix:

Title: Funding Consultant

Organizational Affiliation:

\* Telephone Number: 213/553-3266

Fax Number: 213/607-7266

\* Email: Jerry.Hill@usw.salvationarmy.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M. Nonprofit with 501C3 IRS Status

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

\* 12. Funding Opportunity Number:

MBL-SF424FAMILY-ALLFORMS

\* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

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

State of California, Counties of Los Angeles and Ventura, Cities of Los Angeles, Bell, Santa Fe Springs, Glendale, Long Beach, and Ventura.

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

Supportive Housing Program at Alegria, Bell Shelter, Haven, Santa Fe Springs, The Way In, Westwood Transitional Village, Long Beach TLC, Glendale Nancy Painter House, and Ventura TLC.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

\* a. Federal

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL

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

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

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

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

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

Yes

No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

Application for Federal Assistance SF-424

16. Congressional District of Program/Project:

The Salvation Army Alegria	CA-031
The Salvation Army Bell Shelter	CA-034
The Salvation Army Haven	CA-030
The Salvation Army Santa Fe Springs Transitional Living Center	CA-039
The Salvation Army The Way In	CA-033
The Salvation Army Westwood Transitional Village	CA-030
The Salvation Army Transitional Living Center at Villages at Cabrillo	CA-037
The Salvation Army Glendale Nancy Painter Home	CA-029
The Salvation Army Ventura Transitional Living Center	CA-023

<b>Application for Federal Assistance SF-424</b>		Version 02												
<table border="0"> <tr> <td>* 1. Type of Submission:</td> <td>* 2 Type of Application:</td> <td>* If Revision, select appropriate letter(s):</td> </tr> <tr> <td><input type="checkbox"/> Preapplication</td> <td><input checked="" type="checkbox"/> New</td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Application</td> <td><input type="checkbox"/> Continuation</td> <td>* Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Changed/Corrected Application</td> <td><input type="checkbox"/> Revision</td> <td><input type="text"/></td> </tr> </table>			* 1. Type of Submission:	* 2 Type of Application:	* If Revision, select appropriate letter(s):	<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="text"/>	<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)	<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>
* 1. Type of Submission:	* 2 Type of Application:	* If Revision, select appropriate letter(s):												
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="text"/>												
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)												
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>												
<table border="0"> <tr> <td>* 3. Date Received:</td> <td>4. Applicant Identifier:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		* 3. Date Received:	4. Applicant Identifier:	<input type="text"/>	<input type="text"/>	<div style="border: 2px solid black; padding: 5px;"> <p><b>RECEIVED</b></p> <p>OCT 19 2009</p> <p>STATE CLEARING HOUSE</p> </div>								
* 3. Date Received:	4. Applicant Identifier:													
<input type="text"/>	<input type="text"/>													
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:												
<input type="text"/>		<input type="text"/>												
<b>State Use Only:</b>														
6. Date Received by State:		7. State Application Identifier:												
<input type="text"/>		<input type="text"/>												
<b>8. APPLICANT INFORMATION:</b>														
* a. Legal Name: <b>Ocean Park Community Center</b>														
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:												
<b>95-6143865</b>		<b>084337922</b>												
d. Address:														
* Street1:	<b>1453 16th Street</b>													
Street2:	<input type="text"/>													
* City:	<b>Santa Monica</b>													
County:	<input type="text"/>													
* State:	<b>CA</b>													
Province:	<input type="text"/>													
* Country:	<b>USA</b>													
* Zip / Postal Code:	<b>90404</b>													
e. Organizational Unit:														
Department Name:		Division Name:												
<input type="text"/>		<input type="text"/>												
f. Name and contact information of person to be contacted on matters involving this application:														
Prefix:	<b>Mrs.</b>	* First Name: <b>Christina</b>												
Middle Name:	<input type="text"/>													
* Last Name:	<b>Miller</b>													
Suffix:	<b>Ph.D</b>													
Title:	<b>Associate Director</b>													
Organizational Affiliation:														
<input type="text"/>														
* Telephone Number:	<b>(310)264-6646</b>	Fax Number: <b>(310)264-6647</b>												
* Email:	<b>chmiller@opcc.net</b>													

**Application for Federal Assistance SF-424** Version 02

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

M: Nonprofit with 501C3 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

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

\* 12. Funding Opportunity Number:

FR-5341-N-01

\* Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

Title:

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

City of Santa Monica  
City of Los Angeles  
Los Angeles County

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

Turning Point

Attach supporting documents as specified in agency instructions.





**Application for Federal Assistance SF-424**

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____
---	---	---

<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____
--	--

<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> _____
--	---

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**B. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> Catholic Charities of Los Angeles, Inc.
---

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

**d. Address:**

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

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
----------------------------------	--------------------------------

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

<b>Prefix:</b> Mr.	<b>* First Name:</b> David
<b>Middle Name:</b> I.	_____
<b>* Last Name:</b> Furukawa	_____
<b>Suffix:</b>	_____

<b>Title:</b> Asst. Controller
--------------------------------

<b>Organizational Affiliation:</b> _____
---

<b>* Telephone Number:</b> (213) 251-3466	<b>Fax Number:</b> (213) 380-4603
---	-----------------------------------

<b>* Email:</b> dfurukawa@ccharities.org
--

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

NGMS Agency

**11. Catalog of Federal Domestic Assistance Number:**

14.235

CFDA Title:

Supportive Housing Program

**\* 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS

\* Title:

MBL-SF424Family-AllForms

**13. Competition Identification Number:**

FR-5341-N-01

Title:

Continuum of Care Homeless Assistance Competition

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

LA County

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

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

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424** Version 02

16. Congressional Districts Of:  
\* a. Applicant  \* b. Program/Project

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

17. Proposed Project:  
\* a. Start Date:  \* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$142,900"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$142,900"/>

\* 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:   
Middle Name:   
\* Last Name:   
Suffix:   
\* Title:   
\* Telephone Number:  Fax Number:   
\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

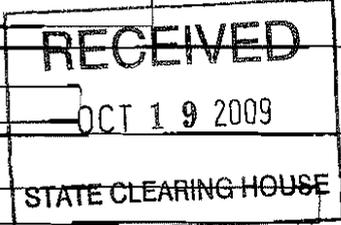
- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

[ ]

\* Other (Specify)

[ ]



\* 3. Date Received:

[ ]

4. Applicant Identifier:

[ ]

5a. Federal Entity Identifier:

13-339-1210

\* 5b. Federal Award Identifier:

[ ]

**State Use Only:**

6. Date Received by State:

[ ]

7. State Application Identifier:

[ ]

**B. APPLICANT INFORMATION:**

\* a. Legal Name:

Covenant House California

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

13-3391210

\* c. Organizational DUNS:

617537436

**d. Address:**

\* Street1:

1325 N. Western Avenue

Street2:

[ ]

\* City:

Hollywood

County:

Los Angeles County

\* State:

California

Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

90027-5615

**e. Organizational Unit:**

Department Name:

Transitional Living Program

Division Name:

Supportive Apartment Program

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

Prefix:

[ ]

\* First Name:

Regina

Middle Name:

M.

\* Last Name:

Klein

Suffix:

[ ]

Title:

Senior Grant Officer

Organizational Affiliation:

Covenant House California, Development Dept.

\* Telephone Number:

323-461-3131

Fax Number:

323-461-6491

\* Email:

rklein@covcs.org

**Application for Federal Assistance SF-424**

Version 02

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

Non-profit, 501 c3

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:

2009 SuperNOFA Continuum of Care

**12. Funding Opportunity Number:**

FR-5341-N-01

\* Title:

Supportive Housing Program

**13. Competition Identification Number:**

Title:

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

Hollywood, Los Angeles, Los Angeles County, California

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

Supportive Apartment Program for Transitional Age Youth

Attach supporting documents as specified in agency instructions.

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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 29, 30

\* b. Program/Project 29, 30

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

## 17. Proposed Project:

\* a. Start Date: 7/1/2010

\* b. End Date: 6/30/2011

## 18. Estimated Funding (\$):

* a. Federal	129,499
* b. Applicant	91,294
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	\$219,793

## \* 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 10/19/09
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

## Authorized Representative:

Prefix:  \* First Name: George

Middle Name: R.

\* Last Name: Lozano

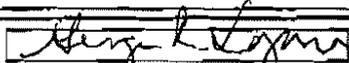
Suffix:

\* Title: Executive Director

\* Telephone Number: (323) 461-3131

Fax Number: (323) 461-8491

\* Email: glozano@cavcs.org

\* Signature of Authorized Representative: 

\* Date Signed: 10/14/09

Authorized for Local Reproduction

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

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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

OCT 19 2009

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

CA0351B9D000801

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Homes for Life Foundation

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

33-0248725

\* c. Organizational DUNS:

802054916

d. Address:

\* Street1: 8939 S. Sepulveda Blvd.

Street2: Suite 460

\* City: Los Angeles

County:

\* State: CA

Province:

\* Country: USA, 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:

\* First Name: Carol

Middle Name:

\* Last Name: Liess

Suffix:

Title: Executive Director

Organizational Affiliation:

\* Telephone Number: 310-337-7417

Fax Number: 310-337-7413

\* Email: cliess@homesforlife.org

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:**  
  
**CFDA Title:**

**\* 12. Funding Opportunity Number:**  
  
**\* Title:**

**13. Competition Identification Number:**  
  
**Title:**

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

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 35th

\* b. Program/Project 38th

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2010

\* b. End Date: 07/01/2011

18. Estimated Funding (\$):

* a. Federal	338,590
* b. Applicant	92,910
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	431,500

\* 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 10/19/09
- b. Program is subject to E.O. 12372 but has not been selected by the State for review
- c. Program is not covered by E O 12372.

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

Yes  No 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: Middle Name: \* First Name: Carol

\* 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: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

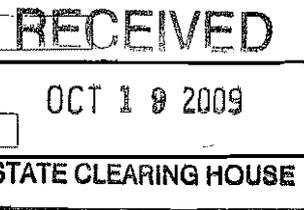
- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)



\* 3. Date Received:

Completed by Grants.gov upon submission.

4 Applicant Identifier:

OCT 19 2009

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

CA0387B9D000801

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Homes for Life Foundation

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

33-0248725

\* c. Organizational DUNS:

802054916

d. Address:

\* Street1: 8939 S. Sepulveda Blvd.

Street2: Suite 460

\* City: Los Angeles

County:

\* State: CA

Province:

\* Country: USA: 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:

\* First Name: Carol

Middle Name:

\* Last Name: Liess

Suffix:

Title: Executive Director

Organizational Affiliation:

\* Telephone Number: 310-337-7417

Fax Number: 310-337-7413

\* Email: cliess@homesforlife.org

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 Hi

Type of Applicant 2: Select Applicant Type:

[Empty text box]

Type of Applicant 3: Select Applicant Type:

[Empty text box]

\* Other (specify)

[Empty text box]

\* 10. Name of Federal Agency:

NGMS-Agency- U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

2009 SuperNOFA Continuum of Care

\* 12. Funding Opportunity Number:

MBL-SF424FAMILY-ALTFORMS FR-5327-N-01

\* Title:

MBL-SF424Family-AltForms

Continuum of Care Homeless Assistance Program (CoC)

13. Competition Identification Number:

[Empty text box]

Title:

[Empty text box]

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

City of Norwalk, Los Angeles County, California

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

Harvest House (group home for 8 homeless adults with chronic mental illness).

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="35th"/>	* b. Program/Project <input type="text" value="38th"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="12/01/2010"/>	* b. End Date: <input type="text" value="12/01/2011"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="72,067"/>	
* b. Applicant	<input type="text" value="20,603"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="92,670"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="10/19/09"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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)</b>		
<input checked="" type="checkbox"/> <b>** I AGREE</b>		
<b>** 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</b>		
<b>Authorized Representative:</b>		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Carol"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Liess"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Executive Director"/>	
* Telephone Number:	<input type="text" value="(310) 337-7417"/>	Fax Number: <input type="text" value="(310) 337-7413"/>
* Email:	<input type="text" value="cliess@homesforlife.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

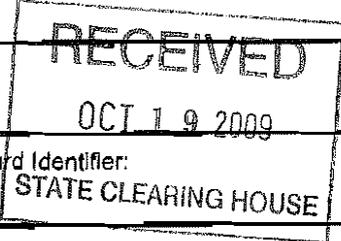
\* If Revision, select appropriate letter(s)

\*Other (Specify)

**3. Date Received:**

**4. Applicant Identifier:**

CA7130



**5a. Federal Entity Identifier:**

**\*5b. Federal Award Identifier:**

STATE CLEARING HOUSE

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

\*a. Legal Name: United States Veterans Initiative

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

\*c. Organizational DUNS:  
86-7054967

**d. Address:**

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

**e. Organizational Unit:**

Department Name:  
United States Veterans Initiative

Division Name:

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

Prefix: \_\_\_\_\_ \*First Name: Nicole  
Middle Name: A  
\*Last Name: Ward  
Suffix: \_\_\_\_\_

Title: Regional Operations Coordinator

Organizational Affiliation:

\*Telephone Number: (310) 348-7600

Fax Number: (310) 645-2605

\*Email: nward@usvetsinc.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:**

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

**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-5341-N-01

**\*Title:**

**13. Competition Identification Number:**

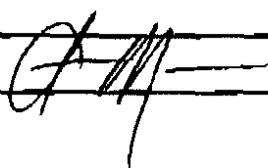
**Title:**

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

Inglewood, Los Angeles County, California

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

Veterans in Progress Program

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 35	*b. Program/Project: 35	
<b>17. Proposed Project:</b>		
*a. Start Date: 8/1/2010	*b. End Date: 7/31/2011	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$289,796	
*b. Applicant	\$ 68,999	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$344,995	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>10/19/09</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Ivan</u> _____	
Middle Name: _____		
*Last Name: <u>Mason</u> _____		
Suffix: _____		
*Title: Site Director		
*Telephone Number: (310) 348-7600	Fax Number: (310) 645-2605	
* Email: imason@usvetsinc.org		
*Signature of Authorized Representative: 	*Date Signed: 10/19/09	



**Funding Matrix**

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Cont. of Care.SHP	284,843.00	31,890.00							316,733.00
									0.00
									0.00
									0.00
									0.00
<b>Grand Totals</b>	<b>284,843.00</b>	<b>31,890.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>316,733.00</b>

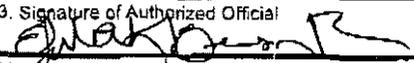
\* For FHIPs, show both Initiative and component

**Certifications**

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (MUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 	Name (printed) Elizabeth Benson Forer
Title CEO	Date (mm/dd/yyyy) 10/19/2009

<b>Application for Federal Assistance SF-424</b>		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: _____		4. Applicant Identifier: _____
Completed by Grants.gov upon submission: _____		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>OCT 19 2009</b>   <b>STATE CLEARING HOUSE</b> </div>
5a. Federal Entity Identifier: _____		
5b. Federal Award Identifier: _____		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <u>Beacon Housing, Inc.</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-4594474</u>		* c. Organizational DUNS: _____
d. Address:		
* Street1:	<u>5000 Edenhurst Ave.</u>	
* Street2:	_____	
* City:	<u>L.A.</u>	
* County:	<u>Los Angeles County</u>	
* State:	<u>California</u>	
* Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	<u>90039</u>	
e. Organizational Unit:		
Department Name: _____		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Mrs.</u>	* First Name: <u>Karen</u>
Middle Name:	<u>Evelyn</u>	
* Last Name:	<u>Hirst</u>	
Suffix:	_____	
Title:	<u>Executive Director</u>	
Organizational Affiliation: _____		
* Telephone Number:	<u>(323) 256-6975</u>	Fax Number: <u>(323) 259-8624</u>
* Email:	<u>Karen@beaconhousing.org</u>	

**Application for Federal Assistance SF-424**

**Version 02**

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

[Empty text box]

**Type of Applicant 2: Select Applicant Type:**

[Empty text box]

**Type of Applicant 3: Select Applicant Type:**

[Empty text box]

**\* Other (specify):**

[Empty text box]

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

NGMS Agency

**11. Catalog of Federal Domestic Assistance Number:**

[Empty text box]

**CFDA Title:**

[Empty text box]

**\* 12. Funding Opportunity Number:**

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

**\* Title:**

MBL-SF424Family-AllForms  
**Continuum Care Homeless Assistance**

**13. Competition Identification Number:**

[Empty text box]

**Title:**

[Empty text box]

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

**Congressional Dist. 34**  
**Supervisory Dist. 1**

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

**Supportive Housing Program**

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant: <input type="text"/>	* b. Program/Project: <input type="text"/>	
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="text"/>		
<b>17. Proposed Project:</b>		
* a. Start Date: <input type="text"/>	* b. End Date: <input type="text"/>	
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text"/>	
* b. Applicant	<input type="text"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>10/19/09</u> .		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Deb? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>		
<b>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)</b>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
Prefix: <u>Mrs.</u>	* First Name: <u>Karen</u>	
Middle Name: <u>Evelyn</u>		
* Last Name: <u>Hirst</u>		
Suffix: <input type="text"/>		
* Title: <u>Executive Director</u>		
* Telephone Number: <u>(323) 256-6975</u>	* Fax Number: <u>(323) 259-8624</u>	
* Email: <u>Karen@beaconhousing.org</u>		
* Signature of Authorized Representative: <input type="text"/> <small>Completed by Grants.gov upon submission</small> * Date Signed: <input type="text"/> <small>Completed by Grants.gov upon submission.</small>		

Application for Federal Assistance SF-424

\* 1. Type of Submission:

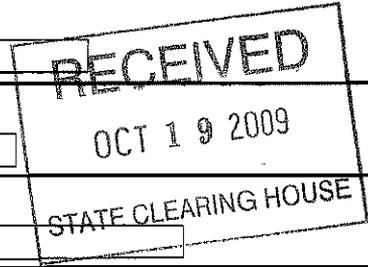
- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)



\* 3. Date Received:

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:

10/19/09

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:

\* Street1:

11601 S. Western Avenue

Street2:

\* City:

Los Angeles

County:

\* State:

CA

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

~~90046~~ 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 ~~Icenhauer~~

Middle Name:

\* Last Name:

Icenhauer

Suffix:

Ph.D.

Title:

Executive Director

Organizational Affiliation:

\* Telephone Number:

323-242-5000

Fax Number:

323-242-5011

\* Email:

kicenhauer@shieldsforfamilies.org

**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:**

CFDA Title:

\* **12. Funding Opportunity Number:**

\* **Title:**

**13. Competition Identification Number:**

**Title:**

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

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

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<u>CA-037</u>	* b. Program/Project <u>CA-037</u>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<u>12/2009</u>	* b. End Date: <u>11/2010</u>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<u>90,935</u>	
* b. Applicant	<input type="text"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<u>90,935</u>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>10/19/09</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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)</b>		
<input checked="" type="checkbox"/> <b>** I AGREE</b>		
<b>** 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.</b>		
<b>Authorized Representative:</b>		
Prefix:	<input type="text"/>	* First Name: <u>Kathryn</u>
Middle Name:	<input type="text"/>	
* Last Name:	<u>Icenhower</u>	
Suffix:	<u>Ph D</u>	
* Title:	<u>Executive Director</u>	
* Telephone Number:	<u>323-242-5000</u>	Fax Number: <u>323-242-5011</u>
* Email:	<u>Kicenhower@shieldsforfamilies.org</u>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application    * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation    *Other (Specify) _____ <input type="checkbox"/> Revision
3. Date Received:		4. Applicant Identifier: 074127481
5a. Federal Entity Identifier: 074127481		*5b. Federal Award Identifier: CA16b700071 <div style="border: 1px solid black; padding: 5px; text-align: center;">             RECEIVED              OCT 19 2009              STATE CLEARING HOUSE           </div>
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: <u>505 S. Garey Aven</u>		
Street 2: _____		
*City: <u>Pomona</u>		
County: <u>Los Angeles</u>		
*State: <u>California</u>		
Province: _____		
*Country: <u>United States</u>		
*Zip / Postal Code <u>91786</u>		
e. Organizational Unit:		
Department Name: Community Development		Division Name: Housing
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Ms.</u>		*First Name: <u>Jan</u>
Middle Name: _____		
*Last Name: <u>Cicco</u>		
Suffix: _____		
Title: <u>Homeless Services Coordinator</u>		
Organizational Affiliation:		
*Telephone Number: 909-620-2571		Fax Number: 909-620-4567
*Email: <u>jan_cicco@ci.pomona.ca.us</u>		

**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:**

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

**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-5341-N-01

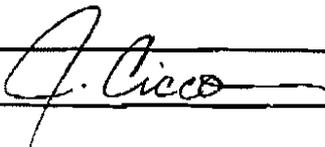
**\*Title:**Continuum of Care Homeless Assistance Competition**13. Competition Identification Number:****Title:**2009 SuperNOFA Continuum of Care Competition**14. Areas Affected by Project (Cities, Counties, States, etc.):**

CA - 038

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

Pomona Transitional Living Center for Men

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA 038	*b. Program/Project: CA 038	
<b>17. Proposed Project:</b>		
*a. Start Date: 4/1/10	*b. End Date: 3/30/11	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	162,154
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	41,505
*f. Program Income	_____	
*g. TOTAL	_____	203,659
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>10/19/09</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: Ms.	_____	*First Name: Jan _____
Middle Name:	_____	
*Last Name:	Cicco	
Suffix:	_____	
*Title: Homeless Services Coordinator		
*Telephone Number: 909-620-2571	Fax Number: 909-620-4567	
* Email: jan_cicco@ci.pomona.ca.us		
*Signature of Authorized Representative:		*Date Signed: 10/19/09

Authorized for Local Reproduction

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

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 10/18/2009	Applicant Identifier
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: THOMAS HOUSE TEMPORARY SHELTER		Organizational Unit: Department: N/A	Division: N/A
Organizational DUNS: 075396682		Name and telephone number of person to be contacted on matters involving this application (give area code)	Prefix: SISTER
Address: Street: P.O. BOX 2737		First Name: KATHY	Middle Name
City: GARDEN GROVE		Last Name: STEIN	Suffix:
County: ORANGE		Email: thaheller@thomashouseshelter.org	Phone Number (give area code) 714-554-0357
State: CALIFORNIA		Zip Code: 92642-2737	Fax Number (give area code) 714-285-0640
Country: U.S.A.			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 33-0204757			
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			
<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Nonprofit with 501 (c) (3) IRS Status Other (specify)			
<b>9. NAME OF FEDERAL AGENCY:</b> US Dept of Housing & Urban Development			
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-235			
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Transitional Homeless Family Shelter #10			
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Orange County			
<b>13. PROPOSED PROJECT</b>			
Start Date: 08/01/2010		Ending Date: 07/31/2011	
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-048      b. Project CA-048			
<b>15. ESTIMATED FUNDING:</b>			
a. Federal	\$	87,833	
b. Applicant	\$	24,478	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	112,311	
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/19/2009 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
<b>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.</b>			
<b>a. Authorized Representative</b>			
Prefix: Sister		First Name: Kathy	Middle Name: N/A
Last Name: Stein		Suffix: N/A	
Title: Executive Director		Telephone Number (give area code): 714-554-0357	
Signature of Authorized Representative: <i>Kathy Stein</i>		Date Signed: 10/16/2009	

**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: Los Angeles Youth Network

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-3953979

\*c. Organizational DUNS:  
175842889

**d. Address:**

\*Street 1: 1754 Taft Avenue  
Street 2: \_\_\_\_\_  
\*City: Los Angeles  
County: \_\_\_\_\_  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: United States  
\*Zip / Postal Code: 90028

**e. Organizational Unit:**

Department Name:  
Hollywood Youth Shelter

Division Name:

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

Prefix: \_\_\_\_\_ \*First Name: Mayra  
Middle Name: \_\_\_\_\_  
\*Last Name: Camarillo  
Suffix: \_\_\_\_\_

Title: Administrative Manager

Organizational Affiliation:

\*Telephone Number: 323-467-8466

Fax Number: 323-464-4357

\*Email: mcamarillo@layn.org

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**\*12 Funding Opportunity Number:**

FR-5341-N-01

\*Title:

Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

Title:

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

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

The Los Angeles Youth Network Hollywood Youth Shelter provides emergency shelter to homeless,unaccompanied and runaway youth ages 12-17 that running away from abandonment, abuse and/or lack of housing.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-033

\*b. Program/Project:

**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 10/19/09  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E. O. 12372

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Mayra  
Middle Name: \_\_\_\_\_  
\*Last Name: Camarillo  
Suffix: \_\_\_\_\_

\*Title: Administrative Manager

\*Telephone Number: 323-467-8466

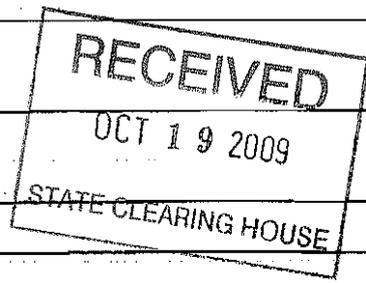
Fax Number: 323-464-4357

\* Email: mcamarillo@layn.org

\*Signature of Authorized Representative: 

\*Date Signed: 10/19/09

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2 Type of Application. * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision * Other (Specify)
* 3. Date Received Completed by Grants.gov upon submission		4. Applicant Identifier: CA16B700126
5a. Federal Entity Identifier: 95-1691013		* 5b. Federal Award Identifier.
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Jewish Family Service of Los Angeles		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1691013		* c. Organizational DUNS: 113799076
d. Address:		
* Street1: 6505 Wilshire Blvd., Suite 500 Street2: * City: Los Angeles County: * State: CA Province: * Country: USA - UNITED STATES * Zip / Postal Code: 90048		
e. Organizational Unit:		
Department Name: Gramercy place shelter		Division Name: Gramercy place shelter
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: M.S. * First Name: Shelly Middle Name: A. * Last Name: Logan Suffix:		
Title: Shelter Coordinator		
Organizational Affiliation:		
* Telephone Number: 213-387-0171		Fax Number: 213-387-8850
* Email: slogunc@sfsla.org		



Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:  
*N/A*

Type of Applicant 3: Select Applicant Type:  
*N/A*

\* Other (specify):  
*N/A*

\* 10. Name of Federal Agency:  
 NGMS Agency

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

CFDA Title:  
*Supportive Housing program*

\* 12. Funding Opportunity Number:  
 MBL-SF424FAMILY-ALLFORMS

\* Title:  
 MBL-SF424Family-AllForms

13. Competition Identification Number:  
*N/A*

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):  
*N/A*

\* 15. Descriptive Title of Applicant's Project:  
*N/A*

Attach supporting documents as specified in agency instructions.

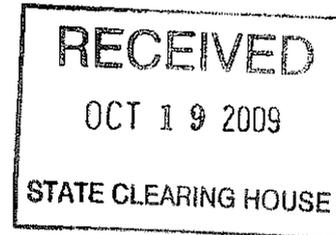
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	33	* b. Program/Project
Attach an additional list of Program/Project Congressional Districts if needed		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:		* b. End Date:
18. Estimated Funding (\$):		
* a. Federal	272,247	
* b. Applicant	110,000	
* c. State	0	
* d. Local	137,000	
* e. Other	34,000	
* f. Program Income	0	
* g. TOTAL	553,247	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
Yes	<input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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: Shelly
Middle Name:	A	
* Last Name:	Logan	
Suffix:		
* Title:	Shelter Coordinator	
* Telephone Number:	213 387-0171	Fax Number: 213-387-8850
* Email:	slogan@jfsla.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

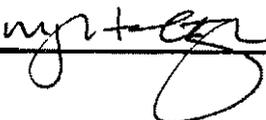
Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: 1 FORMCHECKBOX <input type="checkbox"/> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier: Fund 069	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: FR-5341-N-01
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: The Los Angeles Gay and Lesbian Community Services Center		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3567895		*c. Organizational DUNS: 07-723-5034
<b>d. Address:</b>		
*Street 1:	1625 N Schrader Boulevard	
Street 2:	_____	
*City:	Los Angeles	
County:	Los Angeles	
*State:	California	
Province:	_____	
*Country:	U.S.A.	
*Zip / Postal Code	90028-6213	
<b>e. Organizational Unit:</b>		
Department Name: Children, Youth & Family Services		Division Name: Youth Services
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	Ms.	*First Name: Karen
Middle Name:	Therese	
*Last Name:	O'Brien	
Suffix:	_____	
Title:	Grants Manager	
Organizational Affiliation: L.A. Gay & Lesbian Center		
*Telephone Number: (323) 993-7618		Fax Number: (323) 308-4014
*Email: kobrien@lagaycenter.org		



<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> 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)	
<b>*10 Name of Federal Agency:</b> US Department of Housing & Urban Development	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 14.235  CFDA Title: Supportive Housing Program	
<b>*12 Funding Opportunity Number:</b> FR-5341-N-01  *Title: Continuum of Care Homeless Assistance Program	
<b>13. Competition Identification Number:</b>  Title:	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Los Angeles County	
<b>*15. Descriptive Title of Applicant's Project:</b> The Kruks/Tilsner Transitional Living Program offers a 24-bed, 18-month project designed to assist at-risk youth ages 17 - 25 make the transition from life on the streets to self-supporting, independent living.	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

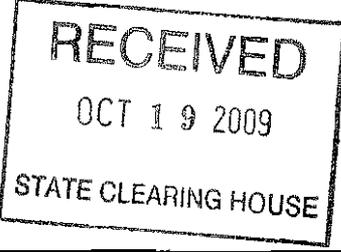
<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 33	*b. Program/Project: 33	
<b>17. Proposed Project:</b>		
*a. Start Date: 02/01/10	*b. End Date: 01/31/11	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	377,255
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	377,255
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>10/19/09</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: <u>Mr.</u>	*First Name: <u>Michael</u>	
Middle Name: <u>John</u>		
*Last Name: <u>Holtzman</u>		
Suffix: _____		
*Title: Chief Financial Officer		
*Telephone Number: (323) 993-7615		Fax Number: (323) 308-4425
* Email: mholtzman@lagaycenter.org		
*Signature of Authorized Representative: 		*Date Signed: 10/19/09

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Antelope Valley Domestic Violence Council		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3582588		*c. Organizational DUNS: 849371117
d. Address:		
*Street 1:	P.O. Box 2980	
Street 2:	_____	
*City:	Lancaster	
County:	Los Angeles	
*State:	Ca	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	93539	
		
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mrs.	*First Name: Carol
Middle Name:	L	
*Last Name:	Crabson	
Suffix:	LCSW	
Title:	CEO	
Organizational Affiliation:		
*Telephone Number: 661-949-1916		Fax Number: 661-940-3422
*Email: ccrabson@avdvc.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:**

Los Angeles Homeless Services Authority

**11. Catalog of Federal Domestic Assistance Number:**

14.235

CFDA Title:

**\*12 Funding Opportunity Number:**

FR-5341-N-01

\*Title:

**13. Competition Identification Number:**

Title:

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

Lancaster, Palmdale, Quartz Hill, Littlerock, Lake L.A., Pearblossom, Sunland, Leona Valley, Lake Elizabeth, Lake Hughes, Green Valley all in Los Angeles County, Ca. Rosamond, California City, Mojave in Kern County, Ca.

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

The project is a 2 year transitional housing project that offers housing and supportive services to victims of domestic violence. Supportive services includes: case management, job development, living skills, counseling, childcare, transportation, court accompaniment, assistance in applying for school, employment and permanent housing.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant:	*b. Program/Project: 25	
<b>17. Proposed Project:</b>		
*a. Start Date: 10/01/09	*b. End Date: 09/30/10	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	143,912
*b. Applicant	_____	34,873
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	178,785
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: Mrs.	_____	*First Name: Carol _____
Middle Name: L	_____	
*Last Name: Crabson	_____	
Suffix: LCSW	_____	
*Title: CEO		
*Telephone Number: 661-949-1916		Fax Number: 661-940-3422
* Email: ccrabson@avdvc.org		
*Signature of Authorized Representative: <i>Carol Crabson</i>		*Date Signed: 10   19   09

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application    * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation    *Other (Specify) _____ <input type="checkbox"/> Revision
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Antelope Valley Domestic Violence Council		
*b. Employer/Taxpayer identification Number (EIN/TIN): 95-3582588		*c. Organizational DUNS: 849371117
<b>d. Address:</b>		
*Street 1:	P.O. Box 2980	
Street 2:		
*City:	Lancaster	
County:	Los Angeles	
*State:	Ca	
Province:		
*Country:	USA	
*Zip / Postal Code	93539	
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	Mrs.	*First Name: Carol
Middle Name:	L.	
*Last Name:	Crabson	
Suffix:	LCSW	
Title:	CEO	
Organizational Affiliation:		
*Telephone Number: 661-949-1918		Fax Number: 661-940-3422
*Email: ccrabson@avdvc.org		



OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b> M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p><b>*10 Name of Federal Agency:</b> Los Angeles Homeless Services Authority</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b> 14.235</p> <p>CFDA Title:</p>	
<p><b>*12 Funding Opportunity Number:</b> FR-5341-N-01</p> <p>*Title:</p>	
<p><b>13. Competition Identification Number:</b></p> <p>Title:</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Lancaster, Palmdale, Quartz Hill, Littlerock, Lake L.A., Pearblossom, Sunland, Leona Valley, Lake Elizabeth, Lake Hughes, Green Valley all in Los Angeles County, Ca. Rosamond, California City, Mojave in Kern County, Ca.</p>	
<p><b>*15. Descriptive Title of Applicant's Project:</b> The project is a one stop access center providing services to homeless individuals and families. Services include assessment, case management, advocacy, assistance in securing emergency, temporary and permanent housing, assistance in applying for financial aid, transportation vouchers, emergency food and clothing.</p>	

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

<b>Application for Federal Assistance SF-424</b>	Version 02
--	------------

**16. Congressional Districts Of:**  
 \*a. Applicant: \_\_\_\_\_ \*b. Program/Project: 25

**17. Proposed Project:**  
 \*a. Start Date: 10/01/09 \*b. End Date: 09/30/10

**18. Estimated Funding (\$):**

*a. Federal		199,999
*b. Applicant		45,999
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL		245,998

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

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

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mrs. \*First Name: Carol

Middle Name: L

\*Last Name: Crabson

Suffix: LCSW

\*Title: CEO

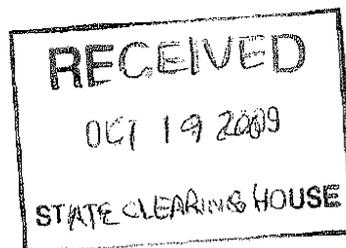
\*Telephone Number: 661-949-1916 Fax Number: 661-940-3422

\* Email: ccrabson@avdvc.org

\*Signature of Authorized Representative: Carol Crabson \*Date Signed: 10/19/09

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application    * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation    *Other (Specify) _____ <input type="checkbox"/> Revision
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Antelope Valley Domestic Violence Council		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3582588		*c. Organizational DUNS: 849371117
d. Address:		
*Street 1:	P.O. Box 2980	
Street 2:	_____	
*City:	Lancaster	
County:	Los Angeles	
*State:	Ca	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	93539	
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mrs.	*First Name: Carol
Middle Name:	L	
*Last Name:	Crabson	
Suffix:	LCSW	
Title:	CEO	
Organizational Affiliation:		
*Telephone Number: 661-949-1916		Fax Number: 661-940-3422
*Email: ccrabson@avdvc.org		



OMB Number: 4040-0004

Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>*9. Type of Applicant 1: Select Applicant Type:</b> 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)	
<b>*10 Name of Federal Agency:</b> Los Angeles Homeless Services Authority	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 14.235 CFDA Title: _____	
<b>*12 Funding Opportunity Number:</b> FR-5341-N-01  *Title: _____	
<b>13. Competition Identification Number:</b> _____  Title: _____	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Lancaster, Palmdale, Quartz Hill, Littlerock, Lake L.A., Pearblossom, Sunland, Leona Valley, Lake Elizabeth, Lake Hughes, Green Valley all in Los Angeles County, Ca. Rosamond, California City, Mojave in Kern County, Ca.	
<b>*15. Descriptive Title of Applicant's Project:</b> The project is a 2 year transitional housing program offering rental assistance, case management, job development, living skills, childcare, emergency transportation, assistance in applying to schools, employment and for financial aid.	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant:

\*b. Program/Project: 25

**17. Proposed Project:**

\*a. Start Date: 07/01/09

\*b. End Date: 06/30/10

**18. Estimated Funding (\$):**

*a. Federal	<u>189,000</u>
*b. Applicant	<u>23,428</u>
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	<u>212,428</u>

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

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

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

- Yes  No

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

 \*\* I AGREE

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

**Authorized Representative:**

Prefix: Mrs. \*First Name: Carol

Middle Name: L

\*Last Name: Crabson

Suffix: LCSW

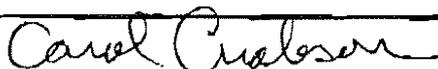
\*Title: CEO

\*Telephone Number: 661-949-1916

Fax Number: 661-940-3422

\* Email: ccrabson@avdvc.org

\*Signature of Authorized Representative:



\*Date Signed: 10/19/09

<b>Application for Federal Assistance SF-424</b>		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
*2. Type of Application    * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation    *Other (Specify) _____ <input type="checkbox"/> Revision		
3. Date Received:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>           OCT 19 2009       </div>
4. Applicant Identifier:		
5a. Federal Entity Identifier:	*5b. Federal Award Identifier: STATE CLEARING HOUSE	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: County of Los Angeles, Housing Authority		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-001630		*c. Organizational DUNS: 147975747
<b>d. Address:</b>		
*Street 1:	<u>121312 Telegraph Road</u>	
Street 2:	_____	
*City:	<u>Santa Fe Springs</u>	
County:	<u>Los Angeles</u>	
*State:	<u>California</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>90670</u>	
<b>e. Organizational Unit:</b>		
Department Name:		Division Name: Assisted Housing
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<u>Ms.</u>	*First Name: <u>Georganne</u>
Middle Name:	<u>M.</u>	
*Last Name:	<u>Colvin</u>	
Suffix:	_____	
Title:	<u>Administrative Analyst</u>	
Organizational Affiliation:		
*Telephone Number: 562-347-4821		Fax Number: 562-941-5780
*Email: <u>Georganne.colvin@laccdc.org</u>		

**Application for Federal Assistance SF-424**

Version 02

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

L. Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Housing and Urban Development, Office of Community Planning and Development

**11. Catalog of Federal Domestic Assistance Number:**

14.238 \_\_\_\_\_

CFDA Title:

Shelter Plus Care (S+C) \_\_\_\_\_

**\*12 Funding Opportunity Number:**

FR-5341-N-01 \_\_\_\_\_

\*Title:

Notice of Funding Availability for Continuum of Care (CoC) \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_  
Title:

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

Los Angeles County

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

Shelter Plus Care Renewal Projects: A Community of Friends 2; Antelope Valley Domestic Violence Council; County of Los Angeles, Department of Mental Health 1, 5 & 6; Mental Health America of Los Angeles County 1 & 3; New Directions 1 & 2; Pacific Clinics; Southern California Alcohol and Drug Programs 1; and Tri-City Mental Health.

New Project: City of West Hollywood



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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**  
 \*a. Applicant: 25-39 \*b. Program/Project: 25-39

**17. Proposed Project:**  
 \*a. Start Date: 07-01-2010 \*b. End Date: 6-30-2015

**18. Estimated Funding (\$):**

*a. Federal	\$8,585,676
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	\$8,585,676

**\*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 10/19/09

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Sean

Middle Name: \_\_\_\_\_

\*Last Name: Rogan

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 323-890-7400 Fax Number: 323-890-8554

\* Email: georganne.colvin@llacdc.org

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

<b>Application for Federal Assistance SF-424</b>		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	<div style="border: 1px solid black; padding: 5px;"> <p><b>RECEIVED</b></p> <p>OCT 20 2009</p> <p>STATE CLEARING HOUSE</p> </div>
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <u>STEP UP ON SECOND STREET, INC</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-4109386</u>	* c. Organizational DUNS: <u>362990244</u>	
<b>d. Address:</b>		
* Street1: <u>1328 SECOND STREET</u>	Street2: <input type="text"/>	
* City: <u>SANTA MONICA, C</u>	County: <u>LOS ANGELES</u>	
* State: <u>CA</u>	Province: <input type="text"/>	
* Country: <u>USA: UNITED STATES</u>	* Zip / Postal Code: <u>90401</u>	
<b>e. Organizational Unit:</b>		
Department Name: <u>HOUSING</u>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/>	* First Name: <u>TOD</u>	Middle Name: <input type="text"/>
* Last Name: <u>LIPKA</u>	Suffix: <input type="text"/>	
Title: <u>PRESIDENT &amp; CEO</u>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <u>310-394-6889</u>	Fax Number: <u>310-394-6883</u>	
* Email: <u>Tod@stepuponsecond.org</u>		

Application for Federal Assistance SF-424	Version 02	
9. Type of Applicant 1: Select Applicant Type:		
M, Nonprofit 501 (c) (3)		
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type:		
* Other (specify)		
* 10. Name of Federal Agency:		
NGMS Agency HUD		
11. Catalog of Federal Domestic Assistance Number:		
14-235		
CFDA Title:		
Stepping Up		
* 12. Funding Opportunity Number:		
MBL-SF424FAMILY-ALLFORMS		
* Title:		
MBL-SF424Family-AllForms		
13. Competition Identification Number:		
Title:		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
City of Santa Monica, CA		
* 15. Descriptive Title of Applicant's Project:		
Provide permanent housing for 16 chronically homeless mentally ill adults		
Attach supporting documents as specified in agency instructions.		
Add Attachments	Delete Attachments	View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA 029

\* b. Program/Project CA 029

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

Add Attachment

17. Proposed Project:

\* a. Start Date: July 10

\* b. End Date: June 11

18. Estimated Funding (\$): \$189,746

* a. Federal	<u>125,855</u>
* b. Applicant	<u>63,891</u>
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	<u>189,746</u>

\* 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: Tod

Middle Name:

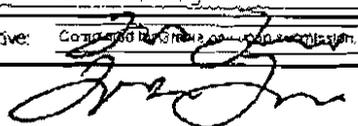
\* Last Name: Lipka

Suffix:

\* Title: President & CEO

\* Telephone Number: 310-394-6889 X26 Fax Number: 310-394-6883

\* Email: Tod@stepuponsecond.org

\* Signature of Authorized Representative:  \* Date Signed: Completed by Grants.gov upon submission, 10/19/07

Authorized for Local Reproduction

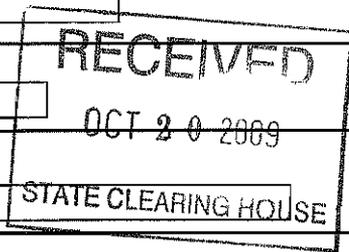
Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-132

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: Economic Development and Financing Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0346089	* c. Organizational DUNS: 943372839
---	--

d. Address:

\* Street1: 631 South Orchard Ave  
Street2: \_\_\_\_\_  
\* City: Ukiah  
County: \_\_\_\_\_  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 95482

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: Donald  
Middle Name: \_\_\_\_\_  
\* Last Name: Ballek  
Suffix: \_\_\_\_\_

Title: Executive Director

Organizational Affiliation:  
Non-Profit

\* Telephone Number: 707-467-5953 Fax Number: 707-467-5901

\* Email: don@edfc.org

**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:**

Economic Development Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.303

CFDA Title:

Economic Development Technical Assistance

**\* 12. Funding Opportunity Number:**

EDAL0012008EDAP

\* Title:

Economic Development Assistance Programs

**13. Competition Identification Number:**

03

Title:

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

The Woody Biomass Feasibility Study will impact all of Mendocino County. Between five and ten sites will be studied throughout County laying the groundwork for investment in a biomass facility in any one of these sites.

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

Mendocino County Woody Biomass Feasibility Study (WBFS)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-001

\* b. Program/Project CA-001

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

17. Proposed Project:

\* a. Start Date: 02/01/2010

\* b. End Date: 01/31/2010

18. Estimated Funding (\$):

* a. Federal	80,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	21,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	101,000.00

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

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

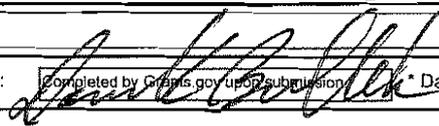
Authorized Representative:

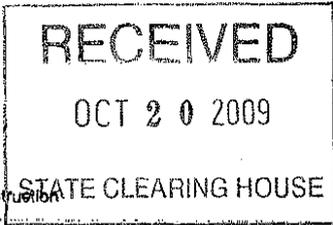
Prefix:  \* First Name: Donald  
Middle Name:   
\* Last Name: Ballek  
Suffix:

\* Title: Executive Director

\* Telephone Number: 707-467-5953 Fax Number: 707-467-5901

\* Email: don@edfc.org

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



**PART I - FACE SHEET**

**APPLICATION FOR FEDERAL ASSISTANCE**

Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application  Non-Construction

STATE CLEARING HOUSE

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

10/20/09

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

10SC107409

4. DATE RECEIVED BY FEDERAL AGENCY:

10/20/09

FEDERAL IDENTIFIER:

08SCPCA001

**5. APPLICATION INFORMATION**

LEGAL NAME: Catholic Charities Diocese of Fresno

DUNS NUMBER: 082448119

ADDRESS (give street address, city, state, zip code and county):

149 N Fulton St  
Fresno CA 93701 - 1607  
County:

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Alan Lopes  
TELEPHONE NUMBER: (559) 498-8377  
FAX NUMBER: (559) 485-1597  
INTERNET E-MAIL ADDRESS: alopes@ccdof.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

941678938

7. TYPE OF APPLICANT:

7a. Non-Profit  
7b. Community-Based Organization  
Faith-based organization  
Local Affiliate of National Organization

8. TYPE OF APPLICATION (Check appropriate box).

NEW  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: 94.016

10b. TITLE: Senior Companion Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

SCP Catholic Charities Diocese of Fresno

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

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

Fresno County: Fresno, Clovis, Fowler, Kerman, Selma, Dal Rey, Miramonte, Coalinga, Sanger, Firebaugh  
Madera County: Chowchilla, Madera, Oakhurst

13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 12/31/10

14. CONGRESSIONAL DISTRICT OF: a.Applicant [CA 020] b.Program [CA 020]

15. ESTIMATED FUNDING: Year #: 3

a. FEDERAL	\$ 367,812.00
b. APPLICANT	\$ 66,504.00
c. STATE	\$ 0.00
d. LOCAL	\$ 0.00
e. OTHER	\$ 66,504.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 434,316.00

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

YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
DATE: 20-OCT-09

NO. PROGRAM IS NOT COVERED BY E.O. 12372

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:

Jill Christensen

b. TITLE:

Accounting Manager

c. TELEPHONE NUMBER:

(559) 237-0851 1103

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

ELECTRONIC SUBMISSION

10.20.09

*[Handwritten Signature]*

e. DATE SIGNED:

10/20/09

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b>            OCT 20 2009            STATE CLEARING HOUSE         </div>		
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*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: <u>2610 Industry Way Suite A</u>		
Street 2: _____		
*City: <u>Lynwood</u>		
County: <u>Los Angeles</u>		
*State: <u>CA</u>		
Province: _____		
*Country: <u>USA</u>		
*Zip / Postal Code: <u>90262</u>		
*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: <u>Julie</u>
Middle Name: _____		
*Last Name: <u>Elder</u>		
Suffix: _____		
Title: <u>Contract Specialist</u>		
Organizational Affiliation: South Central Health & Rehabilitation Program		
*Telephone Number: 310 631-8004 x18		Fax Number: 310 631-5875
*Email: <u>skyelder1@earthlink.net</u>		

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 &amp; Urban development

**11. Catalog of Federal Domestic Assistance Number:**CFDA 14.235

CFDA Title:

Supportive Housing Program**\*12 Funding Opportunity Number:**FR-5341-N-01

\*Title:

Continuum of Care Homeless Assistance Competition**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:**

Dual Diagnosis Supportive Services Program

Oasis House 5201 S. Vermont Ave. Los Angeles, CA 90037

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: 2/1/2010

\*b. End Date: 1/31/2011

**18. Estimated Funding (\$):**

*a. Federal	\$224,760
*b. Applicant	\$56,190
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$280,950

**\*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 10/20/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Reta

Middle Name: D.

\*Last Name: Floyd

Suffix: MD

\*Title: Co-Director

\*Telephone Number: 310 631-8004

Fax Number: 310 631-5875

\* Email: retfloyd@earthlink.net

\*Signature of Authorized Representative:

\*Date Signed: 10/16/2009

Authorized for Local Reproduction

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

<b>Application for Federal Assistance SF-424</b>		Version 02																											
<table border="0" style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> <b>*1. Type of Submission:</b>  <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application             </td> <td style="width:33%; vertical-align: top;"> <b>*2. Type of Application</b>  <input type="checkbox"/> New  <input checked="" type="checkbox"/> Continuation  <input type="checkbox"/> Revision             </td> <td style="width:33%; vertical-align: top;">                 * If Revision, select appropriate letter(s)                   *Other (Specify) _____             </td> </tr> </table>			<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s)  *Other (Specify) _____																								
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<b>3. Date Received:</b> 10/19/2009		<b>4. Applicant Identifier:</b>																											
<b>5a. Federal Entity Identifier:</b>		<b>*5b. Federal Award Identifier:</b> CA0338B9D000801																											
<b>State Use Only:</b>		RECEIVED  OCT 20 2009  STATE CLEARING HOUSE																											
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>																											
<b>8. APPLICANT INFORMATION:</b>																													
<b>*a. Legal Name:</b> Southern California Alcohol and Drug Programs, Inc.																													
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 23-7228780		<b>*c. Organizational DUNS:</b> 060378189																											
<b>d. Address:</b>																													
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">*Street 1:</td> <td><u>11500 Paramount Blvd.</u></td> </tr> <tr> <td>Street 2:</td> <td>_____</td> </tr> <tr> <td>*City:</td> <td><u>Downey</u></td> </tr> <tr> <td>County:</td> <td>_____</td> </tr> <tr> <td>*State:</td> <td><u>CA</u></td> </tr> <tr> <td>Province:</td> <td>_____</td> </tr> <tr> <td>*Country:</td> <td><u>USA</u></td> </tr> <tr> <td>*Zip / Postal Code</td> <td><u>90241</u></td> </tr> </table>			*Street 1:	<u>11500 Paramount Blvd.</u>	Street 2:	_____	*City:	<u>Downey</u>	County:	_____	*State:	<u>CA</u>	Province:	_____	*Country:	<u>USA</u>	*Zip / Postal Code	<u>90241</u>											
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Street 2:	_____																												
*City:	<u>Downey</u>																												
County:	_____																												
*State:	<u>CA</u>																												
Province:	_____																												
*Country:	<u>USA</u>																												
*Zip / Postal Code	<u>90241</u>																												
<b>e. Organizational Unit:</b>																													
Department Name: _____		Division Name: _____																											
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>																													
<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Prefix: <u>Ms.</u></td> <td style="width:30%;">*First Name: <u>Lynne</u></td> <td style="width:40%;"></td> </tr> <tr> <td>Middle Name: _____</td> <td></td> <td></td> </tr> <tr> <td>*Last Name: <u>Appel</u></td> <td></td> <td></td> </tr> <tr> <td>Suffix: <u>M.S.</u></td> <td></td> <td></td> </tr> <tr> <td colspan="3">Title: <u>Executive Director</u></td> </tr> <tr> <td colspan="3">Organizational Affiliation: _____</td> </tr> <tr> <td colspan="3">*Telephone Number: 562-923-4545 x2226</td> </tr> <tr> <td colspan="3">Fax Number: 562-862-0918</td> </tr> <tr> <td colspan="3">*Email: lrappel@earthlink.net</td> </tr> </table>			Prefix: <u>Ms.</u>	*First Name: <u>Lynne</u>		Middle Name: _____			*Last Name: <u>Appel</u>			Suffix: <u>M.S.</u>			Title: <u>Executive Director</u>			Organizational Affiliation: _____			*Telephone Number: 562-923-4545 x2226			Fax Number: 562-862-0918			*Email: lrappel@earthlink.net		
Prefix: <u>Ms.</u>	*First Name: <u>Lynne</u>																												
Middle Name: _____																													
*Last Name: <u>Appel</u>																													
Suffix: <u>M.S.</u>																													
Title: <u>Executive Director</u>																													
Organizational Affiliation: _____																													
*Telephone Number: 562-923-4545 x2226																													
Fax Number: 562-862-0918																													
*Email: lrappel@earthlink.net																													

**Application for Federal Assistance SF-424**

Version 02

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

M.Nonprofit 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-5341-N-01

\*Title:

Continuum of Care Homeless Assistance

Competition

**13. Competition Identification Number:**

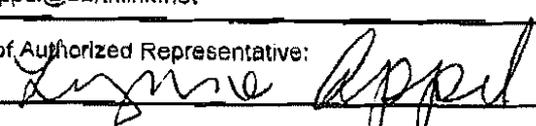
Title:

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

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

Angel Step Too s a transitional housing program targeting battered, substanceaddicted women and their children. The program offers needs assessment, case management and service linkage, substance abuse counselling 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.

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 34	*b. Program/Project: 34	
<b>17. Proposed Project:</b>		
*a. Start Date:	*b. End Date:	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	355,942	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	355,942	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>10/20/2009</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
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: 		*Date Signed: 10/20/2009

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            OCT 20 2009            STATE CLEARING HOUSE         </div>
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: County of Los Angeles, Housing Authority		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-001630		*c. Organizational DUNS: 147975747
<b>d. Address:</b>		
*Street 1:	<u>121312 Telegraph Road</u>	
Street 2:	_____	
*City:	<u>Santa Fe Springs</u>	
County:	<u>Los Angeles</u>	
*State:	<u>California</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>90670</u>	
<b>e. Organizational Unit:</b>		
Department Name:		Division Name: Assisted Housing
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<u>Ms.</u>	*First Name: <u>Georganne</u>
Middle Name:	<u>M.</u>	
*Last Name:	<u>Colvin</u>	
Suffix:	_____	
Title:	Administrative Analyst	
Organizational Affiliation:		
*Telephone Number: 562-347-4821		Fax Number: 562-941-5780
*Email: Georganne.colvin@lacdc.org		

**Application for Federal Assistance SF-424**

Version 02

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

L. Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Housing and Urban Development, Office of Community Planning and Development

**11. Catalog of Federal Domestic Assistance Number:**

14.238

CFDA Title:

Shelter Plus Care (S+C)

**\*12 Funding Opportunity Number:**

FR-5341-N-01

\*Title:

Notice of Funding Availability for Continuum of Care (CoC)

**13. Competition Identification Number:**

Title:

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

Los Angeles County

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

Shelter Plus Care Renewal Projects: A Community of Friends 2; Antelope Valley Domestic Violence Council; County of Los Angeles, Department of Mental Health 1, 5 & 6; Mental Health America of Los Angeles County 1 & 3; New Directions 1 & 2; Pacific Clinics; Southern California Alcohol and Drug Programs 1; and Tri-City Mental Health.

New Project: City of West Hollywood



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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**  
 \*a. Applicant: 25-39 \*b. Program/Project: 25-39

**17. Proposed Project:**  
 \*a. Start Date: 07-01-2010 \*b. End Date: 6-30-2015

**18. Estimated Funding (\$):**

*a. Federal	\$8,585,676
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	\$8,585,676

**\*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 10/19/09

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Sean

Middle Name: \_\_\_\_\_

\*Last Name: Rogan

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 323-890-7400 Fax Number: 323-890-8554

\* Email: georganne.colvin@llacdc.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: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>
Completed by Grants.gov upon submission.		RECEIVED OCT 20 2009
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: STATE CLEARING HOUSE <input type="text"/> CA16B60082
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: NEW Economics For Women		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 95-3969029		* c. Organizational DUNS: <input type="text"/> 197689474
<b>d. Address:</b>		
* Street1: 303 South Loma Drive		
Street2: <input type="text"/>		
* City: Los Angeles		
County: <input type="text"/>		
* State: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 90017		
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/> La Posada		Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Ms.		* First Name: Leonora
Middle Name: <input type="text"/>		
* Last Name: Barron		
Suffix: <input type="text"/>		
Title: Director of Development		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (213)483-2060 x 306		Fax Number: (213)483-7848
* Email: lbarron@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:

HUD

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

14-235

\* Title:

Supportive Housing Program

13. Competition Identification Number:

Title:

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

Los Angeles City and County CoC

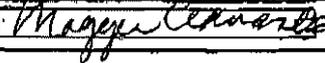
\* 15. Descriptive Title of Applicant's Project:

Transitional Housing for Single Teen Mothers and Their Children

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="34"/>	* b. Program/Project <input type="text" value="34"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="Oct. 2009"/>	* b. End Date: <input type="text" value="Sept. 2010"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="\$155,254.00"/>	
* b. Applicant	<input type="text"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$155,254.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="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)		
<input checked="" type="checkbox"/> ** 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:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Maggie"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Cervantes"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Executive Director"/>	
* Telephone Number:	<input type="text" value="(213) 483-2060 x304"/>	Fax Number: <input type="text" value="(213) 483-7848"/>
* Email:	<input type="text" value="mcervantes@neworg.us"/>	
* Signature of Authorized Representative:		* Date Signed: <input type="text" value="10/20/09"/>

Authorized for Local Reproduction

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

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction
<small>Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)</small>		
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):  10/20/09	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID:  10SF107045	4. DATE RECEIVED BY FEDERAL AGENCY:  10/20/09	FEDERAL IDENTIFIER:  09SFPCA001
<b>5. APPLICATION INFORMATION</b>		
LEGAL NAME: Pepperdine University DUNS NUMBER: 072280175	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Faye S. Pinkett TELEPHONE NUMBER: (310) 568-5798 FAX NUMBER: (310) 568-5728 INTERNET E-MAIL ADDRESS: Faye.Pinkett@Pepperdine.edu	
ADDRESS (give street address, city, state, zip code and county): 24255 Pacific Coast HWY Malibu CA 90263 - 0001 County:	7. TYPE OF APPLICANT: 7a. Higher Education Organization - Private 7b. 4-year college	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951844037	<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg); display: inline-block;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">OCT 20 2009</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION      B. BUDGET REVISION C. NO COST EXTENSION    D. OTHER (specify below):		
9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>		
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Los Angeles FGP 11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Los Angeles, Compton, Torrance, Long Beach, Carson	13. PROPOSED PROJECT: START DATE: 01/01/10      END DATE: 12/31/10	
14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="checkbox"/> CA 030      b.Program <input type="checkbox"/> CA 035		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 16-OCT-09 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372
15. ESTIMATED FUNDING: Year #: <input type="text" value="2"/>		
r. FEDERAL	\$ 498,821.00	
b. APPLICANT	\$ 139,345.00	
c. STATE	\$ 0.00	
d. LOCAL	\$ 73,345.00	
e. OTHER	\$ 66,000.00	
f. PROGRAM INCOME	\$ 0.00	
g. TOTAL	\$ 636,166.00	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> 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: Ann Kratz	b. TITLE: Director, Sponsored Programs	c. TELEPHONE NUMBER: (310) 508-8850
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 10/20/09

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0066

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10-20-2009	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		<input type="checkbox"/> Non-Construction	

5. APPLICANT INFORMATION

Legal Name: Southern California Alcohol and Drug Programs, Inc.	Organizational Unit: Department:
Organizational DUNS: 080378189	Division:
Address: Street: 11500 Paramount Blvd.	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Downey	Prefix: Ms.
County:	First Name: Lynne
State: CA	Middle Name
Country:	Last Name Appel
Zip Code 90241	Suffix: M.S.
	Email: lrappel@earthlink.net

**RECEIVED**  
 OCT 20 2009  
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
  -

7. TYPE OF APPLICANT: (See back of form for Application Types)  
 M. Nonprofit with 501(c)(3) IRS Status (Other than Institute of Education)  
 Other (specify)

8. TYPE OF APPLICATION:  
 New  Continuation  Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)

9. NAME OF FEDERAL AGENCY:  
 Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
  -

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
 Heritage House Cottages serves homeless, substance-addicted women and their children. Prior to admission to our shelter, the majority of participants lived in an emergency shelter (usually SCADPs Heritage House North or Heritage South, where they received substance abuse treatment.)

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

13. PROPOSED PROJECT  
 Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:  
 a. Applicant 34 b. Project 40

15. ESTIMATED FUNDING:

a. Federal	\$	382,527
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	382,527

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: 10-20-2009  
 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.  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 Lynne	Middle Name
Last Name Appel	Suffix M.S.	
b. Title Executive Director	c. Telephone Number (give area code) (562) 923-4545 x2226	
d. Signature of Authorized Representative	e. Date Signed 10-20-2009	

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b> <small>Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)</small>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/20/09	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 10SF106761	4. DATE RECEIVED BY FEDERAL AGENCY: 10/20/09	FEDERAL IDENTIFIER: 09SFPCA002														
<b>5. APPLICATION INFORMATION</b>																
LEGAL NAME: Fresno County Economic Opportunities Commission DUNS NUMBER: 079788023	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Victoria A. Lopes TELEPHONE NUMBER: (559) 263-1533 FAX NUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS: vicki.lopes@fresnoecc.org															
ADDRESS (give street address, city, state, zip code and county): 1920 Mariposa Mall Suite 300 Fresno CA 93721 - 2504 County: Fresno	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community Action Agency/Community Action Program Community-Based Organization															
8. EMPLOYER IDENTIFICATION NUMBER (EIN): 941806519	9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>															
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION      B. BUDGET REVISION C. NO COST EXTENSION      D. OTHER (specify below):	10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno County, CA and contiguous city in Madera, CA	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno/Madera FGP 11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
13. PROPOSED PROJECT: START DATE: 01/01/10      END DATE: 12/31/10	14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="checkbox"/> CA 020      b.Program <input type="checkbox"/> CA 020															
15. ESTIMATED FUNDING: Year #: <input type="text" value="2"/>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-OCT-09 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 80%;">\$ 349,757.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 79,373.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 70,373.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 9,000.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 429,130.00</td> </tr> </table>	a. FEDERAL	\$ 349,757.00	b. APPLICANT	\$ 79,373.00	c. STATE	\$ 0.00	d. LOCAL	\$ 70,373.00	e. OTHER	\$ 9,000.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 429,130.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 349,757.00															
b. APPLICANT	\$ 79,373.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 70,373.00															
e. OTHER	\$ 9,000.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 429,130.00															
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: Roger Palomino	b. TITLE: Executive Director	c. TELEPHONE NUMBER: (559)263-1010														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 10/20/09														

**RECEIVED**  
 OCT 21 2009  
 STATE CLEARING HOUSE

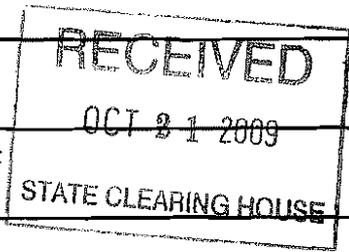
**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission:		*2. Type of Application		* If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New		
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation		*Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		_____

3. Date Received:	4. Applicant Identifier:
-------------------	--------------------------

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



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\*a. Legal Name: United Friends of the Children

*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-3665186</u>	*c. Organizational DUNS: <u>146784884</u>
---	--

**d. Address:**

\*Street 1: 1055 Wilshire Blvd., Suite 1955

Street 2: \_\_\_\_\_

\*City: Los Angeles

County: Los Angeles

\*State: CA

Province: \_\_\_\_\_

\*Country: United States

\*Zip / Postal Code: 90017

**e. Organizational Unit:**

Department Name:	Division Name:
------------------	----------------

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

Prefix: \_\_\_\_\_ \*First Name: Polly

Middle Name: C. Last Name: Williams

Suffix: \_\_\_\_\_

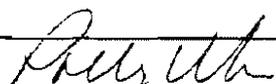
Title: President

Organizational Affiliation:

\*Telephone Number: 213-580-1850 Fax Number: 213-580-1820

\*Email: Polly@unitedfriends.org



<b>18. Estimated Funding (\$):</b>	
*a. Federal	295,657
*b. Applicant	206,400
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	502,057
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>10-21-09</u>	
<input type="checkbox"/> b. Program is subject to E. O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E. O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 28 Section 1001)	
<input checked="" type="checkbox"/> ** 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	
<b>Authorized Representative:</b>	
Prefix: _____	*First Name: <u>Polly</u>
Middle Name: <u>C.</u>	
*Last Name: <u>Williams</u>	
Suffix: _____	
*Title: <u>President</u>	
*Telephone Number: <u>213-580-1950</u>	Fax Number: <u>213-580-1820</u>
* Email: <u>Polly@unitedfroncs.org</u>	
*Signature of Authorized Representative: 	*Date Signed: <u>10/21/09</u>

Authorized for Local Reproduction  
Standard Form 424 (Revised 10-2005)  
Prescribed by OMB Circular A-102

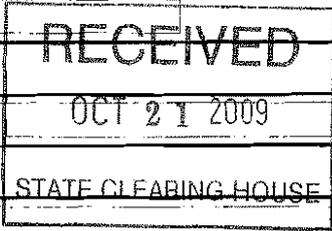
**Application for Federal Assistance SF-424**

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
---	--	--	--	---

* 3. Date Received: <input type="text" value="Completed by Grants.gov upon submission."/>	4. Applicant Identifier: <input type="text"/>
--	--

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
--	---



State Use Only:

6. Date Received by State: <input type="text" value="10-21-09"/>	7. State Application Identifier: <input type="text"/>
--	---

8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Weingart Center Association"/>
---

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6054617"/>	* c. Organizational DUNS: <input type="text" value="122-030-190"/>
--	---

d. Address:

* Street1: <input type="text" value="566 S. San Pedro Street"/>
Street2: <input type="text"/>
* City: <input type="text" value="Los Angeles"/>
County: <input type="text" value="Los Angeles"/>
* State: <input type="text" value="California"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text" value="90013"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
---------------------------------------	-------------------------------------

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

Prefix: <input type="text"/>	* First Name: <input type="text" value="Troy"/>
Middle Name: <input type="text" value="F."/>	
* Last Name: <input type="text" value="Vaughn"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="213-689-2117"/>	Fax Number: <input type="text" value="213-623-0408"/>
---	---

\* Email:

**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:**

**CFDA Title:**

**\* 12. Funding Opportunity Number:**

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$): 314,478 and 170,760 = 485,238

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

\* 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:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**SIGN  
HERE**

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 10/21/09	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Alliance Against Family Violence and Sexual Assault

Organizational DUNS: 825144306

Address: 1921 19th Street

City: Bakersfield

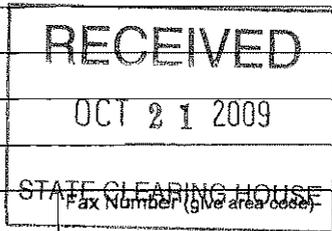
County: Kern

State: California Zip Code: 93301

Country: USA

Organizational Unit: Department: Division:

Name and telephone number of person to be contacted on matters involving this application (give area code):  
 Prefix: First Name: Louis Middle Name: Last Name: Gill Suffix:



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
95-3604240

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 Not for Profit  
 Other (specify)

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

**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)

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

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Alliance Transitional Housing Project

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

**13. PROPOSED PROJECT**  
Start Date: Ending Date:

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant 20 & 22  
 b. Project 20 & 22

**15. ESTIMATED FUNDING:**

a. Federal	\$	403,351
b. Applicant	\$	98,736
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	502,087

**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: 10/21/09  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
 Yes If "Yes" attach an explanation.  No

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

**a. Authorized Representative**

Prefix: First Name: Louis Middle Name: Last Name: Gill Suffix:

**b. Title**  
Executive Director

**c. Telephone Number (give area code)**  
(661) 322-9199

**d. Signature of Authorized Representative**  
*Louis Gill (LAW)*

**e. Date Signed**  
10/21/09

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 10-21-2009	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name:</b> Nehemiah Ministry (DBA - Hearthstone Community Services)		<b>Organizational Unit:</b> Department: Nehemiah HUD	
<b>Organizational DUNS:</b> 137357724		<b>Division:</b> HUD	
<b>Address:</b> <b>Street:</b> 904 Baker Street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
<b>City:</b> Bakersfield		<b>Prefix:</b> Mr.	<b>First Name:</b> James
<b>County:</b> Kern		<b>Middle Name:</b> Charles	
<b>State:</b> Ca		<b>Last Name:</b> D'Amato	
<b>Zip Code:</b> 93305		<b>Suffix:</b>	
<b>Country:</b> United States of America		<b>Email:</b> jdamato1128@hotmail.com	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 03-0153182		<b>Phone Number (give area code)</b> 661-634-9145	<b>Fax Number (give area code)</b> 661-323-8187
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> M. Nonprofit with 501c3 IRS status (other than Institution of Higher Ed) <input type="checkbox"/> Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): HUD Transitional Housing Project		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> HUD Transitional Housing Project - Continuum of Care Homeless Assistance Competition.	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Bakersfield, Kern, California		<b>9. NAME OF FEDERAL AGENCY:</b> HUD	
<b>13. PROPOSED PROJECT</b> <b>Start Date:</b> 02/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-022	
<b>Ending Date:</b> 02/2011		b. Project CA-022	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 1,068,004 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10-21-2009	
b. Applicant	\$ 263,000 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ - <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ - <sup>00</sup>		
e. Other	\$ - <sup>00</sup>		
f. Program Income	\$ - <sup>00</sup>		
g. TOTAL	\$ 1,331,004 <sup>00</sup>		
<b>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.</b>			
<b>a. Authorized Representative</b>			
<b>Prefix:</b> Mr.	<b>First Name:</b> James	<b>Middle Name:</b> Charles	
<b>Last Name:</b> D'Amato		<b>Suffix:</b>	
<b>b. Title:</b> Executive Director		<b>c. Telephone Number (give area code):</b> 661-634-9145	
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed:</b> 10-21-2009	

**RECEIVED**  
 OCT 21 2009  
**STATE CLEARING HOUSE**

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

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:

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:

10-21-09

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

Weingart Center Association

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

95-6054617

\* c. Organizational DUNS:

122-030-190

d. Address:

\* Street1:

566 S. San Pedro Street

Street2:

\* City:

Los Angeles

County:

Los Angeles

\* State:

California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

90013

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:

Troy

Middle Name:

F.

\* Last Name:

Vaughn

Suffix:

Title:

Sr. Director of Contracts and Community Development

Organizational Affiliation:

\* Telephone Number:

213-689-2117

Fax Number:

213-623-0408

\* Email:

troy@weingart.org

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

Add Attachment

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$): 314,478 and 170,760 = 485,238

- \* 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? **Yes**

- 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:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

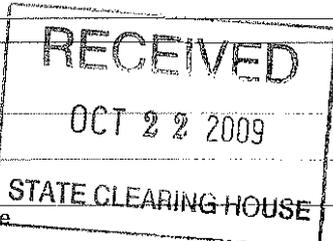
\* Email:

\* Signature of Authorized Representative:  \* Date Signed:  **10/21/09**

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  	Applicant Identifier  																					
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>  	State Application Identifier  																					
<b>5. APPLICANT INFORMATION</b> Legal Name: Graton Community Services District		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  	Federal Identifier  																					
Organizational DUNS: 791333334		<b>Organizational Unit:</b> Department:  																						
<b>Address:</b> Street: PO Box 534 City: Graton County: Sonoma State: CA Zip Code: 95444 Country: USA		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Robert Middle Name: W. Last Name: Rawson Suffix: GCSD General Manager Email: gcscd@sonic.net																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77-0648246		Phone Number (give area code): 707-823-1542 Fax Number (give area code): 707-823-3713																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G. Special District Other (specify):																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Water & Waste Disposal Loans & Grants (Section 306C) (B,E) 10-7607		<b>9. NAME OF FEDERAL AGENCY:</b> USDA-RUS																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Graton Community Services District		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Wastewater Treatment Facility - Process Upgrade from Secondary standards to Tertiary standards as mandated by the North Coast RWQCB. Available supporting documents include: 1. Cease & Desist Order R1-2008-0109 2. Treatment Works Improvement Plans for construction.																						
<b>13. PROPOSED PROJECT</b> Start Date: August 2009 Ending Date: October 2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 6th California b. Project: 5th California																						
<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>5,000,000<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>1,500,000<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>e. Other PROP 50</td> <td>\$</td> <td>1,300,000<sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>8,300,000<sup>00</sup></td> </tr> </table>		a. Federal	\$	5,000,000 <sup>00</sup>	b. Applicant	\$	1,500,000 <sup>00</sup>	c. State	\$	<sup>00</sup>	d. Local	\$	<sup>00</sup>	e. Other PROP 50	\$	1,300,000 <sup>00</sup>	f. Program Income	\$	<sup>00</sup>	g. TOTAL	\$	8,300,000 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	5,000,000 <sup>00</sup>																						
b. Applicant	\$	1,500,000 <sup>00</sup>																						
c. State	\$	<sup>00</sup>																						
d. Local	\$	<sup>00</sup>																						
e. Other PROP 50	\$	1,300,000 <sup>00</sup>																						
f. Program Income	\$	<sup>00</sup>																						
g. TOTAL	\$	8,300,000 <sup>00</sup>																						
<b>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.</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
<b>a. Authorized Representative</b> Prefix: First Name: Robert Last Name: Rawson Title: General Manager Signature of Authorized Representative:		Middle Name: W. Suffix: c. Telephone Number (give area code): 707-823-1542 e. Date Signed:																						



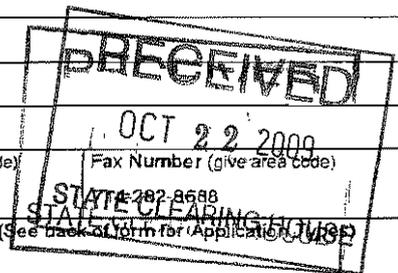
WWTF Upgrades  
Graton Community Services District

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3075-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Anaheim Supportive Housing for Senior Adults, Inc.		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: 891 S State College Blvd		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Anaheim		Prefix: Mr	First Name: Gary
County: Orange		Middle Name Lawson	
State: CA		Last Name Frazier	
Zip Code 92806	Suffix:		
Country: USA	Email: AcaciaGary@aol.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 33-0921487		Phone Number (give area code) 714-282-8388	Fax Number (give area code)
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Use) <input type="checkbox"/> Other (specify)	
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> HUD	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Labor Management Cooperation Program 14-235		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Tyrol Plaza Senior Apartments	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Anaheim, Orange County, California		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-047 b. Project CA-047	
<b>13. PROPOSED PROJECT</b> Start Date: 11/01/2010 Ending Date: 09/30/2011		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 139,020.00		
b. Applicant	\$ 36,630.00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 175,650.00		
<b>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.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr	First Name Jimmy	Middle Name Earl	Suffix
Last Name Gaston		c. Telephone Number (give area code) 714-282-8388	
b. Title President		e. Date Signed 10-05-2009	
d. Signature of Authorized Representative <i>Jimmy E. Gaston</i>			



<b>Application for Federal Assistance SF-424</b>		Version 02			
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">                 *1. Type of Submission:  <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application             </td> <td style="width:33%; border: none;">                 *2. Type of Application    * If Revision, select appropriate letter(s)  <input type="checkbox"/> New  <input checked="" type="checkbox"/> Continuation            *Other (Specify) _____  <input type="checkbox"/> Revision             </td> <td style="width:33%; border: none;"></td> </tr> </table>			*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application    * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation            *Other (Specify) _____ <input type="checkbox"/> Revision	
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application    * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation            *Other (Specify) _____ <input type="checkbox"/> Revision				
3. Date Received:		4. Applicant Identifier:			
5a. Federal Entity Identifier: CA0490B9D000801		*5b. Federal Award Identifier: CA16B700075			
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
*a. Legal Name: L.A. Family Housing					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3920560		*c. Organizational DUNS: 617533708			
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center; padding: 5px;"> <b>RECEIVED</b>                      OCT 22 2009                      STATE CLEARING HOUSE                 </td> </tr> </table>			<b>RECEIVED</b> OCT 22 2009 STATE CLEARING HOUSE		
<b>RECEIVED</b> OCT 22 2009 STATE CLEARING HOUSE					
<b>d. Address:</b>					
*Street 1: <u>7843 Lankershim Blvd.</u>					
Street 2: _____					
*City: <u>North Hollywood</u>					
County: <u>Los Angeles</u>					
*State: <u>CA</u>					
Province: _____					
*Country: <u>United States of America</u>					
*Zip / Postal Code <u>91605</u>					
<b>e. Organizational Unit:</b>					
Department Name: N/A		Division Name: N/A			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: _____		*First Name: <u>Christine</u>			
Middle Name: _____					
*Last Name: <u>Ferguson</u>					
Suffix: _____					
Title: <u>Vice President of Programs</u>					
Organizational Affiliation: N/A					
*Telephone Number: (818) 982-4091		Fax Number: (818) 255-2770			
*Email: <u>cferguson@lafh.org</u>					

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> 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)	
<b>*10 Name of Federal Agency:</b> Department of Housing and Urban Development	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <u>14-235</u> CFDA Title: <u>Sydney M. Irmes Transitional Living Center</u>	
<b>*12 Funding Opportunity Number:</b> <u>FR-5341-N-01</u>  *Title: <u>Continuum of Care Homeless Assistance Competition</u>	
<b>13. Competition Identification Number:</b>   Title:  	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> North Hollywood, Los Angeles County, CA.	
<b>*15. Descriptive Title of Applicant's Project:</b>  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 medical 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: 01/2010

\*b. End Date: 12/2010

**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 10/22/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Stephanie

Middle Name: \_\_\_\_\_

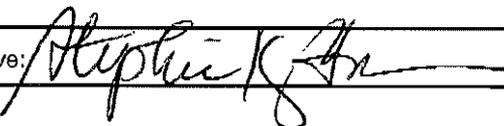
\*Last Name: Klasky-Gamer

Suffix: \_\_\_\_\_

\*Title: President and CEO

\*Telephone Number: (818) 982-4091

Fax Number: (818) 255-2770

\* Email: [stephanie@lafh.org](mailto:stephanie@lafh.org)\*Signature of Authorized Representative: \*Date Signed: 10/21/09

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">                 *1. Type of Submission:  <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application             </td> <td style="width:33%; border: none;">                 *2. Type of Application  <input type="checkbox"/> New  <input checked="" type="checkbox"/> Continuation  <input type="checkbox"/> Revision             </td> <td style="width:33%; border: none;">                 * If Revision, select appropriate letter(s)                   *Other (Specify) _____             </td> </tr> </table>			*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s)  *Other (Specify) _____
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s)  *Other (Specify) _____			
3. Date Received:		4. Applicant Identifier:			
5a. Federal Entity Identifier: CA0505B9D000801		5b. Federal Award Identifier: CA16B700017			
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>                  OCT 22 2009                  STATE CLEARING HOUSE             </div>					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
*a. Legal Name: L.A. Family Housing					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3920560		*c. Organizational DUNS: 617533708			
<b>d. Address:</b>					
*Street 1: <u>7843 Lankershim Blvd.</u> Street 2: _____ *City: <u>North Hollywood</u> County: <u>Los Angeles</u> *State: <u>CA</u> Province: _____ *Country: <u>United States of America</u> *Zip / Postal Code: <u>91605</u>					
<b>e. Organizational Unit:</b>					
Department Name: N/A		Division Name: N/A			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: _____ *First Name: <u>Christine</u> Middle Name: _____ *Last Name: <u>Ferguson</u> Suffix: _____					
Title: <u>Vice President of Programs</u>					
Organizational Affiliation: N/A					
*Telephone Number: (818) 982-4091		Fax Number: (818) 255-2770			
*Email: <u>cferguson@lafh.org</u>					

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> 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)	
<b>*10 Name of Federal Agency:</b> <b>Department of Housing and Urban Development</b>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 14-235 _____  CFDA Title: <u>Transitional Housing and Supportive Services Program</u>	
<b>*12 Funding Opportunity Number:</b> <u>FR-5341-N-01</u>  *Title: <u>Continuum of Care Homeless Assistance Competition</u>	
<b>13. Competition Identification Number:</b> _____  Title: _____	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> <b>North Hollywood, Los Angeles County, CA.</b>	
<b>*15. Descriptive Title of Applicant's Project:</b>  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 multiple 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 individuals in the San Fernando Valley (SPA 2).	



**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 10/21/09	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application		
<b>5. APPLICANT INFORMATION</b>			
Legal Name: The CSU, Chico Research Foundation		Organizational Unit: Department: Office of Research and Sponsored Programs	
Organizational DUNS: 61-217-7162		Division:	
Address: Street: Building 35, CSU, Chico		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Chico		Prefix:	First Name Jennifer
County: Butte		Middle Name	<b>RECEIVED</b>
State: CA-02		Last Name Harris	
Zip Code 95929-0870		Suffix:	
Country: USA		Email: jaharris@csuchico.edu	STATE CLEARING HOUSE
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 66-0366518		Phone Number (give area code) 530-898-5026	Fax Number (give area code) 530-898-6804
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) N, Nonprofit educational entity with IRS Section 501(c)(3) tax status Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 15-512 TITLE (Name of Program): Water Conservation Program Technology Transfer Grants		<b>9. NAME OF FEDERAL AGENCY:</b> Bureau of Reclamation, Mid-Pacific Regional Office	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> California: City of Chico, County of Butte and counties north of San Joaquin		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Irrigation Training Facility and Water Conservation Project	
<b>13. PROPOSED PROJECT</b> Start Date: 5/01/2010 Ending Date: 4/30/2015		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-02 b. Project CA-02	
<b>16. ESTIMATED FUNDING:</b>		<b>18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal Year 1	\$ 150,570.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/21/09	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL Year 1	\$ 150,570.00		
<b>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.</b>			
<b>a. Authorized Representative</b>			
Prefix	First Name Carol	Middle Name A.	
Last Name Sager		Suffix	
b. Title Director, Research and Sponsored Programs		c. Telephone Number (give area code) 530-898-5700	
d. Signature of Authorized Representative		e. Date Signed 10/21/09	

Previous Edition Usable  
Authorized for Local Reproduction

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

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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

RECEIVED

OCT 23 2009

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

CA-600

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

B. APPLICANT INFORMATION:

\* a. Legal Name: Los Angeles Homeless Services Authority (LAHSA)

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

954498834

\* c. Organizational DUNS:

837100361

d. Address:

\* Street1: 453 S. Spring Street, 12th Floor

Street2:

\* City: Los Angeles

County:

\* State: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 90013

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: Stephen

Middle Name:

\* Last Name: Lytle

Suffix:

Title: Funding Manager

Organizational Affiliation:

Los Angeles Homeless Services Authority (LAHSA)

\* Telephone Number: 213-683-3333

Fax Number: 213-892-0093

\* Email: slytle@lahsa.org or cverjan@lahsa.org

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:  
\* a. Applicant  \* b. Program/Project

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

17. Proposed Project:  
\* a. Start Date:  \* b. End Date:

18. Estimated Funding (\$):  
\* a. Federal   
\* b. Applicant   
\* c. State   
\* d. Local   
\* e. Other   
\* f. Program Income   
\* g. TOTAL

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?  
 a. This application was made available to the State under the Executive Order 12372 Process for review on   
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  
 Yes  No

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

Authorized Representative:  
Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:   
\* Title:   
\* Telephone Number:  Fax Number:   
\* Email:   
\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0086

Version 7/03

1. TYPE OF SUBMISSION: Application	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 10/23/2009	Applicant Identifier FR-3341-N-01
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**RECEIVED**  
 OCT 23 2009  
 STATE CLEARING HOUSE

5. APPLICANT INFORMATION	
Legal Name: <b>COUNTY OF KERN, DEPARTMENT MENTAL HEALTH</b>	Organizational Unit: Department: <b>HEALTH</b>
Organizational DUNS: <b>063811350</b>	Division: <b>STATE CLEARING HOUSE</b>
Address: Street: <b>3300 Truxtun Ave, Suite 100</b>	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: <b>MARLA</b>
City: Bakersfield <b>BAKERSFIELD</b>	Middle Name:
County: Kern <b>KERN</b>	Last Name: <b>STEVENS</b>
State: <b>CA</b> Zip Code: <b>93301</b>	Suffix:
Country: USA	Email: <b>MSTEVENS@CO.KERN.CA.US</b>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>93-4000925</b>	Phone Number (give area code) Fax Number (give area code) <b>661-868-6625 661-868-6666</b>

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> 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: <b>14-235</b>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>HMS</b>
TITLE (Name of Program): Supportive Housing Program (SHP)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Kern and Bakersfield, CA	

13. PROPOSED PROJECT Start Date: <b>7/24/2008</b> Ending Date: <b>10/23/2009</b>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 & 22 b. Project 20 & 22
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal \$ <b>82,536.00</b>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
b. Applicant \$	
c. State \$	
d. Local \$ <b>19,366.00</b>	
e. Other \$	
f. Program Income \$	
g. TOTAL \$ <b>101,586.00</b>	

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

a. Authorized Representative Prefix	First Name <b>DAN</b>	Middle Name
Last Name <b>WALTERS</b>	Suffix	
b. Title Executive Director <b>TECHNOLOGY SERVICES MANAGER</b>	c. Telephone Number (give area code) <b>661-868-6740</b>	
d. Signature <i>[Signature]</i>	c. Date Signed <b>10/23/09</b>	

**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:

RECEIVED

OCT 23 2009

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

**B. 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: \_\_\_\_\_ \*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

\*Email: davisb@dcfs.lacounty.gov

**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. Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

CDFA 14.235

CFDA Title:

Supportive Housing Program

**\*12 Funding Opportunity Number:**

FR-5341-N-01

\*Title:

NOFA for Continuum of Care

**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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 33	*b. Program/Project: 30,31,35	
<b>17. Proposed Project:</b>		
*a. Start Date: 07-01-10	*b. End Date: 06-30-11	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$89,062	
*b. Applicant	\$355,103	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$444,165	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Patricia</u>	
Middle Name: <u>S</u>		
*Last Name: <u>Ploehn</u>		
Suffix: _____		
*Title: Director		
*Telephone Number: 213-351-5600	Fax Number: 213-427-6125	
*Email: tploehn@dcss.lacounty.gov		
*Signature of Authorized Representative: 	*Date Signed: <u>10-23-09</u>	

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * (If Revision, select appropriate letter(s)) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	*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

**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: \_\_\_\_\_ \*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

\*Email: davisb@dcfs.lacounty.gov

**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. Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

CDFA 14.235

CFDA Title:

Supportive Housing Program

**\*12 Funding Opportunity Number:**

FR-5341-N-01

\*Title:

NOFA for Continuum of Care

**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

**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: 07-01-10 \*b. End Date: 06-30-11

**18. Estimated Funding (\$):**

*a. Federal	\$386,676
*b. Applicant	\$194,356
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	\$581,032

**\*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: 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: Justa Ploehn \*Date Signed: 10/23/09

<b>Application for Federal Assistance SF-424</b>		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * (If Revision, select appropriate letter(s)) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>                      OCT 23 2009                 </div>
3. Date Received:	4. Applicant Identifier:	STATE CLEARING HOUSE
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: <u>County of Los Angeles</u>		
*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-6000927</u>	*c. Organizational DUNS: <u>106625903</u>	
<b>d. Address:</b>		
*Street 1:	<u>425 Shatto Place</u>	
Street 2:	_____	
*City:	<u>Los Angeles</u>	
County:	<u>Los Angeles</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code:	<u>90020</u>	
<b>e. Organizational Unit:</b>		
Department Name: <u>Department of Children and Family Services</u>	Division Name: <u>Youth Development Services</u>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____	*First Name: <u>Bedrae</u>	
Middle Name: _____		
*Last Name: <u>Davis</u>		
Suffix: _____		
Title:	<u>Children Services Administrator</u>	
Organizational Affiliation: <u>Department of Children and Family Services, Transitional Housing Program</u>		
*Telephone Number: <u>213-351-0239</u>	Fax Number: <u>213-637-0042</u>	
*Email: <u>davisb@dcls.lacounty.gov</u>		



**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: 07-01-10 \*b. End Date: 06-30-11

**18. Estimated Funding (\$):**

*a. Federal	\$197,821
*b. Applicant	\$163,243
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$360,064

**\*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: 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: Patricia Ploehn \*Date Signed: 10/23/09

**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:

**RECEIVED**

OCT 23 2009

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: \_\_\_\_\_ \*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

\*Email: davisb@dcls.lacounty.gov

**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. Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

CDFA 14,235

CFDA Title:

Supportive Housing Program

**\*12 Funding Opportunity Number:**

FR-6341-N-01

\*Title:

NOFA for Continuum of Care

**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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 33	*b. Program/Project: 22,25,32,35	
<b>17. Proposed Project:</b>		
*a. Start Date: 04-01-10	*b. End Date: 03-31-11	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$274,400	
*b. Applicant	\$699,139	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$973,539	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Patricia</u>	
Middle Name: <u>S.</u>		
*Last Name: <u>Ploehn</u>		
Suffix: _____		
*Title: Director		
*Telephone Number: 213-351-5600	Fax Number: 213-427-8125	
* Email: tploehn@dcfs.lacounty.gov		
*Signature of Authorized Representative: <i>Trish Ploehn</i>		*Date Signed: 10-23-09

**APPLICATION FOR  
FEDERAL ASSISTANCE**

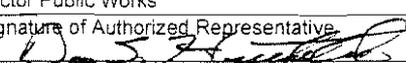
Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier		
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier		
<b>5. APPLICANT INFORMATION</b>				
Legal Name: City of Dos Palos		<b>Organizational Unit:</b> Department:		
Organizational DUNS: 157652541		Division:		
<b>Address:</b> Street: 2174 Blossom Street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Dos Palos		Prefix: Mr.	First Name: Darrell	
County: Merced		Middle Name		
State: California		Last Name Fonseca		
Zip Code 93620	Suffix:			
Country: U.S.A.		Email: city@dospalos.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000323		Phone Number (give area code) (209) 392-2174		Fax Number (give area code) (209) 392-2801
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-760		<b>9. NAME OF FEDERAL AGENCY:</b>		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Surface water treatment facility		
<b>13. PROPOSED PROJECT</b> Start Date: 11/2010    Ending Date: 11/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    b. Project		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 6,153,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/22/09		
b. Applicant	\$ 100,000 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 50,000 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 0 <sup>00</sup>			
g. TOTAL	\$ 6,303,000 <sup>00</sup>			
<b>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.</b>				
<b>a. Authorized Representative</b>				
Prefix Mr.	First Name Darrell		Middle Name	
Last Name Fonseca		Suffix		
b. Title City Manager		c. Telephone Number (give area code) (209) 392-2174		
d. Signature of Authorized Representative <i>Darrell Fonseca</i>		e. Date Signed 22 OCT 2009		



**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Mariposa County		Organizational Unit: Department: Public Works	
Organizational DUNS: 623258027		Division: Engineering	
Address: Street: 4639 Ben Hur Road		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Mariposa		Prefix Mr.	First Name Kenneth
County: Mariposa		Middle Name R.	
State: CA		Last Name Pritchett	
Zip Code 95338		Suffix	
Country United States		Email: kpritchett@mariposacounty.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 94-6000880		Phone Number (give area code) 209-966-5356	Fax Number (give area code) 209-966-2828
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program) Water & Waste Disposal Systems for Rural Communities 10-760		<b>9. NAME OF FEDERAL AGENCY:</b> USDA	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.) Mariposa County / Coulterville Service Area		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Coulterville Water Tank System	
<b>13. PROPOSED PROJECT</b> Start Date: 09/01/2010 Ending Date: 11/30/2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 19th b. Project 19th	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 350,000 <sup>00</sup>	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 350,000 <sup>00</sup>		
<b>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.</b>			
a. Authorized Representative			
Prefix Mr.	First Name Dana	Middle Name S.	Suffix
Last Name Hertfelder		c. Telephone Number (give area code) 209-966-5356	
b. Title Director Public Works		e. Date Signed 10-21-09	
d. Signature of Authorized Representative 			

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

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED October 28, 2009	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Colette's Children Home, Inc.		Organizational Unit: Department:		
Organizational DUNS: 147369448		Division:		
Address: Street: 17301 Beach Blvd., Suite 23		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Huntington Beach		Prefix: Mr.	First Name: William	
County: Orange		Middle Name: C.		
State: CA		Last Name: O'Connell		
Zip Code: 92647	Suffix:			
Country: United States of America		Email: coleteschildren@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 91-1939140		Phone Number (give area code): 714-596-1380		Fax Number (give area code): 714-848-1866
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) <input type="checkbox"/> Not for Profit Organization Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Labor Management Cooperation Program		8. NAME OF FEDERAL AGENCY: Housing and Urban Development (HUD)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shelter and supportive services for homeless women with children and chronically homeless single women		
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-046 b. Project CA-046		
15. ESTIMATED FUNDING: a. Federal \$ 373,141 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 28, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative				
Prefix: Mr.		First Name: William		Middle Name:
Last Name: O'Connell		Suffix:		
b. Title: Executive Director		c. Telephone Number (give area code): 714-596-1380		
d. Signature of Authorized Representative: <i>William O'Connell</i>		e. Date Signed: October 28, 2009		

RECEIVED  
 OCT 26 2009  
 STATE CLEARING HOUSE

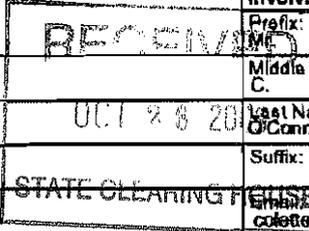
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 26, 2009	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Collette's Children Home, Inc.		Department:	
Organizational DUNS: 147368448		Division:	
Address: Street: 17301 Beach Blvd., Suite 23		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Huntington Beach		Prefix: ME	First Name: William
County: Orange		Middle Name: C.	
State: CA		Last Name: O'Connell	
Zip Code: 92647		Suffix:	
Country: United States of America		E-mail: collettechildren@aol.com	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 91-1939140		Phone Number (give area code) 714-596-1380	Fax Number (give area code) 714-848-1886
--	--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) <input type="checkbox"/> Not for Profit Organization Other (specify)
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235	8. NAME OF FEDERAL AGENCY: Housing and Urban Development (HUD)
--	---

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shelter and supportive services for homeless women with children and chronically homeless single women	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County, California
---	--

13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-046 b. Project CA-046
--	--

15. ESTIMATED FUNDING: a. Federal \$ 127,309 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 26, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> 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 William	Middle Name
Last Name O'Connell		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 714-596-1380
d. Signature of Authorized Representative <i>William O'Connell</i>		e. Date Signed October 26, 2009

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 26, 2009	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

Legal Name: Cocolita's Children Home, Inc.	Organizational Unit: Department:
Organizational DUNS: 147368448	Division:
Address: Street: 17301 Beach Blvd., Suite 23	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Huntington Beach	Prefix: Mr.
County: Orange	First Name: William
State: CA	Middle Name: C.
Zip Code: 92647	Last Name: O'Connell
Country: United States of America	Suffix:
	Email: cocolitaschildren@aol.com

**RECEIVED**  
 OCT 26 2009  
 STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 91-1939140

Phone Number (give area code) 714-596-1380	Fax Number (give area code) 714-848-1866
---	---

**8. TYPE OF APPLICATION:**  
 New     Continuation     Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)

**7. TYPE OF APPLICANT: (See back of form for Application Types)**  
 Not for Profit Organization  
 Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
 Housing and Urban Development (HUD)

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

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Shelter and supportive services for homeless women with children and chronically homeless single women

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

**13. PROPOSED PROJECT**  
 Start Date:                      Ending Date:

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant CA-046                      b. Project CA-040

**15. ESTIMATED FUNDING:**

a. Federal	\$	163,898
b. Applicant	\$	
c. State	\$	
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: October 26, 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.                       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 William	Middle Name
Last Name O'Connell	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) 714-596-1380	
d. Signature of Authorized Representative	e. Date Signed October 26, 2009	

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3074-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> October 26, 2009	<b>Applicant Identifier</b>
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>
	<input type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> Colette's Children Home, Inc.	<b>Organizational Unit:</b> Department:
<b>Organizational DUNS:</b> 147368448	<b>Division:</b>
<b>Address:</b> Street: 17301 Beach Blvd., Suite 23	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>
<b>City:</b> Huntington Beach	<b>Prefix:</b> Mr.
<b>County:</b> Orange	<b>First Name:</b> William
<b>State:</b> CA	<b>Middle Name:</b> C.
<b>Zip Code:</b> 92647	<b>Last Name:</b> O'Connell
<b>Country:</b> United States of America	<b>Suffix:</b>
	<b>Email:</b> coletteschildren@aol.com

**RECEIVED**  
 OCT 26 2009  
 STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
91-1939140

<b>Phone Number (give area code)</b> 714-596-1380	<b>Fax Number (give area code)</b> 714-848-1866
--	--

**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)**  
 Not for Profit Organization  
 Other (specify) \_\_\_\_\_

**9. NAME OF FEDERAL AGENCY:**  
Housing and Urban Development (HUD)

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

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Shelter and supportive services for homeless women with children and chronically homeless single women

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

**13. PROPOSED PROJECT**

<b>Start Date:</b>	<b>Ending Date:</b>
--------------------	---------------------

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant CA-046    b. Project CA-040

**15. ESTIMATED FUNDING:**

a. Federal	\$	163,898
b. Applicant	\$	
c. State	\$	
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: October 26, 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.     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**

<b>Prefix:</b> Mr.	<b>First Name:</b> William	<b>Middle Name:</b>
<b>Last Name:</b> O'Connell	<b>Suffix:</b>	

**b. Title:**  
Executive Director

**c. Telephone Number (give area code):**  
714-596-1380

**d. Signature of Authorized Representative:**  
*William O'Connell*

**e. Date Signed:**  
October 26, 2009

Previous Edition Usable  
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

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> October 26, 2009	Applicant Identifier
				<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
				<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Cotato's Children Home, Inc.			Organizational Unit: Department		
Organizational DUNS: 147389448			Division:		
Address: Street: 17301 Beach Blvd., Suite 23			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Huntington Beach			Prefix: Mr.	First Name: William	
County: Orange			Middle Name: C.		
State: CA			LAST Name: O'Connell		
Zip Code: 92647			Suffix:		
Country: United States of America			Email: cotatoschildren@aol.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 01-1939140			Phone Number (give area code) 714-496-1380		Fax Number (give area code) 714-848-1868
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Labor Management Cooperation Program 14-235			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Shelter and supportive services for homeless women with children and chronically homeless single women		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Orange County, California			<b>8. NAME OF FEDERAL AGENCY:</b> Housing and Urban Development (HUD)		
<b>13. PROPOSED PROJECT</b> Start Date: Ending Date:			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-040 b. Project CA-040		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	332,979	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 26, 2009		
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$		<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$		<b>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.</b>		
g. TOTAL	\$		a. Authorized Representative		
			Prefix: Mr.		First Name: William
			Last Name: O'Connell		Middle Name: Suffix:
			b. Title: Executive Director		c. Telephone Number (give area code): 714-596-1380
			d. Signature of Authorized Representative		e. Date Signed: October 26, 2009

RECEIVED  
OCT 26 2009  
STATE CLEARING HOUSE

**APPLICATION FOR FEDERAL ASSISTANCE**

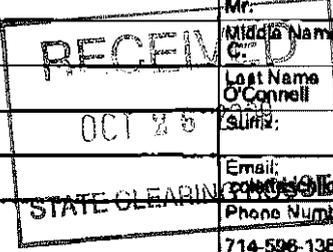
OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 26, 2009	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			<input type="checkbox"/> Non-Construction

**5. APPLICANT INFORMATION**

Legal Name: Colette's Children Home, Inc.	Organizational Unit: Department:
Organizational DUNS: 147368448	Division:
Address: Street: 17301 Beach Blvd., Suite 23	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mr. First Name: William
City: Huntington Beach	Middle Name: C.
County: Orange	Last Name: O'Connell
State: CA Zip Code: 92647	Suffix:
Country: United States of America	Email: colettechildren@aol.com



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):** 91-1939140

Phone Number (give area code): 714-596-1380	Fax Number (give area code): 714-848-1888
--	--

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)
---	--

**8. NAME OF FEDERAL AGENCY:** Housing and Urban Development (HUD)

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Labor Management Cooperation Program 14-235	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Shelter and supportive services for homeless women with children and chronically homeless single women
---	--

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

<b>13. PROPOSED PROJECT</b> Start Date: Ending Date:	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-046 b. Project CA-046
---	---

<b>15. ESTIMATED FUNDING:</b> a. Federal \$ 157,278 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 26, 2009 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> 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.**

<b>a. Authorized Representative</b> Prefix Mr. First Name William Middle Name	Suffix
Last Name O'Connell	c. Telephone Number (give area code) 714-596-1380
b. Title Executive Director	e. Date Signed October 26, 2009
d. Signature of Authorized Representative 	

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:**

Department of Homeland Security - Federal Emergency Management Agency

**11. Catalog of Federal Domestic Assistance Number:**97.047

CFDA Title:

Pre-Disaster Mitigation**\*12 Funding Opportunity Number:**97.047

\*Title:

Pre-Disaster Mitigation**13. Competition Identification Number:**PDM-2010

Title:

PDM-2010**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Redlands, County of San Bernardino, State of California

The proposed project will provide a drainage conveyance system for the downtown area of the City of Redlands. The project will include construction of approximately 4,465 lineal feet of 10-foot diameter reinforced concrete pipe storm drain system constructed in existing City owned right-of-way. The system will include construction of storm drain related appurtenances, including junction structures and manholes with connections to the existing system at both the upstream and downstream ends.

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

City of Redlands Downtown Storm Drain Project

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant: CA041

\*b. Program/Project: CA041

## 17. Proposed Project:

\*a. Start Date: 06/2010

\*b. End Date: 05/2011

## 18. Estimated Funding (\$):

*a. Federal	<u>3,000,000.00</u>
*b. Applicant	<u>2,445,370.40</u>
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	<u>5,445,370.40</u>

## \*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 10/20/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes       No

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

\*\* I AGREE

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

## Authorized Representative:

Prefix: Mr.      \*First Name: N.

Middle Name: Enrique

\*Last Name: Martinez

Suffix: \_\_\_\_\_

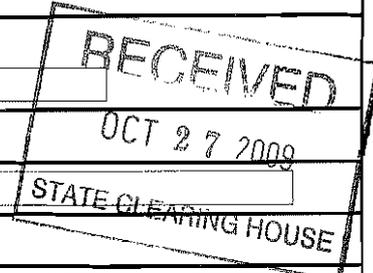
\*Title: City Manager

\*Telephone Number: 909-798-7511

Fax Number: 909-798-7503

\* Email: nemartinez@cityofredlands.org

<b>Application for Federal Assistance SF-424</b>		Version 02												
<table border="0"> <tr> <td>* 1. Type of Submission:</td> <td>* 2. Type of Application:</td> <td>* If Revision, select appropriate letter(s):</td> </tr> <tr> <td><input type="checkbox"/> Preapplication</td> <td><input type="checkbox"/> New</td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Application</td> <td><input checked="" type="checkbox"/> Continuation</td> <td>* Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Changed/Corrected Application</td> <td><input type="checkbox"/> Revision</td> <td><input type="text"/></td> </tr> </table>			* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	<input type="text"/>	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> Continuation	* Other (Specify)	<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):												
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	<input type="text"/>												
<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> Continuation	* Other (Specify)												
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>												
* 3. Date Received:		4. Applicant Identifier:												
<input type="text" value="Completed by Grants.gov upon submission"/>		<input type="text"/>												
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:												
<input type="text" value="94-2219349"/>		<input type="text"/>												
<b>State Use Only:</b>														
6. Date Received by State:	7. State Application Identifier:													
<input type="text"/>	<input type="text"/>													
<b>8. APPLICANT INFORMATION:</b>														
* a. Legal Name: <input type="text" value="Tarzana Treatment Centers, Inc"/>														
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:												
<input type="text" value="94-2219349"/>		<input type="text" value="0729402320000"/>												
d. Address:														
* Street1:	<input type="text" value="18646 Oxnard Street"/>													
Street2:	<input type="text"/>													
* City:	<input type="text" value="Tarzana"/>													
County:	<input type="text"/>													
* State:	<input type="text" value="CA"/>													
Province:	<input type="text"/>													
* Country:	<input type="text" value="USA: UNITED STATES"/>													
* Zip / Postal Code:	<input type="text" value="91356"/>													
e. Organizational Unit:														
Department Name:		Division Name:												
<input type="text"/>		<input type="text"/>												
f. Name and contact information of person to be contacted on matters involving this application:														
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Albert"/>												
Middle Name:	<input type="text"/>													
* Last Name:	<input type="text" value="Senella"/>													
Suffix:	<input type="text"/>													
Title:	<input type="text" value="Chief Operating Officer"/>													
Organizational Affiliation:														
<input type="text"/>														
* Telephone Number:	<input type="text" value="(818) 654-3815"/>	Fax Number: <input type="text" value="(818) 996-3051"/>												
* Email:	<input type="text" value="asenella@tarzanatc.org"/>													



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:

Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

\* 12. Funding Opportunity Number:

FR-5341--N-01

\* Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

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

Transitional Housing Program

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="27"/>	* b. Program/Project <input type="text" value="CA-027"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="07/01/09"/>	* b. End Date: <input type="text" value="06/31/10"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="\$188,491"/>	
* b. Applicant	<input type="text" value="\$37,733"/>	
* c. State	<input type="text" value="\$0"/>	
* d. Local	<input type="text" value="\$0"/>	
* e. Other	<input type="text" value="\$0"/>	
* f. Program Income	<input type="text" value="\$0"/>	
* g. TOTAL	<input type="text" value="\$226,224"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="10/27/09"/>	
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
<b>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)</b>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Aibert"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Senella"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Chief Operating Officer"/>	
* Telephone Number:	<input type="text" value="(818) 654-3815"/>	Fax Number: <input type="text" value="(818) 996-3051"/>
* Email:	<input type="text" value="asenella@tarzanatc.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants gov upon submission"/>	* Date Signed: <input type="text" value="Completed by Grants gov upon submission"/>

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

Application for Federal Assistance SF-424		Version 02
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application                 </div> <div style="width: 30%;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision                 </div> <div style="width: 30%;"> <p>* If Revision, select appropriate letter(s):  <input type="text"/></p> <p>* Other (Specify):  <input type="text"/></p> </div> </div>		
<p>* 3. Date Received:  <input type="text" value="10/27/2009"/></p>		<p>4. Applicant Identifier:  <input type="text" value="20091265TTinker"/></p>
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text"/></p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">OCT 28 2009</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>		
<p><b>State Use Only:</b></p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text" value="The Regents of the University of California"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text" value="94-1539563"/></p>		<p>* c. Organizational DUNS:  <input type="text" value="125064723"/></p>
<p><b>d. Address:</b></p>		
<p>* Street1: <input type="text" value="University of California, Santa Cruz"/></p>		
<p>Street2: <input type="text" value="1156 High Street"/></p>		
<p>* City: <input type="text" value="Santa Cruz"/></p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text" value="CA; California"/></p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text" value="USA: UNITED STATES"/></p>		
<p>* Zip / Postal Code: <input type="text" value="95064-1077"/></p>		
<p><b>e. Organizational Unit:</b></p>		
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
<p>Prefix: <input type="text" value="Dr."/></p>		<p>* First Name: <input type="text" value="Tim"/></p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text" value="Tinker"/></p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/></p>		
<p>Organizational Affiliation: <input type="text"/></p>		
<p>* Telephone Number: <input type="text" value="831-459-2357"/></p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text" value="tinker@biology.ucsc.edu"/></p>		

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

## Application for Federal Assistance SF-424

Version 02

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

H: Public/State Controlled 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:

U. S. Geological Survey

## 11. Catalog of Federal Domestic Assistance Number:

15.808

## CFDA Title:

U.S. Geological Survey\_ Research and Data Collection

## \* 12. Funding Opportunity Number:

10WRPA1000

## \* Title:

USGS Non-Competitive Assistance FY 2010 - Western Region

## 13. Competition Identification Number:

10WRPA1000

## Title:

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

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

Population and Community Ecology of Sea Otters

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
<b>16. Congressional Districts Of:</b>		
* a. Applicant	17 CA	* b. Program/Project
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	12/01/2009	* b. End Date:
		11/30/2014
<b>18. Estimated Funding (\$):</b>		
* a. Federal	1,208,026.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	1,208,026.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		10/24/2009
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
		<input type="text" value="Explanation"/>
<p>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)</p>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name:
		Wanda
Middle Name:	Jeanne	
* Last Name:	Moody	
Suffix:		
* Title:	Contract and Grant Officer	
* Telephone Number:	831-459-3135	Fax Number:
* Email:	wmoody@ucsc.edu	
* Signature of Authorized Representative:	wanda moody	* Date Signed:
		10/27/2009

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <b>* 1. Type of Submission:</b>  <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application         </td> <td style="width:33%; border: none;"> <b>* 2. Type of Application:</b>  <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision         </td> <td style="width:33%; border: none;"> <b>* If Revision, select appropriate letter(s):</b>  <input type="text"/>  <b>* Other (Specify):</b>  <input type="text"/> </td> </tr> </table>			<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>			
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> <input type="text"/>			
<b>5a. Federal Entity Identifier:</b> <input type="text"/>		<b>* 5b. Federal Award Identifier:</b> <input type="text"/>			
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">OCT 28 2009</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div>					
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>				
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> San Diego State University Research Foundation					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6042721	<b>* c. Organizational DUNS:</b> 073371346				
<b>d. Address:</b>					
<b>* Street1:</b> 5250 Campanile Drive <b>Street2:</b> <input type="text"/> <b>* City:</b> San Diego <b>County:</b> San Diego <b>* State:</b> CA: California <b>Province:</b> <input type="text"/> <b>* Country:</b> USA: UNITED STATES <b>* Zip / Postal Code:</b> 92182-1931					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Development	<b>Division Name:</b> Sponsored Research				
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Mr. <b>Middle Name:</b> <input type="text"/> <b>* Last Name:</b> Stein <b>Suffix:</b> <input type="text"/>	<b>* First Name:</b> Eugene				
<b>Title:</b> Director of Research Development					
<b>Organizational Affiliation:</b> San Diego State University Research Foundation					
<b>* Telephone Number:</b> 619-594-5731	<b>Fax Number:</b> 619-594-4950				
<b>* Email:</b> awards@foundation.sdsu.edu					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Education Research Reserves

\* 12. Funding Opportunity Number:

NOAA-NOS-OCRM-2010-2001828

\* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY 2010

13. Competition Identification Number:

2148973

Title:

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

San Diego CA

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

Gull-Billed Tern (*Gelichodon nilotica vanrossumi*) Habitat Use of the Tijuana River Estuary: Developing a Foraging Range and Diet with Telemetry and Stable Isotope Analysis

Attach supporting documents as specified in agency instructions.

Add Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-053

\* b. Program/Project CA-053

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

Attachment buttons and input fields

17. Proposed Project:

\* a. Start Date: 06/01/2010

\* b. End Date: 05/31/2012

18. Estimated Funding (\$):

* a. Federal	40,000.00
* b. Applicant	17,144.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	57,144.00

\* 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 10/28/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, 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: Camille Middle Name: Last Name: Nebakat Suffix:

\* Title: Director of Research Affairs

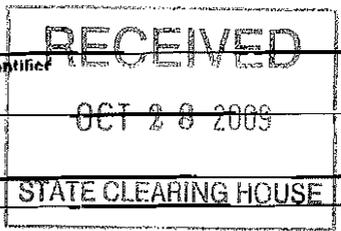
\* Telephone Number: 619-594-5938 Fax Number: 619-594-4109

\* Email: swagds@foundation.sdsu.edu

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

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <b>10/28/09</b>		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	



**5. APPLICANT INFORMATION** STATE CLEARING HOUSE

Legal Name: <b>Southern Low Desert RC&amp;D Council</b>	Organizational Unit:
Address (give city, county, state, and zip code): <b>Southern Low Desert RC&amp;D Council 82-901 Bliss Ave. Indio, CA 92201</b>	Name and telephone number of person to be contacted on matters involving this application (give area code): <b>Lesa Bodnar; 1-760-342-4624 x115</b>

6. EMPLOYER IDENTIFICATION (EIN): <b>0 1 - 0 5 4 8 5 5 0</b>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="float: right;"><b>N</b></span>
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify):	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District M. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u>
--	---

9. NAME OF FEDERAL AGENCY: <b>U.S. Fish and Wildlife Service</b>
---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>1 5 - 6 2 3</b>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Dos Palmas Watershed Wetland Habitat Restoration, Phase 1</b>
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) <b>Riverside County, California</b>
---

**13. PROPOSED PROJECT**      **14. CONGRESSIONAL DISTRICTS OF:**

Start Date	Ending Date	a. Applicant <b>Bono (45), Filner (51)</b>	b. Project <b>Bono (45)</b>
------------	-------------	---	--------------------------------

<b>15. ESTIMATED FUNDING</b>		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 <u>10/28/09</u>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 75,000.00	
b. Applicant	\$ 2,080.00	
c. State	\$ 82,096.26	
d. Local	\$ 0.00	
e. Other	\$ 2,000.00	
f. Program Income	\$ 0.00	
g. Total	\$ 161,176.26	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO		

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

a. Type Name of Authorized Representative <b>Deborah Livesay</b>	b. Title <b>1st Vice President</b>	c. Telephone Number <b>(760) 342-4624</b>
d. Signature of Authorized Representative 	e. Date Signed <b>10/28/09</b>	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3010-0006

Version 7/03

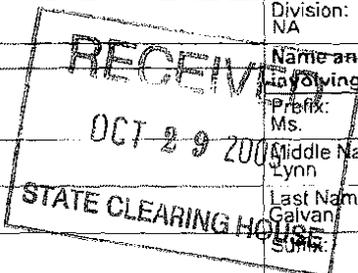
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 10/26/09	Applicant Identifier NA
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: WISEPlace  
Organizational DUNS: 002322894  
Address: 1411 N. Broadway  
City: Santa Ana  
County: Orange  
State: CA Zip Code: 92706  
Country: United States

Organizational Unit:  
Department: NA  
Division: NA

Name and telephone number of person to be contacted on matters involving this application (give area code)  
Prefix: Ms. First Name: Terri  
Middle Name: Lynn  
Last Name: Galvan  
Suffix:



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1684796

7. TYPE OF APPLICANT: (See back of form for Application Types)  
Not for Profit  
Other (specify)

9. NAME OF FEDERAL AGENCY: Housing and Urban Development (HUD)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Second Step Transitional Housing Program for 5 chronically homeless WISEPlace graduates.

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)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235  
TITLE (Name of Program): Labor Management Cooperation Program Supportive Housing Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County, CA

13. PROPOSED PROJECT  
Start Date: 8-15-10 Ending Date: 8-15-11

14. CONGRESSIONAL DISTRICTS OF:  
a. Applicant CA-040 b. Project CA-048

15. ESTIMATED FUNDING:

a. Federal	\$	100,593.00
b. Applicant	\$	17,007.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	117,600.00

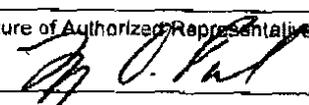
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  
a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/26/09  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
 Yes If "Yes" attach an explanation.  No

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

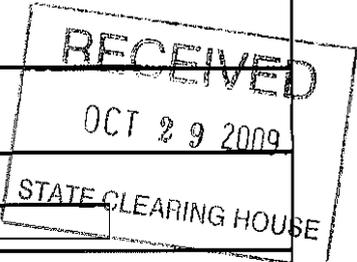
a. Authorized Representative  
Prefix: First Name: Kathleen Middle Name: Last Name: Davis Bowman Suffix: Title: Executive Director Telephone Number (give area code): 714-542-3577  
d. Signature of Authorized Representative: [Signature] e. Date Signed: 10/22/09

**Review Standard F n 424**

<b>APPLICATION FOR FEDERAL ASSISTANCE (SF 424)</b>		<b>2. DATE SUBMITTED</b> October 29, 2009	Applicant Identifier
<b>1. TYPE OF SUBMISSION</b> New Application	<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier
	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier
<b>RECEIVED</b>			
<b>Legal Name</b> Sonoma County Water Agency		<b>Organizational Unit</b> Engineering Division	<b>OCT 29 2009</b>
<b>Address</b> 404 Aviation Boulevard, Santa Rosa, CA 95403-9019		<b>Name and telephone number of the person to be contacted</b> Cordell Stillman, 707-547-1953	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 94-6000539	<b>6.a. DUNS NUMBER</b> 074662503	<b>7. TYPE OF APPLICANT</b> Special Governmental District	
<b>8. TYPE OF APPLICATION</b> Project Application		<b>9. NAME OF FEDERAL AGENCY</b> Federal Emergency Management Agency	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 97.047 Pre-Disaster Mitigation, Department of Homeland Security		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b> Water Transmission System Seismic Hazard Mitigation Project	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Sonoma County, California			
<b>13. PROPOSED PROJECT:</b> Start Date: 10/1/2010 End Date: 9/30/2013		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA06 b. Project CA06	
<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$2,492,870.00	Yes. Sent for review 10/29/09.	
b. Applicant	\$0.00		
c. State	\$0.00		
d. Local	\$0.00		
e. Other	\$0.00		
f. Program Income	\$0.00		
g. TOTAL	\$2,492,870.00		
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>			
No.			
<b>a. Name of Authorized Representative</b> Randy D. Poole		<b>b. Title</b> General Manager/Chief Engineer	<b>c. Telephone Number</b> 707-521-6205
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 10/29/09	

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify):  <input type="text"/> </p>		
<p>* 3. Data Received:  <input type="text"/> Completed by Grants.gov upon submission.       </p>		<p>4. Applicant Identifier:  <input type="text"/> 20100561_Herbst       </p>
<p>5a. Federal Entity Identifier:  <input type="text"/> </p>		<p>* 5b. Federal Award Identifier:  <input type="text"/> </p>
<p><b>State Use Only:</b></p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p><b>6. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text"/> The Regents of the University of California</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text"/> 95-6006149W       </p>		<p>* c. Organizational DUNS:  <input type="text"/> 094878394       </p>
<p><b>d. Address:</b></p>		
<p>* Street1: <input type="text"/> Office of Research, MC 2050</p>		
<p>Street2: <input type="text"/> 3227 Cheadle Hall, 3rd Floor</p>		
<p>* City: <input type="text"/> Santa Barbara</p>		
<p>County: <input type="text"/> Santa Barbara</p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 93106-2050</p>		
<p><b>e. Organizational Unit:</b></p>		
<p>Department Name:  <input type="text"/> Marina Science Institute       </p>		<p>Division Name:  <input type="text"/> Sierra Nevada Aquatic Res. Lab       </p>
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
<p>Prefix: <input type="text"/> Dr.      * First Name: <input type="text"/> David</p>		
<p>Middle Name: <input type="text"/> B.</p>		
<p>* Last Name: <input type="text"/> Herbst</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> Associate Research Biologist</p>		
<p>Organizational Affiliation:  <input type="text"/> </p>		
<p>* Telephone Number: <input type="text"/> (760) 935-4536</p>		<p>Fax Number: <input type="text"/> (760) 935-4867</p>
<p>* Email: <input type="text"/> herbst@lifesci.ucsb.edu</p>		



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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b> <input type="text" value="H: Public/State Controlled Institution of Higher Education"/>	
<b>Type of Applicant 2: Select Applicant Type:</b> <input type="text"/>	
<b>Type of Applicant 3: Select Applicant Type:</b> <input type="text"/>	
<b>* Other (specify):</b> <input type="text"/>	
<b>* 10. Name of Federal Agency:</b> <input type="text" value="Forest Service"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <input type="text" value="10.652"/>	
<b>CFDA Title:</b> <input type="text" value="Forestry Research"/>	
<b>* 12. Funding Opportunity Number:</b> <input type="text" value="USDA-FS-PSW-TAHOE-2009"/>	
<b>* Title:</b> <input type="text" value="Tahoe Research Supported by SNPLMA Round 10"/>	
<b>13. Competition Identification Number:</b> <input type="text" value="USDA-FS-PSW-TAHOE-2009"/>	
<b>Title:</b> <input type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> <input type="text"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b> <input type="text" value="Integrated Aquatic Bioassessment in the Tahoe Basin: Catchment-Scale Stream Monitoring for Adaptive Management and Development of a Lake Benthic Index of Biological Integrity"/>	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="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

\* b. Program/Project

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

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="309,722.00"/>
* b. Applicant	<input type="text" value="86,838.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="396,560.00"/>

**\* 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 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:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Review Standard Form 424**

<b>APPLICATION FOR FEDERAL ASSISTANCE (SF 424)</b>		<b>2. DATE SUBMITTED</b> October 29, 2009	Applicant Identifier
<b>1. TYPE OF SUBMISSION</b> New Application		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>Legal Name</b> Sonoma County Water Agency		<b>Organizational Unit</b> Engineering Division	
<b>Address</b> 404 Aviation Boulevard, Santa Rosa, CA 95403-9019		<b>Name and telephone number of the person to be contacted on matters involving this application</b> Cordel Stillman, 707-547-1953	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 94-8000539	<b>6.a. DUNS NUMBER</b> 074662503	<b>7. TYPE OF APPLICANT</b> Special Governmental District	
<b>8. TYPE OF APPLICATION</b> Project Application		<b>9. NAME OF FEDERAL AGENCY</b> Federal Emergency Management Agency	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 97.047 Pre-Disaster Mitigation, Department of Homeland Security		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b> Water Transmission Pipeline Seismic Hazard Mitigation at the Russian River Crossing	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Sonoma County, California			
<b>13. PROPOSED PROJECT:</b> Start Date: 10/1/2010 End Date: 9/30/2013		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant GA06 b. Project GA06	
<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> Yes. Submitted for review 10/29/09.	
a. Federal	\$3,931,840.00		
b. Applicant	\$0.00		
c. State	\$0.00		
d. Local	\$0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> No.	
e. Other	\$0.00		
f. Program Income	\$0.00		
g. TOTAL	\$3,931,840.00		
<b>18. NAME OF AUTHORIZED REPRESENTATIVE AND TITLE</b>			
<b>a. Name of Authorized Representative</b> Randy D. Poole		<b>b. Title</b> General Manager/Chief Engineer	
		<b>c. Telephone Number</b> 707-521-6205	
<b>d. Signature of Authorized Representative</b> 		<b>a. Date Signed</b> 10/29/09	

RECEIVED

OCT 29 2009

STATE CLEARING HOUSE

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: State of California, Department of Parks and Recreation, Colorado Desert District	<b>Organizational Unit:</b> Department: Department of Parks and Recreation,
Organizational DUNS: 029496655	Division: Southern, Colorado Desert District
Address: Street: 200 Palm Canyon Dr.	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Mary
City: Borrego Springs	Middle Name Daniel
County: San Diego	Last Name Dellavalle
State: CA Zip Code 92004	Suffix: MS
Country: USA	Email: mdellavalle@parks.ca.gov

**RECEIVED**  
 OCT 29 2009  
 STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 68-0303606

Phone Number (give area code) (760) 767-5748	Fax Number (give area code) (760) 767-3427
---	---

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. Other (specify)
---	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 15-623 TITLE (Name of Program): North American Wetlands Conservation Fund	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Phase I Restoration of San Felipe/Carrizo Watershed, which includes Sentenac Cienega, Vallecito, Carrizo Marsh, and San Sebastian Marsh. Eradication of tamarisk in tributaries to the marshes, control of perennial pepperweed, tamarisk, and other weeds in Sentenac Cienega.
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> San Diego and Imperial Counties, Anza Borrego Desert SP, BLM Carrizo & San S	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 45, 51, 52      b. Project 51, 52
--	--

<b>13. PROPOSED PROJECT</b> Start Date: 11/2/2009      Ending Date: 11/2/2012	<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>75,000</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>178,300</td></tr> <tr><td>c. State</td><td>\$</td><td>0</td></tr> <tr><td>d. Local</td><td>\$</td><td>0</td></tr> <tr><td>e. Other BLM</td><td>\$</td><td>22,000</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>0</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>206,300</td></tr> </table>	a. Federal	\$	75,000	b. Applicant	\$	178,300	c. State	\$	0	d. Local	\$	0	e. Other BLM	\$	22,000	f. Program Income	\$	0	g. TOTAL	\$	206,300
a. Federal	\$	75,000																				
b. Applicant	\$	178,300																				
c. State	\$	0																				
d. Local	\$	0																				
e. Other BLM	\$	22,000																				
f. Program Income	\$	0																				
g. TOTAL	\$	206,300																				
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/29/2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						

**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. Last Name Clark	First Name Ronilee	Middle Name Suffix
b. Title Acting District Superintendent		c. Telephone Number (give area code) (760) 767-4037
d. Signature of Authorized Representative <i>Ronilee A. Clark</i>		e. Date Signed 10/29/2009

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

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>3. DATE RECEIVED BY STATE</b> State Application Identifier
<b>2. DATE SUBMITTED</b> Applicant Identifier		<b>4. a. Federal Identifier</b> DE-FG02-04BR15542 <b>b. Agency Routing Identifier</b>
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 072641707		
* Legal Name: Carnegie Institution of Washington Department: _____ Division: _____ * Street1: 1530 P Street, NW Street2: _____ * City: Washington County / Parish: _____ * State: DC: District of Columbia Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 20005-1910		<b>RECEIVED</b> OCT 29 2009 STATE CLEARING HOUSE
Person to be contacted on matters involving this application Prefix: _____ * First Name: Susan Middle Name: _____ * Last Name: Cortinas Suffix: _____ * Phone Number: 650-325-1521 x214 Fax Number: 650-325-6857 Email: cortinas@stanford.edu		
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 53-0196523		
<b>7. * TYPE OF APPLICANT:</b> M: Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education) Other (Specify): _____ Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): _____		
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? _____		
<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.043 TITLE: Office of Science Francis Assistance Program
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Integration of sugar transport, metabolism and sensing in Arabidopsis		
<b>12. PROPOSED PROJECT:</b> * Start Date: 04/01/2010 * Ending Date: 03/31/2014		<b>* 13. CONGRESSIONAL DISTRICT OF APPLICANT:</b> DC-001
<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: _____ * First Name: Wolf Middle Name: B. * Last Name: Frommer Suffix: Ph.D. Position/Title: Director * Organization Name: Carnegie Institution of Washington Department: Plant Biology Division: _____ * Street1: 260 Panama Street Street2: _____ * City: Stanford County / Parish: _____ * State: CA: California Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 94305-0000 * Phone Number: 650-325-1521 x208 Fax Number: 650-325-6857 * Email: wfrommer@stanford.edu		

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**

<b>15. ESTIMATED PROJECT FUNDING</b>		<b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Total Federal Funds Requested	<input type="text" value="803,858.00"/>	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	<input type="text" value="0.00"/>		DATE: <input type="text" value="10/29/2009"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="803,858.00"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372: OR
d. Estimated Program Income	<input type="text" value="0.00"/>		<input type="checkbox"/> 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)

\* 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**

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:

\* Last Name:  Suffix:

\* Position/Title:

\* Organization:

Department:  Division:

\* Street1:

Street2:

\* City:  County / Parish:

\* State:  Province:

\* Country:  \* ZIP / Postal Code

\* Phone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative

\* Date Signed

**20. Pre-application**

**APPLICATION FOR FEDERAL ASSISTANCE**

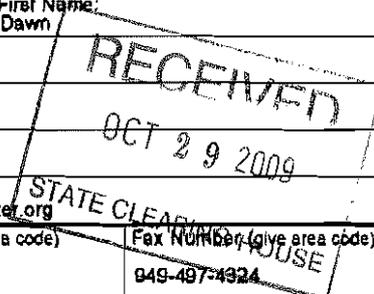
OMB Approved No. 3076-0000

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/29/09	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA9368
	Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: Friendship Shelter, Inc.	Organizational Unit: Department:
Organizational OUNS: 883815375	Division:
Address: Street: 1335 South Coast Highway	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Dawn
City: Laguna Beach	Middle Name
County: Orange	Last Name Price
State: CA Zip Code 92651	Suffix:
Country: USA	Email: dprice@friendshipshelter.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0219404	Phone Number (give area code) 949-494-6928	Fax Number (give area code) 949-497-4324
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> 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) <input type="radio"/> Other (specify)
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9. NAME OF FEDERAL AGENCY: HUD
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235 TITLE (Name of Program): Labor Management Cooperation Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project READY
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County, California
--

13. PROPOSED PROJECT Start Date: 11/1/2010 Ending Date: 10/31/2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-048 b. Project CA-044
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15. ESTIMATED FUNDING: a. Federal \$ 68,136.00 b. Applicant \$ .00 c. State \$ .00 d. Local \$ .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ 68,136.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/29/09 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
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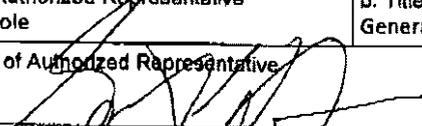
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

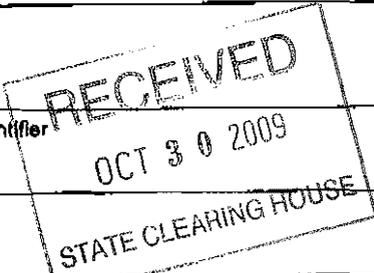
a. Authorized Representative		
Prefix	First Name Dawn	Middle Name
Last Name Price	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) 949-494-6928	
d. Signature of Authorized Representative	e. Date Signed 10/29/09	

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED Oct. 1, 2009	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Campionville Academy		Organizational Unit: Department: N/A		
Organizational DUNS: 01-673-6883		Division: N/A		
Address: Street: 650 Gold Flat Road, Suite A		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Chris		
City: Nevada City		Middle Name: Earl		
County:		Last Name: Mahurin		
State: California Zip Code: 95959		Suffix:		
Country: USA		Email: cmahurin@coresca.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3353799		Phone Number (give area code) (530)742-2706		Fax Number (give area code) (530)742-6067
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) N Other (specify) California Public Charter School		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Direct Loan Program (USDA)		9. NAME OF FEDERAL AGENCY: USDA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Marysville/Yuba County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SEE ATTACHED		
13. PROPOSED PROJECT Start Date: January 2010 Ending Date: August 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California 2nd Congressional Dist. b. Project		
15. ESTIMATED FUNDING: a. Federal \$ 2,200,000 b. Applicant \$ 716,966 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 2,916,966		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr. First Name Chris		Middle Name Earl		
Last Name Mahurin		Suffix		
b. Title School Director		c. Telephone Number (give area code) (530)742-2706		
d. Signature of Authorized Representative		e. Date Signed		

### Review Standard Form 424

<b>APPLICATION FOR FEDERAL ASSISTANCE (SF 424)</b>		2. DATE SUBMITTED October 29, 2009	Applicant Identifier
1. TYPE OF SUBMISSION New Application	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
<b>APPLICANT INFORMATION</b>			
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 System Seismic Hazard Mitigation Project	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Sonoma County, California			
13. PROPOSED PROJECT: Start Date: 10/1/2010 End Date: 9/30/2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA08 b. Project CA06	
<b>15. ESTIMATED FUNDING</b>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$2,573,575.00	Yes. Sent for review 10/29/09.	
b. Applicant	\$0.00		
c. State	\$0.00		
d. Local	\$0.00		
e. Other	\$0.00		
f. Program Income	\$0.00		
g. TOTAL	\$2,573,575.00		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? No.			
<b>18. SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>			
a. Name of Authorized Representative Randy D. Poole	b. Title General Manager/Chief Engineer	c. Telephone Number 707- 521-6205	
d. Signature of Authorized Representative 		e. Date Signed 10/30/09	



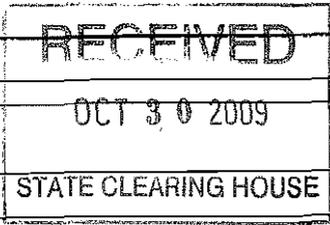
**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 10/30/2009	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: Serving People In Need, Inc.		Organizational Unit: Department: N/A	
Organizational DUNS: 179244173		Division: N/A	
Address: Street: 151 Kalmus Drive, H-2		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
City: Costa Mesa		Middle Name: Henderson	
County: Orange		Last Name: Wegener	
State: CA	Zip Code: 92626	Suffix:	
Country: USA		Email: Jeanw@spinoc.org	



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 33-0329687	Phone Number (give area code) 714-751-1101	Fax Number (give area code) 714-751-3332
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input checked="" type="checkbox"/> Not for Profit Other (specify)	
Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> HUD	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-235 TITLE (Name of Program): Supportive Housing Program	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Homeless 2 Housing
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Orange County, CA	

<b>13. PROPOSED PROJECT</b> Start Date: 1/1/2010	Ending Date: 12/31/2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 46	b. Project 46
--	----------------------------	--	------------------

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 594,701.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/30/2009
b. Applicant \$ 231,198.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 119,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ 204,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 1,148,899.00	

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.

<b>a. Authorized Representative</b>		
Prefix: Ms.	First Name: Jean	Middle Name: Henderson
Last Name: Wegener		Suffix:
b. Title: Executive Director		c. Telephone Number (give area code): 714-751-1101
d. Signature of Authorized Representative: 		e. Date Signed: 10/29/2009

**APPLICATION FOR FEDERAL ASSISTANCE**

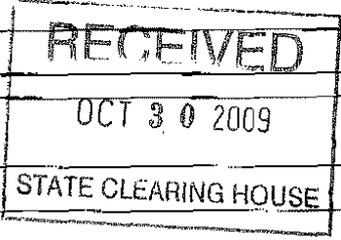
OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 10/30/2009	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
		<input type="checkbox"/> Non-Construction	

**5. APPLICANT INFORMATION**

Legal Name: Serving People In Need, Inc.	<b>Organizational Unit:</b> Department: N/A
Organizational DUNS: 179244173	Division: N/A
<b>Address:</b> Street: 151 Kalmus Drive, H-2	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix, Ms. First Name: Jean
City: Costa Mesa	Middle Name: Henderson
County: Orange	Last Name: Wegener
State: CA	Zip Code: 92626
Country: USA	Suffix:
	Email: Jeanw@spinoc.org



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
33-0329887

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 Not for Profit  
 Other (specify) \_\_\_\_\_

**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) \_\_\_\_\_

**9. NAME OF FEDERAL AGENCY:**  
HUD

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

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Homeless 2 Housing

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

**13. PROPOSED PROJECT**  
 Start Date: 1/1/2010 Ending Date: 12/31/2011

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant: 46 b. Project: 46

**15. ESTIMATED FUNDING:**

a. Federal	\$	594,701 <sup>00</sup>
b. Applicant	\$	231,198 <sup>00</sup>
c. State	\$	0 <sup>00</sup>
d. Local	\$	119,000 <sup>00</sup>
e. Other	\$	204,000 <sup>00</sup>
f. Program Income	\$	0 <sup>00</sup>
g. TOTAL	\$	1,148,899 <sup>00</sup>

**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: 10/30/2009  
 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.  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 Jean	Middle Name Henderson
Last Name Wegener	Suffix	
b. Title	c. Telephone Number (give area code) 714-751-1101	
d. Signature of Authorized Representative	e. Date Signed 10/29/2009	

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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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

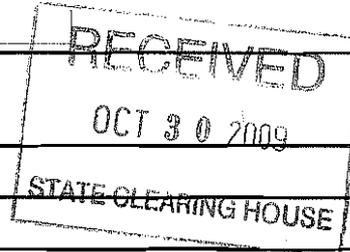
5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:



8. APPLICANT INFORMATION:

\* a. Legal Name: Solano Resource Conservation District

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

680085528

\* c. Organizational DUNS:

189962009

d. Address:

\* Street1: 1170 N. Lincoln St.

Street2: Suite 110

\* City: Dixon

County: Solano

\* State: CA

Province:

\* Country: U.S.A.

USA: UNITED STATES

\* Zip / Postal Code: 95620

e. Organizational Unit: Solano Resource Conservation District

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: Andrea

Middle Name:

\* Last Name: Mummert

Suffix:

Title: Conservation Project Manager

Organizational Affiliation:

Solano Resource Conservation District

\* Telephone Number: 707-678-1655 x121

Fax Number: 707-678-5001

\* Email: Andrea.Mummert@ca.nacdnet.net

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-010

\* b. Program/Project CA-010

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

N/A

Add Attachment

17. Proposed Project:

\* a. Start Date: 07/2010

\* b. End Date: 07/2012

18. Estimated Funding (\$):

* a. Federal	\$ 73,475.00
* b. Applicant	\$ 16,105.00
* c. State	
* d. Local	\$ 215,759.00
* e. Other	
* f. Program Income	
* g. TOTAL	\$ 304,339.00

\* 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 10-29-09
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: Christopher  
Middle Name:   
\* Last Name: Rose  
Suffix:

\* Title: Executive Director

\* Telephone Number: 707-678-1655 x119 Fax Number: 707-678-5001

\* Email: egustine@gmail.com

\* Signature of Authorized Representative:  Completed by Grants.gov upon submission. \* Date Signed:  Completed by Grants.gov upon submission 10-28-09



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

**Application for Federal Assistance SF-424**

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

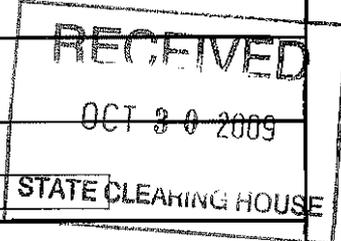
\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

10/28/2009

4. Applicant Identifier:



5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**B. APPLICANT INFORMATION:**

\* a. Legal Name:

Su Casa - Ending Domestic Violence

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

95-3495175

\* c. Organizational DUNS:

101805575

**d. Address:**

\* Street1:

3840 Woodruff Avenue Suite 203

Street2:

\* City:

Long Beach

County:

Los Angeles

\* State:

California

Province:

\* Country:

USA: UNITED STATES

\* 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:

\* Last Name:

Doolittle

Suffix:

Title:

Executive Director

Organizational Affiliation:

\* Telephone Number:

562.421.5297

Fax Number:

562.421.8117

\* Email:

vicki@sucasadv.org

**Application for Federal Assistance SF-424**

**Version 02**

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

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

Type of Applicant 2. Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**\* 12. Funding Opportunity Number:**

FR 5341-N-01

\* Title:

Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

Title:

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

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

\* a. Federal 52463

\* b. Applicant 14376

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 66839

**\* 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:

Vicki

Middle Name:

\* Last Name:

Doolittle

Suffix:

\* Title:

Executive Director

\* Telephone Number:

562.421.5297

Fax Number:

562.421.8117

\* Email:

vicki@sucasadv.org

\* Signature of Authorized Representative:

*Vicki Doolittle*

\* Date Signed:

Oct. 30, 2009