Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16 - 31, 2011.** 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

OMB Approved No. 3076-0006

Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: PATH (People Assisting The Homeless)

Organizational Unit:
Department:
Division:

Organizational DUNS: 647856390

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Address:
Street: 340 North Madison Avenue
City: Los Angeles
County: Los Angeles
State: CA
Zip Code: 90004
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Katie
Middle Name
Last Name: Hill
Suffix:
Email: katieh@epath.org
Phone Number (give area code): 323-644-2229
Fax Number (give area code): 323-644-2288

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 3 9 5 0 1 9 6

7. TYPE OF APPLICANT: (See back of form for Application Types)
O. Non-profit organization
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:
Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 3 5
TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Connections Housing

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
San Diego, CA

13. PROPOSED PROJECT
Start Date: 1/1/2012
Ending Date: 1/1/2014

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-031
b. Project: CA-053

15. ESTIMATED FUNDING:

a. Federal	$ 610,000 .00
b. Applicant	$ 650,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .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: 10/17/2011
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: Joel Middle Name: John
Last Name: Roberts Suffix:
b. Title: Chief Executive Officer
c. Telephone Number (give area code): 323-644-2209
d. Signature of Authorized Representative
e. Date Signed: 10/17/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

2. DATE SUBMITTED 10/17/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0713B9D101003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: South Bay Community Services

Organizational Unit: Department: Family Wellness and Self-Sufficiency

Division:

Organizational DUNS: 113407779

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Address: Street: 1124 Bay Boulevard, Suite D

City: Chula Vista

County: San Diego

State: CA

Zip Code: 91911

Country: USA

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

Prefix: Ms. First Name: Dina

Middle Name

Last Name: Chavez

Suffix:

Email: dchavez@csbcs.org

Phone Number (give area code): (619) 420-3620

Fax Number (give area code): (619) 420-8722

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2693142

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)

M. Nonprofit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY: Housing and Urban Development

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

TITLE (Name of Program): Continuum of Care Homeless Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Victorian Heights is a 32 bed transitional housing program serving homeless mothers struggling with domestic violence, who may also have substance abuse and/or mental health issues.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: South Region of San Diego County, CA

13. PROPOSED PROJECT

Start Date: 7/1/12

Ending Date: 6/30/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant CA-051

b. Project CA-051

15. ESTIMATED FUNDING:

a. Federal	$ 86,951.00
b. Applicant	$ .00
c. State	$ 56,205.00
d. Local	$ .00
e. Other Donations	$ 20,000.00
f. Program Income	$ 20,510.00
g. TOTAL	$ 183,666.00

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: 10/17/11

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: Kathryn Middle Name:

Last Name: Lembo Suffix:

b. Title: President and CEO c. Telephone Number (give area code): (619) 420-3620

d. Signature of Authorized Representative: Kathryn Lembo e. Date Signed: 10/14/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

2. DATE SUBMITTED 10/17/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0712B9D101003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: South Bay Community Services

Organizational DUNS: 113407779

Address:

Street: 1124 Bay Boulevard, Suite D

City: Chula Vista

County: San Diego

State: CA

Zip Code: 91911

Country: USA

Organizational Unit:

Department: Youth and Family Development

Division:

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

Prefix: Ms. First Name: Dina

Middle Name

Last Name: Chavez

Suffix:

Email: dchavez@csbca.org

Phone Number (give area code): (619) 420-3620

Fax Number (give area code): (619) 420-8722

RECEIVED

OCT 17 2011

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 5 - 2 6 9 3 1 4 2

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)

M. Nonprofit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY: Housing and Urban Development

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

TITLE (Name of Program): Continuum of Care Homeless Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Trolley Trestle Transitional Living Program is a twenty bed transitional housing project for homeless young adults ages 18-21.

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

South Region of San Diego County, CA

13. PROPOSED PROJECT

Start Date: 11/1/12

Ending Date: 10/31/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-051

b. Project: CA-051

15. ESTIMATED FUNDING:

a. Federal	$ 298,843.00
b. Applicant	$ .00
c. State	$ .00
d. Local ILS	$ 295,050.00
e. Other Foundations	$ 50,000.00
f. Program Income	$ .00
g. TOTAL	$ 641,893.00

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: 10/17/11

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: Kathryn Middle Name:

Last Name: Lembo Suffix:

b. Title: President and CEO c. Telephone Number (give area code): (619) 420-3620

d. Signature of Authorized Representative: Kathryn Lembo e. Date Signed: 10/14/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/17/11	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0591B9D101003

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: South Bay Community Services

Organizational DUNS: 113407779

Address:
Street: 1124 Bay Boulevard, Suite D
City: Chula Vista
County: San Diego
State: CA
Zip Code: 91911
Country: USA

Organizational Unit:
Department: Family Wellness and Self-Sufficiency
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms.
First Name: Dina
Middle Name
Last Name: Chavez
Suffix:
Email: dchavez@csbcs.org
Phone Number (give area code): (619) 420-3620
Fax Number (give area code): (619) 420-6722

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2693142

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)

M. Nonprofit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY: Housing and Urban Development

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

TITLE (Name of Program): Continuum of Care Homeless Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Casas de Transicion is a 5-unit, scatter-site transitional housing program for victims of domestic violence and their children.

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

South Region of San Diego County, CA

13. PROPOSED PROJECT

Start Date: 7/1/12
Ending Date: 6/30/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-051
b. Project: CA-051

15. ESTIMATED FUNDING:

a. Federal	$ 96,832.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other Donations	$ 467,500.00
f. Program Income	$ 27,400.00
g. TOTAL	$ 172,982.00

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: 10/17/11

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: Kathryn
Middle Name:
Last Name: Lembo
Suffix:
b. Title: President and CEO
c. Telephone Number (give area code): (619) 420-3620
d. Signature of Authorized Representative: Kathryn Lembo
e. Date Signed: 10/14/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076

Version 7/03

1. TYPE OF SUBMISSION: Application	Pre-application	2. DATE SUBMITTED 10/17/11	Applicant Identifier
☐ Construction	☐ Construction	3. DATE RECEIVED BY STATE	State Application Identifier
☑ Non-Construction	☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY 10/17/11	Federal Identifier CA0553B9D011003

5. APPLICANT INFORMATION

Legal Name: YMCA of San Diego County	Organizational Unit: Department: Youth & Family Services
Organizational DUNS: 073375636	Division:
Address: Street: 215 Barnes Street	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Ms. First Name: Krysta
City: Oceanside	Middle Name
County: San Diego	Last Name Esquivel
State: CA Zip Code 92054	Suffix:
Country: United States	Email: kcreighton@ymca.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2039198	Phone Number (give area code) (619) 640-9774 / Fax Number (give area code) (619) 640-0102

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8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O. Not for Profit Organization

Other (specify)

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

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

TITLE (Name of Program): Continuum of Care Homeless Assistance Competition

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Turning Point

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
8/1/12	7/31/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
CA-048 thru CA-053	CA-048 thru CA-053

15. ESTIMATED FUNDING:

a. Federal	$ 266,745.00
b. Applicant	$ 91,994.00
c. State	$ 0.00
d. Local	$ 22,500.00
e. Other	$ 34,574.00
f. Program Income	$ 0.00
g. TOTAL	$ 435,813.00

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: 10/17/11

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 Baron	Middle Name
Last Name Herdelin-Doherty		Suffix
b. Title President / CEO		c. Telephone Number (give area code) (856) 292-9622
d. Signature of Authorized Representative		e. Date Signed 10/7/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/17/2011		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier CA0699B9D101003

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: NORTH COUNTY INTERFAITH COUNCIL, INC.

Organizational Unit: Department:

Organizational DUNS: 625463468

Division:

Address:
Street: 550-B West Washington Ave.
City: Escondido
County: San Diego County
State: CA
Zip Code: 92025
Country: United States

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OCT 17 2011
STATE CLEARING HOUSE

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mrs. First Name: Kellye
Middle Name: Dana
Last Name: Bojorquez
Suffix: n/a
Email: kbojorquez@interfaithservices.org
Phone Number (give area code): 760-489-6380
Fax Number (give area code): 760-740-0837

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3837714

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O. Not for Profit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY: US Department of Housing & Urban Development

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Genesis I

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

13. PROPOSED PROJECT
Start Date: 01/01/2013
Ending Date: 12/31/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-050
b. Project: CA-050

15. ESTIMATED FUNDING:

a. Federal	$ 103,416.00
b. Applicant	$ 2,280.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ 28,499.00
g. TOTAL	$ 134,194.00

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: 10/17/2011

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: Richard Middle Name:
Last Name: Batt Suffix:
b. Title: Executive Director c. Telephone Number (give area code): 760-489-6380
d. Signature of Authorized Representative: Richard Batt e. Date Signed: 10/17/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0700B9D101003	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: NORTH COUNTY INTERFAITH COUNCIL, INC

Organizational DUNS: 825463466

Address:
Street: 550-B West Washington Ave.
City: Escondido
County: San Diego County
State: CA
Zip Code: 92025
Country: United States

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Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mrs. First Name: Kellye
Middle Name: Dana
Last Name: Bojorquez
Suffix: n/a
Email: kbojorquez@interfaithservices.org
Phone Number (give area code): 760-489-6380
Fax Number (give area code): 760-740-0837

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3837714

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

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

9. NAME OF FEDERAL AGENCY: US Department of Housing & Urban Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Genesis II

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

13. PROPOSED PROJECT
Start Date: 03/01/2012
Ending Date: 02/28/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-050
b. Project: CA-050

15. ESTIMATED FUNDING:

a. Federal	$ 64,214 .00
b. Applicant	$ .00
c. State	$ 19,369 .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ 17,767 .00
g. TOTAL	$ 101,350 .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: 10/17/2011
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: Richard Middle Name:
Last Name: Batt Suffix:
b. Title: Executive Director c. Telephone Number (give area code): 760-489-6380
d. Signature of Authorized Representative e. Date Signed: 10/17/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0711B9D101003	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: NORTH COUNTY INTERFAITH COUNCIL, INC.

Organizational Unit:

Department:

Division:

Organizational DUNS: 625463468

Address:
Street: 550-B West Washington Ave.
City: Escondido
County: San Diego County
State: CA
Zip Code: 92025
Country: United States

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mrs. First Name: Kellye
Middle Name: Dana
Last Name: Bojorquez
Suffix: n/a
Email: kbojorquez@interfaithservices.org
Phone Number (give area code): 760-489-6380
Fax Number (give area code): 760-740-0837

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3837714

7. TYPE OF APPLICANT: (See back of form for Application Types)
O. Not for Profit Organization
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: US Department of Housing & Urban Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Casaworks for Families

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

13. PROPOSED PROJECT
Start Date: 04/01/2012
Ending Date: 03/31/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-050
b. Project: CA-050

15. ESTIMATED FUNDING:

a. Federal	$ 82,129.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 11,688.00
e. Other	$ .00
f. Program Income	$ 18,700.00
g. TOTAL	$ 112,515.00

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: 10/17/2011
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: Richard Middle Name:
Last Name: Batt Suffix:
b. Title: Executive Director c. Telephone Number (give area code): 760-489-6380
d. Signature of Authorized Representative: Richard Batt e. Date Signed: 10/17/2011

Previous Edition Usable
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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

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0943B9D101001	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: NORTH COUNTY INTERFAITH COUNCIL, INC.

Organizational Unit: Department:

Organizational DUNS: 625463468

Division:

Address:

Street: 550-B West Washington Ave.

City: Escondido

County: San Diego County

State: CA

Zip Code: 92025

Country: United States

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

Prefix: Mrs. First Name: Kellye

Middle Name: Dana

Last Name: Bojorquez

Suffix: n/a

Email: kbojorquez@interfaithservices.org

Phone Number (give area code): 760-489-6380

Fax Number (give area code): 760-740-0837

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 5 - 3 8 3 7 7 1 4

7. TYPE OF APPLICANT: (See back of form for Application Types)

O. Not for Profit Organization

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)

8. NAME OF FEDERAL AGENCY: US Department of Housing & Urban Development

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: Raymonds Refuge I

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

13. PROPOSED PROJECT

Start Date: 08/01/2012

Ending Date: 07/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant CA-050

b. Project CA-050

15. ESTIMATED FUNDING:

a. Federal	$ 43,588.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ 18,935.00
g. TOTAL	$ 62,523.00

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: 10/17/2011

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: Richard Middle Name:

Last Name: Batt Suffix:

b. Title: Executive Director c. Telephone Number (give area code): 760-489-6380

d. Signature of Authorized Representative e. Date Signed: 10/17/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0944B9D101001	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: NORTH COUNTY INTERFAITH COUNCIL, INC.

Organizational Unit:
Department:
Division:

Organizational DUNS: 625463468

Address:
Street: 550-B West Washington Ave.
City: Escondido
County: San Diego County
State: CA
Zip Code: 92025
Country: United States

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mrs. First Name: Kellye
Middle Name: Dana
Last Name: Bojorquez
Suffix: n/a
Email: kbojorquez@interfaithservices.org
Phone Number (give area code): 760-489-6380
Fax Number (give area code): 760-740-0837

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3837714

7. TYPE OF APPLICANT: (See back of form for Application Types)
O. Not for Profit Organization
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: US Department of Housing & Urban Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Raymonds Refuge II

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

13. PROPOSED PROJECT
Start Date: 05/01/2012
Ending Date: 04/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-050
b. Project: CA-050

15. ESTIMATED FUNDING:

a. Federal	$ 42,370.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ 17,874.00
g. TOTAL	$ 60,244.00

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: 10/17/2011
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: Richard Middle Name:
Last Name: Batt Suffix:
b. Title: Executive Director c. Telephone Number (give area code): 760-489-6380
d. Signature of Authorized Representative: Richard Batt e. Date Signed: 10/17/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0710B9D101003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: NORTH COUNTY INTERFAITH COUNCIL, INC.

Organizational Unit: Department:

Organizational DUNS: 625463468

Division:

Address:

Street: 550-B West Washington Ave.

City: Escondido

County: San Diego County

State: CA

Zip Code: 92025

Country: United States

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

Prefix: Mrs. First Name: Kellye

Middle Name: Dana

Last Name: Bojorquez

Suffix: n/a

Email: kbojorquez@interfaithservices.org

Phone Number (give area code): 760-489-6380

Fax Number (give area code): 760-740-0837

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8. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3837714

6. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O. Not for Profit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY: US Department of Housing & Urban Development

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Spruce Street

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

13. PROPOSED PROJECT

Start Date: 04/01/2012

Ending Date: 03/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-050

b. Project: CA-050

15. ESTIMATED FUNDING:

a. Federal	$ 346,689.00
b. Applicant	$ 77,777.00
c. State	$ .00
d. Local	$ 18,032.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 442,498.00

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: 10/17/2011

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: Richard Middle Name:

Last Name: Batt Suffix:

b. Title: Executive Director

c. Telephone Number (give area code): 760-489-6380

d. Signature of Authorized Representative:

e. Date Signed: 10/17/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076 Version 7/03

		2. DATE SUBMITTED Oct 17, 2011	Applicant Identifier
1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE Oct 17, 2011	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier Contract #CA0555B9D011003

5. APPLICANT INFORMATION

Legal Name: Episcopal Community Services	Organizational Unit: Department: Housing & Supportive Services
Organizational DUNS: 032117103	Division:
Address: Street: 4305 University Ave., Suite 400	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Holly
City: San Diego	Middle Name
County: San Diego	Last Name Younghans
State: California Zip Code 92105	Suffix: MSW
Country: United States of America	Email: hyounghans@ecscalifornia.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1945258	Phone Number (give area code) 619-228-2800 / Fax Number (give area code) 619-228-2801

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8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235 TITLE (Name of Program): Labor Management Cooperation Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Women & Children's Program Transitional housing for homeless single women, and for women and children homeless as a result of fleeing domestic violence.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Diego	
13. PROPOSED PROJECT Start Date: 01/01/2013 / Ending Date: 12/31/2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-053 / b. Project CA-053

15. ESTIMATED FUNDING:

a. Federal	$ 557,110.00
b. Applicant	$ 143,486.00
c. State	$ .00
d. Local	$ 14,182.00
e. Other	$ .00
f. Program Income	$ 17,611.00
g. TOTAL	$ 732,389.00

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: 10/17/2011

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 Holly	Middle Name
Last Name Younghans		Suffix MSW
b. Title Director, Housing & Supportive Services		c. Telephone Number (give area code) 619-228-2800
d. Signature of Authorized Representative		e. Date Signed 10/17/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-

Version 7/03

2. DATE SUBMITTED Oct 17, 2011	Applicant Identifier	
3. DATE RECEIVED BY STATE Oct 17, 2011	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier Contract #CA0535B9D011003	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Episcopal Community Services	**Organizational Unit:** Department: Housing & Supportive Services
Organizational DUNS: 032117103	Division:
Address: Street: 4305 University Ave., Suite 400	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: Holly
City: San Diego	Middle Name
County: San Diego	Last Name Younghans
State: California / Zip Code 92105	Suffix: MSW
Country: United States of America	Email: hyounghans@ecscalifornia.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 5 - 1 9 4 5 2 5 6	Phone Number (give area code) 619-228-2800 / Fax Number (give area code) 619-228-2801

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8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O

Other (specify)

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

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

TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Downtown Safe Haven.
Transitional housing for the homeless mentally ill.

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

City of San Diego

13. PROPOSED PROJECT

Start Date:	Ending Date:
02/01/2012	01/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
CA-053	CA-053

15. ESTIMATED FUNDING:

a. Federal	$ 509,328
b. Applicant	$ 139,113
c. State	$
d. Local	$ 19,077
e. Other	$
f. Program Income	$ 25,350
g. TOTAL	$ 692,868

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: 10/17/2011

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 Holly	Middle Name
Last Name Younghans		Suffix MSW
b. Title Director, Housing & Supportive Services		c. Telephone Number (give area code) 619-228-2800
d. Signature of Authorized Representative		e. Date Signed 10/17/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

2. DATE SUBMITTED 10/17/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Women's Transitional Living Center, Inc.

Organizational Unit: Department:

Organizational DUNS: 627226723

Division:

Address:

Street: P.O. Box 6103

City: Orange

County: Orange

State: CA

Zip Code: 92863

Country: USA

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

Prefix: Mrs. First Name: Kathy

Middle Name: Ann

Last Name: Strong

Suffix:

Email: kstrong@wtlc.org

Phone Number (give area code): 714.992.1939, ext. 104

Fax Number (give area code): 714.992.0525

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 5 1 - 0 2 0 1 8 1 3

7. TYPE OF APPLICANT: (See back of form for Application Types)

O. Not for Profit Organization

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: Housing and Urban Development

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: Independence from Dependence 90-Day Transitional Shelter Program

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Orange, Riverside, San Diego, Los Angeles and San Bernardino counties

13. PROPOSED PROJECT

Start Date: 12/17/12

Ending Date: 12/16/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-040

b. Project: CA-040

15. ESTIMATED FUNDING:

a. Federal	$ 42,083
b. Applicant	$
c. State	$ 50,000
d. Local	$ 55,000
e. Other	$
f. Program Income	$ 68,535
g. TOTAL	$ 215,618

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

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

DATE:

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

☑ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mrs. First Name: Kathy Middle Name: Ann

Last Name: Strong Suffix:

b. Title: Director of Contracts Administration

c. Telephone Number (give area code): 714.992.1939, ext. 104

d. Signature of Authorized Representative: Kathy Strong

e. Date Signed: 10/17/11

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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

2. DATE SUBMITTED 10/17/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Women's Transitional Living Center, Inc.

Organizational Unit:
Department:
Division:

Organizational DUNS: 627226723

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Address:
Street: P.O. Box 6103
City: Orange
County: Orange
State: CA
Zip Code: 92863
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mrs.
First Name: Kathy
Middle Name: Ann
Last Name: Strong
Suffix:
Email: kstrong@wtlc.org
Phone Number (give area code): 714.992.1939, ext. 104
Fax Number (give area code): 714.992.0526

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 51-0201813

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

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

9. NAME OF FEDERAL AGENCY:
Housing and Urban Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Step-Two Transitional Housing Program

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Orange, Riverside, San Diego, Los Angeles and San Bernardino counties

13. PROPOSED PROJECT
Start Date: 12/17/12
Ending Date: 12/16/13

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

15. ESTIMATED FUNDING:

a. Federal	$ 74,559.00
b. Applicant	$ 50,569.00
c. State	$ 50,000.00
d. Local	$ 46,000.00
e. Other	$ .00
f. Program Income	$ 110,000.00
g. TOTAL	$ 331,128.00

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

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

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

a. Authorized Representative
Prefix: Mrs.
First Name: Kathy
Middle Name: Ann
Last Name: Strong
Suffix:
b. Title: Director of Contracts Administration
c. Telephone Number (give area code): 714.992.1939, ext. 104
d. Signature of Authorized Representative
e. Date Signed: 10/17/11

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

2. DATE SUBMITTED 10/17/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: North County Solutions for Change, Inc

Organizational Unit:
Department:
Division:

Organizational DUNS: 861222136

Address:
Street: 722 W. California Ave
City: Vista
County: San Diego
State: CA
Zip Code: 92083
Country: USA

RECEIVED
OCT 17 2011
STATE CLEARING HOUSE

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mrs.
First Name: Tammy
Middle Name
Last Name: Megison
Suffix:
Email: tammy@solutionsforchange.org
Phone Number (give area code): 760-941-6545
Fax Number (give area code): 760-941-1715

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0902617

7. TYPE OF APPLICANT: (See back of form for Application Types)
O
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
TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Solutions Family Center

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

13. PROPOSED PROJECT
Start Date: 7/1/12
Ending Date: 6/30/13

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-049
b. Project: CA - 049

15. ESTIMATED FUNDING:

a. Federal	$ 26,661.00
b. Applicant	$ 8,465.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 33,858.00

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: 10/17/11
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: Michael
Middle Name
Last Name: Megison
Suffix
b. Title: President & Executive Director
c. Telephone Number (give area code): 760-941-6545
d. Signature of Authorized Representative
e. Date Signed: 10/17/11

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

Date: 10/17 # Of Pages: 1
QUICK FAX OfficeMax
To: Sheila Brown
Co./Dept. 916 323-3018
Fax:
From:
Co./Dept.
Fax:

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

2. DATE SUBMITTED 10/17/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: North County Solutions for Change, Inc

Organizational DUNS: 061222136

Address:
Street: 722 W. California Ave
City: Vista
County: San Diego
State: CA
Zip Code: 92083
Country: USA

Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mrs.
First Name: Tammy
Middle Name
Last Name: Megison
Suffix:
Email: tammy@solutionsforchange.org
Phone Number (give area code): 760-941-6545
Fax Number (give area code): 760-941-1715

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OCT 17 2011
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 3 - 0 9 0 2 6 1 7

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O

Other (specify)

9. NAME OF FEDERAL AGENCY: HUD

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

TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Vista Terrace

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

13. PROPOSED PROJECT
Start Date: 7/1/12
Ending Date: 6/30/15

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-049
b. Project: CA - 049

15. ESTIMATED FUNDING:

a. Federal	$ 783,159 .00
b. Applicant	$ 509,400 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,292,559 .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: 10/17/11

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: Michael
Middle Name
Last Name: Megison
Suffix
b. Title: President & Executive Director
c. Telephone Number (give area code): 760-941-6545
d. Signature of Authorized Representative
e. Date Signed: 10/17/11

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Standard Form 424 (Rev. 9-2003)
A-102

Date: 10/17 # Of Pages: 1
QUICK FAX OfficeMax
To: Sheila Brown
Co./Dept.: 916323-3018
Fax:
From:
Co./Dept.:
Fax:

OMB Approved No. 3076-0006

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED October 17, 2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0547B9D011003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Volunteers of America, Southwest California

Organizational DUNS: 966936247

Address:

Street: 3630 Camino Del Rio North, Suite #300

City: San Diego

County: San Diego

State: California

Zip Code: 92108

Country: United States

Organizational Unit:

Department: Elderly and Disabled

Division: Elderly and Disabled

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

Prefix:

First Name: Marie

Middle Name

Last Name: McKenzie

Suffix:

Email: ceo@voa-swcal.org

Phone Number (give area code): 619-228-2057

Fax Number (give area code): 619-282-8262

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6003438

7. TYPE OF APPLICANT: (See back of form for Application Types)

O- Not for Profit Organization

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: Housing and Urban Development (HUD)

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

TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Substance Abusing Mentally Ill Program (SAMI)

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

El Cajon, San Diego

13. PROPOSED PROJECT

Start Date: 04/01/2012

Ending Date: 03/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA052, CA053

b. Project: CA052, CA053

15. ESTIMATED FUNDING:

a. Federal	$ 301,164.00
b. Applicant	$ 85,304.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 386,468.00

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: 10/17/11

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: Gerald

Middle Name

Last Name: McFadden

Suffix

b. Title: President/CEO

c. Telephone Number (give area code): 619-282-8211

d. Signature of Authorized Representative

e. Date Signed: 10/13/11

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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

2. DATE SUBMITTED 10/17/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0698B9D101003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Volunteers of America Southwest California

Organizational Unit: Department: Elderly and Disabled; Division: Elderly and Disabled

Organizational DUNS: 966936247

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Address: Street: 3530 Camino Del Rio North Suite # 300; City: San Diego; County: San Diego; State: CA; Zip Code: 92108; Country: USA

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

Email: coo@voa-swcal.org

Phone Number (give area code): 619-228-2057; Fax Number (give area code): 619-282-8262

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6003438

7. TYPE OF APPLICANT: (See back of form for Application Types) O

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

TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FOCUS

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Chula Vista, El Cajon, Santee

13. PROPOSED PROJECT

Start Date: 4/1/12; Ending Date: 3/31/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-052, CA-051; b. Project: CA-052, CA-051

15. ESTIMATED FUNDING:

a. Federal	$ 288,453.00
b. Applicant	$ 88,470.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 737,121.00
f. Program Income	$ 0.00
g. TOTAL	$ 1,124,044.00

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: 10/17/11

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: Gerald; Middle Name:

Last Name: McFadden; Suffix:

b. Title: President/CEO; c. Telephone Number (give area code): 619-282-8211

d. Signature of Authorized Representative: Gerald McFadden; e. Date Signed: 10/13/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: YWCA of San Diego County

Organizational DUNS: 096234818

Address:
Street: 1012 C Street
City: San Diego
County: San Diego
State: CA
Zip Code: 92101
Country: USA

Organizational Unit:
Department: Passages Program
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms
First Name: Megan
Middle Name
Last Name: Dowell
Suffix:
Email: mdowell@ywcasandiego.org
Phone Number (give area code): 619-239-0355 ext 221
Fax Number (give area code): 619-233-8545

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1661119

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O

Other (specify)

9. NAME OF FEDERAL AGENCY: HUD

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

TITLE (Name of Program): Supportive Housing Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Transitional Living Consortium (TLC)

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

13. PROPOSED PROJECT
Start Date: 12/1/2012
Ending Date: 11/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA 053
b. Project:

15. ESTIMATED FUNDING:

a. Federal	$ 553,691 .00
b. Applicant	$ 153,971 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 707,662 .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: 10/17/2011

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: Heather
Middle Name
Last Name: Finlay
Suffix
b. Title: Chief Executive Officer
c. Telephone Number (give area code): 619-239-0355
d. Signature of Authorized Representative: Heather Finlay
e. Date Signed: 10/13/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Alpha Project for the Homeless

Organizational Unit: Department:

Organizational DUNS: 62341533

Division:

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Address:
Street: 3737 Fifth Ave., Suite 203
City: San Diego
County: San Diego
State: CA
Zip Code 92103
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Kyla
Middle Name Linnet
Last Name Winters
Suffix:
Email: kyla@alphaproject.org
Phone Number (give area code) 619-542-1877
Fax Number (give area code) 619-542-0264

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 3 3 - 0 2 1 5 5 8 5

7. TYPE OF APPLICANT: (See back of form for Application Types)
O - Non 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:
Office of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 3 5
TITLE (Name of Program): COC Supportive Housing Pprogram

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Casa Raphael, a residential drug and alcohol treatment program for homeless men.

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

13. PROPOSED PROJECT
Start Date: 07/01/2012
Ending Date: 06/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 53
b. Project 49

15. ESTIMATED FUNDING:

a. Federal HUD	$ 159,345.00
b. Applicant Alpha Project	$ 53,500.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 212,845.00

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: 10/10/2011
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 Robert Middle Name
Last Name McElroy Suffix
b. Title Chief Executive Officer
c. Telephone Number (give area code) 619-542-1877
d. Signature of Authorized Representative
e. Date Signed 10/13/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10/28/2011	Federal Identifier CA0536B9D011003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: St. Vincent de Paul Village, Inc.

Organizational DUNS: 785983511

Address:

Street: 3350 E Street

City: San Diego

County: San Diego

State: CA

Zip Code: 92102-3332

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: Mr. First Name: Mathew

Middle Name

Last Name: Packard

Suffix:

Email: mathew.packard@neighbor.org

Phone Number (give area code): (619) 446-2126

Fax Number (give area code): (619) 446-2129

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0492302

8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types) O

Other (specify)

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

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

TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Family Living CTR

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of San Diego

13. PROPOSED PROJECT

Start Date: 04/01/2012

Ending Date: 03/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant CA-053

b. Project CA-053

15. ESTIMATED FUNDING:

a. Federal	$ 513,712.00
b. Applicant	$ 0.00
c. State	$ 103,542.00
d. Local	$ 101,432.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 718,686.00

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: 10/17/2011

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: Mathew Middle Name

Last Name: Packard Suffix

b. Title: Vice President of Development

c. Telephone Number (give area code): (619) 446-2126

d. Signature of Authorized Representative

e. Date Signed: 10/12/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10/28/2011	Federal Identifier CA0537B9D011003	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: St. Vincent de Paul Village, Inc.

Organizational Unit:
Department:
Division:

Organizational DUNS: 785983511

Address:
Street: 3350 E Street
City: San Diego
County: San Diego
State: CA
Zip Code: 92102-3332
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Mathew
Middle Name
Last Name: Packard
Suffix:
Email: mathew.packard@neighbor.org
Phone Number (give area code): (619) 446-2126
Fax Number (give area code): (619) 446-2129

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 3 3 - 0 4 9 2 3 0 2

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
O
Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 3 5
TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresh Start

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
City of San Diego

13. PROPOSED PROJECT
Start Date: 05/01/2012
Ending Date: 04/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-053
b. Project: CA-053

15. ESTIMATED FUNDING:

a. Federal	$ 619,024.00
b. Applicant	$ 32,972.00
c. State	$ 78,842.00
d. Local	$ 72,482.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 803,320.00

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: 10/17/2011
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: Mathew
Middle Name
Last Name: Packard
Suffix
b. Title: Vice President of Development
c. Telephone Number (give area code): (619) 446-2126
d. Signature of Authorized Representative
e. Date Signed: 10/12/11

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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

2. DATE SUBMITTED 10/17/2011		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY 10/28/2011		Federal Identifier CA0543B9D011003

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: St. Vincent de Paul Village, Inc.

Organizational Unit:

Department:

Division:

Organizational DUNS: 785983511

Address:

Street: 3350 E Street

City: San Diego

County: San Diego

State: CA

Zip Code: 92102-3332

Country: USA

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

Prefix: Mr. First Name: Mathew

Middle Name

Last Name: Packard

Suffix:

Email: mathew.packard@neighbor.org

Phone Number (give area code): (619) 446-2126

Fax Number (give area code): (619) 446-2129

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 3 3 - 0 4 9 2 3 0 2

8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O

Other (specify)

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

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

TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Solutions Consortium-Project

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of San Diego

13. PROPOSED PROJECT

Start Date: 05/01/2012

Ending Date: 04/30/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-053

b. Project: CA-050, CA-051, CA-053

15. ESTIMATED FUNDING:

a. Federal	$ 2,397,341.00
b. Applicant	$ 358,620.00
c. State	$ 32,729.00
d. Local	$ 75,900.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 2,864,590.00

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: 10/17/2011

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: Mathew Middle Name

Last Name: Packard Suffix

b. Title: Vice President of Development

c. Telephone Number (give area code): (619) 446-2126

d. Signature of Authorized Representative

e. Date Signed: 10/12/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10/28/2011	Federal Identifier CA0542B9D011003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: St. Vincent de Paul Village, Inc.

Organizational Unit:

Department:

Division:

Organizational DUNS: 785983511

Address:

Street: 3350 E Street

City: San Diego

County: San Diego

State: CA

Zip Code: 92102-3332

Country: USA

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

Prefix: Mr. First Name: Mathew

Middle Name

Last Name: Packard

Suffix:

Email: mathew.packard@neighbor.org

Phone Number (give area code): (619) 446-2126

Fax Number (give area code): (619) 446-2129

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 33-0492302

8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O

Other (specify)

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

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

TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Solutions 4

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of San Diego

13. PROPOSED PROJECT

Start Date: 02/01/2012

Ending Date: 01/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-053

b. Project: CA-050, CA-051, CA-053

15. ESTIMATED FUNDING:

a. Federal	$ 962,801.00
b. Applicant	$ 148,944.00
c. State	$ 86,167.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 1,197,912.00

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: 10/17/2011

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: Mathew	Middle Name
Last Name: Packard		Suffix
b. Title: Vice President of Development		c. Telephone Number (give area code): (619) 446-2126
d. Signature of Authorized Representative		e. Date Signed: 10/12/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

2. DATE SUBMITTED 10/17/2011		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY 10/28/2011		Federal Identifier CA0551B9D011003

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: St. Vincent de Paul Village, Inc.

Organizational DUNS: 785983511

Address:
Street: 3350 E Street
City: San Diego
County: San Diego
State: CA
Zip Code: 92102-3332
Country: USA

Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Mathew
Middle Name
Last Name: Packard
Suffix:
Email: mathew.packard@neighbor.org
Phone Number (give area code): (619) 446-2126
Fax Number (give area code): (619) 446-2129

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 3 3 - 0 4 9 2 3 0 2

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
O
Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 3 5
TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Toussaint Academy

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
City of San Diego

13. PROPOSED PROJECT
Start Date: 04/01/2012
Ending Date: 03/31/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-053
b. Project: CA-053

15. ESTIMATED FUNDING:

a. Federal	$ 602,182.00
b. Applicant	$ 121,101.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 723,283.00

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: 10/17/2011
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: Mathew
Middle Name
Last Name: Packard
Suffix
b. Title: Vice President of Development
c. Telephone Number (give area code): (619) 446-2126
d. Signature of Authorized Representative
e. Date Signed: 10/12/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 30 006

Version 7/03

2. DATE SUBMITTED 10/17/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10/26/2011	Federal Identifier CA0802B9D011002	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: St. Vincent de Paul Village, Inc.

Organizational DUNS: 785983511

Address:

Street: 3350 E Street

City: San Diego

County: San Diego

State: CA

Zip Code: 92102-3332

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: Mr. First Name: Mathew

Middle Name

Last Name: Packard

Suffix:

Email: mathew.packard@neighbor.org

Phone Number (give area code): (619) 446-2126

Fax Number (give area code): (619) 446-2129

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 3 - 0 4 9 2 3 0 2

8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O

Other (specify)

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

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

TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Boulevard Apartments

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Diego

13. PROPOSED PROJECT

Start Date: 10/01/2012

Ending Date: 09/30/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-053

b. Project: CA-053

15. ESTIMATED FUNDING:

a. Federal	$ 0.00
b. Applicant	$ 12,550.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 12,550.00

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: 10/17/2011

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: Mathew Middle Name

Last Name: Packard Suffix

b. Title: Vice President of Development

c. Telephone Number (give area code): (619) 446-2126

d. Signature of Authorized Representative

e. Date Signed: 10/12/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED October 17, 2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0704BSD101003	

1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Community Resource Center	Organizational Unit: Department:
Organizational DUNS: 193789690	Division:
Address: Street: 650 Second Street	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Ms. First Name: Laurin
City: Encinitas	Middle Name
County: San Diego	Last Name Pause
State: CA Zip Code 92024	Suffix:
Country: USA	Email: lpause@crcncc.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3497926	Phone Number (give area code) 760-753-1156, ext. 1302 Fax Number (give area code) 760-753-0252

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8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235 TITLE (Name of Program): Supportive Housing Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Libre Domestic Violence Transitional Housing
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, CA	
13. PROPOSED PROJECT: Start Date: January 1, 2013 Ending Date: December 31, 2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-050 b. Project CA-050

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 55,000	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 17, 2011
b. Applicant	$ 70,372	
c. State	$	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ 46,912	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 181,284	☐ 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 Laurin	Middle Name
Last Name Pause		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 760-753-1156, ext. 132
d. Signature of Authorized Representative		e. Date Signed October 17, 2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076 .6

Version 7/03

2. DATE SUBMITTED	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0548B9D011003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Diego Youth Services

Organizational Unit: Department:

Organizational DUNS: 113867105

Division: Homeless/Transition Age Services

Address:

Street: 3255 Wing Street

City: San Diego

County: San Diego

State: CA

Zip Code: 92110

Country: USA

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

Prefix: Mr. First Name: Stephen

Middle Name: Paul

Last Name: Carroll

Suffix: MSW

Email: scarroll@sdyouthservices.org

Phone Number (give area code): (619) 221-8600 x2275

Fax Number (give area code): (619) 221-8611

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-2648050

7. TYPE OF APPLICANT: (See back of form for Application Types)

O

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: Department of Housing and Urban Development

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Take Wing Transitional Living Program

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

13. PROPOSED PROJECT

Start Date: 10/01/12

Ending Date: 9/30/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 53

b. Project: 50,51,52,53

15. ESTIMATED FUNDING:

a. Federal	$ 87,571.00
b. Applicant	$ 24,848.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 112,419.00

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: 10/17/2011

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: Walter Middle Name:

Last Name: Philips Suffix: LCSW

b. Title: Chief Executive Officer

c. Telephone Number (give area code): (619) 221-8600 x1225

d. Signature of Authorized Representative: Walter Philips

e. Date Signed: 10/7/2011

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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

2. DATE SUBMITTED 10/17/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10/17/11	Federal Identifier 047249	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Oceanside

Organizational Unit: Department: City Government

Organizational DUNS: 73370678

Division:

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Address: Street: 300 North Coast Highway; City: Oceanside; County: San Diego; State: California; Zip Code: 92054; Country: United States

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

Email: marva.bledsoe@wrcsd.org

Phone Number (give area code): (760) 757-3500; Fax Number (give area code): (760) 757-0680

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1588570

8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal

Other (specify)

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

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

TITLE (Name of Program): Supportive Housing

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Transitional housing for families impacted by domestic violence.

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

13. PROPOSED PROJECT

Start Date: 02/01/12; Ending Date: 01/31/13

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 49; b. Project 49

15. ESTIMATED FUNDING:

a. Federal	$ 146,702.00
b. Applicant	$ 125,110.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 271,812.00

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: 10/17/11

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: Marva; Middle Name

Last Name: Bledsoe; Suffix

b. Title: Chief Executive Officer

c. Telephone Number (give area code): (760) 757-3500

d. Signature of Authorized Representative: Marva Bledsoe

e. Date Signed

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Authorized for Local Reproduction

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

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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. Application Identifier:

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OCT 17 2011
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: N/A

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Mercy House Living Centers

* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0315864

*c. Organizational DUNS: 87-979-7165

d. Address:

*Street1: PO Box 1905
Street 2:
*City: Santa Ana
County: Orange County
*State: CA
Province:
Country: United States
*Zip/ Postal Code: 92702

e. Organizational Unit:

Department Name: N/A

Division Name: N/A

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

Prefix: Miss
First Name: Allison
Middle Name:
*Last Name: Harvey
Suffix:

Title: Development Director

Organizational Affiliation: N/A

*Telephone Number: 714-836-7188 x 114
Fax Number: 714-836-7901

*Email: allisonh@mercyhouse.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number: 14.235

CFDA Title: SHP

*12. Funding Opportunity Number: FR-5500-N-34

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number: N/A

Title:

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

City of Anaheim; Orange County; State of California

*15. Descriptive Title of Applicant's Project:

Mercy House Campus -Anaheim (Permanent Housing Project)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-047 *b. Program/Project: CA-047

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

17. Proposed Project:

*a. Start Date: 4/1/2012 *b. End Date: 3/31/2013

18. Estimated Funding ($):

*a. Federal $393,689
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL ~~$0.00~~ $393,689

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

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

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Larry

Middle Name:

*Last Name: Haynes

Suffix:

*Title: Executive Director

*Telephone Number: 714-836-7188 x 101 Fax Number: 714-836-7901

*Email: larryh@mercyhouse.net

*Signature of Authorized Representative: Date Signed:

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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 17 2011
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0578B9D021003

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Mercy House Living Centers

* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0315864

*c. Organizational DUNS: 87-979-7165

d. Address:

*Street1: PO Box 1905
Street 2:
*City: Santa Ana
County: Orange County
*State: CA
Province:
Country: United States
*Zip/ Postal Code: 92702

e. Organizational Unit:

Department Name: N/A

Division Name: N/A

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

Prefix: Miss
First Name: Allison
Middle Name:
*Last Name: Harvey
Suffix:

Title: Development Director

Organizational Affiliation:
N/A

*Telephone Number: 714-836-7188 x 114
Fax Number: 714-836-7901

*Email: allisonh@mercyhouse.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number: 14.235

CFDA Title: SHP

*12. Funding Opportunity Number: FR-5500-N-34

*Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number: N/A

Title:

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

City of Santa Ana; Orange County; State of California

*15. Descriptive Title of Applicant's Project:

Joseph House/ Regina House Transitional Shelters

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-047 *b. Program/Project: CA-047

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

17. Proposed Project:

*a. Start Date: 4/1/2012 *b. End Date: 3/31/2013

18. Estimated Funding ($):

*a. Federal $118,000
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL ~~$0.00~~ $118,000

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

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

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Larry

Middle Name:

*Last Name: Haynes

Suffix:

*Title: Executive Director

*Telephone Number: 714-836-7188 x 101 Fax Number: 714-836-7901

*Email: larryh@mercyhouse.net

*Signature of Authorized Representative: Date Signed:

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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. Application Identifier:

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OCT 17 2011
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0573B90021003

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Mercy House Living Centers

* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0315864

*c. Organizational DUNS: 87-979-7165

d. Address:

*Street1: PO Box 1905
Street 2:
*City: Santa Ana
County: Orange County
*State: CA
Province:
Country: United States
*Zip/ Postal Code: 92702

e. Organizational Unit:

Department Name: N/A

Division Name: N/A

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

Prefix: Miss
First Name: Allison
Middle Name:
*Last Name: Harvey
Suffix:

Title: Development Director

Organizational Affiliation:

N/A

*Telephone Number: 714-836-7188 x 114
Fax Number: 714-836-7901

*Email: allisonh@mercyhouse.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number: 14.235

CFDA Title: SHP

*12. Funding Opportunity Number: FR-5500-N-34

*Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number: N/A

Title:

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

City of Santa Ana; Orange County; State of California

*15. Descriptive Title of Applicant's Project:

Emmanuel House Transitional Shelter

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-047 *b. Program/Project: CA-047

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

17. Proposed Project:

*a. Start Date: 5/1/2012 *b. End Date: 4/30/2013

18. Estimated Funding ($):

*a. Federal $90,240
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL $90,240

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

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

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Larry

Middle Name:

*Last Name: Haynes

Suffix:

*Title: Executive Director

*Telephone Number: 714-836-7188 x 101 Fax Number: 714-836-7901

*Email: larryh@mercyhouse.net

*Signature of Authorized Representative: Date Signed:

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10-17-11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10-28-11	Federal Identifier CA534C9D011003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Diego Housing Commission

Organizational DUNS: 041481276

Address:
Street: 1122 Broadway # 300
City: San Diego
County: San Diego
State: California
Zip Code: 92101
Country: USA

Organizational Unit:
Department: Housing Innovation
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Lynda
Middle Name
Last Name: Brophy
Suffix:
Email: lyndab@sdhc.org
Phone Number (give area code): 619-578-7473
Fax Number (give area code): 619-578-7366

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3390896

7. TYPE OF APPLICANT: (See back of form for Application Types)
C Municipal
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: Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-238
TITLE (Name of Program): Shelter Plus Care Housing

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing Assistance for disabled populations of various kinds

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF SAN DIEGO

13. PROPOSED PROJECT
Start Date: 7-1-12
Ending Date: 6/30/13

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 053
b. Project: 053

15. ESTIMATED FUNDING:

a. Federal	$ 1,026,684
b. Applicant	$ 1,026,684
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 2,053,368

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: 10-17-11
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: Peggy
Middle Name:
Last Name: Goldstein
Suffix:
b. Title: COO LEAD (Alternate)
c. Telephone Number (give area code): 619-291-8155
d. Signature of Authorized Representative:
e. Date Signed: 10-17-11

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10-17-11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10-28-11	Federal Identifier CA0927C9D011001	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Diego Housing Commission

Organizational DUNS: 041481276

Address:
Street: 1122 Broadway # 300
City: San Diego
County: San Diego
State: California
Zip Code: 92101
Country: USA

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

Organizational Unit:
Department: Housing Innovation
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Lynda
Middle Name
Last Name: Brophy
Suffix:
Email: lyndab@sdhc.org
Phone Number (give area code): 619-578-7473
Fax Number (give area code): 619-578-7366

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 – 3 3 9 0 8 9 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)

C Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY: Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 – 2 3 8

TITLE (Name of Program): Shelter Plus Care Housing

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing Assistance for disabled populations of various kinds

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF SAN DIEGO

13. PROPOSED PROJECT
Start Date: 7/1/12
Ending Date: 6/30/13

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 053
b. Project: 053

15. ESTIMATED FUNDING:

a. Federal	$ 216,696.00
b. Applicant	$ 216,696.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 433,392.00

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: 10-17-11

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: Peggy
Middle Name
Last Name: Goldstein
Suffix
b. Title: COC LEAD (Alternate)
c. Telephone Number (give area code): 619-291-6155
d. Signature of Authorized Representative
e. Date Signed: 10-17-11

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10-17-11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10-28-11	Federal Identifier CA0803C9D011002	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Diego Housing Commission

Organizational DUNS: 041481276

Address:
Street: 1122 Broadway # 300
City: San Diego
County: San Diego
State: California
Zip Code: 92101
Country: USA

Organizational Unit:
Department: Housing Innovation
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Lynda
Middle Name
Last Name: Brophy
Suffix:
Email: lyndab@sdhc.org
Phone Number (give area code): 619-578-7473
Fax Number (give area code): 619-578-7366

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 – 3 3 9 0 8 9 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)

C Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY: Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 – 2 3 8

TITLE (Name of Program): Shelter Plus Care Housing

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing Assistance for disabled populations of various kinds

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF SAN DIEGO

13. PROPOSED PROJECT
Start Date: 7/1/12
Ending Date: 6/30/13

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 053
b. Project: 053

15. ESTIMATED FUNDING:

a. Federal	$ 365,196
b. Applicant	$ 365,196
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 730,392

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: 10-17-11

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: Peggy
Middle Name
Last Name: Goldstein
Suffix
b. Title: COC LEAD (Alternate)
c. Telephone Number (give area code): 619-291-6155
d. Signature of Authorized Representative: P Goldstein
e. Date Signed: 10-17-11

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10-17-11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10-28-11	Federal Identifier CA0928C9D0 11001	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Diego Housing Commission

Organizational Unit: Department: Housing Innovation

Organizational DUNS: 041481276

Division:

Address:

Street: 1122 Broadway # 300

City: San Diego

County: San Diego

State: California

Zip Code: 92101

Country: USA

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

Prefix: First Name: Lynda

Middle Name

Last Name: Brophy

Suffix:

Email: lyndab@sdhc.org

Phone Number (give area code): 619-578-7473

Fax Number (give area code): 619-578-7366

RECEIVED OCT 17 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 3 3 9 0 8 9 5

7. TYPE OF APPLICANT: (See back of form for Application Types)

C Municipal

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: Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 3 8

TITLE (Name of Program): Shelter Plus Care Housing

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing Assistance for disabled populations of various kinds

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: CITY OF SAN DIEGO

13. PROPOSED PROJECT

Start Date: 7/1/12

Ending Date: 6/30/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 053

b. Project: 053

15. ESTIMATED FUNDING:

a. Federal	$ 275,496.00
b. Applicant	$ 275,496.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 550,992.00

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: 10-17-11

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: Peggy

Middle Name

Last Name: Goldstein

Suffix

b. Title: COCTEAB (Alternate)

c. Telephone Number (give area code): 619-291-6155

d. Signature of Authorized Representative

e. Date Signed: 10-17-11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 10-17-11	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENCY 10-28-11	Federal Identifier CA0541C9D011003
☑ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: San Diego Housing Commission	Organizational Unit: Department: Housing Innovation
Organizational DUNS: 041481276	Division:
Address: Street: 1122 Broadway # 300	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Lynda
City: San Diego	Middle Name
County: San Diego	Last Name Brophy
State: California / Zip Code 92101	Suffix:
Country: USA	Email: lyndab@sdhc.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3390896	Phone Number (give area code) 619-578-7473 / Fax Number (give area code) 619-578-7366
8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C Municipal. Other (specify)
	9. NAME OF FEDERAL AGENCY: Housing and Urban Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-238. TITLE (Name of Program): Shelter Plus Care Housing	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing Assistance for disabled populations of various kinds
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF SAN DIEGO	
13. PROPOSED PROJECT: Start Date: 4/01/12 / Ending Date: 3/31/13	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 053 / b. Project 053

15. ESTIMATED FUNDING:

a. Federal	$ 134,976.00
b. Applicant	$ 134,976.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 269,952.00

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: 10-17-11

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 Peggy	Middle Name
Last Name Goldstein		Suffix
b. Title COC LEAD (Alternate)		c. Telephone Number (give area code) 619-291-6155
d. Signature of Authorized Representative		e. Date Signed 10-17-11

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10-17-11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10-28-11	Federal Identifier CA0545C9D011003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Diego Housing Commission

Organizational DUNS: 041481276

Address:

Street: 1122 Broadway # 300

City: San Diego

County: San Diego

State: California

Zip Code: 92101

Country: USA

Organizational Unit:

Department: Housing Innovation

Division:

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

Prefix: First Name: Lynda

Middle Name

Last Name: Brophy

Suffix:

Email: lyndab@sdhc.org

Phone Number (give area code): 619-578-7473

Fax Number (give area code): 619-578-7366

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OCT 17 2011
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 5 – 3 3 9 0 8 9 6

7. TYPE OF APPLICANT: (See back of form for Application Types)

C Municipal

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: Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 – 2 3 8

TITLE (Name of Program): Shelter Plus Care Housing

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing Assistance for disabled populations of various kinds

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: CITY OF SAN DIEGO

13. PROPOSED PROJECT

Start Date: 2/01/12

Ending Date: 1/31/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 053

b. Project: 053

15. ESTIMATED FUNDING:

a. Federal	$ 413,640
b. Applicant	$ 413,640
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 827,280

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: 10-17-11

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: Peggy

Middle Name

Last Name: Goldstein

Suffix

b. Title: COC LEAD (Alternate)

c. Telephone Number (give area code): 619-291-6155

d. Signature of Authorized Representative

e. Date Signed: 10-17-11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

2. DATE SUBMITTED October 17, 2011	Applicant Identifier 041369-2011	
3. DATE RECEIVED BY STATE	State Application Identifier N/A	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0557B9D020800	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Serving People In Need, Inc.

Organizational DUNS: 179244173

Address:

Street: 151 Kalmus Drive, H-2

City: Costa Mesa

County: Orange

State: CA

Zip Code: 92626

Country: United States

Organizational Unit:

Department: N/A

Division: N/A

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

Prefix: Mrs. First Name: Jean

Middle Name: H.

Last Name: Wegener

Suffix:

Email: jeanw@spinoc.org

Phone Number (give area code): (714) 751-1101, ext. 12

Fax Number (give area code): (714) 751-3332

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 3 3 - 0 3 2 9 6 8 7

7. TYPE OF APPLICANT: (See back of form for Application Types)

o. Non Profit Organization

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: Department of Housing and Urban Development

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:

Continuum of Care Coalition: provides transitional housing for families with children and individuals some of whom may be victims of domestic violence and chronically homeless substance abusers and support services to enhance their ability to achieve permanent housing.

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

Central and Northern Orange County, CA

13. PROPOSED PROJECT

Start Date: February 1, 2012

Ending Date: January 30, 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA 46

b. Project: CA 40, 42, 46, 47, 48

15. ESTIMATED FUNDING:

a. Federal	$ 403,208 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 403,208 .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: October 17, 2011

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

☑ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mrs. First Name: Jean Middle Name: H.

Last Name: Wegener Suffix:

b. Title: Executive Director

c. Telephone Number (give area code): (714) 751-1101, ext. 12

d. Signature of Authorized Representative: Jean Wegener

e. Date Signed: October 17, 2011

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Authorized for Local Reproduction

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

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier: CA-606

*5b. Federal Award Identifier: Please see attached project listing.

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Long Beach

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000733

*c. Organizational DUNS: 130009269

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d. Address:

*Street1: 2525 Grand Avenue
Street 2:
*City: Long Beach
County: Los Angeles
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 90815-1765

e. Organizational Unit:

Department Name: Department of Health and Human Services

Division Name: Homeless Services Division

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

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

Title: Homeless Services Officer

Organizational Affiliation: Not Applicable

*Telephone Number: (562) 570-4003 Fax Number: (562) 570-4066

*Email: susan.price@longbeach.gov

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: 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:
Department of Housing and Urban Development, Office of Community Planning and Development

11. Catalog of Federal Domestic Assistance Number:

14.235, 14.238

CFDA Title:

14.235 - Supportive Housing Program
14.238 - Shelter Plus Care

*12. Funding Opportunity Number: FR-5500-N-34

*Title:
Notice of Funding Availability for Continuum of Care (CoC) Homeless Assistance Programs

13. Competition Identification Number: Not Applicable

Title:

Not Applicable

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

City of Long Beach, California

*15. Descriptive Title of Applicant's Project:

The City of Long Beach is the lead applicant for the Long Beach Continuum of Care, CA-606. For the 2011 Continuum of Care application, the City of Long Beach and twelve project sponsors are applying for $7,290,372 in Supportive Housing Program and Shelter Plus Care funding. Please see the attached project listing.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: CA-044, CA-047 (2011 California Congressional Districts)

*a. Applicant CA-044, CA-047 *b. Program/Project: CA-047

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

17. Proposed Project:

*a. Start Date: Please see project listing *b. End Date: Please see project listing

18. Estimated Funding ($):

*a. Federal	$7,290,372.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$7,290,372.00

***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 10/18/2011.
☐ 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: Patrick

Middle Name: H.

*Last Name: West

Suffix:

*Title: City Manager

*Telephone Number: (562) 570-6916 Fax Number: (562) 570-7650

*Email: Patrick.West@longbeach.gov

*Signature of Authorized Representative: Date Signed: 10.12.11

Assistant City Manager

EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.

APPROVED AS TO FORM

9/27 20 11

ROBERT E. SHANNON, City Attorney

By _____
LINDA TRANG
DEPUTY CITY ATTORNEY

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0 .0

Version 7/03

2. DATE SUBMITTED 10/18/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 10/18/11	Federal Identifier CA0574B9D021003	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: YWCA Central Orange County	**Organizational Unit:** Department:
Organizational DUNS: 113667162	Division:
Address: Street: 133 North Grand Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. / First Name: Maria
City: Orange	Middle Name Carina
County: Orange County	Last Name Abenes
State: CA / Zip Code 92866	Suffix: M.A.
Country: United States	Email: mabenes@ywcacoc.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-1716919	Phone Number (give area code) (714) 633-4950 ext. 1# / Fax Number (give area code) (714) 633-0621

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8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O. Not for profit organization

Other (specify)

9. NAME OF FEDERAL AGENCY:
Department of Housing & Urban Development (HUD)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

14-235

TITLE (Name of Program):
Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

First Steps Transitional Housing Program for homeless youth who have emancipated form foster care.

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

City of Orange, Central Orange County, Southern California

13. PROPOSED PROJECT

Start Date:	Ending Date:
07/01/12	06/31/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
CA-40	CA-40

15. ESTIMATED FUNDING:

a. Federal	$ 93,880.00
b. Applicant	$ 40,000.00
c. State	$ .00
d. Local	$ 5,000.00
e. Other	$ 10,000.00
f. Program Income	$ 15,000.00
g. TOTAL	$ 163,880.00

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

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

DATE:

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

☑ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative		
Prefix Ms.	First Name Maria	Middle Name Carina
Last Name Abenes		Suffix M.A.
b. Title Interim Executive Director		c. Telephone Number (give area code) (714) 633-4950 ext. 1#
d. Signature of Authorized Representative		e. Date Signed 10/18/11

OMB Approved No. 3076-0006

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10/19/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: GenerateHope

Organizational Unit:

Department:

Division:

Organizational DUNS: 028981716

Address:

Street: 4025 Camino Del Rio South, Suite 300

City: San Diego

County: San Diego

State: CA

Zip Code: 92108

Country: United States

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

Prefix: Ms. First Name: Susan

Middle Name

Last Name: Munsey

Suffix:

Email: Susan@GenerateHope.org

Phone Number (give area code): (619) 818-4026

Fax Number (give area code): 619-342-7508

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 2 6 - 3 4 0 5 6 8 9

7. TYPE OF APPLICANT: (See back of form for Application Types)

"New"

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: 1 4 - 2 3 5

TITLE (Name of Program): GenerateHope

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

GenerateHope provides transitional housing and supportive services to homeless women who are victims of Commercial Sexual Exploitation.

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

San Diego County, California

13. PROPOSED PROJECT

Start Date: 01/01/2012

Ending Date: 12/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA- 049, 050, 051, 052, 053

b. Project: CA-051

15. ESTIMATED FUNDING:

a. Federal	$ 200,000 00
b. Applicant	$ 48,000 00
c. State	$ 00
d. Local	$ 00
e. Other In-Kind	$ 302,016 00
f. Program Income	$ 00
g. TOTAL	$ 550,016 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: 10/19/2011

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mrs. First Name: Holly Middle Name: Lynn

Last Name: Hepburn Suffix:

b. Title: Director of Program Development

c. Telephone Number (give area code): (760) 814-0620

d. Signature of Authorized Representative

e. Date Signed: 10/19/11

Fax 16-323-3018

OMB Approved No. 3076-0006

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10/20/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: OC PARTNERSHIP

Organizational DUNS:

Address:

Street: 1505 E. 15TH STREET, SUITE 108

City: SANTA ANA

County: ORANGE

State: CA

Zip Code: 92705

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: KAREN

Middle Name

Last Name: WILLIAMS

Suffix:

Email: KAREN.WILLIAMS@OCPARTNERSHIP.NET

Phone Number (give area code): 714-288-4007

Fax Number (give area code): 714-258-7852

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 3 - 0 6 3 1 4 9 7

7. TYPE OF APPLICANT: (See back of form for Application Types)

O

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:

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

TITLE (Name of Program): Labor Management Cooperation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTY OF ORANGE, CA

13. PROPOSED PROJECT

Start Date: 3/1/2012

Ending Date: 2/28/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 57,043.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 57,043.00

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix

First Name: KAREN

Middle Name

Last Name: WILLIAMS

Suffix

b. Title: CHIEF OPERATING OFFICER

c. Telephone Number (give area code): 714-288-4007

d. Signature of Authorized Representative: Karen Williams

e. Date Signed: 10/20/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-

Version 7/03

2. DATE SUBMITTED 10/19/11	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0590B9D021003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Families Forward	Organizational Unit:
	Department:
Organizational DUNS: 610093825	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 9221 Irvine Blvd.	Prefix: Ms. / First Name: Anne
City: Irvine	Middle Name: Christine
County: Orange	Last Name: Noble
State: CA / Zip Code: 92618	Suffix:
Country: United States	Email: anoble@families-forward.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0086043	Phone Number (give area code): 949-716-2727 / Fax Number (give area code): 949-552-2731

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8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O.

Other (specify)

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

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

TITLE (Name of Program): Supportive Housing Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Transitional Housing Program

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
2/1/12	1/31/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
48	48

15. ESTIMATED FUNDING:

a. Federal	$ .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .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: 10/19/11

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mrs.	First Name: Margie	Middle Name
Last Name: Wakeham		Suffix
b. Title: Executive Director		c. Telephone Number (give area code): 949-552-2727
d. Signature of Authorized Representative: Margie Wakeham		e. Date Signed: 10/19/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-

Version 7/03

		2. DATE SUBMITTED 10/19/11	Applicant Identifier
1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Familles Forward	Organizational Unit: Department:
Organizational DUNS: 610093825	Division:
Address: Street: 9221 Irvine Blvd.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Anna
City: Irvine	Middle Name Christine
County: Orange	Last Name Noble
State: CA Zip Code 92618	Suffix:
Country: United States	Email: anoble@familles-forward.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0086043	Phone Number (give area code) 949-716-2727 Fax Number (give area code) 949-552-2731

RECEIVED OCT 19 2011 STATE CLEARING HOUSE

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) O. Other (specify)
	9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235 TITLE (Name of Program): Supportive Housing Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing First Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County California	
13. PROPOSED PROJECT Start Date: 4/1/12 Ending Date: 3/31/13	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 48 b. Project 48
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal $ .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/19/11
b. Applicant $ .00	
c. State $ .00	
d. Local $ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other $ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income $ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL $ .00	☐ Yes If "Yes" attach an explanation. ☐ No

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

a. Authorized Representative		
Prefix Mrs.	First Name Margie	Middle Name
Last Name Wakeham		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 949-552-2727
d. Signature of Authorized Representative Margie Wakeham		e. Date Signed 10/19/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-

Version 7/03

2. DATE SUBMITTED 10/19/11		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier CA0589B9D021003

1. TYPE OF SUBMISSION:
Application: ☐ Construction ☑ Non-Construction
Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Familles Forward	Organizational Unit:
	Department:
Organizational DUNS: 610093825	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 9221 Irvine Blvd.	Prefix: Ms. / First Name: Anna
City: Irvine	Middle Name: Christine
County: Orange	Last Name: Noble
State: CA / Zip Code: 92618	Suffix:
Country: United States	Email: anoble@familles-forward.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0086043	Phone Number (give area code): 949-716-2727 / Fax Number (give area code): 949-552-2731

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
O.
Other (specify)

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Transitional Housing and Career Education Program

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

13. PROPOSED PROJECT
Start Date: 9/1/12 / Ending Date: 8/31/13

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 48 / b. Project: 48

15. ESTIMATED FUNDING:

a. Federal	$ .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .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: 10/19/11
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix: Mrs.	First Name: Margie	Middle Name
Last Name: Wakeham		Suffix
b. Title: Executive Director		c. Telephone Number (give area code): 949-552-2727
d. Signature of Authorized Representative: Margie Wakeham		e. Date Signed: 10/19/11

Application for Fed Assistance SF-424 Version 02

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

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

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OCT 20 2011
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Lakeview Ranchos Mutual Water Company

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-3122305	

d. Address:

* Street 1: PO BOX 331
Street 2:
* City: Weldon
County: Kern
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93283

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: Lance
Middle Name:
* Last Name: Tidwell
Suffix:

Title: Board President

Organizational Affiliation:

* Telephone Number: (760) 378-3406 Fax Number: 760-378-3406

* Email: tidwelllance@gmail.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Mutual Water Company

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Service area of Lakeview Ranchos Mutual Water Company.

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

2013 Water Improvements Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Fed(\ssistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant 22 * b. Program/Project 22

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01-03-2012 * b. End Date: 12-31-2013

18. Estimated Funding ($):

* a. Federal	1,110,000
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,110,000

*** 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 10-24-2011.

☐ 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 assurences **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: Lance

Middle Name:

* Last Name: Tidwell

Suffix:

* Title: Board President

*Telephone Number: (760) 378-3406 Fax Number:

* Email: tidwelllance@gmail.com

* Signature of Authorized Representative: Lance E. Tidwell * Date Signed: 10/17/11

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/20/2011	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0568B9D021003

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Interval House

Organizational Unit:

Department:

Division:

Organizational DUNS: 113510178

Address:

Street: P.O. Box 3356

City: Seal Beach

County: Orange

State: CA

Zip Code: 90740

Country: United States

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

Prefix: Ms. First Name: Carol

Middle Name: Anne

Last Name: Williams

Suffix:

Email: Carol@intervalhouse.org

Phone Number (give area code): 562-594-9492

Fax Number (give area code): 562-596-3370

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3389113

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O. Not for Profit Organization

Other (specify)

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

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

TITLE (Name of Program): Supportive Housing Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bilingual Supportive Services Program

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

13. PROPOSED PROJECT

Start Date: 08/01/2012

Ending Date: 07/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-046

b. Project: CA-046, CA-047

15. ESTIMATED FUNDING:

a. Federal	$ .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .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: 10/20/2011

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: Carol Middle Name: Anne

Last Name: Williams Suffix:

b. Title: Executive Director c. Telephone Number (give area code): 562-594-9492

d. Signature of Authorized Representative e. Date Signed

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

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

*If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0337B9D001003

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Th Salvation Army, a California corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1156347

*c. Organizational DUNS:
074629460

d. Address:

*Street1: 180 East Ocean Boulevard, Suite 500
Street 2:
*City: Long Beach
County: Los Angeles
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 90802

e. Organizational Unit:

Department Name:
LAHSA Service Area

Division Name:
Southern California

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

Prefix: Mr.
First Name: Steve
Middle Name:
*Last Name: Lytle
Suffix:

Title: Funding Consultant

Organizational Affiliation:
The Salvation Army, a California corporation

*Telephone Number: (213) 553-3253
Fax Number: (213) 607-7253

*Email: Steve.Lytle@usw.salvation

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
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-5500-N-34

*Title:
Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

The Salvation Army SC Division LA Alegria (a.k.a. Bethesda House at Alegria)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-046 *b. Program/Project: CA-031

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

17. Proposed Project:

*a. Start Date: 12/01/2012 *b. End Date: 11/30/2013

18. Estimated Funding ($):

*a. Federal	$360,500.00
*b. Applicant	$114,102.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$474,602.00

***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 10/20/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Lt. Colonel *First Name: Victor

Middle Name: A.

*Last Name: Leslie

Suffix:

*Title: Divisional Commander

*Telephone Number: (562) 264-3618 Fax Number: (562) 264-3718

*Email: Victor.Leslie@usw.salvationarmy.org

*Signature of Authorized Representative: Signed in HUD e-snaps Date Signed: 10/13/2011

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

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

*If Revision, select appropriate letter(s):

* Other (Specify)

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OCT 20 2011
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0343B9D001003

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Th Salvation Army, a California corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1156347

*c. Organizational DUNS:
074629460

d. Address:

*Street1: 180 East Ocean Boulevard, Suite 500
Street 2:
*City: Long Beach
County: Los Angeles
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 90802

e. Organizational Unit:

Department Name:
LAHSA Service Area

Division Name:
Southern California

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

Prefix: Mr.
First Name: Steve
Middle Name:
*Last Name: Lytle
Suffix:

Title: Funding Consultant

Organizational Affiliation:
The Salvation Army, a California corporation

*Telephone Number: (213) 553-3253
Fax Number: (213) 607-7253

*Email: Steve.Lytle@usw.salvation

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
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-5500-N-34

*Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

The Salvation Army SC Division LA Bell Shelter I

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-046 *b. Program/Project: CA-034

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

17. Proposed Project:

*a. Start Date: 07/01/2012 *b. End Date: 06/30/2013

18. Estimated Funding ($):

*a. Federal	$218,221.00
*b. Applicant	$66,124.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$284,345.00

***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 10/20/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Lt. Colonel *First Name: Victor

Middle Name: A.

*Last Name: Leslie

Suffix:

*Title: Divisional Commander

*Telephone Number: (562) 264-3618 Fax Number: (562) 264-3718

*Email: Victor.Leslie@usw.salvationarmy.org

*Signature of Authorized Representative: Signed in HUD e-snaps Date Signed: 10/13/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☑ Non-Construction	**2. DATE SUBMITTED** 10/20/11	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Veterans Assistance Foundation, Inc.	**Organizational Unit:** Department:
Organizational DUNS: 143832355	Division:
Address: Street: 2215 Buena Vista Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: First Name: Deborah
City: Bakersfield	Middle Name K.
County: Kern	Last Name Johnson
State: California / Zip Code 93304	Suffix:
Country: USA	Email: deb.johnson@cavaf.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 3 0 - 0 1 8 6 0 4 4	Phone Number (give area code) (661) 695-3626 / Fax Number (give area code) (661) 392-7269

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OCT 20 2011
STATE CLEARING HOUSE

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O. Not for Profit

Other (specify)

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

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rally Point - Permanent supportive housing for homeless veterans.

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
11/01/2012	10/31/2014

14. CONGRESSIONAL DISTRICTS OF:

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

15. ESTIMATED FUNDING:

a. Federal	$ 271,459.00
b. Applicant	$ 41,200.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 312,659.00

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: 10/20/11

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 Deborah	Middle Name K.
Last Name Johnson		Suffix
b. Title President		c. Telephone Number (give area code) (661) 695-3626
d. Signature of Authorized Representative		e. Date Signed 10/20/11

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

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

*If Revision, select appropriate letter(s):

* Other (Specify)

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OCT 20 2011
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0344B9D001003

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Th Salvation Army, a California corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1156347

*c. Organizational DUNS:
074629460

d. Address:

*Street1: 180 East Ocean Boulevard, Suite 500
Street 2:
*City: Long Beach
County: Los Angeles
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 90802

e. Organizational Unit:

Department Name:
LAHSA Service Area

Division Name:
Southern California

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

Prefix: Mr.
First Name: Steve
Middle Name:
*Last Name: Lytle
Suffix:

Title: Funding Consultant

Organizational Affiliation:
The Salvation Army, a California corporation

*Telephone Number: (213) 553-3253
Fax Number: (213) 607-7253

*Email: Steve.Lytle@usw.salvation

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
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-5500-N-34

*Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

The Salvation Army SC Division LA Bell Shelter II

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA-046 *b. Program/Project: CA-034

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

17. Proposed Project:

*a. Start Date: 01/01/2013 *b. End Date: 12/31/2013

18. Estimated Funding ($):

*a. Federal	$276,039.00
*b. Applicant	$97,845.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$373,884.00

***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 10/20/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Lt. Colonel *First Name: Victor

Middle Name: A.

*Last Name: Leslie

Suffix:

*Title: Divisional Commander

*Telephone Number: (562) 264-3618 Fax Number: (562) 264-3718

*Email: Victor.Leslie@usw.salvationarmy.org

*Signature of Authorized Representative: Signed in HUD e-snaps Date Signed: 10/13/2011

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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 20 2011
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0492B9D001003

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Th Salvation Army, a California corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1156347

*c. Organizational DUNS:
074629460

d. Address:

*Street1: 180 East Ocean Boulevard, Suite 500
Street 2:
*City: Long Beach
County: Los Angeles
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 90802

e. Organizational Unit:

Department Name:
LAHSA Service Area

Division Name:
Southern California

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

Prefix: Mr.
First Name: Steve
Middle Name:
*Last Name: Lytle
Suffix:

Title: Funding Consultant

Organizational Affiliation:
The Salvation Army, a California corporation

*Telephone Number: (213) 553-3253
Fax Number: (213) 607-7253

*Email: Steve.Lytle@usw.salvation

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
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-5500-N-34

*Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

The Salvation Army SC Division LA The Haven

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-046 *b. Program/Project: CA-030

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

17. Proposed Project:

*a. Start Date: 07/01/2012 *b. End Date: 06/30/2013

18. Estimated Funding ($):

*a. Federal	$169,948.00
*b. Applicant	$50,902.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$220,850.00

***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 10/20/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Lt. Colonel *First Name: Victor

Middle Name: A.

*Last Name: Leslie

Suffix:

*Title: Divisional Commander

*Telephone Number: (562) 264-3618 Fax Number: (562) 264-3718

*Email: Victor.Leslie@usw.salvationarmy.org

*Signature of Authorized Representative: Signed in HUD e-snaps Date Signed: 10/13/2011

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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 20 2011
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0459B9D001003

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Th Salvation Army, a California corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1156347

*c. Organizational DUNS:
074629460

d. Address:

*Street1: 180 East Ocean Boulevard, Suite 500
Street 2:
*City: Long Beach
County: Los Angeles
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 90802

e. Organizational Unit:

Department Name:
LAHSA Service Area

Division Name:
Southern California

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

Prefix: Mr.
First Name: Steve
Middle Name:
*Last Name: Lytle
Suffix:

Title: Funding Consultant

Organizational Affiliation:
The Salvation Army, a California corporation

*Telephone Number: (213) 553-3253
Fax Number: (213) 607-7253

*Email: Steve.Lytle@usw.salvation

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
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-5500-N-34

*Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

The Salvation Army SC Division LA Santa Fe Springs TLC I

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-046 *b. Program/Project: CA-039

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

17. Proposed Project:

*a. Start Date: 05/01/2012 *b. End Date: 04/30/2013

18. Estimated Funding ($):

*a. Federal	$360,500.00
*b. Applicant	$110,770.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$471,270.00

***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 10/20/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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Authorized Representative:

Prefix: Lt. Colonel *First Name: Victor

Middle Name: A.

*Last Name: Leslie

Suffix:

*Title: Divisional Commander

*Telephone Number: (562) 264-3618 Fax Number: (562) 264-3718

*Email: Victor.Leslie@usw.salvationarmy.org

*Signature of Authorized Representative: Signed in HUD e-snaps Date Signed: 10/13/2011

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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 20 2011
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0495B9D001003

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Th Salvation Army, a California corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1156347

*c. Organizational DUNS:
074629460

d. Address:

*Street1: 180 East Ocean Boulevard, Suite 500
Street 2:
*City: Long Beach
County: Los Angeles
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 90802

e. Organizational Unit:

Department Name:
LAHSA Service Area

Division Name:
Southern California

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

Prefix: Mr.
First Name: Steve
Middle Name:
*Last Name: Lytle
Suffix:

Title: Funding Consultant

Organizational Affiliation:
The Salvation Army, a California corporation

*Telephone Number: (213) 553-3253
Fax Number: (213) 607-7253

*Email: Steve.Lytle@usw.salvation

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
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-5500-N-34

*Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

The Salvation Army SC Division LA Santa Fe Springs TLC II

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-046 *b. Program/Project: CA-039

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

17. Proposed Project:

*a. Start Date: 06/01/2012 *b. End Date: 05/31/2012

18. Estimated Funding ($):

*a. Federal	$174,133.00
*b. Applicant	$47,018.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$221,151.00

***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 10/20/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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Authorized Representative:

Prefix: Lt. Colonel *First Name: Victor

Middle Name: A.

*Last Name: Leslie

Suffix:

*Title: Divisional Commander

*Telephone Number: (562) 264-3618 Fax Number: (562) 264-3718

*Email: Victor.Leslie@usw.salvationarmy.org

*Signature of Authorized Representative: Signed in HUD e-snaps Date Signed: 10/13/2011

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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 20 2011
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CA0497B9D001003

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Th Salvation Army, a California corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1156347

*c. Organizational DUNS:
074629460

d. Address:

*Street1: 180 East Ocean Boulevard, Suite 500
Street 2:
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County: Los Angeles
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 90802

e. Organizational Unit:

Department Name:
LAHSA Service Area

Division Name:
Southern California

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

Prefix: Mr.
First Name: Steve
Middle Name:
*Last Name: Lytle
Suffix:

Title: Funding Consultant

Organizational Affiliation:
The Salvation Army, a California corporation

*Telephone Number: (213) 553-3253
Fax Number: (213) 607-7253

*Email: Steve.Lytle@usw.salvation

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
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-5500-N-34

*Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

The Salvation Army SC Division LA Westwood Transitional Village

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-046 *b. Program/Project: CA-030

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

17. Proposed Project:

*a. Start Date: 10/01/2012 *b. End Date: 09/30/2013

18. Estimated Funding ($):

*a. Federal	$221,485.00
*b. Applicant	$58,383.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$279,868.00

***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 10/20/2011
☐ 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)

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Authorized Representative:

Prefix: Lt. Colonel *First Name: Victor

Middle Name: A.

*Last Name: Leslie

Suffix:

*Title: Divisional Commander

*Telephone Number: (562) 264-3618 Fax Number: (562) 264-3718

*Email: Victor.Leslie@usw.salvationarmy.org

*Signature of Authorized Representative: Signed in HUD e-snaps Date Signed: 10/13/2011

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

N/A

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

RECEIVED
OCT 20 2011
STATE CLEARING HOUSE

*3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA0496B9D001003

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Th Salvation Army, a California corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156347

*c. Organizational DUNS: 074629460

d. Address:

*Street1: 180 East Ocean Boulevard, Suite 500
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County: Los Angeles
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 90802

e. Organizational Unit:

Department Name: LAHSA Service Area

Division Name: Southern California

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

Prefix: Mr. First Name: Steve
Middle Name:
*Last Name: Lytle
Suffix:

Title: Funding Consultant

Organizational Affiliation:
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*Telephone Number: (213) 553-3253 Fax Number: (213) 607-7253

*Email: Steve.Lytle@usw.salvation

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
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-5500-N-34

*Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

The Salvation Army SC Division LA The Way In

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-046 *b. Program/Project: CA-033

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

17. Proposed Project:

*a. Start Date: 07/01/2012 *b. End Date: 06/30/2013

18. Estimated Funding ($):

*a. Federal	$172,089.00
*b. Applicant	$48,074.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$220,163.00

***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 10/20/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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Authorized Representative:

Prefix: Lt. Colonel *First Name: Victor

Middle Name: A.

*Last Name: Leslie

Suffix:

*Title: Divisional Commander

*Telephone Number: (562) 264-3618 Fax Number: (562) 264-3718

*Email: Victor.Leslie@usw.salvationarmy.org

*Signature of Authorized Representative: Signed in HUD e-snaps Date Signed: 10/13/2011

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 6-0006

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED October 20, 2011	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Alliance Against Family Violence and Sexual Assault	Organizational Unit: Department:
Organizational DUNS: 825144306	Division:
Address: Street: 1921 19th Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Louis
City: Bakersfield	Middle Name
County: Kern	Last Name Gill
State: CA Zip Code 93301	Suffix:
Country: USA	Email: lbgill@bakhc.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3604240	Phone Number (give area code) 661-322-9199 Fax Number (give area code) 661-322-9203

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235 TITLE (Name of Program): Supportive Housing Program (SHP)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Alliance Transitional Housing Rehabilitation Project and Supportive Services
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Kern and Bakersfield, CA	
13. PROPOSED PROJECT Start Date: 1/2/2012 Ending Date: 12/31/14	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 & 22 b. Project 20 & 22

15. ESTIMATED FUNDING:	
a. Federal	$ 350,980.00
b. Applicant	$ 190,297.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 541,277.00

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: 10/20/2011

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 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		e. Date Signed 10/3/2011

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

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
10/21/11

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:
12SF132497

2b. APPLICATION ID:
12SF132497

4. DATE RECEIVED BY FEDERAL AGENCY:
10/21/11

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Fresno County Economic Opportunities Commission

DUNS NUMBER: 078788023

ADDRESS (give street address, city, state, zip code and county):
1920 Mariposa Mall
Suite 300
Fresno CA 93721 - 2504
County: Fresno

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NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Kathlene Brookshire
TELEPHONE NUMBER: (559) 263-1538
FAX NUMBER: (559) 263-1540
INTERNET E-MAIL ADDRESS: kathlene.brookshire@fresnoeoc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
941606519

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community Action Agency/Community Action Program
Community-Based Organization

8. TYPE OF APPLICATION (Check appropriate box).
[ ] NEW [X] NEW/PREVIOUS GRANTEE
[ ] CONTINUATION [ ] AMENDMENT
If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]
A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER *(specify below)*:

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011
10b. TITLE: Foster Grandparent Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresno/Madera FGP
11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Fresno County, CA and contiguous city in Madera, CA

13. PROPOSED PROJECT: START DATE: 01/01/12 END DATE: 12/31/14

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

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 354,723.00
b. APPLICANT	$ 113,735.00
c. STATE	$ 55,670.00
d. LOCAL	$ 0.00
e. OTHER	$ 58,065.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 468,458.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 20-OCT-11
[ ] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
Brian Angus	Executive Director	(559) 263-1010

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:	e. DATE SIGNED:
	10/21/11

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION: Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/20/11

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID: 12SC132100

4. DATE RECEIVED BY FEDERAL AGENCY: 10/20/11

FEDERAL IDENTIFIER: 11SCPCA001

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 P. Lopez

TELEPHONE NUMBER: (559) 498-6377

FAX NUMBER: (559) 485-1597

INTERNET E-MAIL ADDRESS: alopez@ccdof.org

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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

[X] 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, Del Rey, Miramonte, Coalinga, Sanger, Firebaugh
Madera County: Chowchilla, Madera, Oakhurst

13. PROPOSED PROJECT: START DATE: 01/01/12 END DATE: 01/01/13

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

15. ESTIMATED FUNDING: Year #: 2

a. FEDERAL	$ 373,329.00
b. APPLICANT	$ 78,151.00
c. STATE	$ 0.00
d. LOCAL	$ 0.00
e. OTHER	$ 78,151.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 451,480.00

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

[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 20-OCT-11

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jill Christensen

b. TITLE: Accounting Manager

c. TELEPHONE NUMBER: (559) 237-0851 1103

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED: 10/20/11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076- 06

Version 7/03

2. DATE SUBMITTED 10/21/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Regional Task Force on the Homeless, Inc.

Organizational DUNS: 927230565

Address:

Street: 4699 Murphy Canyon Road

City: San Diego

County: San Diego

State: CA

Zip Code: 92123

Country:

Organizational Unit:

Department: HMIS

Division:

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

Prefix:

First Name: Peter

Middle Name

Last Name: Callstrom

Suffix:

Email: Peter.Callstrom@rtfhsd.org

Phone Number (give area code): (858) 292-1392

Fax Number (give area code): (858) 292-7989

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1 1 - 3 7 2 3 0 9 3

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O - Not for Profit Organization

Other (specify)

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

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

HMIS System Enhancement

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

County of San Diego

13. PROPOSED PROJECT

Start Date: 07/01/12

Ending Date: 06/30/14

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-049,050,051,052,053

b. Project: CA-049,050,051,052,053

15. ESTIMATED FUNDING:

a. Federal	$ 134,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 33,500.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 167,500.00

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: 10/21/2011

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: Peter Middle Name:

Last Name: Callstrom Suffix:

b. Title: Executive Director

c. Telephone Number (give area code): (858) 292-1392

d. Signature of Authorized Representative

e. Date Signed: 10/21/11

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

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STATE CLEARING HOUSE

*3. Date Received: 10/21/2011

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA-600

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. 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: 811 Wilshire Blvd, 6th Floor
Street 2:
*City: Los Angeles
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 90017

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
First Name: Helen
Middle Name:
*Last Name: Lee
Suffix:

Title: Funding Manager

Organizational Affiliation:
Los Angeles Homeless Services Authority

*Telephone Number: 213-683-3333
Fax Number: 213-892-0093

*Email: hlee@lahsa.org or snofa@l

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: X. Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):
Joint Powers Authority

*10. Name of Federal Agency:
Department of Housing and Urban Development, Office of Community Planning and Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program (SHP)

*12. Funding Opportunity Number: FR-5500-N-34

*Title: Notice of Funding for Continuum of Care (CoC) Homeless Assistance Programs

13. Competition Identification Number: N/A

Title:

N/A

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

Los Angeles City and County

*15. Descriptive Title of Applicant's Project:

FY2011 SuperNOFA Application for the Los Angeles Continuum of Care

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

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

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

17. Proposed Project:

*a. Start Date: 1/1/2012 *b. End Date: 12/31/2012

18. Estimated Funding ($):

*a. Federal	$211,411,787.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$211,411,787.00

***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 10/21/2011
☐ 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: G. Michael

Middle Name:

*Last Name: Arnold

Suffix:

*Title: Executive Director

*Telephone Number: 213-683-3333 Fax Number: 213-892-0093

*Email: marnold@lahsa.org

*Signature of Authorized Representative: G. Michael Arnold Date Signed: 10/21/2011

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:

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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: InnVision The Way Home

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0033628

* c. Organizational DUNS: 165448044

d. Address:

* Street1: 1900 The Alameda, Suite 1900
Street2:
* City: San Jose
County/Parish:
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95126

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: Denise
Middle Name:
* Last Name: Scovel
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 408-292-4286
Fax Number:

* Email: dscovel@innvision.org

Application for Federal Assistance SF-424

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.):

Add Attachment | Delete Attachment | View Attachment

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

Supportive Housing Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding ($):

* a. Federal	1,458,107
* b. Applicant	550,000
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	2,008,107

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/17/2011.

☐ 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 in attachment.)**

☐ Yes ☐ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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: Denise

Middle Name:

* Last Name: Scovel

Suffix:

* Title: Sr. Director

* Telephone Number: 408-292-4286

Fax Number:

* Email: dscovel@innovision.org

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

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

InnVision The Way Home

HUD Projects

Project:	Funding Amount:
InnVision Hester Supportive Housing	$69,266
InnVision Home Safe San Jose	$28,530
InnVision Montgomery St. Inn	$164,635
InnVision Samaritan Inns	$348,831
InnVision Sunset Square	$163,719
InnVision North County Inns	$228,335
InnVision North Santa Clara Co. –Families	$98,408
InnVision No. Santa Clara Co. Coalition – Singles	$135,741
InnVision Villa	$131,928
InnVision Julian Street Inn	$88,714

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

Application for Federal Assistance SF-424

Version 02

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

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* 3. Date Received:	4. Applicant Identifier:

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: Thunderbird County Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-3001902	808714182

d. Address:

* Street 1: 24737 Standing Rock Rd
Street 2:
* City: Apple Valley
County: San Bernardino
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92307-7502

e. Organizational Unit:

Department Name:	Division Name:
N/A	N/A

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

Prefix: Mr.
* First Name: Roy
Middle Name:
* Last Name: Shull
Suffix:

Title: General Manager

Organizational Affiliation:

* Telephone Number:	Fax Number:
(760) 247-2503	760-247-2503

* Email: thunderbirdcwd@aol.com

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Service area of Thunderbird County Water District.

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

Various potable water system improvements, including storage tank relocation, water transmission pipeline, pump redundancy, emergency power equipment, pipeline looping, and fire hydrant installations.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 41-Lewis
* b. Program/Project: 41-Lewis

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01-01-2012
* b. End Date: 06-30-2013

18. Estimated Funding ($):

* a. Federal	$2,200,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$2,200,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 09-30-2011.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix:	Mr.
* First Name:	Roy
Middle Name:	
* Last Name:	Shull
Suffix:	
* Title:	General Manager
*Telephone Number:	(760) 247-2503
Fax Number:	760 247 2503
* Email:	thunderbirdcwd@aol.com
* Signature of Authorized Representative:	Roy Shull
* Date Signed:	10-13-11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 0076-0006

Version 7/03

2. DATE SUBMITTED 10/18/2011	Applicant Identifier 042787	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA1007B9D041000	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Kern

Organizational Unit:
Department: Mental Health Services
Division: Information Technology Services

Organizational DUNS: 063-811-350

Address:
Street: 3300 Truxtuen Av., Suite 100
City: Bakersfield
County: Kern
State: California
Zip Code: 93301
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Dan
Middle Name
Last Name: Walters
Suffix:
Email: dwalthers@co.kern.ca.us
Phone Number (give area code): (661) 868-6710
Fax Number (give area code): (661) 868-6666

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 9 2 5

7. TYPE OF APPLICANT: (See back of form for Application Types)
B. County
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: U.S. Department of Housing and Urban Development

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: Kern County Homeless Management Information System (HMIS) Expansion Project

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

13. PROPOSED PROJECT
Start Date: 11-01-2012
Ending Date: 010-31-2013

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

15. ESTIMATED FUNDING:

a. Federal	$ 74,592 .00
b. Applicant	$ 17,760 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 92,352 .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: 10/18/2011
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: Dr. First Name: James Middle Name: A.
Last Name: Waterman Suffix: Ph.D.
b. Title: Director
c. Telephone Number (give area code): (661) 868-6609
d. Signature of Authorized Representative: James A. Waterman / by Dean Clark
e. Date Signed: 10-24-11

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006 Version 7/03

2. DATE SUBMITTED 10/18/2011	Applicant Identifier 042786	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0606B9D041003	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Kern	Organizational Unit:
	Department: Mental Health Services
Organizational DUNS: 063-611-350	Division: Information Technology Services
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 3300 Truxtuen Av., Suite 100	Prefix: Mr. / First Name: Dan
City: Bakersfield	Middle Name
County: Kern	Last Name: Walters
State: California / Zip Code: 93301	Suffix:
Country: USA	Email: dwalthers@co.kern.ca.us
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 5 – 6 0 0 0 9 2 5	Phone Number (give area code): (661) 868-6710 / Fax Number (give area code): (661) 868-6666

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8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

B. County

Other (specify)

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

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: Kern County Homeless Management Information System (HMIS)

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
04-01-2012	03-31-2013

14. CONGRESSIONAL DISTRICTS OF:

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

15. ESTIMATED FUNDING:

a. Federal	$ 82,050
b. Applicant	$ 19,536
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 101,586

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: 10/18/2011

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: Dr.	First Name: James	Middle Name: A.
Last Name: Waterman		Suffix: Ph.D.
b. Title: Director		c. Telephone Number (give area code): (661) 868-6609
d. Signature of Authorized Representative: James A. Waterman / by Dean Clark		e. Date Signed: 10-24-11

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

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

4. a. Federal Identifier:
b. Agency Routing Identifier:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION — * Organizational DUNS: 124726725

* Legal Name: The Regents of the University of California
Department: Sponsored Projects Office — Division:
* Street1: 2150 Shattuck Avenue, Suite 300
Street2:
* City: Berkeley — County / Parish:
* State: CA: California — Province:
* Country: USA: UNITED STATES — * ZIP / Postal Code: 94704-5940

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Person to be contacted on matters involving this application
Prefix: Ms. — * First Name: Anna — Middle Name:
* Last Name: Lau — Suffix:
* Phone Number: 510-642-8114 — Fax Number: 510-642-8236
Email: annalau@berkeley.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-6002123

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

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

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

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
BULK AND SURFACE DYNAMICS OF PLASMA-FACING MATERIALS

12. PROPOSED PROJECT:
* Start Date: 05/01/2012 — * Ending Date: 04/30/2017

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT:** CA-009

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. — * First Name: Tarek — Middle Name:
* Last Name: Zohdi — Suffix:
Position/Title: Principal Investigator
* Organization Name: University of California at Berkeley
Department: Mechanical Engineering — Division:
* Street1: 6117 Etcheverry Hall
Street2:
* City: Berkeley — County / Parish:
* State: CA: California — Province:
* Country: USA: UNITED STATES — * ZIP / Postal Code: 94720-1740
* Phone Number: 510-642-6172 — Fax Number:
* Email: zohdi@me.berkeley.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	500,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	500,000.00
d. Estimated Program Income	0.00

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

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

DATE: 10/25/2011

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

[X] * I agree

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

18. SF-LLL or other Explanatory Documentation

[ ] [View Attachments] [Add Attachments] [Delete Attachments]

19. Authorized Representative

Prefix: Ms. * First Name: Patricia Middle Name:

* Last Name: Gates Suffix:

* Position/Title: Associate Director

* Organization: The Regents of the University of California

Department: Sponsored Projects Office Division:

* Street1: 2150 Shattuck Avenue, Suite 300

Street2:

* City: Berkeley County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 94704-5940

* Phone Number: 510-642-8109 Fax Number: 510-642-8236

* Email: spo_grants_gov@lists.berkeley.edu

* Signature of Authorized Representative	* Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

20. Pre-application [ ] [View Attachments] [Add Attachments] [Delete Attachments]

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

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

4. Applicant Identifier:

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City or Arcata

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2186507

* c. Organizational DUNS: 004940821

d. Address:

* Street1: 736 F Street
Street2:
* City: Arcata
County/Parish:
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95521

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Julie

Middle Name:

* Last Name: Neander

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: (707) 825-2151, direct # or (707) 822-8184, main #

Fax Number:

* Email: jneander@cityofarcata.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.623

CFDA Title:

NAWCA U.S. SMALL GRANTS

*** 12. Funding Opportunity Number:**

15.623

* Title:

NAWCA U.S. SMALL GRANTS

13. Competition Identification Number:

Title:

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

Arcata, Humboldt County, California

Add Attachment | Delete Attachment | View Attachment

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

McDaniel Slough Restoration Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 1

* b. Program/Project: 1

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding ($):

* a. Federal	$75,000
* b. Applicant	$75,000
* c. State	$8,000
* d. Local	
* e. Other	$2,700
* f. Program Income	
* g. TOTAL	$160,700

*** 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 in attachment.)**

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Mark

Middle Name:

* Last Name: Andre

Suffix:

* Title: Director, Environmental Services Department

* Telephone Number: (707) 822-8184 or (707) 845-5804 (cell)

Fax Number:

* Email: mandre@cityofarcata.org

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

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