

| Application for Federal Assistance SF-424 | | Version 02 |
|--|---|---|
| *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | *2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____ |
| 3. Date Received: 6/1/07 | 4. Applicant Identifier: Community Development Commission | |
| 5a. Federal Entity Identifier: B-07-UC-06-0505 | *5b. Federal Award Identifier: N/A | |
| State Use Only: | | |
| 6. Date Received by State: N/A | 7. State Application Identifier: N/A | |
| 8. APPLICANT INFORMATION: | | |
| *a. Legal Name: County of Los Angeles | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3777596 | *c. Organizational DUNS: 961608163 | |
| d. Address: | | |
| *Street 1: | <u>2 Coral Circle</u> | |
| Street 2: | _____ | |
| *City: | <u>Monterey Park</u> | |
| County: | <u>Los Angeles</u> | |
| *State: | <u>California</u> | |
| Province: | _____ | |
| *Country: | <u>United States</u> | |
| *Zip / Postal Code | <u>91755</u> | |
| e. Organizational Unit: | | |
| Department Name: Community Development Commission | Division Name: CDBG Division | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: <u>Mr.</u> | *First Name: <u>Randall</u> | |
| Middle Name: <u>Jay</u> | | |
| *Last Name: <u>Bissell</u> | | |
| Suffix: _____ | | |
| Title: | <u>Principal Development Specialist</u> | |
| Organizational Affiliation: N/A | | |
| *Telephone Number: (323)890-7321 | Fax Number: (323) 890-8595 | |
| *Email: rbissell@laccdc.org | | |

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

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-218 _____

CFDA Title:

COMMUNITY DEVELOPMENT BOCK GRANT _____

***12 Funding Opportunity Number:**

N/A _____

*Title:

N/A _____

13. Competition Identification Number:

N/A _____

Title:

N/A _____

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

Los Angeles County

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

Housing and Community Development projects and funding levels for low- and moderate- income Los Angeles Urban County residents, including participating cities. All projects are CDBG eligible. Estimated funding includes \$30,734,718 in New 33rd Year funding, \$396,268 received as a joint applicant with the City of Cerritos, and \$6,000,000 in Program Income.

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16. Congressional Districts Of:

*a. Applicant: 22, 25-39, 42, 46

*b. Program/Project: 22, 25-39, 42, 46

17. Proposed Project:

*a. Start Date: 7/1/07

*b. End Date: 6/30/08

18. Estimated Funding (\$):

| | | |
|--------------------|-------|--------------|
| *a. Federal | _____ | \$31,130,986 |
| *b. Applicant | _____ | |
| *c. State | _____ | |
| *d. Local | _____ | |
| *e. Other | _____ | |
| *f. Program Income | _____ | \$6,000,000 |
| *g. TOTAL | _____ | \$37,130,986 |

***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: Carlos

Middle Name: _____

*Last Name: Jackson

Suffix: _____

*Title: Executive Director

*Telephone Number: (323) 890-7400

Fax Number: (323) 890-8595

* Email: cjackson@lacdc.org

*Signature of Authorized Representative:

*Date Signed:

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A