

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) _____
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3. Date Received: 6/1/07	4. Applicant Identifier: Community Development Commission
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5a. Federal Entity Identifier: S-07-UC-06-0505	*5b. Federal Award Identifier: N/A
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State Use Only:

6. Date Received by State: N/A	7. State Application Identifier: N/A
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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
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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>
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Organizational Affiliation: N/A

*Telephone Number: (323) 890-7321	Fax Number: (323) 890-8595
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*Email: <u>rbissell@laccdc.org</u>

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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:

14-231 _____

CFDA Title:

EMERGENCY SHELTER 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:**

Program provides for the rehabilitation of homeless shelters and supportive services throughout Los Angeles County.

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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	_____	\$1,320,346
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$1,320,346

***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