

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: M-07-UC-06-0520	*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
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d. Address:

*Street 1: 2 Coral Circle
Street 2: _____
*City: Monterey Park
County: Los Angeles
*State: California
Province: _____
*Country: United States
*Zip / Postal Code 91755

e. Organizational Unit:

Department Name: Community Development Commission	Division Name: Housing Development & Preservation Division
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Gregg
Middle Name: Paul
*Last Name: Kawczynski
Suffix: _____

Title: Manager

Organizational Affiliation:
N/A

*Telephone Number: (323)890-7269 Fax Number: (323) 890-9715

*Email: gkawczyn@lacdc.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:

14-239 _____

CFDA Title:

HOME Investment Partnership Program _____

***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:**

Production and preservation of affordable housing in the Los Angeles Urban County, including participating cities. Includes Community Housing Development Organization. Also, includes eligible activities under the American Dream Downpayment Assistance Initiative (ADDI). Estimated funding includes \$12,814,611 in HOME and \$157,849 in ADDI funds.

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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	_____	\$12,972,460
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$12,972,460

***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