

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: 12/1/2008	4. Applicant Identifier: Community Development Commission	
5a. Federal Entity Identifier: B-08-UN-06-0502	*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>Ms.</u>	*First Name: <u>Linda</u>	
Middle Name:	_____	
*Last Name: <u>Jenkins</u>		
Suffix:	_____	
Title:	Manager, CDBG Division	
Organizational Affiliation: N/A		
*Telephone Number: (323) 890-7168		Fax Number: (323) 890-8595
*Email: Linda.Jenkins@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:

14-218 _____

CFDA Title: **COMMUNITY DEVELOPMENT BLOCK GRANT-NEIGHBORHOOD STABILIZATION PROGRAM FUNDING**

***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 activities and funding levels for low-, moderate- and middle- income Los Angeles Urban County residents. Funds will be used in select target areas based on NSP Requirements. All projects are NSP eligible. Estimated funding includes \$16,847,672 in New funding.

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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: 1/15/2009 *b. End Date: 6/30/2013

18. Estimated Funding (\$):

*a. Federal	\$16,847,672
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	\$0
*g. TOTAL	\$16,847,672

***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: William
Middle Name: K.
*Last Name: Huang
Suffix: _____

*Title: Acting Executive Director

*Telephone Number: (323) 890-7400 Fax Number: (323) 890-8584

* Email: william.huang@lacdc.org

*Signature of Authorized Representative: *William K. Huang* *Date Signed: 11/26/08

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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