

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 6/1/06	Applicant Identifier Community Development Commission
<input checked="" type="checkbox"/> <b>Construction</b>	Pre-application	<b>3. DATE RECEIVED BY STATE</b> N/A	State Application Identifier N/A
<input checked="" type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> <b>Construction</b>	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 6/1/06	Federal Identifier S-06-UC-06-0505
<input type="checkbox"/> <b>Non-Construction</b>			
<b>5. APPLICANT INFORMATION</b>			
Legal Name: County of Los Angeles		<b>Organizational Unit:</b> Department: Community Development Commission	
Organizational DUNS: 961608163		Division: CDBG Division	
<b>Address:</b> Street: 2 Coral Circle		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Monterey Park		Prefix: Mr.	First Name: Randall
County: Los Angeles		Middle Name Jay	
State: California		Last Name Bissell	
Zip Code 91755	Suffix:		
Country: United States		Email: rbissell@lacdc.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-3777596		Phone Number (give area code) (323) 890-7321	Fax Number (give area code) (323) 890-8595
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B: County Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): EMERGENCY SHELTER GRANT		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Los Angeles County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Program provides for the rehabilitation of homeless shelters and supportive services throughout Los Angeles County.	
<b>13. PROPOSED PROJECT</b> Start Date: 7/1/06		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 22, 25-39, 42, 46	
Ending Date: 6/30/07		b. Project 22, 25-39, 42, 46	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 1,320,991 <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ <sup>00</sup>	DATE:	
c. State	\$ <sup>00</sup>	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,320,991 <sup>00</sup>		
<b>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.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr.	First Name Carlos	Middle Name	
Last Name Jackson		Suffix	
<b>b. Title</b> Executive Director		<b>c. Telephone Number (give area code)</b> (323) 890-7400	
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b>	