



# CPMP Non-State Grantee Certifications

Many elements of this document may be completed electronically, however a signature must be manually applied and the document must be submitted in paper form to the Field Office.

- ☐ This certification does not apply.  
☒ This certification is applicable.

## NON-STATE GOVERNMENT CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the jurisdiction certifies that:

**Affirmatively Further Fair Housing** -- The jurisdiction will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

**Anti-displacement and Relocation Plan** -- It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential antidisplacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

**Drug Free Workplace** -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about –
  - a. The dangers of drug abuse in the workplace;
  - b. The grantee's policy of maintaining a drug-free workplace;
  - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
  - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will –
  - a. Abide by the terms of the statement; and
  - b. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted –
  - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

**Anti-Lobbying** -- To the best of the jurisdiction's knowledge and belief:

8. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
9. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
10. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**Authority of Jurisdiction** -- The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations.

**Consistency with plan** -- The housing activities to be undertaken with CDBG, HOME, ESG, and HOPWA funds are consistent with the strategic plan.

**Section 3** -- It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.



4/22/11

Signature/Authorized Official

Date

Duane Bay

Name

Director, Dept. of Housing, County of San Mateo

Title

264 Harbor Blvd., Bldg. A

Address

Belmont, CA 94002-4017

City/State/Zip

(650) 802-3361

Telephone Number



- |                                                                       |
|-----------------------------------------------------------------------|
| <input type="checkbox"/> This certification does not apply.           |
| <input checked="" type="checkbox"/> This certification is applicable. |

### Specific CDBG Certifications

The Entitlement Community certifies that:

**Citizen Participation --** It is in full compliance and following a detailed citizen participation plan that satisfies the requirements of 24 CFR 91.105.

**Community Development Plan --** Its consolidated housing and community development plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that provide decent housing, expand economic opportunities primarily for persons of low and moderate income. (See CFR 24 570.2 and CFR 24 part 570)

**Following a Plan --** It is following a current consolidated plan (or Comprehensive Housing Affordability Strategy) that has been approved by HUD.

**Use of Funds --** It has complied with the following criteria:

11. Maximum Feasible Priority - With respect to activities expected to be assisted with CDBG funds, it certifies that it has developed its Action Plan so as to give maximum feasible priority to activities which benefit low and moderate income families or aid in the prevention or elimination of slums or blight. The Action Plan may also include activities which the grantee certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available);
12. Overall Benefit - The aggregate use of CDBG funds including section 108 guaranteed loans during program year(s) 2010, 2011, 2012, (a period specified by the grantee consisting of one, two, or three specific consecutive program years), shall principally benefit persons of low and moderate income in a manner that ensures that at least 70 percent of the amount is expended for activities that benefit such persons during the designated period;
13. Special Assessments - It will not attempt to recover any capital costs of public improvements assisted with CDBG funds including Section 108 loan guaranteed funds by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements.

However, if CDBG funds are used to pay the proportion of a fee or assessment that relates to the capital costs of public improvements (assisted in part with CDBG funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds.

The jurisdiction will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108, unless CDBG funds are used to pay the proportion of fee or assessment attributable to the capital costs of public improvements financed from other revenue sources. In this case, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds. Also, in the case of properties owned and occupied by moderate-income (not low-income) families, an assessment or charge may be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

**Excessive Force --** It has adopted and is enforcing:

14. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and

15. A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction;

**Compliance With Anti-discrimination laws** -- The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 USC 2000d), the Fair Housing Act (42 USC 3601-3619), and implementing regulations.

**Lead-Based Paint** -- Its activities concerning lead-based paint will comply with the requirements of part 35, subparts A, B, J, K and R, of title 24;

**Compliance with Laws** -- It will comply with applicable laws.



4/22/11

Signature/Authorized Official

Date

Duane Bay

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- ☒ This certification does not apply.  
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**OPTIONAL CERTIFICATION  
CDBG**

Submit the following certification only when one or more of the activities in the action plan are designed to meet other community development needs having a particular urgency as specified in 24 CFR 570.208(c):

The grantee hereby certifies that the Annual Plan includes one or more specifically identified CDBG-assisted activities, which are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs.

---

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### Specific HOME Certifications

The HOME participating jurisdiction certifies that:

**Tenant Based Rental Assistance** -- If the participating jurisdiction intends to provide tenant-based rental assistance:

The use of HOME funds for tenant-based rental assistance is an essential element of the participating jurisdiction's consolidated plan for expanding the supply, affordability, and availability of decent, safe, sanitary, and affordable housing.

**Eligible Activities and Costs** -- it is using and will use HOME funds for eligible activities and costs, as described in 24 CFR § 92.205 through 92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in § 92.214.

**Appropriate Financial Assistance** -- before committing any funds to a project, it will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing;

  
\_\_\_\_\_  
Signature/Authorized Official

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### HOPWA Certifications

The HOPWA grantee certifies that:

**Activities** -- Activities funded under the program will meet urgent needs that are not being met by available public and private sources.

**Building** -- Any building or structure assisted under that program shall be operated for the purpose specified in the plan:

1. For at least 10 years in the case of assistance involving new construction, substantial rehabilitation, or acquisition of a facility,
2. For at least 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.

---

Signature/Authorized Official

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### ESG Certifications

I, Duane Bay, Chief Executive Officer of **Error! Not a valid link.**, certify that the local government will ensure the provision of the matching supplemental funds required by the regulation at 24 *CFR* 576.51. I have attached to this certification a description of the sources and amounts of such supplemental funds.

I further certify that the local government will comply with:

1. The requirements of 24 *CFR* 576.53 concerning the continued use of buildings for which Emergency Shelter Grants are used for rehabilitation or conversion of buildings for use as emergency shelters for the homeless; or when funds are used solely for operating costs or essential services.
2. The building standards requirement of 24 *CFR* 576.55.
3. The requirements of 24 *CFR* 576.56, concerning assurances on services and other assistance to the homeless.
4. The requirements of 24 *CFR* 576.57, other appropriate provisions of 24 *CFR* Part 576, and other applicable federal laws concerning nondiscrimination and equal opportunity.
5. The requirements of 24 *CFR* 576.59(b) concerning the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
6. The requirement of 24 *CFR* 576.59 concerning minimizing the displacement of persons as a result of a project assisted with these funds.
7. The requirements of 24 *CFR* Part 24 concerning the Drug Free Workplace Act of 1988.
8. The requirements of 24 *CFR* 576.56(a) and 576.65(b) that grantees develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted with ESG funds and that the address or location of any family violence shelter project will not be made public, except with written authorization of the person or persons responsible for the operation of such shelter.
9. The requirement that recipients involve themselves, to the maximum extent practicable and where appropriate, homeless individuals and families in policymaking, renovating, maintaining, and operating facilities assisted under the ESG program, and in providing services for occupants of these facilities as provided by 24 *CFR* 76.56.
10. The requirements of 24 *CFR* 576.57(e) dealing with the provisions of, and regulations and procedures applicable with respect to the environmental review



responsibilities under the National Environmental Policy Act of 1969 and related authorities as specified in 24 *CFR* Part 58.

11. The requirements of 24 *CFR* 576.21(a)(4) providing that the funding of homeless prevention activities for families that have received eviction notices or notices of termination of utility services will meet the requirements that: (A) the inability of the family to make the required payments must be the result of a sudden reduction in income; (B) the assistance must be necessary to avoid eviction of the family or termination of the services to the family; (C) there must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and (D) the assistance must not supplant funding for preexisting homeless prevention activities from any other source.
12. The new requirement of the McKinney-Vento Act (42 *USC* 11362) to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I further understand that state and local governments are primarily responsible for the care of these individuals, and that ESG funds are not to be used to assist such persons in place of state and local resources.
13. HUD's standards for participation in a local Homeless Management Information System (HMIS) and the collection and reporting of client-level information.

I further certify that the submission of a completed and approved Consolidated Plan with its certifications, which act as the application for an Emergency Shelter Grant, is authorized under state and/or local law, and that the local government possesses legal authority to carry out grant activities in accordance with the applicable laws and regulations of the U. S. Department of Housing and Urban Development.

|                                                                                                                               |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <br>_____<br>Signature/Authorized Official | <div style="border: 1px solid black; padding: 2px; display: inline-block;">4/22/11</div><br>Date |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

Duane Bay

Name

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## APPENDIX TO CERTIFICATIONS

### Instructions Concerning Lobbying and Drug-Free Workplace Requirements

#### Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### Drug-Free Workplace Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant: Place of Performance (Street address, city, county, state, zip code) Check if there are workplaces on file that are not identified here. The certification with regard to the drug-free workplace is required by 24 CFR part 21.

| Place Name                                    | Street                       | City    | County    | State | Zip   |
|-----------------------------------------------|------------------------------|---------|-----------|-------|-------|
| County of San Mateo,<br>Department of Housing | 264 Harbor Blvd.,<br>Bldg. A | Belmont | San Mateo | CA    | 94002 |
|                                               |                              |         |           |       |       |
|                                               |                              |         |           |       |       |
|                                               |                              |         |           |       |       |
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|                                               |                              |         |           |       |       |
|                                               |                              |         |           |       |       |

7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules: "Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15); "Conviction" means a finding of guilt (including a plea of *nolo contendere*) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes; "Criminal drug statute" means a Federal or non-Federal



criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance; "Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including:

- a. All "direct charge" employees;
- b. all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and
- c. temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Note that by signing these certifications, certain documents must be completed, in use, and on file for verification. These documents include:

1. Analysis of Impediments to Fair Housing
2. Citizen Participation Plan
3. Anti-displacement and Relocation Plan

  
\_\_\_\_\_  
Signature/Authorized Official

4/22/11

Date

Duane Bay

Name

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| <b>Application for Federal Assistance SF-424</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                     | Version 02                                                 |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------|----------------------------|--------------------|----------------|---------------------------|----------------|---------------|------------------|---------|-----------|-----------|-------|-----------|------------|--------------------|-------------------|
| <b>*1. Type of Submission:</b><br><br><input type="checkbox"/> Preapplication<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application                                                                                                                                                                                                                                                                              | <b>*2. Type of Application</b> * If Revision, select appropriate letter(s)<br><br><input type="checkbox"/> New<br><input checked="" type="checkbox"/> Continuation      *Other (Specify) _____<br><input type="checkbox"/> Revision |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>3. Date Received:</b> <b>4. Applicant Identifier:</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>5a. Federal Entity Identifier:</b><br>B-08-UC-06-006                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                     | <b>*5b. Federal Award Identifier:</b>                      |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>State Use Only:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>6. Date Received by State:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                     | <b>7. State Application Identifier:</b>                    |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>8. APPLICANT INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>*a. Legal Name:</b> County of San Mateo                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>94-6000532                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     | <b>*c. Organizational DUNS:</b><br>073132177               |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>d. Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <table style="width: 100%;"><tr><td style="width: 20%;">*Street 1:</td><td><u>264 Harbor Blvd.</u></td></tr><tr><td>Street 2:</td><td><u>Bldg. A</u></td></tr><tr><td>*City:</td><td><u>Belmont</u></td></tr><tr><td>County:</td><td><u>San Mateo</u></td></tr><tr><td>*State:</td><td><u>CA</u></td></tr><tr><td>Province:</td><td>_____</td></tr><tr><td>*Country:</td><td><u>USA</u></td></tr><tr><td>*Zip / Postal Code</td><td><u>94002-4017</u></td></tr></table> |                                                                                                                                                                                                                                     |                                                            | *Street 1:                        | <u>264 Harbor Blvd.</u>    | Street 2:          | <u>Bldg. A</u> | *City:                    | <u>Belmont</u> | County:       | <u>San Mateo</u> | *State: | <u>CA</u> | Province: | _____ | *Country: | <u>USA</u> | *Zip / Postal Code | <u>94002-4017</u> |
| *Street 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>264 Harbor Blvd.</u>                                                                                                                                                                                                             |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| Street 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Bldg. A</u>                                                                                                                                                                                                                      |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Belmont</u>                                                                                                                                                                                                                      |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| County:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>San Mateo</u>                                                                                                                                                                                                                    |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>CA</u>                                                                                                                                                                                                                           |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| Province:                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                                                                                                                                                                                                               |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *Country:                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>USA</u>                                                                                                                                                                                                                          |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *Zip / Postal Code                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>94002-4017</u>                                                                                                                                                                                                                   |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>e. Organizational Unit:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>Department Name:</b><br>Department of Housing                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                     | <b>Division Name:</b><br>Housing and Community Development |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>f. Name and contact information of person to be contacted on matters involving this application:</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <table style="width: 100%;"><tr><td style="width: 30%;">Prefix: <u>Mr.</u></td><td style="width: 70%;">*First Name: <u>Norman</u></td></tr><tr><td>Middle Name: _____</td><td></td></tr><tr><td>*Last Name: <u>Pascoe</u></td><td></td></tr><tr><td>Suffix: _____</td><td></td></tr></table>                                                                                                                                                                            |                                                                                                                                                                                                                                     |                                                            | Prefix: <u>Mr.</u>                | *First Name: <u>Norman</u> | Middle Name: _____ |                | *Last Name: <u>Pascoe</u> |                | Suffix: _____ |                  |         |           |           |       |           |            |                    |                   |
| Prefix: <u>Mr.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | *First Name: <u>Norman</u>                                                                                                                                                                                                          |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| Middle Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *Last Name: <u>Pascoe</u>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| Suffix: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>Title:</b> Project Management Professional                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>Organizational Affiliation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <table style="width: 100%;"><tr><td style="width: 50%;">*Telephone Number: (650) 802-5008</td><td style="width: 50%;">Fax Number: (650) 802-5049</td></tr></table>                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                     |                                                            | *Telephone Number: (650) 802-5008 | Fax Number: (650) 802-5049 |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *Telephone Number: (650) 802-5008                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fax Number: (650) 802-5049                                                                                                                                                                                                          |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *Email: npascoe@smchousing.org                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                     |                                                            |                                   |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |



**Application for Federal Assistance SF-424**

Version 02

**\*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:**

Housing & Urban Development (HUD)

**11. Catalog of Federal Domestic Assistance Number:**

14.218

CFDA Title:

Community Development Block Grant

**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

Title:

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

Urban County - Unincorporated County plus the 16 non-entitlement cities (Atherton, Belmont, Brisbane, Burlingame, Colma, East Palo Alto, Foster City, Half Moon Bay, Hillsborough, Menlo Park, Millbrae, Pacifica, Portola Valley, San Bruno, San Carlos, Woodside)

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

FY 2011-12 County of San Mateo CDBG Program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-12<sup>th</sup> and 14<sup>th</sup>

\*b. Program/Project:

**17. Proposed Project:**

\*a. Start Date: 07/01/2011

\*b. End Date: 06/30/2012

**18. Estimated Funding (\$):**

|                    |                             |
|--------------------|-----------------------------|
| *a. Federal        | <u>2,567,151</u>            |
| *b. Applicant      | <u>                    </u> |
| *c. State          | <u>                    </u> |
| *d. Local          | <u>                    </u> |
| *e. Other          | <u>88,836</u>               |
| *f. Program Income | <u>1,682,442</u>            |
| *g. TOTAL          | <u>4,338,429</u>            |

**\*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: Duane

Middle Name:                     

\*Last Name: Bay

Suffix:                     

\*Title: Director, Department of Housing

\*Telephone Number: (650) 802-3361

Fax Number: (650) 802-5049

\* Email: dbay@smchousing.org

\*Signature of Authorized Representative: 

\*Date Signed: 4/22/11

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

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



# INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

| Item | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Item | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.   | <b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10.  | <b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11.  | <b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2.   | <b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation – An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision – Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> <li>A. Increase Award      B. Decrease Award</li> <li>C. Increase Duration    D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12.  | <b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13.  | <b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14.  | <b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3.   | <b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15.  | <b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4.   | <b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5a.  | <b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 16.  | <b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul> |
| 5b.  | <b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6.   | <b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7.   | <b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8.   | <b>Applicant Information:</b> Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> <li>a. <b>Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</li> <li>b. <b>Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</li> <li>c. <b>Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</li> <li>d. <b>Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</li> <li>e. <b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the</li> </ul> | 17.  | <b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18.  | <b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.                                                                                                                                                                                                                                                                                                                                                                                            |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 19.  | <b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|--------------------------------|---------------|--------------------------|--------------------------------------------------------|---------------------------------|-------------------|--------------------------------|---------------------------------|------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|---------------------------------|------------------------------------|--------------------|--|--|
|                                                                               | assistance activity, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
|                                                                               | f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20.                 | Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.<br><br>If yes, include an explanation on the continuation sheet.                                                                                                                                                                                                                                      |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| 9.                                                                            | Type of Applicant: (Required)<br>Select up to three applicant type(s) in accordance with agency instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 21.                 | Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.<br>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
|                                                                               | <table border="0"> <tr> <td>A. State Government</td><td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td></tr> <tr> <td>B. County Government</td><td>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td></tr> <tr> <td>C. City or Township Government</td><td>O. Private Institution of Higher Education</td></tr> <tr> <td>D. Special District Government</td><td>P. Individual</td></tr> <tr> <td>E. Regional Organization</td><td>Q. For-Profit Organization (Other than Small Business)</td></tr> <tr> <td>F. U.S. Territory or Possession</td><td>R. Small Business</td></tr> <tr> <td>G. Independent School District</td><td>S. Hispanic-serving Institution</td></tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td><td>T. Historically Black Colleges and Universities (HBCUs)</td></tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td><td>U. Tribally Controlled Colleges and Universities (TCCUs)</td></tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td><td>V. Alaska Native and Native Hawaiian Serving Institutions</td></tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td><td>W. Non-domestic (non-US) Entity</td></tr> <tr> <td>L. Public/Indian Housing Authority</td><td>X. Other (specify)</td></tr> </table> | A. State Government | M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B. County Government | N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) | C. City or Township Government | O. Private Institution of Higher Education | D. Special District Government | P. Individual | E. Regional Organization | Q. For-Profit Organization (Other than Small Business) | F. U.S. Territory or Possession | R. Small Business | G. Independent School District | S. Hispanic-serving Institution | H. Public/State Controlled Institution of Higher Education | T. Historically Black Colleges and Universities (HBCUs) | I. Indian/Native American Tribal Government (Federally Recognized) | U. Tribally Controlled Colleges and Universities (TCCUs) | J. Indian/Native American Tribal Government (Other than Federally Recognized) | V. Alaska Native and Native Hawaiian Serving Institutions | K. Indian/Native American Tribally Designated Organization | W. Non-domestic (non-US) Entity | L. Public/Indian Housing Authority | X. Other (specify) |  |  |
| A. State Government                                                           | M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| B. County Government                                                          | N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| C. City or Township Government                                                | O. Private Institution of Higher Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| D. Special District Government                                                | P. Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| E. Regional Organization                                                      | Q. For-Profit Organization (Other than Small Business)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| F. U.S. Territory or Possession                                               | R. Small Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| G. Independent School District                                                | S. Hispanic-serving Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| H. Public/State Controlled Institution of Higher Education                    | T. Historically Black Colleges and Universities (HBCUs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| I. Indian/Native American Tribal Government (Federally Recognized)            | U. Tribally Controlled Colleges and Universities (TCCUs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| J. Indian/Native American Tribal Government (Other than Federally Recognized) | V. Alaska Native and Native Hawaiian Serving Institutions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| K. Indian/Native American Tribally Designated Organization                    | W. Non-domestic (non-US) Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| L. Public/Indian Housing Authority                                            | X. Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\*2. Type of Application**

- ☐ New  
☒ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

S-08-UC-06-006

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: County of San Mateo

\*b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000532

\*c. Organizational DUNS:

073132177

**d. Address:**

\*Street 1: 264 Harbor Blvd.  
Street 2: Bldg. A  
\*City: Belmont  
County: San Mateo  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code 94002-4017

**e. Organizational Unit:**

Department Name:

Department of Housing

Division Name:

Housing and Community Development

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Mr. \*First Name: Norman  
Middle Name: \_\_\_\_\_  
\*Last Name: Pascoe  
Suffix: \_\_\_\_\_

Title: Project Management Professional

Organizational Affiliation:

\*Telephone Number: (650) 802-5008

Fax Number: (650) 802-5049

\*Email: npascoe@smchousing.org



**Application for Federal Assistance SF-424**

Version 02

**\*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:**

Housing & Urban Development (HUD)

**11. Catalog of Federal Domestic Assistance Number:**

14.231

CFDA Title:

Emergency Shelter Grant

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

San Mateo County

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

FY 2011-12 County of San Mateo Emergency Shelter Grant Program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-12<sup>th</sup> and 14<sup>th</sup>

\*b. Program/Project:

**17. Proposed Project:**

\*a. Start Date: 07/01/2011

\*b. End Date: 06/30/2012

**18. Estimated Funding (\$):**

|                    |         |
|--------------------|---------|
| *a. Federal        | 124,645 |
| *b. Applicant      |         |
| *c. State          |         |
| *d. Local          |         |
| *e. Other          |         |
| *f. Program Income |         |
| *g. TOTAL          | 124,645 |

**\*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: Duane

Middle Name: \_\_\_\_\_

\*Last Name: Bay

Suffix: \_\_\_\_\_

\*Title: Director, Department of Housing

\*Telephone Number: (650) 802-3361

Fax Number: (650) 802-5049

\* Email: dbay@smchousing.org

\*Signature of Authorized Representative: 

\*Date Signed: 4/22/11

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

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



# INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

| Item | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Item | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.   | <b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10.  | <b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2.   | <b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> <li>A. Increase Award</li> <li>B. Decrease Award</li> <li>C. Increase Duration</li> <li>D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11.  | <b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3.   | <b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12.  | <b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 4.   | <b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 13.  | <b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5a.  | <b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14.  | <b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5b.  | <b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15.  | <b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6.   | <b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 16.  | <b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul> |
| 7.   | <b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17.  | <b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 8.   | <b>Applicant Information:</b> Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> <li>a. <b>Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</li> <li>b. <b>Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</li> <li>c. <b>Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</li> <li>d. <b>Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</li> <li>e. <b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the</li> </ul> | 18.  | <b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.                                                                                                                                                                                                                                                                                                                                                                                            |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 19.  | <b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
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|                                                                               | assistance activity, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
|                                                                               | f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20.                 | Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.<br><br>If yes, include an explanation on the continuation sheet.                                                                                                                                                                                                                                      |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| 9.                                                                            | Type of Applicant: (Required)<br>Select up to three applicant type(s) in accordance with agency instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 21.                 | Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.<br>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
|                                                                               | <table border="0"> <tr> <td>A. State Government</td><td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td></tr> <tr> <td>B. County Government</td><td>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td></tr> <tr> <td>C. City or Township Government</td><td>O. Private Institution of Higher Education</td></tr> <tr> <td>D. Special District Government</td><td>P. Individual</td></tr> <tr> <td>E. Regional Organization</td><td>Q. For-Profit Organization (Other than Small Business)</td></tr> <tr> <td>F. U.S. Territory or Possession</td><td>R. Small Business</td></tr> <tr> <td>G. Independent School District</td><td>S. Hispanic-serving Institution</td></tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td><td>T. Historically Black Colleges and Universities (HBCUs)</td></tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td><td>U. Tribally Controlled Colleges and Universities (TCCUs)</td></tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td><td>V. Alaska Native and Native Hawaiian Serving Institutions</td></tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td><td>W. Non-domestic (non-US) Entity</td></tr> <tr> <td>L. Public/Indian Housing Authority</td><td>X. Other (specify)</td></tr> </table> | A. State Government | M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B. County Government | N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) | C. City or Township Government | O. Private Institution of Higher Education | D. Special District Government | P. Individual | E. Regional Organization | Q. For-Profit Organization (Other than Small Business) | F. U.S. Territory or Possession | R. Small Business | G. Independent School District | S. Hispanic-serving Institution | H. Public/State Controlled Institution of Higher Education | T. Historically Black Colleges and Universities (HBCUs) | I. Indian/Native American Tribal Government (Federally Recognized) | U. Tribally Controlled Colleges and Universities (TCCUs) | J. Indian/Native American Tribal Government (Other than Federally Recognized) | V. Alaska Native and Native Hawaiian Serving Institutions | K. Indian/Native American Tribally Designated Organization | W. Non-domestic (non-US) Entity | L. Public/Indian Housing Authority | X. Other (specify) |  |  |
| A. State Government                                                           | M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| B. County Government                                                          | N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| C. City or Township Government                                                | O. Private Institution of Higher Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| D. Special District Government                                                | P. Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| E. Regional Organization                                                      | Q. For-Profit Organization (Other than Small Business)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| F. U.S. Territory or Possession                                               | R. Small Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| G. Independent School District                                                | S. Hispanic-serving Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| H. Public/State Controlled Institution of Higher Education                    | T. Historically Black Colleges and Universities (HBCUs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| I. Indian/Native American Tribal Government (Federally Recognized)            | U. Tribally Controlled Colleges and Universities (TCCUs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| J. Indian/Native American Tribal Government (Other than Federally Recognized) | V. Alaska Native and Native Hawaiian Serving Institutions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| K. Indian/Native American Tribally Designated Organization                    | W. Non-domestic (non-US) Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| L. Public/Indian Housing Authority                                            | X. Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |

| <b>Application for Federal Assistance SF-424</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                     | Version 02                                                 |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------|----------------------------|--------------------|----------------|---------------------------|----------------|---------------|------------------|---------|-----------|-----------|-------|-----------|------------|--------------------|-------------------|
| <b>*1. Type of Submission:</b><br><br><input type="checkbox"/> Preapplication<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application                                                                                                                                                                                                                                                                              | <b>*2. Type of Application</b> * If Revision, select appropriate letter(s)<br><br><input type="checkbox"/> New<br><input checked="" type="checkbox"/> Continuation      *Other (Specify) _____<br><input type="checkbox"/> Revision |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>3. Date Received:</b> <b>4. Applicant Identifier:</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>5a. Federal Entity Identifier:</b><br>M-08-DC-06-0216                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                     | <b>*5b. Federal Award Identifier:</b>                      |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>State Use Only:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>6. Date Received by State:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                     | <b>7. State Application Identifier:</b>                    |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>8. APPLICANT INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>*a. Legal Name:</b> County of San Mateo                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>94-6000532                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     | <b>*c. Organizational DUNS:</b><br>073132177               |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>d. Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <table style="width: 100%;"><tr><td style="width: 20%;">*Street 1:</td><td><u>264 Harbor Blvd.</u></td></tr><tr><td>Street 2:</td><td><u>Bldg. A</u></td></tr><tr><td>*City:</td><td><u>Belmont</u></td></tr><tr><td>County:</td><td><u>San Mateo</u></td></tr><tr><td>*State:</td><td><u>CA</u></td></tr><tr><td>Province:</td><td>_____</td></tr><tr><td>*Country:</td><td><u>USA</u></td></tr><tr><td>*Zip / Postal Code</td><td><u>94002-4017</u></td></tr></table> |                                                                                                                                                                                                                                     |                                                            | *Street 1:         | <u>264 Harbor Blvd.</u>    | Street 2:          | <u>Bldg. A</u> | *City:                    | <u>Belmont</u> | County:       | <u>San Mateo</u> | *State: | <u>CA</u> | Province: | _____ | *Country: | <u>USA</u> | *Zip / Postal Code | <u>94002-4017</u> |
| *Street 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>264 Harbor Blvd.</u>                                                                                                                                                                                                             |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| Street 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Bldg. A</u>                                                                                                                                                                                                                      |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Belmont</u>                                                                                                                                                                                                                      |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| County:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>San Mateo</u>                                                                                                                                                                                                                    |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>CA</u>                                                                                                                                                                                                                           |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| Province:                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                                                                                                                                                                                                               |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *Country:                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>USA</u>                                                                                                                                                                                                                          |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *Zip / Postal Code                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>94002-4017</u>                                                                                                                                                                                                                   |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>e. Organizational Unit:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>Department Name:</b><br>Department of Housing                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                     | <b>Division Name:</b><br>Housing and Community Development |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>f. Name and contact information of person to be contacted on matters involving this application:</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <table style="width: 100%;"><tr><td style="width: 30%;">Prefix: <u>Mr.</u></td><td style="width: 70%;">*First Name: <u>Norman</u></td></tr><tr><td>Middle Name: _____</td><td></td></tr><tr><td>*Last Name: <u>Pascoe</u></td><td></td></tr><tr><td>Suffix: _____</td><td></td></tr></table>                                                                                                                                                                            |                                                                                                                                                                                                                                     |                                                            | Prefix: <u>Mr.</u> | *First Name: <u>Norman</u> | Middle Name: _____ |                | *Last Name: <u>Pascoe</u> |                | Suffix: _____ |                  |         |           |           |       |           |            |                    |                   |
| Prefix: <u>Mr.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | *First Name: <u>Norman</u>                                                                                                                                                                                                          |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| Middle Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| *Last Name: <u>Pascoe</u>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| Suffix: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>Title:</b> Project Management Professional                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>Organizational Affiliation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>*Telephone Number:</b> (650) 802-5008                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                     | <b>Fax Number:</b> (650) 802-5049                          |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |
| <b>*Email:</b> npascoe@smchousing.org                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                     |                                                            |                    |                            |                    |                |                           |                |               |                  |         |           |           |       |           |            |                    |                   |



**Application for Federal Assistance SF-424**

Version 02

**\*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:**

Housing & Urban Development (HUD)

**11. Catalog of Federal Domestic Assistance Number:**

14.239

CFDA Title:

HOME Investment Partnership Act

**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

Title:

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

County of San Mateo HOME Consortium - Urban County (unincorporated County plus 16 non-entitlement cities) plus the City of South San Francisco

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

FY 2011-12 County of San Mateo HOME Program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-12<sup>th</sup> and 14<sup>th</sup>

\*b. Program/Project:

**17. Proposed Project:**

\*a. Start Date: 07/01/2011

\*b. End Date: 06/30/2012

**18. Estimated Funding (\$):**

|                    |           |
|--------------------|-----------|
| *a. Federal        | 1,590,954 |
| *b. Applicant      |           |
| *c. State          |           |
| *d. Local          |           |
| *e. Other          | 415,227   |
| *f. Program Income | 1,176,715 |
| *g. TOTAL          | 3,182,896 |

**\*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: Duane

Middle Name: \_\_\_\_\_

\*Last Name: Bay

Suffix: \_\_\_\_\_

\*Title: Director, Department of Housing

\*Telephone Number: (650) 802-3361

Fax Number: (650) 802-5049

\* Email: dbay@smchousing.org

\*Signature of Authorized Representative:



\*Date Signed: 4/22/11

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

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



# INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 80 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

| Item | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Item | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.   | <b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10.  | <b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11.  | <b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2.   | <b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> <li>A. Increase Award      B. Decrease Award</li> <li>C. Increase Duration    D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12.  | <b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13.  | <b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14.  | <b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3.   | <b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15.  | <b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4.   | <b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5a.  | <b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 16.  | <b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul> |
| 5b.  | <b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6.   | <b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7.   | <b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8.   | <b>Applicant Information:</b> Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> <li>a. <b>Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</li> <li>b. <b>Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</li> <li>c. <b>Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</li> <li>d. <b>Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</li> <li>e. <b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the</li> </ul> | 17.  | <b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18.  | <b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.                                                                                                                                                                                                                                                                                                                                                                                            |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 19.  | <b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
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|                                                                               | assistance activity, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
|                                                                               | f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20.                 | Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.<br><br>If yes, include an explanation on the continuation sheet.                                                                                                                                                                                                                                      |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| 9.                                                                            | Type of Applicant: (Required)<br>Select up to three applicant type(s) in accordance with agency instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 21.                 | Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.<br>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
|                                                                               | <table border="0"> <tr> <td>A. State Government</td><td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td></tr> <tr> <td>B. County Government</td><td>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td></tr> <tr> <td>C. City or Township Government</td><td>O. Private Institution of Higher Education</td></tr> <tr> <td>D. Special District Government</td><td>P. Individual</td></tr> <tr> <td>E. Regional Organization</td><td>Q. For-Profit Organization (Other than Small Business)</td></tr> <tr> <td>F. U.S. Territory or Possession</td><td>R. Small Business</td></tr> <tr> <td>G. Independent School District</td><td>S. Hispanic-serving Institution</td></tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td><td>T. Historically Black Colleges and Universities (HBCUs)</td></tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td><td>U. Tribally Controlled Colleges and Universities (TCCUs)</td></tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td><td>V. Alaska Native and Native Hawaiian Serving Institutions</td></tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td><td>W. Non-domestic (non-US) Entity</td></tr> <tr> <td>L. Public/Indian Housing Authority</td><td>X. Other (specify)</td></tr> </table> | A. State Government | M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B. County Government | N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) | C. City or Township Government | O. Private Institution of Higher Education | D. Special District Government | P. Individual | E. Regional Organization | Q. For-Profit Organization (Other than Small Business) | F. U.S. Territory or Possession | R. Small Business | G. Independent School District | S. Hispanic-serving Institution | H. Public/State Controlled Institution of Higher Education | T. Historically Black Colleges and Universities (HBCUs) | I. Indian/Native American Tribal Government (Federally Recognized) | U. Tribally Controlled Colleges and Universities (TCCUs) | J. Indian/Native American Tribal Government (Other than Federally Recognized) | V. Alaska Native and Native Hawaiian Serving Institutions | K. Indian/Native American Tribally Designated Organization | W. Non-domestic (non-US) Entity | L. Public/Indian Housing Authority | X. Other (specify) |  |  |
| A. State Government                                                           | M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| B. County Government                                                          | N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| C. City or Township Government                                                | O. Private Institution of Higher Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| D. Special District Government                                                | P. Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| E. Regional Organization                                                      | Q. For-Profit Organization (Other than Small Business)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| F. U.S. Territory or Possession                                               | R. Small Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| G. Independent School District                                                | S. Hispanic-serving Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| H. Public/State Controlled Institution of Higher Education                    | T. Historically Black Colleges and Universities (HBCUs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
| I. Indian/Native American Tribal Government (Federally Recognized)            | U. Tribally Controlled Colleges and Universities (TCCUs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |
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| L. Public/Indian Housing Authority                                            | X. Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                    |                                |                                            |                                |               |                          |                                                        |                                 |                   |                                |                                 |                                                            |                                                         |                                                                    |                                                          |                                                                               |                                                           |                                                            |                                 |                                    |                    |  |  |