

Application for Federal Assistance SF-424

*** 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:**

06/28/2018

4. Applicant Identifier:

CA62250 MERCED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

City of Merced

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

94-6000371

*** c. Organizational DUNS:**

1692115540000

d. Address:

*** Street1:**

678 W. 18th Street

Street2:

*** City:**

Merced

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95340-4700

e. Organizational Unit:

Department Name:

Dept. of Development Services

Division Name:

Housing Division

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

Prefix:

Mr.

*** First Name:**

Mark

Middle Name:

E.

*** Last Name:**

Hamilton

Suffix:

Title:

Housing Program Supervisor

Organizational Affiliation:

*** Telephone Number:**

209-385-6863

Fax Number:

*** Email:**

hamiltonm@cityofmerced.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218 / 14.239

CFDA Title:

Entitlement Grant / HOME

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

2018 HUD Annual Action Plan using entitlement allcations funded by CDBG Program, HOME Program, CalHome 06 program, and other locally funded LMI Housing Programs.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

18

* b. Program/Project

18

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2018

* b. End Date:

06/30/2019

18. Estimated Funding (\$):

* a. Federal	1,649,186.00
* b. Applicant	1,485,230.00
* c. State	160,605.00
* d. Local	267,512.00
* e. Other	3,535,232.00
* f. Program Income	432,407.00
* g. TOTAL	7,530,172.00

*** 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 in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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:

Steve

Middle Name:

S.

* Last Name:

Carrigan

Suffix:

* Title:

City Manager

* Telephone Number:

209-385-6834

Fax Number:

* Email:

carigans@cityofmerced.org

* Signature of Authorized Representative:

* Date Signed:

06/28/2018