

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/06/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1288

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Mercy Housing California

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3081666

	c. Organizational DUNS:	073775504	PLUS 4	
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d. Address

Street 1: 2512 River Plaza Drive Suite 200

Street 2:

City: Sacramento

County: Sacramento

State: California

Country: United States

Zip / Postal Code: 95833

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mrs.

First Name: Wendy

Middle Name:

Last Name: Saca-Mertens

Suffix:

Title: Senior Asset Manager

Organizational Affiliation: Mercy Housing California

Telephone Number: (916) 414-4445

Extension:
Fax Number: (916) 414-4490
Email: wsaca@mercyhousing.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Mather Veterans Village

16. Congressional District(s):

a. Applicant: CA-006, CA-007
(for multiple selections hold CTRL key)

b. Project: CA-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2020

b. End Date: 06/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

08/06/2019

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting 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: ☒

21. Authorized Representative

Prefix: Mr.

First Name: Stephan

Middle Name:

Last Name: Daues

Suffix:

Title: Regional Director Housing Development

Telephone Number: (916) 414-4440
(Format: 123-456-7890)

Fax Number: (916) 414-4490
(Format: 123-456-7890)

Email: SDaues@mercyhousing.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/06/2019