

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: 08/08/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0158

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: TLCS, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2777955

	c. Organizational DUNS:	042761387	PLUS 4	
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d. Address

Street 1: 650 Howe Ave, Bldg 400-A

Street 2:

City: Sacramento

County:

State: California

Country: United States

Zip / Postal Code: 95825-0000

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Jody

Middle Name:

Last Name: Dahms

Suffix:

Title: External Affairs Director

Organizational Affiliation: TLCS, Inc.

Telephone Number: (916) 441-0123

Applicant: TLCS, Inc.

042761387

Project: RA Consolidation (WORK 2016 + New Direction PHP)

175645

Extension: 1022

Fax Number: (916) 441-6893

Email: jdahms@tlcssac.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: RA Consolidation (WORK 2016 + New Direction PHP)

16. Congressional District(s):

a. Applicant: CA-003, CA-009, CA-006, CA-007
(for multiple selections hold CTRL key)

b. Project: CA-003, CA-009, CA-006, 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? a. Yes

If "YES", enter the date this application was made available to the State for review: 08/08/2019

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: Ms.

First Name: Erin

Middle Name:

Last Name: Johansen

Suffix:

Title: CEO

Telephone Number: (916) 441-0123
(Format: 123-456-7890)

Fax Number: (916) 441-6893
(Format: 123-456-7890)

Email: ejohansen@tlcssac.org

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

Date Signed: 08/08/2019