

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: 09/14/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1729

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: County of Santa Clara by and through Office of Supportive Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000533

c. Unique Entity Identifier: VQCVLUR7XPF9

d. Address

Street 1: 150 W. Tasman Dr.

Street 2:

City: San Jose

County: Santa Clara

State: California

Country: United States

Zip / Postal Code: 95134

e. Organizational Unit (optional)

Department Name: County Executive Office

Division Name: Office of Supportive Housing

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

Prefix: Mr.

First Name: Ben

Middle Name:

Last Name: Kong

Suffix:

Title: Senior Management Analyst

Organizational Affiliation: County of Santa Clara by and through Office of Supportive Housing

Telephone Number: (408) 278-6427

Extension:

Fax Number: (669) 220-1444

Email: ben.kong@hhs.sccgov.org

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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-6700-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: Renascent Place

16. Congressional District(s):

a. Applicant: CA-018, CA-019, CA-016, CA-017
(for multiple selections hold CTRL key)

b. Project: CA-019
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2024

b. End Date: 09/30/2025

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: 09/14/2023

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: Consuelo

Middle Name:

Last Name: Hernandez

Suffix:

Title: Director, Office of Supportive Housing

Telephone Number: (408) 278-6419
(Format: 123-456-7890)

Fax Number: (669) 220-1444
(Format: 123-456-7890)

Email: consuelo.hernandez@hhs.sccgov.org

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

Date Signed: 09/14/2023