

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):

E: Other (specify)

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

H80CS08241

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Mission City Community Network, Inc.

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

954226189

* c. Organizational DUNS:

801992751

d. Address:

* Street1: 8627 Sepulveda Blvd.

Street2:

* City: North Hills

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 91343

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

Nik

Middle Name:

* Last Name:

Gupta

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 8188953100

Fax Number:

* Email: nikg@mccn.org

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)



Type of Applicant 2: Select Applicant Type:



Type of Applicant 3: Select Applicant Type:



* Other (specify):

* 10. Name of Federal Agency:

Health Resources & Administration Services (HRSA)

11. Catalog of Federal Domestic Assistance Number:

93.527

CFDA Title:

Health Center Program

* 12. Funding Opportunity Number:

HRSA-19-079

* Title:

Oral Health Infrastructure

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:

Oral Health Infrastructure

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 **CA-029*** b. Program/Project **CA-029**

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: **09/01/2019*** b. End Date: **04/30/2021****18. Estimated Funding (\$):**

* a. Federal	300000
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	<input type="text"/>

*** 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: * First Name: **Nik**

Middle Name:

* Last Name: **Gupta**

Suffix:

* Title: **Chief Executive Officer*** Telephone Number: **8188953100** Fax Number: * Email: **nikg@mcen.org*** Signature of Authorized Representative: **Nik Gupta** * Date Signed: **04/16/2019**