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Fields with are required

Applicant Information	
Applicant Identifier	
Legal Name	SANTA ROSA COMMUNITY HEALTH CENTERS
CRS Entity Identification Number (e.g. 1-53-2079819-A-2)	1-68-0365296-A-1
Employer Identification Number (e.g. 53-2079819)	68-0365296
Organizational DUNS	036697837
Mailing Address (Required)	
Address Type	☒ Domestic Address ☐ International Address Refresh
Specify Domestic Address (Street Address or PO Box Only or Rural Route)	
☒ Address	Street Number 3569 Street Name ROUND BARN CIRCLE Select One Number
☐ PO Box Only	Number
☐ Rural Route	Type Select Route Numb Box
City	SANTA ROSA (Required if Zip is not specified)
Urbanization	(Used only for Puerto Rico(PR))
State	CA (Required if City is specified)
Zip Code (Lookup)	95403 - 5781 (Required if City is not specified)
Organizational Unit	
Department Name	
Division Name	
Type of Applicant	
Applicant Type 1	M: Nonprofit with 501C3 IRS status (other)
Applicant Type 2	Select Applicant Type
Applicant Type 3	Select Applicant Type
If "Other" then specify:	

Person to be contacted on matters involving this application

Title of Position	Name	Phone	Email	Options
	Annemarie Brown	(707) 236-6895	annemarieb@srhealth.org	Change ▼

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[Save and Continue](#)

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 **SF-424 - Part 2**

Error: One or more errors have occurred.

Field Level Messages

Hover over the error label (e.g. "Error 1") to view the error message. Click on the error label to navigate to the field where the error has occurred.

Error 1 **Error 2**

▶ 165670: SANTA ROSA COMMUNITY HEALTH CENTERS

Due Date: 5/13/2019 5:00:00 PM (Due in: 21 days) | Section Status: Not Complete

▼ Resources [View](#)

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SF-424 - Part 1 **SF-424 - Part 2**

Fields with are required

▼ Areas Affected by Project (Cities, Counties, States, etc.) (Maximum 1)[Attach File](#)

No documents attached

Descriptive Title of Applicant's Project**▼ Project Description (Minimum 1) (Maximum 1) Upload at least 1 attachment(s) for Project Description(↑)**[Attach File](#)

No documents attached

Congressional Districts**Applicant****Program/Project****▼ Additional Program/Project Congressional Districts (Maximum 1)**[Attach File](#)

No documents attached

Proposed Project Period**Start Date****End Date****Estimated Funding****Federal**

(This amount is populated from Budget Section A - Total Federal New or Revised Budget.)

Applicant

(This amount is populated from Budget Section C - Non Federal Resources.)

State

(This amount is populated from Budget Section C - Non Federal Resources.)

Local

(This amount is populated from Budget Section C - Non Federal Resources.)

Other

(This amount is populated from Budget Section C - Non Federal Resources.)

Program Income

4/22/2019

SF-424 - Part 2 | EU | HRSA EHBs

Total

\$0.00

State Executive Order 12372 Process

Is Application Subject to Review by State Executive Order 12372 Process?

(List of participating states)

▼ Provide a review date that is in the past. (🔒)

☒ This application was made available to the State under the Executive Order 12372 Process for review on 4/22/2019

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

☐ Program is not covered by E.O. 12372.

☐ Yes

☒ No

If "Yes", attach an explanation

▼ Federal debt delinquency explanation (Maximum 1)

Attach File

No documents attached

Authorized Representative

Title of Position	Name	Phone	Email	Options
	Annemarie Brown	(707) 236-6895	annemarieb@srhealth.org	Change ▼

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Product: EHBs

https://grants.hrsa.gov/2010/Web2External/Interface/Common/CompetingApplications/SF424/SF424Part2.aspx?ApplicationId=30207834-766d-4f95-a... 2/2