Application for Federal Assistance SF-424

* 1. Type of Submission	* 2. Type of Application	* If Revision, select a
☐ Preapplication	☐ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☑ Revision	

* 3. Date Received:	4. Applicant Identifier:

* 5.a Federal Entity Identifier:	5.b Federal Award Identifier:
Application #:166064 Grants.Gov #:	H80CS06671

* 6. Date Received by State:	7. State Application Identifier:

8. Applicant Information:

* a. Legal Name	El Dorado County Community Health Center
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
42-1533531	126544597

d. Address:

* Street1:	4327 GOLDEN CENTER DRIVE
Street2:	
* City:	PLACERVILLE
County:	El Dorado
* State:	CA
Province:	
* Country:	US: United States
* Zip / Postal Code:	95667-6260

e. Organization Unit:

Department Name:	Division Name:

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

Prefix:		* First Name:	Judy
Middle Name: Middle Name:			
Last Name:	Stein		
Suffix:			
Title:			
Organizational Affiliation:			
* Telephone Number:	(530) 621-7302	Fax Number:	(530) 621-7707
* Email:	jstein@edcchc.org		

9. Type of Applicant 1:

M: Nonprofit with 501C3 IRS status (other than Institution of Higher Education)

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

*** 10. Name of Federal Agency:**

N/A

11. Catalog of Federal Domestic Assistance Number:

93.527

CFDA Title:

Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program

*** 12. Funding Opportunity Number:**

HRSA-19-100

* Title:

Fiscal Year (FY) 2019 Integrated Behavioral Health Services (IBHS)

13. Competition Identification Number:

7814

Title:

Fiscal Year (FY) 2019 Integrated Behavioral Health Services (IBHS)

Areas Affected by Project (Cities, Counties, States, etc.):

See Attachment

*** 15. Descriptive Title of Applicant's Project:**

Health Center Cluster

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant CA-04 * b. Program/Pr

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date: 1/1/2006 * b. End Da

18. Estimated Funding ($):

* a. Federal	$145,000.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$145,000.00

*** 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 5/7/2019

☐ 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 Of Any Federal Debt(If "Yes", provide explaination in attachment.)**

☐ Yes ☑ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statement 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 ma 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 Nam
Middle Name:		
* Last Name:	Stratton	
Suffix:		
* Title:		
* Telephone Number:	(530) 748-3105	Fax Numbe
* Email:	tstratton@edcchc.org	
* Signature of Authorized Representative:	Terri Stratton	* Date Sig