

Application for Federal Assistance SF-424

*** 1. Type of Submission**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application**

- ☐ New
☐ Continuation
☒ Revision

* If Revision,

* Other (Spec

*** 3. Date Received:**

4/22/2019

4. Applicant Identifier:*** 5.a Federal Entity Identifier:**

Application #:165920
Grants.Gov #:GRANT12845247

5.b Federal Award Identifier:

H80CS28988

*** 6. Date Received by State:****7. State Application Identifier:****8. Applicant Information:***** a. Legal Name**

Desert Aids Project

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

33-0068583

*** c. Organizational DUNS:**

618170211

d. Address:*** Street1:**

1695 N Sunrise Way

Street2:*** City:**

Palm Springs

County:

Riverside

*** State:**

CA

Province:*** Country:**

US: United States

*** Zip / Postal Code:**

92262-3701

e. Organization Unit:

Department Name:

Division Name:

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

Prefix: Mrs. * First Name: Brande

Middle Name: Middle Name:

Last Name:

Orr

Suffix:

Title:

Director of Strategic Initiatives

Organizational Affiliation:

* Telephone Number:

(760) 992-0437

Fax Number:

* Email:

borr@desertaidsproject.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:****11. Catalog of Federal Domestic Assistance Number:****CFDA Title:***** 12. Funding Opportunity Number:***** Title:****13. Competition Identification Number:****Title:****Areas Affected by Project (Cities, Counties, States, etc.):***** 15. Descriptive Title of Applicant's Project:****Project Description:****16. Congressional Districts Of:**

* a. Applicant	<input type="text" value="CA-36"/>	* b. Program
----------------	------------------------------------	--------------

Additional Program/Project Congressional Districts:**17. Proposed Project:**

* a. Start Date:	<input type="text" value="9/1/2019"/>	* b. End Date:
------------------	---------------------------------------	----------------

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$300,000.00"/>
* b. Applicant	<input type="text" value="\$0.00"/>
* c. State	<input type="text" value="\$0.00"/>
* d. Local	<input type="text" value="\$0.00"/>
* e. Other	<input type="text" value="\$0.00"/>
* f. Program Income	<input type="text" value="\$0.00"/>
* g. TOTAL	<input type="text" value="\$300,000.00"/>

*** 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 5/13/2019
- ☐ 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 explanation 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 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 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:	<input type="text"/>	* First Name
Middle Name:	<input type="text" value="K"/>	
* Last Name:	<input type="text" value="Orr"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text"/>	
* Telephone Number:	<input type="text" value="(760) 323-2118 Ext: 437"/>	Fax
* Email:	<input type="text" value="borr@desertaidsproject.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Brand K Orr"/>	* Date
