

Application for Federal Assistance SF-424

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		* If Revision, <input type="text"/> * Other (Spec <input type="text"/>
--	--	--	--	---

* 3. Date Received: 4/22/2019	4. Applicant Identifier: <input type="text"/>
---	---

* 5.a Federal Entity Identifier: Application #:165920 Grants.Gov #:GRANT12845247	5.b Federal Award Identifier: H80CS28988
---	--

* 6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. Applicant Information:

* a. Legal Name Desert Aids Project	* c. Organizational DUNS: 618170211
* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0068583	

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:
<input type="text"/>	<input type="text"/>

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

Prefix:	Mrs.	* First Name:	Brand
Middle Name: Middle Name:	<input type="text"/>		
Last Name:	Orr		
Suffix:	<input type="text"/>		
Title:	Director of Strategic Initiatives		
Organizational Affiliation:	<input type="text"/>		
* Telephone Number:	(760) 992-0437	Fax Number:	<input type="text"/>
* Email:	borr@desertaidproject.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):

[Empty text box]

*** 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-19-079

*** Title:**

Oral Health Infrastructure (OHI)

13. Competition Identification Number:

7495

Title:

Oral Health Infrastructure (OHI)

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

See Attachment

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

2019 Desert AIDS Project Competing Supplemental Oral Health Infrastructure

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant CA-36

* b.
Proc

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date: 9/1/2019

* b.

18. Estimated Funding (\$):

* a. Federal	\$300,000.00
* b. Applicant	\$0.00
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$0.00
* g. TOTAL	\$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
- 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.

5/13/

*** 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 stat 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 clai 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 agenc specific instructions.

Authorized Representative:

Prefix:	<input type="text"/>	* Fi
Middle Name:	K <input type="text"/>	
* Last Name:	Orr <input type="text"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text"/>	
* Telephone Number:	(760) 323-2118 Ext: 437 <input type="text"/>	Fax
* Email:	borr@desertaidproject.org <input type="text"/>	
* Signature of Authorized Representative:	Brande K Orr <input type="text"/>	* D;