

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

**OPPORTUNITY & PACKAGE DETAILS:**

Opportunity Number:	FR-6800-N-13
Opportunity Title:	Lead Hazard Reduction Grant Program
Opportunity Package ID:	PKG00287135
CFDA Number:	14.905
CFDA Description:	Lead Hazard Reduction Demonstration Grant Program
Competition ID:	FR-6800-N-13
Competition Title:	Lead Hazard Reduction Grant Program
Opening Date:	06/21/2024
Closing Date:	08/19/2024
Agency:	Department of Housing and Urban Development
Contact Information:	Damian Slaughter

**APPLICANT & WORKSPACE DETAILS:**

Workspace ID:	WS01368003
Application Filing Name:	Fresno County Department of Public Health
UEI:	GLP5PZLWSZE1
Organization:	COUNTY OF FRESNO
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Aug 15, 2024 02:00:12 PM EDT
Form State:	Error(s)

**FORM ACTIONS:**

## 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):**

**\* Other (Specify):**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

94-600512

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

FR-6800-N-13

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

CA

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Fresno County Department of Public Health

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

94-600512

**\* c. UEI:**

GLP5PZLWSZE1

**d. Address:**

**\* Street1:** 1221 Fulton Street

**Street2:** Fresno

**\* City:** Fresno

**County/Parish:** CA

**\* State:** CA: California

**Province:**

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 93721-1009

**e. Organizational Unit:**

**Department Name:**

FCDPH

**Division Name:**

Environmental Health

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

**Prefix:**

Mr.

**\* First Name:**

Richard

**Middle Name:**

**\* Last Name:**

Heinrichs

**Suffix:**

**Title:** Supervising REHS

**Organizational Affiliation:**

FCDPH

**\* Telephone Number:** 5596003357

**Fax Number:**

**\* Email:** beevang@fresnocountyca.gov

## Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Housing and Urban Development

### 11. Catalog of Federal Domestic Assistance Number:

14.905

CFDA Title:

Lead Hazard Reduction Demonstration Grant Program

### \* 12. Funding Opportunity Number:

FR-6800-N-13

\* Title:

Lead Hazard Reduction Grant Program

### 13. Competition Identification Number:

FR-6800-N-13

Title:

Lead Hazard Reduction Grant Program

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

FRESNO COUNTY.docxZIPMAP.docx

Add Attachment

Delete Attachment

View Attachment

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

Lead Hazard Reduction Grant Program

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 \* b. Program/Project 

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="4,000,000.00"/>
* b. Applicant	<input type="text" value="623,068.00"/>
* 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="4,623,068.00"/>

**\* 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.

**\* 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 18, 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:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed: