20%└ 1XPEHU └┤ ‼ ┤ ‼ ┼ ‼ ‼ ‼ ·
([SLUDWLRQ└ 'DWH └ ¶ ‼ ↕ ┬ ¶ ↕ ┴

$SSOLFDWLRQ└ IRU└)HGHUDO└ $VVLVWDQFH└ 6)┼ ┤ ┴ ┤

└ ¶ ◄ └ 7\SH└ RI└ 6XEPLVVLRQ

- [ ] 3UHDSSOLFDWLRQ
- [x] $SSOLFDWLRQ
- [ ] &KDQJHG↕ &RUUHFWHG└ $SSOLFDWLRQ

└ ┴ ◄ └ 7\SH└ RI,┤└ $SSOLFDWLRQ└ VHCHFW└ DSSURSULDWH└ CHWWHU♂ V

- [ ] 1HZ
- [x] &RQWLQXDWLRQ
- [ ] 5HYLVLRQ

└ 2WKHU└ ♂ 6SHFLI\

└ ┬ ◄ └ 'DWH└ 5HFHLYHG

┤ ◄ └ $SSOLFDQW└ ,GHQWLILHU

‼ ├ ┤ → ¶

↑ D◄ └)HGHUDO└ (QWLW\└ ,GHQWLILHU

‼ ├ ┤ → ¶

↑ E◄ └)HGHUDO└ $ZDUG└ ,GHQWLILHU

&(┼ 7↑ ¶ ┬ ‼ ¶

6WDWH└ 8VH└ 2QO\

├ ◄ └ 'DWH└ 5HFHLYHG└ E\└ 6WDWH

→ ◄ └ 6WDWH└ $SSOLFDWLRQ└ ,GHQWLILHU

← ◄ └ $33/,&$17└ ,1)250$7,21

└ D◄ └ /HJDO└ 1DP 6DQWD 0RQLFD %D\ 5HVWRUDWLRQ)RXQGDWLRQ

└ E◄ └ (PSOR\HU↕ 7D[SD\HU└ ,GHQWLILFDWLRQ└ 1XPEHU└ ♂ (,1↕ 7,1

┬ ┬ ┼ ‼ ┤ ┴ ‼ ┴ → ¶

└ F◄ └ 2UJDQL]DWLRQDO└ '816

‼ ┬ ├ ┴ ↑ ┴ ‼ ¶ ← ‼ ‼ ‼ ‼

G◄ └ $GGUHVV

└ 6WUHHW¶ ¶ /08 'ULYH

6WUHHW└ 3HUHLUD $QQH[☼ 06 ← ¶ ├ ‼

└ &LW\ /RV $QJHOHV

└ 6WDWH &$ &DOLIRUQLD

3URYLQFH

└ &RXQWU\ 86$ 81,7(' 67$7(6

└ =LS└ ↕ └ 3RVWDO└ ‼ ‼ ┤ ↑ ┼ ┴ ├ ↑

H◄ └ 2UJDQL]DWLRQDO└ 8QLW

'HSDUWPHQW└ 1DPH

'LYLVLRQ└ 1DPH

I◄ └ 1DPH└ DQG└ FRQWDFW└ LQIRUPDWLRQ└ RI└ SHUVRQ└ WR└ EH└ FRQWDFWHG└ RQ└ PDWWHUV└ LQYROYLQJ└ WKLV└ DSSOLFDWLRQ

3UHIL[0U◄

└)LUVW└ 1DP 0DUFHOR

0LGGOH└ 1DPH

└ /DVW└ 1DPH 9LOODJRPH]

6XIIL[

7LWOH $GPLQLVWUDWLYH 'LUHFWRU

2UJDQL]DWLRQDO└ $IILOLDWLRQ

6DQWD 0RQLFD %D\ 5HVWRUDWLRQ)RXQGDWLRQ

└ 7HOHSKRQH└ 1XPEHU ← ← ← ┼ ┬ ‼ ¶ ┼ ┴ ↑ ┴ →

)D[└ 1XPEHU┴ ├ ┼ ┴ ┤ ┼ ↑ ┤ ‼ ¶

└ (PDLO PYLOODJRPH]#VDQWDPRQLFDED\◄ RUJ

$SSOLFDWLRQ└ IRU└)HGHUDO└ $VVLWDQFH└ 6)┼ ┤ ┴ ┤

└ ◄ └ 7\SH└ RI└ $SSOLFDQW└ ¶ └ 6HOHFW└ $SSOLFDQW└ 7\SH

0 1RQSURILW ZLWK ↑ ‼ ¶ &┬ ,56 6WDWXV ♂ 2WKHU WKDQ ,QWLWXWLRQ RI +LJKHU (GXFDWLRQ□

7\SH└ RI└ $SSOLFDQW└ ┴ └ 6HOHFW└ $SSOLFDQW└ 7\SH

7\SH└ RI└ $SSOLFDQW└ ┬ └ 6HOHFW└ $SSOLFDQW└ 7\SH

└ 2WKHU└ ♂ VSHFLI\

└ ¶ ‼ ◄ └ 1DPH└ RI└)HGHUDO└ $JHQF\

(QYLURQPHQWDO 3URWHFWLRQ $JHQF\

¶ ¶ ◄ └ &DWDORJ└ RI└)HGHUDO└ 'RPHWLF└ $VVLWDQFH└ 1XPEHU

├ ├ ◄ ┤ ↑ ├

&)'$└ 7LWOH

1DWLRQDO (WXDU\ 3URJUDP

└ ¶ ┴ ◄ └)XQGLQJ└ 2SSRUWXQLW\└ 1XPEHU

(3$┼ &(3┼ ‼ ¶

└ 7LWOH

(3$ 0DQGDWRU\ *UDQW 3URJUDPV

¶ ┬ ◄ └ &RPSHWLWLRQ└ ,GHQWLILFDWLRQ└ 1XPEHU

7LWOH

¶ ┤ ◄ └ $UHDV└ $IIHFWHG└ E\└ 3URMHFW└ ♂ &LWLHV☼ └ &RXQWLHV☼ └ 6WDWHV☼ └ HWF◄ □

6DQWD 0RQLFD %D\ :DWHUVKHG 0DS ┼ &RXUWHV\ $GG $WWDFKPHQW 'HOHWH $WWDFKPHQW 9LHZ $WWDFKPHQW

└ ¶ ↑ ◄ └ 'HVFULSWLYH└ 7LWOH└ RI└ $SSOLFDQW└ 3URMHFW

7KH)RXQGDWLRQ ZLOO FRQWLQXH WR VXSSRUW WKH 6DQWD 0RQLFD %D\ 1DWLRQDO (WXDU\ 3URJUDP WR LPSOHPHQW
WKH &RPSUHKHQVLYH &RQVHUYDWLRQ DQG 0DQDJHPHQW 3ODQ ♂ &&03☼ DOVR NQRZQ DV WKH %D\ 5HWRUDWLRQ 3ODQ□ ◄

$WWDFK└ VXSSRUWLQJ└ GRFXPHQW└ DV└ VSHFLILHG└ LQ└ DJHQF\└ LQWUXFWLRQV◄

$GG $WWDFKPHQW 'HOHWH $WWDFKPHQW 9LHZ $WWDFKPHQW

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-043
* b. Program/Project: All

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

2017 Congressional Districts.pdf | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2017
* b. End Date: 09/30/2018

18. Estimated Funding ($):

* a. Federal	625,000.00
* b. Applicant	200,000.00
* c. State	375,000.00
* d. Local	50,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,250,000.00

*** 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 _____.
- [x] 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
- [x] 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 218, Section 1001)**

- [x] ** 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: Mr.
* First Name: Tom
Middle Name:
* Last Name: Ford
Suffix:

* Title: Executive Director

* Telephone Number: 310-216-9827
Fax Number: 626-249-5401

* Email: tford@santamonicabay.org

* Signature of Authorized Representative:
* Date Signed: 7-27-17