

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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text" value="10/19/2021"/>		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text" value="San Francisco Office of Economic and Workforce Development"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000417"/>			* c. Organizational DUNS: <input type="text" value="7886564160000"/>		
d. Address:					
* Street1:	<input type="text" value="1 Dr. Carlton B. Goodlett Place"/>				
Street2:	<input type="text" value="City Hall, Room 448"/>				
* City:	<input type="text" value="San Francisco"/>				
County/Parish:	<input type="text"/>				
* State:	<input type="text" value="CA: California"/>				
Province:	<input type="text"/>				
* Country:	<input type="text" value="USA: UNITED STATES"/>				
* Zip / Postal Code:	<input type="text" value="94102-4603"/>				
e. Organizational Unit:					
Department Name: <input type="text" value="Economic&Workforce Development"/>			Division Name: <input type="text" value="Economic Recovery"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:	<input type="text" value="Ms."/>	* First Name:	<input type="text" value="Katherine"/>		
Middle Name:	<input type="text"/>				
* Last Name:	<input type="text" value="Daniel"/>				
Suffix:	<input type="text"/>				
Title:	<input type="text" value="Director, Economic Recovery Initiatives"/>				
Organizational Affiliation: <input type="text" value="Office of Economic and Workforce Development"/>					
* Telephone Number:	<input type="text" value="415-902-1193"/>	Fax Number:	<input type="text"/>		
* Email:	<input type="text" value="katherine.daniel@sfgov.org"/>				

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

B: County Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.307

CFDA Title:

Economic Adjustment Assistance

*** 12. Funding Opportunity Number:**

EDA-HDQ-ARPBBS-2021-2006976

* Title:

FY 2021 American Rescue Plan Act Build Back Better Regional Challenge

13. Competition Identification Number:

2996511

Title:

EDA-2021-ARPABBBRC - Phase 1

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

1246-Bay Area Counties.jfif

Add Attachment

Delete Attachment

View Attachment

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

Driving Regional Economic Equity through San Francisco's Downtown Recovery

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.

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

* a. Federal	<input type="text" value="498,869.20"/>
* 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="498,869.20"/>

*** 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

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)**

 ** 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: