

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:	DN-STC-19-001-064843
Opportunity Title:	FY 19 STC Announcement
Opportunity Package ID:	PKG00254618
CFDA Number:	97.108
CFDA Description:	Homeland Security, Research, Testing, Evaluation, and Demonstration of Technologies
Competition ID:	
Competition Title:	
Opening Date:	09/05/2019
Closing Date:	10/21/2019
Agency:	Office of Procurement Operations - Grants Division
Contact Information:	Janet Bailey Grants Specialist E-mail: janet.bailey@hq.dhs.gov Phone: 202-447-0362

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00364331
Application Filing Name:	Bay Area UASI
DUNS:	0703842550000
Organization:	SAN FRANCISCO, CITY & COUNTY OF
Form Name:	SF424 (R & R)
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Oct 25, 2019 10:28:36 AM EDT
Form State:	No Errors

FORM ACTIONS:

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>

1. TYPE OF SUBMISSION
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application

4. a. Federal Identifier	<input type="text"/>
b. Agency Routing Identifier	<input type="text"/>
c. Previous Grants.gov Tracking ID	<input type="text"/>

2. DATE SUBMITTED	Applicant Identifier
<input type="text"/>	<input type="text"/>

5. APPLICANT INFORMATION	Organizational DUNS: 0703842550000
Legal Name: Bay Area Urban Areas Security Initiative	
Department: Dept of Emergency Management	Division: BA UASI
Street1: 711 Van Ness Ave. #420	
Street2: <input type="text"/>	
City: San Francisco	County / Parish: <input type="text"/>
State: CA: California	Province: <input type="text"/>
Country: USA: UNITED STATES	ZIP / Postal Code: 94102-3244

Person to be contacted on matters involving this application		
Prefix: Ms.	First Name: Mary	Middle Name: <input type="text"/>
Last Name: Landers	Suffix: <input type="text"/>	
Position/Title: Regional Grants Manager		
Street1: 711 Van Ness Ave. #420		
Street2: <input type="text"/>		
City: San Francisco	County / Parish: <input type="text"/>	
State: CA: California	Province: <input type="text"/>	
Country: USA: UNITED STATES	ZIP / Postal Code: 94102-3244	
Phone Number: 415-353-5225	Fax Number: <input type="text"/>	
Email: mary.landerson@sf.gov		

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):	97-6000417
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7. TYPE OF APPLICANT:	E: Regional Organization
Other (Specify): <input type="text"/>	
Small Business Organization Type	<input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:	If Revision, mark appropriate box(es).
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission	<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/> E. Other (specify): <input type="text"/>

Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? <input type="text"/>
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9. NAME OF FEDERAL AGENCY:	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 97.108
Office of Procurement Operations - Grants Div	TITLE: Homeland Security, Research, Testing, Evaluation, and Demonstration of Technologies

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Northern California Securing the Cities Region Program

12. PROPOSED PROJECT:	13. CONGRESSIONAL DISTRICT OF APPLICANT
Start Date: 11/01/2019	Ending Date: 10/30/2020
	CA-012

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	<input type="text" value="7,373,589.00"/>
b. Total Non-Federal Funds	<input type="text" value="0.00"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="7,373,589.00"/>
d. Estimated Program Income	<input type="text" value="0.00"/>

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE:

b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR
 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. 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.*

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

Signature of Authorized Representative	Date Signed
<input type="text" value="Completed on submission to Grants.gov"/>	<input type="text" value="Completed on submission to Grants.gov"/>

20. Pre-application

21. Cover Letter Attachment