

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:

07/10/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

J6HCBMJY2K56

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Society of St. Vincent de Paul Georgia, Inc.

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

58-0967972

* c. UEI:

J6HCBMJY2K56

d. Address:

* Street1: 2050 Chamblee Tucker Road

Street2: Suite C

* City: Atlanta

County/Parish: DeKalb

* State: GA: Georgia

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 30341-3343

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

* First Name:

Rene

Middle Name:

* Last Name:

Bazel

Suffix:

Title: Senior Manager of Institutional Giving

Organizational Affiliation:

Society of St. Vincent de Paul Georgia, Inc.

* Telephone Number: 6788926175

Fax Number: 6783536913

* Email: rbazel@svdpgeorgia.org

Application for Federal Assistance SF-424

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

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.024

CFDA Title:

Community Development Block Grant- PRICE Competition

* 12. Funding Opportunity Number:

FR-6700-N-99

* Title:

Preservation and Reinvestment Initiative for Community Enhancement (PRICE) Competition

13. Competition Identification Number:

FR-6700-N-99

Title:

Fiscal Years 2023 and 2024 Preservation and Reinvestment Initiative for Community Enhancement (PRICE) Competition MODIFICATION

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

1234-GeorgiaCountyMap_Greene_Hancock_Putnam

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

St. Vincent de Paul Georgia "A Place To Call Home" Project

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

4

* b. Program/Project

10

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

1236-Georgia-Congressional-Districts-2023.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2024

* b. End Date:

09/30/2030

18. Estimated Funding (\$):

* a. Federal

16,163,000.00

* b. Applicant

0.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

16,163,000.00

*** 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.*** 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:

Mr.

* First Name:

Mike

Middle Name:

* Last Name:

Mies

Suffix:

* Title:

Executive Director

* Telephone Number:

6788926180

Fax Number:

6783536913

* Email:

mmies@svdpgeorgia.org

* Signature of Authorized Representative:

Rene Bazel

* Date Signed:

07/10/2024