EXHIBIT 9

CLIENT COMMENTS AND SUGGESTIONS (HUD-2994) – N/A
Survey on Ensuring Equal Opportunity For Applicants

OMB No 1890-0014 Exp 2/28/2009

Purpose:
The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)
Applicant's DUNS Name: [Redacted]
Federal Program: Section 202 Demonstration Pre-Development Grant Program
CFDA Number: 14.157

1. Has the applicant ever received a grant or contract from the Federal government?
   - Yes [ ]
   - No [X]

2. Is the applicant a faith-based organization?
   - Yes [ ]
   - No [X]

3. Is the applicant a secular organization?
   - Yes [ ]
   - No [X]

4. Does the applicant have 501(c)(3) status?
   - Yes [X]
   - No [ ]

5. Is the applicant a local affiliate of a national organization?
   - Yes [ ]
   - No [X]

6. How many full-time equivalent employees does the applicant have? (Check only one box)
   - 3 or Fewer [ ]
   - 4-5 [X]
   - 6-14 [ ]
   - 15-50 [ ]
   - 51-100 [ ]
   - Over 100 [X]

7. What is the size of the applicant's annual budget? (Check only one box)
   - Less than $150,000 [ ]
   - $150,000 - $299,999 [ ]
   - $300,000 - $499,999 [ ]
   - $500,000 - $999,999 [ ]
   - $1,000,000 - $4,999,999 [ ]
   - $5,000,000 or more [X]
Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory

2. Self-identify

3. Self-identify

4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not

5. Self-explanatory

6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

7. Annual budget means the amount of money your organization spends each year on all of its activities

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.
EXHIBIT 1

The proposed project is a 75-unit, 64,000 square foot senior citizen residential complex located on the southwest corner of Foothill Boulevard and Cactus Avenue in the City of Rialto. The project site is approximately 110,700 square feet (2.54 acres), which will be maximized to develop a stepped two and three-story configuration.

The following details information and contact relative to the project:

- **Project Name:** TELACU Housing – Rialto II
- **HUD Project Number:** Application Pending
- **Sponsor Address and Contact:** 5400 East Olympic Boulevard, Suite 300
  Los Angeles, CA 90022
  323.721.1655
  ATTN: Tom F. Provencio
- **Grant Request:** $400,000
EXHIBIT 11

STANDARD FORM LLL, DISCLOSURE OF LOBBYING ACTIVITIES - N/A
**Application for Federal Assistance SF-424**

**Type of Submission:**
- Preapplication
- Application
- Changed/Corrected Application

**Type of Application:**
- New
- Continuation
- Revision

**Data Received:**
Complied by Grants.gov on submission

**Applicant Identifier:**

**State Use Only:**
- Date Received by State:
- State Application Identifier:

**Federal Entity Identifier:**

**Federal Award Identifier:**

**APPLICANT INFORMATION:**

**Legal Name:**
THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

**Employer/Taxpayer Identification Number (EIN/TIN):**
95-2554256

**Organizational DUNS:**

**Address:**
- Street: 5400 East Olympic Boulevard, Suite 300
- City: Los Angeles
- County: Los Angeles
- State: CA: California
- Province:
- Country: USA: UNITED STATES
- Zip/Postal Code: 90022

**Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:** Mr.
**First Name:** Tom
**Middle Name:** Florencio
**Last Name:** Provencio
**Suffix:**

**Title:** Authorized Agent

**Organizational Affiliation:**

**Telephone Number:** 323.721.1655
**Fax Number:** 323.721.3560

**Email:** tprovencio@telacu.com
### Application for Federal Assistance SF-424

**9. Type of Applicant 1: Select Applicant Type:**
- Nonprofit with 501(c)3 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:**
- 14.157

**CFDA Title:**
- Supportive Housing for the Elderly

**12. Funding Opportunity Number:**
- FR-5218-N-01

* Title:
- Section 202 Demonstration Pre-Development Grant Program

**13. Competition Identification Number:**
- S202-DIMO

* Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- Rialto, County of San Bernardino, CA

**15. Descriptive Title of Applicant's Project:**
- Pre-Development Program to assist Fiscal year 2008 Section 202 supportive housing of recipients.

Attach supporting documents as specified in agency instructions
**Application for Federal Assistance SF-424**

### 16. Congressional Districts Of:

* a Applicant 34
* b Program/Project 43

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

- [Add Attachment]
- [Delete Attachment]
- [View Attachment]

### 17. Proposed Project:

* a Start Date: 01/01/2009
* b End Date: 06/30/2010

### 18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>* a Federal</td>
<td>10,735,000.00</td>
</tr>
<tr>
<td>* b Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>* c State</td>
<td>0.00</td>
</tr>
<tr>
<td>* d Local</td>
<td>5,000,000.00</td>
</tr>
<tr>
<td>* e Other</td>
<td>0.00</td>
</tr>
<tr>
<td>* f Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>* g TOTAL</td>
<td>15,735,000.00</td>
</tr>
</tbody>
</table>

**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- [X] a. This application was made available to the State under the Executive Order 12372 Process for review on 12/04/2008
- [ ] b. Program is subject to EO 12372 but has not been selected by the State for review
- [ ] c. Program is not covered by EO 12372

**20. Is the Applicant Delinquent On Any Federal Debt?** (If "Yes", provide explanation)

- [ ] Yes
- [X] No

**Explanation**

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and assurances 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: Florencio
- Last Name: Provencio
- Title: Authorized Agent
- Telephone Number: 323.721.1655
- Fax Number: 323.721.3560
- Email: cprovencio@telacu.com

**Signature of Authorized Representative:** Completed by Grants.gov upon submission

**Date Signed:** Completed by Grants.gov upon submission

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102
* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
December 4, 2008

California State Clearing House
1400 Tenth Street, Room 121
Sacramento, CA 95814

Re: 2009 HUD Section 202 Demonstration Pre-Development Grant Program
SWC Foothill Boulevard and Cactus Avenue
Rialto, CA 92376

To whom it may concern:

TELACU is applying for a U.S. Department of Housing and Urban Development (HUD) Section 202 Demonstration Pre-Development Grant to develop senior citizen housing on the subject site in the city of Rialto.

As part of our submittal to HUD, enclosed please find a copy of Application for Federal Assistance SF-424.

Should you require any additional information in order to complete your review, please do not hesitate to contact our office. Your assistance is greatly appreciated.

Sincerely,

[Signature]

Chief Executive Officer
Authorized Agent

TFP/as
Enclosures 4
December 4, 2008

Southern California Association of Governments
818 West 7th Street, 12th Floor
Los Angeles, CA 90017

Re: 2009 HUD Section 202 Demonstration Pre-Development Grant Program
SWC Foothill Boulevard and Cactus Avenue
Rialto, CA 92376

To whom it may concern:

TELACU is applying for a U.S. Department of Housing and Urban Development (HUD) Section 202 Demonstration Pre-Development Grant to develop senior citizen housing on the subject site in the city of Rialto.

As part of our submittal to HUD, enclosed please find a copy of Application for Federal Assistance SF-424.

Should you require any additional information in order to complete your review, please do not hesitate to contact our office. Your assistance is greatly appreciated.

Sincerely,

[Signature]

Tom F. Provéncio
Authorized Agent

TFP/as
Enclosures 4
Attached is the HUD-2880 form, disclosing assistance from other government sources to be received in connection with the project.

The proposed predevelopment funding from HUD is essential to moving the project forward to construction start within eighteen months. While the site is owned by the City and does not require any option or land carrying costs, there are substantial out-of-pocket costs to move the project forward in a timely manner. These funds are beyond any budget of the sponsor and would require either borrowing funds, delaying some actions to persuade governmental sources to waive or delay some fees, or requesting participants to proceed without being paid.

Because of the high demand for architects, engineers, consultants, etc. in Southern California, it is difficult to get participants to pursue work on this project in a timely manner as their first priority, without getting compensation. While our team has worked together for many years, they are all business people and must keep their firms running by doing projects that pay their fees on a regular basis. As a result, the team is willing to carry the project for long periods but cannot put it at the top of their priority list. By enabling the sponsor to offer some upfront fees to the team, work will move to the top of the list for the various firms and move the project forward in an expeditious way.

We also experience substantial delays in getting our projects to be reviewed by governmental agencies because funds are not readily available for plan check fees or other city fees. By having funds to pay fees in a timely manner, we will be able to submit for plan check and get our project processed in an expedited manner. As we approach final plan check and the drawing down of a building permit, this becomes increasingly important to moving the project forward.

This additional funding source will assist the project to move forward at a faster pace and will get the whole team focused on making the deadlines. We believe the grant is essential to moving the project forward in the quickest way possible.
Applicant/Recipient Disclosure/Update Report

Applicant/Recipient Information

* Duns Number: [redacted]  
* Report Type: INITIAL

1 Applicant/Recipient Name, Address, and Phone (Include area code):

* Applicant Name: 
THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

* Street1: 5400 East Olympic Boulevard, Suite 300

* Street2:

* City: Los Angeles

* County: Los Angeles

* State: CA, California

* Zip Code: 90022

* Country: USA, UNITED STATES

* Phone: 323 721 1655

2 Social Security Number or Employer ID Number: 95-2554256

3 HUD Program Name:
Supportive Housing for the Elderly

4 Amount of HUD Assistance Requested/Received: $ 10,735,000.00

5 State the name and location (street address, City and State) of the project or activity:

* Project Name: TELACU Housing - Rialto II

* Street1: SMC Foothill Boulevard and Cactus Avenue

* Street2:

* City: Rialto

* County: San Bernardino

* State: CA, California

* Zip Code: 92376

* Country: USA, UNITED STATES

Part I Threshold Determinations

* 1 Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants (For further information see 24 CFR Sec 43)

   ☒ Yes ☐ No

* 2 Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct 1- Sep 30)? For further information see 24 CFR Sec 49

   ☒ Yes ☐ No

If you answered "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.
Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.
Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit

Department/State/Local Agency Name:

* Government Agency Name:
Rialto Housing Authority

Government Agency Address:

* Street1: 111 South Riverside Avenue
Street2: 
* City: Rialto
County: San Bernardino
* State: CA, California
* Zip Code: 92376
* Country: USA, UNITED STATES

* Type of Assistance: Grant
* Amount Requested/Provided: $5,000,000.00

* Expected Uses of the Funds:
Land acquisition/on-site and off-site improvements

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1: 
Street2: 
* City: 
County: 
* State: 
* Zip Code: 
* Country: 

* Type of Assistance: 
* Amount Requested/Provided: $

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary)
Part III Interested Parties. You must decide

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

<table>
<thead>
<tr>
<th>* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>* Social Security No or Employee ID No</th>
<th>* Type of Participation in Project/Activity</th>
<th>* Financial Interest in Project/Activity ($ and %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marie Phillips</td>
<td>917629607</td>
<td>Meg Consultant</td>
<td>$60,000.00</td>
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</tbody>
</table>

(Note: Use Additional pages if necessary)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalties not to exceed $10,000 for each violation.

I certify that this information is true and complete.

* Signature: ____________________________  * Date: (mm/dd/yyyy)

Completed Upon Submission to Grants.gov
EXHIBIT 4

PROPOSED PRE-DEVELOPMENT ACTIVITIES AND BUDGET

The sponsor is proposing the following predevelopment activities and budget to assist the project’s schedule and to expedite the timeframe for completing predevelopment activities within 18 months:

<table>
<thead>
<tr>
<th>PROPOSED ACTIVITY</th>
<th>PROPOSED BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant fee:</td>
<td>$3,000</td>
</tr>
<tr>
<td>Appraisal:</td>
<td>$4,000</td>
</tr>
<tr>
<td>Environmental Site Assessment:</td>
<td>$3,000</td>
</tr>
<tr>
<td>Legal Fees:</td>
<td>$4,000</td>
</tr>
<tr>
<td>Organizational Expenses:</td>
<td>$1,000</td>
</tr>
<tr>
<td>Engineering Services:</td>
<td>$12,000</td>
</tr>
<tr>
<td>Architectural Services:</td>
<td>$100,000</td>
</tr>
<tr>
<td>Cost Analyst:</td>
<td>$15,000</td>
</tr>
<tr>
<td>Impact Fees:</td>
<td>$234,000</td>
</tr>
<tr>
<td>Permit/Variance fees:</td>
<td>$24,000</td>
</tr>
<tr>
<td><strong>TOTAL ACTIVITIES:</strong></td>
<td><strong>$400,000</strong></td>
</tr>
</tbody>
</table>
EXHIBIT 5

PROJECT DEVELOPMENT SCHEDULE

The HUD Logic Model (form HUD-96010) was used in devising the activities and the proposed completion dates for the key issues and actions needed in reaching construction start within 18 months.

The sponsor has worked closely with HUD on many Section 202 projects and believes that the following schedule is achievable:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>PROPOSED START DATE</th>
<th>PROPOSED COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey, soils, appraisal work</td>
<td>February 2009</td>
<td>April 2009</td>
</tr>
<tr>
<td>Preliminary design work</td>
<td>January 2009</td>
<td>March 2009</td>
</tr>
<tr>
<td>Preparation of CUP, WQMP and required planning docs.</td>
<td>April 2009</td>
<td>June 2009</td>
</tr>
<tr>
<td>Legal incorporation &amp; tax exemption applications</td>
<td>February 2009</td>
<td>October 2009</td>
</tr>
<tr>
<td>Submission of CUP</td>
<td>May 2009</td>
<td>July 2009</td>
</tr>
<tr>
<td>Preparation of working drawings and firm docs.</td>
<td>August 2009</td>
<td>October 2009</td>
</tr>
<tr>
<td>Plan check</td>
<td>November 2009</td>
<td>January 2010</td>
</tr>
<tr>
<td>Firm comm. processing</td>
<td>February 2010</td>
<td>March 2010</td>
</tr>
<tr>
<td>Issuance of firm comm.</td>
<td>April 2010</td>
<td>April 2010</td>
</tr>
<tr>
<td>Submission of closing docs.</td>
<td>May 2010</td>
<td>May 2010</td>
</tr>
<tr>
<td>Closing at HUD</td>
<td>June 2010</td>
<td>June 2010</td>
</tr>
<tr>
<td>HUD Grade</td>
<td>Policy Priorit</td>
<td>Problem, Need, Situation</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>B3</td>
<td>A</td>
<td>Programming</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
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<tr>
<td>HUD Goal</td>
<td>Policy Priorit.</td>
<td>Problem, Need, Situation</td>
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<td>----------</td>
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<tr>
<td>1</td>
<td>Policy Planning</td>
<td>Programming</td>
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<td>2</td>
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<tr>
<td>HUD Goal</td>
<td>Policy Priority</td>
<td>Problem, Need, Situation</td>
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<tr>
<td>1</td>
<td>Policy</td>
<td>Planning</td>
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</tbody>
</table>
### Evaluation Tools

#### Accountability

<table>
<thead>
<tr>
<th>A. Tools for Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Database</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Where Data Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency database</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Source of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress reports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Frequency of Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annually</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Processing of Data</th>
</tr>
</thead>
</table>
Sponsor: TELACU
Duns:
Project Name: TELACU Housing - Rialto II

EXHIBIT 7

THIRD-PARTY DOCUMENTATION FACSIMILE TRANSMITTAL (HUD-96011) – N/A
EXHIBIT 8

ACKNOWLEDGMENT OF APPLICATION RECEIPT (HUD-2993) - N/A
The East Los Angeles Community Union (TELACU)
5400 East Olympic Boulevard Suite 300
Los Angeles, CA 90022
ATTN: Tom P. Provencio

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying: S202 Demo Pre-Development Program

To Be Completed by HUD

☐ HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.

☐ HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
  ☐ Enclosed
  ☐ Being sent under separate cover

Processor's Name

Date of Receipt
## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

| 1) Please attach Attachment 1 | PREDEVEEXHIBIT1 1pg.pdf | Add Attachment | Delete Attachment | View Attachment |
| 2) Please attach Attachment 2 | PREDEVEEXHIBIT2 6pages.pdf | Add Attachment | Delete Attachment | View Attachment |
| 3) Please attach Attachment 3 | PREDEVEEXHIBIT3 1pg.pdf | Add Attachment | Delete Attachment | View Attachment |
| 4) Please attach Attachment 4 | PREDEVEEXHIBIT3a 3pgs.pdf | Add Attachment | Delete Attachment | View Attachment |
| 5) Please attach Attachment 5 | PREDEVEEXHIBIT4 1pg.pdf | Add Attachment | Delete Attachment | View Attachment |
| 6) Please attach Attachment 6 | PREDEVEEXHIBIT5 1pg.pdf | Add Attachment | Delete Attachment | View Attachment |
| 7) Please attach Attachment 7 | PREDEVEEXHIBIT6LM 4pgs.xls | Add Attachment | Delete Attachment | View Attachment |
| 8) Please attach Attachment 8 | PREDEVEEXHIBIT7 1pg.pdf | Add Attachment | Delete Attachment | View Attachment |
| 9) Please attach Attachment 9 | PREDEVEEXHIBIT7 2pgs.pdf | Add Attachment | Delete Attachment | View Attachment |
| 10) Please attach Attachment 10 | PREDEVEEXHIBIT9 1pg.pdf | Add Attachment | Delete Attachment | View Attachment |
| 11) Please attach Attachment 11 | PREDEVEEXHIBIT10 2pgs.pdf | Add Attachment | Delete Attachment | View Attachment |
| 12) Please attach Attachment 12 | PREDEVEEXHIBIT11 2pgs.pdf | Add Attachment | Delete Attachment | View Attachment |
| 13) Please attach Attachment 13 | | Add Attachment | Delete Attachment | View Attachment |
| 14) Please attach Attachment 14 | | Add Attachment | Delete Attachment | View Attachment |
| 15) Please attach Attachment 15 | | Add Attachment | Delete Attachment | View Attachment |
Survey on Ensuring Equal Opportunity For Applicants

Purpose:
The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey
If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)
Applicant's DUNS Name: 
Federal Program: Section 202 Demonstration Pre-Development Grant Program
CFDA Number: 14.157

1. Has the applicant ever received a grant or contract from the Federal government?
   ☑ Yes ☐ No

2. Is the applicant a faith-based organization?
   ☐ Yes ☑ No

3. Is the applicant a secular organization?
   ☐ Yes ☑ No

4. Does the applicant have 501(c)(3) status?
   ☑ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?
   ☑ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? (Check only one box).
   ☐ 3 or Fewer ☐ 15-50
   ☐ 4-5 ☐ 51-100
   ☑ 6-14 ☐ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)
   ☐ Less Than $150,000
   ☐ $150,000 - $299,999
   ☐ $300,000 - $499,999
   ☐ $500,000 - $999,999
   ☑ $1,000,000 - $4,999,999
   ☐ $5,000,000 or more
Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant’s (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.

2. Self-identify.


4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

5. Self-explanatory.

6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.
Applicant/Recipient Information

* Applicant Name: THE EAST LOS ANGELES COMMUNITY UNION (TELCU)

* Street1: 5400 East Olympic Boulevard, Suite 300

* City: Los Angeles

* County: Los Angeles

* State: CA: California

* Zip Code: 90022

* Country: USA: UNITED STATES

* Phone: 323.721.1655

2. Social Security Number or Employer ID Number: 95-2554256

3. HUD Program Name:

Supportive Housing for the Elderly

4. Amount of HUD Assistance Requested/Received: $ 10,735,000.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: TELCU Housing - Rialto II

* Street1: SWC Foothill Boulevard and Cactus Avenue

* City: Rialto

* County: San Bernardino

* State: CA: California

* Zip Code: 92376

* Country: USA: UNITED STATES

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☐ Yes ☐ No

☐ Yes ☐ No

If you answered "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form. However, you must sign the certification at the end of the report.
Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.
Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name: Rialto Housing Authority

Government Agency Address:

* Street1: 131 South Riverside Avenue
* Street2: 
* City: Rialto
* County: San Bernardino
* State: CA: California
* Zip Code: 92376
* Country: USA: UNITED STATES

* Type of Assistance: Grant
* Amount Requested/Provided: $ 5,000,000.00

* Expected Uses of the Funds:
Land acquisition/on-site and off-site improvements

Department/State/Local Agency Name:

* Government Agency Name: 

Government Agency Address:

* Street1: 
* Street2: 
* City: 
* County: 
* State: 
* Zip Code: 
* Country: 

* Type of Assistance: 
* Amount Requested/Provided: $

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)
**Part III Interested Parties.** You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

<table>
<thead>
<tr>
<th>* Alphabatical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>* Social Security No. or Employee ID No.</th>
<th>* Type of Participation in Project/Activity</th>
<th>* Financial Interest in Project/Activity ($ and %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marie Phillips</td>
<td>417629607</td>
<td>Reg Consultant</td>
<td>$60,000.00 1.00%</td>
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(Note: Use Additional pages if necessary.)

**Certification**

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed $10,000 for each violation. I certify that this information is true and complete.

<table>
<thead>
<tr>
<th>* Signature:</th>
<th>* Date: (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Provencio</td>
<td>01/26/2009</td>
</tr>
</tbody>
</table>

Form HUD-2888 (3/00)
Facsimile Transmittal

**1. Applicant Information:**

* Legal Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

* Address:
  - Street1: 5400 East Olympic Boulevard, Suite 300
  - City: Los Angeles
  - County: Los Angeles
  - State: CA, California
  - Zip Code: 90022

* Country: USA, UNITED STATES

**2. Catalog of Federal Domestic Assistance Number:**

* Organizational DUNS: [Redacted]

* Title: Supportive Housing for the Elderly

CFDA No.: 14.157

**3. Facsimile Contact Information:**

Department: 
Division: 

**4. Name and telephone number of person to be contacted on matters involving this facsimile.**

Prefix: Mr.  
First Name: Tom

Middle Name: Florencio

* Last Name: Provencio

Suffix: 

* Phone Number: 323.721.1655

Fax Number: 323.721.3560

Email: tprovencio@telacu.com

**5. What is your Transmittal? (Check one box per fax)**

- [ ] a. Certification  
- [ ] b. Document  
- [ ] c. Match/Leverage Letter  
- [x] d. Other

**6. How many pages (including cover) are being faxed?**

1

Form HUD-96011 (10/12/2004)
Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:  
  ☑ Preapplication  
  ☑ Application  
  ☑ Changed/Corrected Application  
  ☑ Revision  

* 2. Type of Application:  
  ☑ New  
  ☑ Continuation  
  ☑ Revision  

* 3. Date Received:  
  01/28/2009

4. Applicant Identifier: 

5a. Federal Entity Identifier:  

5b. Federal Award Identifier: 

State Use Only:

6. Date Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:

* a. Legal Name:  
  THE EAST LOS ANGELES COMMUNITY UNION (TELA CU)

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
  95-2554256

* c. Organizational DUNS:  

* d. Address:  
  5400 East Olympic Boulevard, Suite 300
  Los Angeles
  Los Angeles
  CA: California
  USA: UNITED STATES
  90022

* e. Organizational Unit:  
  Department Name:  
  Division Name:  

* f. Name and contact information of person to be contacted on matters involving this application:  
  Prefix: Mr.
  * First Name: Tom
  Middle Name: Florencio
  * Last Name: Provencio
  Suffix:  
  Title: Authorized Agent

Organizational Affiliation:  

* Telephone Number: 323.721.1655  
  Fax Number: 323.721.3560

* Email: tprovencio@telacu.com
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
M: Nonprofit with 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:
14.157

CFDA Title:
Supportive Housing for the Elderly

12. Funding Opportunity Number:
FR-5218-N-01

* Title:
Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:
S202-DEMO

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Rialto, County of San Bernardino, CA

* 15. Descriptive Title of Applicant's Project:
Pre-Development Program to assist Fiscal year 2008 Section 202 supportive housing of recipients.
### Application for Federal Assistance SF-424

**Version 02**

**16. Congressional Districts Of:**

- *a. Applicant: 34
- *b. Program/Project: 43

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

**17. Proposed Project:**

- *a. Start Date: 01/01/2009
- *b. End Date: 06/30/2010

**18. Estimated Funding ($):**

### Value

- *a. Federal: 10,735,000.00
- *b. Applicant: 0.00
- *c. State: 0.00
- *d. Local: 5,000,000.00
- *e. Other: 0.00
- *f. Program Income: 0.00
- *g. TOTAL: 15,735,000.00

**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 **12/04/2008**

- ☐ 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.)**

- ☐ Yes

- ☒ No

**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:** Mr.
- **First Name:** Tom
- **Middle Name:** Florencio
- **Last Name:** Provencio
- **Suffix:**

- **Title:** Authorized Agent

- **Telephone Number:** 323.721.1655
- **Fax Number:** 323.721.3569

- **Email:** tprovencio@telau.com

- **Signature of Authorized Representative:** Tom Provencio

- **Date Signed:** 01/26/2009

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**Standard Form 424 (Revised 10/2005)**

**Prescribed by OMB Circular A-102**
* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

**Approved by OMB**
0348-0046

### 1. * Type of Federal Action:
- [x] a. contract
- [ ] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

### 2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

### 3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

### 4. Name and Address of Reporting Entity:
- **Prime** ☑ Subawardee
- **Name:** PELACU
- **Street 1:** 400 East Olympic Boulevard, Suite 300
- **City:** Los Angeles
- **State:** CA: California
- **Zip:** 90022

**Congressional District, if known:** 34

### 5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

### 6. * Federal Department/Agency:
- [ ] U.S. Department of HUD

### 7. * Federal Program Name/Description:
- Supportive Housing for the Elderly
- **CFDA Number, if applicable:** 04.157

### 8. Federal Action Number, if known:

### 9. Award Amount, if known:

### 10. a. Name and Address of Lobbying Registrant:
- **Prefix:** [ ] * First Name: [ ] Middle Name: [ ]
- **Last Name:** [ ]
- **Street 1:** [ ]
- **City:** [ ]

### 11. b. Individual Performing Services (including address if different from No. 10a):
- **Prefix:** [ ] * First Name: [ ] Middle Name: [ ]
- **Last Name:** [ ]
- **Street 1:** [ ]

### 12. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the person above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

### 13. * Signature:
- [ ]

### 14. * Name:
- **Prefix:** Mr.
- * First Name: Tom
- **Middle Name:** Florencio
- **Last Name:** Provencio

### 15. * Title:
- Authorized Agent

### 16. Telephone No.: 323.721.1655

**Date:** 01/24/2009

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Standard Form - LLL (Rev. 7-07)