

*For best site performance, it is recommended that you use Chrome, Mozilla-Firefox or Safari. Application is also compatible with Internet Explorer 10 or newer.

1 GENERAL INFORMATION

OMB Approved No. 1505-0266

Expiration Date: 07/31/21

2 RECIPIENT INFORMATION

Submission Required for Receipt of Emergency Rental Assistance Payments

January 5, 2021

3 RECIPIENT TYPE

Eligible grantees—states (including the District of Columbia), U.S. Territories (Puerto Rico, the United States Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa), local governments with more than 200,000 residents, the Department of Hawaiian Homelands, and Indian tribes (defined to include Alaska native corporations) or the tribally designated housing entity of an Indian tribe, as applicable—must provide payment information and an executed copy of the award terms not later than 11:59 p.m. EDT on January 12, 2021.

4 FINANCIAL INSTITUTION INFORMATION

5 AWARD TERMS

An exception is provided in the statute for Indian tribes that opted out of receiving a grant allocation under the Native American Housing Block Grants program formula in fiscal year 2020. Those Indian tribes must provide payment information and an executed copy of the award terms not later than 11:59 p.m. on January 26, 2021.

An authorized representative of the eligible grantee with legal authority to bind the eligible grantee must sign the first page of the award terms form. In the case of a local government, the chief executive officer of the local government must sign the award terms form.

To continue an in-progress submission, click:

[Resume In-Progress](#)



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1 GENERAL INFORMATION

RECIPIENT INFORMATION

2 RECIPIENT INFORMATION

Recipient Name

County of San Bernardino

3 RECIPIENT TYPE

Recipient's Taxpayer ID Number (XX-XXXXXXX)

95-6002748

FINANCIAL
4 INSTITUTION
INFORMATION

Recipient's DUNS Number (XX-XXX-XXXX)

07-359-0812

5 AWARD TERMS

US Postal Service Mailing Address

Street

388 N. Arrowhead Avenue

City

San Bernardino

State/Territory

CA

Postal Code +4 (XXXXX-XXXX)

92415-0043

First Name of Authorized Representative for the Government Entity

Leonard

Last Name of Authorized Representative for the Government Entity

Hernandez

Title of Authorized Representative for the Government Entity

Chief Executive Officer

Contact Person First Name

Gary

Contact Person Last Name

Hallen

Contact Person Title

Director of Community Development and Housing Agency

Contact Person Phone (XXXXXXXXXX)

(909) 387-4391

Contact Person Email

gary.hallen@cdh.sbcounty.gov

RECIPIENT TYPE

Type of recipient (choose one):

- State/DC
- Territorial Government
- Local Government
- Indian Tribe or Tribally Designated Housing Entity
- Department of Hawaiian Homelands

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1 GENERAL INFORMATION

FINANCIAL INSTITUTION INFORMATION

2 RECIPIENT INFORMATION

Routing Transit Number (Wire)

[Redacted]

3 RECIPIENT TYPE

Confirm Routing Transit Number (Wire)

[Redacted]

4 FINANCIAL INSTITUTION INFORMATION

Routing Transit Number (ACH)

[Redacted]

5 AWARD TERMS

Confirm Routing Transit Number (ACH)

[Redacted]

Recipient's Account Number

Confirm Recipient's Account Number

Financial Institution Name

Financial Institution Address

ies 90071

Financial Institution Telephone Number (XXXXXXXXXX)

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1 GENERAL INFORMATION

AWARD TERMS

Eligible grantees **MUST** also complete and execute the award terms form to receive payment from Treasury. Please click on the download link below to generate a filled pdf of the award terms form.

2 RECIPIENT INFORMATION

An authorized representative of the eligible grantee with legal authority to bind the eligible grantee must sign the first page of the award terms form. In the case of a local government, the chief executive officer of the local government must sign the award terms form. Attach a copy of the signed and scanned document below.

3 RECIPIENT TYPE

FINANCIAL

[Download award terms](#)

4 INSTITUTION

INFORMATION

[Files Provided](#)

Files Provided

5 AWARD TERMS



Click or Drag and Drop to Upload Document Here

By checking this box, I affirm that all information provided is complete and accurate.

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