Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16-31, 2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED July 26, 2007	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ **Construction**	☐ **Construction**
☑ **Non-Construction**	☐ **Non-Construction**

5. APPLICANT INFORMATION

Legal Name: City of East Palo Alto Redevelopment Agency	**Organizational Unit:** Department: Office of the City Manager
Organizational DUNS: 155104870	Division: Redevelopment Agency
Address: Street: 2415 University Avenue	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Carlos
City: East Palo Alto	Middle Name
County: San Mateo	Last Name Martinez
State: California / Zip Code 94303	Suffix:
Country:	Email: cmartinez@cityofepa.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 – 2 9 1 1 8 2 6	Phone Number (give area code) 650/853-3195 / Fax Number (give area code) 650/853-3179

8. TYPE OF APPLICATION:

☐ **New** ☑ **Continuation** ☐ **Revision**

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

Municipal Government

Other (specify)

9. NAME OF FEDERAL AGENCY: Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 – 3 0 3

TITLE (Name of Program): Planning Investments & Comprehensive Economic Development Strategies

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Planning for new land use and zoning designations in Ravenswood Business District.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:

City of East Palo Alto

13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date: 10/2007	Ending Date: 9/2008	a. Applicant 14th	b. Project 14th

15. ESTIMATED FUNDING:

a. Federal	$ 100,000.00
b. Applicant	$ 100,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 200,000.00

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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. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Alvin	Middle Name D.
Last Name James		Suffix
b. Title City Manager/Executive Director of Redevelopment Agency		c. Telephone Number (give area code) 650/853-3136
d. Signature of Authorized Representative		e. Date Signed 7/26/07

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier

DE-FG02-02ER15295 Renewal

5. APPLICANT INFORMATION *** Organizational DUNS:** 6277974260000

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* Legal Name: The Regents of the University of California

Department: Office of Research Division: Sponsored Programs Admin.

* Street1: 200 University Office Bldg. Street2:

* City: Riverside County: Riverside * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 92521-0217

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Mayela		Castillo	

* Phone Number: 951-827-5535 Fax Number: 951-827-4483 Email: mayela.castillo@ucr.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN):*

956006142W

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: ☐ New

☐ Resubmission ☑ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration

☐ D. Decrease Duration ☐ E. Other *(specify)*:

* Is this application being submitted to other agencies? Yes ☐ No ☑

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Trafficking to the Protein Storage Vacuoles in Plants

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*

None

13. PROPOSED PROJECT:

* Start Date	* Ending Date
04/15/2008	04/14/2012

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant	b. * Project
44th	44th

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Natasha		Raikhel	

Position/Title: Distinguished Professor of Plant Cell Biolc * Organization Name: The Regents of the University of California

Department: Botany and Plant Sciences Division: Natural & Agricultural Science

* Street1: 2150 Batchelor Hall Street2:

* City: Riverside County: Riverside * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 92521-0217

* Phone Number: 951-827-6370 Fax Number: 951-827-7115 * Email: natasha.raikhel@ucr.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	1,300,959.00
b. * Total Federal & Non-Federal Funds	1,300,959.00
c. * Estimated Program Income	0.00

17. * 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: 07/31/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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.*

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Mayela		Castillo	

* Position/Title:	Sr. Contract & Grant Officer	* Organization:	The Regents of the University of California
Department:	Office of Research	Division:	Sponsored Programs Admin.
* Street1:	200 University Office Bldg.	Street2:	
* City:	Riverside	County:	Riverside
* State:	CA: Califon	Province:	
* Country:	JNITED ST	* ZIP / Postal Code:	92521-0217
* Phone Number:	951-827-5335	Fax Number:	951-827-4483
* Email:	mayela.castillo@ucr.edu		

*** Signature of Authorized Representative**
Completed on submission to Grants.gov

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED

Ap. it Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier
DE-FG02-04ER15525

5. APPLICANT INFORMATION *** Organizational DUNS:** 072641707

* Legal Name: Carnegie Institution of Washington
Department: Division:
* Street1: 1530 P Street, NW Street2:
* City: Washington County: * State: DC: Distric
Province: * Country: JNITED ST * ZIP / Postal Code: 20005

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Person to be contacted on matters involving this application
Prefix: * First Name: Susan Middle Name: * Last Name: Cortinas Suffix:
* Phone Number: 650-325-1521 x214 Fax Number: 650-325-6857 Email: cortinas@stanford.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*:
53-0196523

7. * TYPE OF APPLICANT:
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Other (Specify):

8. * TYPE OF APPLICATION: ☐ New
☐ Resubmission ☑ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type
☐ Women Owned ☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration
☐ D. Decrease Duration ☐ E. Other *(specify)*

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
81.049
TITLE: Office of Science Financial Assistance Program

* Is this application being submitted to other agencies? Yes ☐ No ☑
What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Proteomic study of brassinosteroid responses in Arabidopsis

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*
Santa Clara and San Francisco Counties

13. PROPOSED PROJECT:
* Start Date: 05/01/2008 * Ending Date: 04/30/2011

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: 1 b. * Project: 14

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: * First Name: Zhiyong Middle Name: * Last Name: Wang Suffix:
Position/Title: Staff Scientist * Organization Name: Carnegie Institution of Washington
Department: Plant Biology Division:
* Street1: 260 Panama Street Street2:
* City: Stanford County: * State: CA: Califor
Province: * Country: JNITED ST * ZIP / Postal Code: 94305
* Phone Number: 650-325-1521 x 205 Fax Number: 650-325-6857 * Email: zywang24@stanford.edu

OMB Number: 4040-0001
Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	599,237.00
b. * Total Federal & Non-Federal Funds	599,237.00
c. * Estimated Program Income	0.00

17. * 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: 07/31/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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.*

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	June		Napoco-Soriente	

* Position/Title:	Financial Accountant	* Organization:	Carnegie Institution of Washington
Department:		Division:	
* Street1:	1530 P Street, NW	Street2:	
* City:	Washington	County:	
* State:	DC: District	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	20005
* Phone Number:	202-387-1129	Fax Number:	202-387-8092
* Email:	napoco-soriente@ciw.edu		

*** Signature of Authorized Representative**
Completed on submission to Grants.gov

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

UCSF Congressional District.pdf Delete Attachment View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

Zhiyong Wang
Carnegie Institution of Washington

Project Congressional District
DE-PS02-07ER07-02

Dr. A.L. Burlingame, Co-PI
University of California, San Francisco
Congressional District 12

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7-27-07	Applicant Identifier R9 Tracking # 07-429
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT	Organizational Unit:
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765 DUNS # 025986159	Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780
6. EMPLOYER IDENTIFICATION (EIN): 953099419	7. TYPE OF APPLICANT: (enter appropriate letter here) N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Regional Agency
8. TYPE OF APPLICATION: ☐ New √ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es): ☐ ☐ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:	9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE: Air Pollution Control Program Support	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2007-08 Air Pollution Control Program Support
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the and non-desert areas of San Bernardino, Los Angeles, and Riverside Counties	

13. PROPOSED PROJECT: Start Date	End Date	14. CONGRESSIONAL DISTRICT OF: a. Applicant	b. Project
10/01/07	09/30/08	25-49	25-48

15. Estimated Funding:

a. Federal	$	4,796,523
b. Applicant	$	102,774,734
c. State	$	4,021,970
d. Local	$	
e. Other	$	
f. Program Income	$	
g. TOTAL	$	111,593,227

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 PROCESSES FOR REVIEW ON: DATE: 7-27-07
b. NO.
☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. √ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Barry R. Wallerstein, D.Env.	Executive Officer	(909) 396-2100
d. Signature of Authorized Representative: Carol Coy for Barry R. Wallerstein		e. Date Signed: 26 July 2007

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 7/25/07	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: COUNTY OF SAN DIEGO	Organizational Unit: Department: PUBLIC WORKS
Organizational DUNS: 00-9581646	Division: AIRPORTS
Address: Street: 1960 JOE CROSSON DR.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER
City: EL CAJON	Middle Name
County: SAN DIEGO	Last Name DRINKWATER
State: CA Zip Code 92020	Suffix:
Country: USA	Email: Peter.Drinkwater@sdcounty.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 9 3 4	Phone Number (give area code) (619) 956-4800 / Fax Number (give area code) (619) 956-4801

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)
	9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 1 0 6 TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GILLESPIE FIELD AIRPORT - CONSTRUCT WEST TRANSIENT RAMP/APRON, (RSAT).
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, El Cajon, CA	
13. PROPOSED PROJECT Start Date: TBD / Ending Date: TBD	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 / b. Project 52

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 2,429,150 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/27/07
b. Applicant	$ 67,121 .00	
c. State	$ 60,729 .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 2,557,000 .00	☐ Yes If "Yes" attach an explanation. ☑ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name PETER	Middle Name L.
Last Name DRINKWATER		Suffix
b. Title DIRECTOR OF COUNTY AIRPORTS		c. Telephone Number (give area code) (619) 956-4839
d. Signature of Authorized Representative Peter L. Drinkwater		e. Date Signed 7/25/07

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**

- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**

- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**

- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:**

Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes [ ] No [x]

7. APPLICANT INFORMATION:

*** a. Legal Name:**

Self Help Enterprises, Inc.

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

94-1592676

*** c. Organizational DUNS:**

056179906

d. Address:

* Street1:

P.O. Box 6520

Street2:

* City:

Visalia

County:

Tulare

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93290

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JUL 19 2007
STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs.

* First Name: L'eon

Middle Name: Grace

* Last Name: Romanazzi

Suffix:

Title: Administrative Analyst

Organizational Affiliation:

Telephone Number: 559-651-1000 ext 656

Fax Number: 559-651-3634

* Email: leonr@selfhelpenterprises.org

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

* Other (specify):

b. Additional Description:

*** 9. Name of Federal Agency:**

Housing and Community Facilities Programs

10. Catalog of Federal Domestic Assistance Number:

10.441

CFDA Title:

Technical and Supervisory Assistance Grants

11. Areas Affected by Funding:

Homebuyer education ; post-occupancy education and 502 delinquency counseling for unincoporated areas of seven counties in the San Joaquin Valley

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:	b. Program/Project:
21	18,19,20,21,22

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date:	b. End Date:
10/01/2007	09/30/2008

14. ESTIMATED FUNDING:

* a. Federal ($):	b. Match ($):
100,000.00	50,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/18/2007
- [ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.
- [ ] c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes ☐ No ☑ Explanation

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 218, Section 1001)**

** I Agree ☑

** This 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:
Mr.	Peter

Middle Name: N.

* Last Name: Carey

Suffix:	* Title:
	CEO

Organizational Affiliation:

Telephone Number: 559-651-1000 ext 600

* Fax Number: 559-651-3634

* Email: peterc@selfhelpenterprises.org

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

* Date Signed: Completed by Grants.gov upon submission. 7.17.07

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:
University of Southern California

Organizational DUNS:
072933393

Address:

Street:
University Campus

City:
Los Angeles

County:
Los Angeles

State: CA

Zip Code: 90089-0626

Country: USA

Organizational Unit:

Department:
School of Policy, Planning, and Development

Division:
Institute for Civic Enterprise

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

First Name: Leonard

Middle Name

Last Name: Mitchell

Suffix:

Email: mitchell@usc.edu

Phone Number (give area code): (213) 740-1487

Fax Number (give area code): (213) 740-0373

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
9 5 - 1 6 4 2 3 9 4

7. TYPE OF APPLICANT: (See back of form for Application Types)
J. Private University

Other (specify)

8. TYPE OF APPLICATION:
☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

9. NAME OF FEDERAL AGENCY:
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 1 - 3 0 7

TITLE (Name of Program):
Economic Adjustment Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
USC Center for Economic Development

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Imperial, Inyo, Kern, Los Angeles, Mono, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura

13. PROPOSED PROJECT

Start Date: 05/01/2007

Ending Date: 04/30/2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 32

b. Project: Districts 20-52

15. ESTIMATED FUNDING:

a. Federal	$ 135,000 .00
b. Applicant	$ 138,126 .00
c. State	$ 0 .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 273,126 .00

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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. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

First Name: George-Ann

Middle Name

Last Name: Cleary

Suffix

b. Title: Sr. Contract and Grant Administrator

c. Telephone Number (give area code): 213-740-6062

d. Signature of Authorized Representative: George-Ann Cleary

e. Date Signed: 7/13/2007

Previous Edition Usable
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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☒ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Frazier Park Public Utility District

Organizational Unit:
Department:
Division:

Organizational DUNS: 147688303

Address:
Street: P.O. Box 1525, 4020 Park Drive
City: Frazier Park
County: Kern
State: CA
Zip Code: 93225
Country: U.S.A.

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Greg
Middle Name
Last Name: Keenberg
Suffix:
Email: gregsk@earthlink.net
Phone Number (give area code): (661) 245-3734
Fax Number (give area code): (661) 245-3472

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6004070

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
☐ ☐
Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
G. (Special District)
Other (specify)

9. NAME OF FEDERAL AGENCY: USDA/Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE (Name of Program): Water & Waste disposal loan & grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Frazier Park Water Project
Replace a well, old, broken & leaking water lines, a water storage telemetry system, repair freeze damaged water system parts & obtain backup generator(s).

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Frazier Park PUD service area, Kern County, California

13. PROPOSED PROJECT
Start Date: 10/1/07
Ending Date: 9/30/08

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 22
b. Project 22

15. ESTIMATED FUNDING:

a. Federal	$ 2,379,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,379,000.00

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: July 10, 2007
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative
Prefix: Mr.
First Name: Gerald
Middle Name: L.
Last Name: Garcia
Suffix
b. Title: President
c. Telephone Number (give area code): (661) 245-3734
d. Signature of Authorized Representative
e. Date Signed: July 10, 2007

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application
- ☒ Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming and Policy Analysis

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Richard Christie
(213) 922-6022

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

7. TYPE OF APPLICANT: (*enter appropriate letter in box*) C

A State
B County
C Municipal
D Township
E Interstate
F Intermunicipal
G Special District
H Independent School Dist.
I State Controlled Institution of Higher Learning
J Private University
K Indian Tribe
L Individual
M Profit Organization
N Other (Specify) ___

8. TYPE OF APPLICATION:

X New ☐ Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20-507
TITLE 49 U.S.C. § 5307

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
CA-03-0792 – Purchase of two (2) Small Handicapped Accessible Buses with FY 2005 Earmark.

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
City of Bellflower and County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
1/30/2008	09/30/08	District 34	Same as Applicant

15. ESTIMATED FUNDING		
a Federal		116,614
b Applicant	$	.00
c State	$	.00
d Local	$	24,385
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	140,999

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 6/28/07

b NO ☐ PROGRAM IS NOT COVERED BY E O 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative	b Title	c Telephone number
Gladys Lowe	Director Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative	e. Date Signed
Richard Christie	7/12/07

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application
- Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming and Policy Analysis

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Nela De Castro
(213) 922-6166

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

7. TYPE OF APPLICANT: (*enter appropriate letter in box*) N

A State
B County
C Municipal
D Township
E Interstate
F Intermunicipal
G Special District
H Independent School Dist.
I State Controlled Institution of Higher Learning
J Private University
K Indian Tribe
L Individual
M Profit Organization
N Other (Specify) _____

State Chartered Transit District

8. TYPE OF APPLICATION:

New ☐ Continuation ☒ Revision

If Revision, enter appropriate letter(s) in box(es): A

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20-507
TITLE 49 U.S.C. § 5316

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
CA-37-X019-02 FY03 JARC – Metro Commute Service

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
City and County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
08/01/03	09/30/09	25 through 39, 42, 46	Same as Applicant

15. ESTIMATED FUNDING

a Federal	$	495,335.00
b Applicant	$	.00
c State	$	.00
d Local	$	495,335.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	990,670.00

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 7/13/07

b NO ☐ PROGRAM IS NOT COVERED BY E O 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative	b Title	c Telephone number
Gladys Lowe	Director Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative	e. Date Signed
Richard Chuster	7/12/07

Previous Editions Not Usable

Standard Form 424 REV 4/88
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application
- ☒ Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming and Policy Analysis

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Nela De Castro
(213) 922-6166

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

7. TYPE OF APPLICANT: (*enter appropriate letter in box*) N

A State
B County
C Municipal
D Township
E Interstate
F Intermunicipal
G Special District
H Independent School Dist.
I State Controlled Institution of Higher Learning
J Private University
K Indian Tribe
L Individual
M Profit Organization
N Other (Specify) _____

State Chartered Transit District

8. TYPE OF APPLICATION:

X New ☐ Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20-507
TITLE 49 U.S.C. § 5307

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
CA-90-Y578 – Transit Enhancement Project

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
City and County of Los Angeles, CA

13. PROPOSED PROJECT

Start Date	Ending Date
08/01/07	06/30/09

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
25 through 39, 42, 46	Same as Applicant

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15. ESTIMATED FUNDING

a Federal	$	527,363.00
b Applicant	$	.00
c State	$	.00
d Local	$	131,841.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	659,204.00

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 7/9/07

b NO ☐ PROGRAM IS NOT COVERED BY E O 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative	b Title	c Telephone number
Gladys Lowe	Director Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative	e. Date Signed
Richard Chrestes	7/12/07

Previous Editions Not Usable

Standard Form 424 REV 4/88
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

*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:

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: YMCA of San Diego County

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2039198

*c. Organizational DUNS: 073375636

d. Address:

*Street 1: 4715 Viewridge Drive
Street 2: Suite 100
*City: San Diego
County: San Diego
*State: CA
Province:
*Country: USA
*Zip / Postal Code 92123

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e. Organizational Unit:

Department Name: YMCA Youth & Family Services

Division Name:

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

Prefix:
*First Name: Kim
Middle Name:
*Last Name: Morgan
Suffix:

Title: Executive Director, YMCA Youth & Family Services

Organizational Affiliation:

*Telephone Number: (619) 543-9850
Fax Number: (619) 543-9491

*Email: kmorgan@ymca.org

Application for Federal Assistance SF-424 Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184B

CFDA Title:

Mentoring Programs

***12 Funding Opportunity Number:**

CFDA # 84.184B

*Title:

Mentoring Programs

13. Competition Identification Number:

Title:

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

San Diego, CA

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

YMCA Roosevelt Mentoring Program

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-49, CA-50, CA-51, CA-52, CA-53 *b. Program/Project: CA-51, CA-52, CA-53

17. Proposed Project:

*a. Start Date: 10/1/2007 *b. End Date: 9/30/2010

18. Estimated Funding ($): 100,000

*a. Federal	100,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	100,000

***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 5/22/07

☐ 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: *First Name: Richard

Middle Name:

*Last Name: Collato

Suffix:

*Title: President & CEO

*Telephone Number: (858) 292-9622 | Fax Number: (858) 292-0045

* Email: clatimer@ymca.org

*Signature of Authorized Representative: Richard A. Collato | *Date Signed: 5/23/07