Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **August 1st through 16th, 2002**. 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

OMB Approval No. 0348-0043

2. DATE SUBMITTED: August 8, 2002		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: The Yuba-Sutter Economic Development Corporation

Organizational Unit: Non-Profit Public Benefit 501 (c)3 Corporation

Address (give city, county, State, and zip code): 1300 Franklin Road, Yuba City, CA 95993

Name and telephone number of person to be contacted on matters involving this application (give area code): Tim Johnson, (530) 751-8555, Executive Director

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0342145

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) Economic Development District

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: US Dept. of Commerce Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Economic Development 11-302

TITLE: Support for Planning Organizations

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Section 203 Planning Assistance Grant

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

13. PROPOSED PROJECT

Start Date: 10-01-02 Ending Date: 09-30-03

14. CONGRESSIONAL DISTRICTS OF: District #2 Wally Herger and District #3 Doug Ose

a. Applicant: District 2 & 3

b. Project: District 2 & 3

15. ESTIMATED FUNDING:

a. Federal	$ 50,000 .00
b. Applicant	$ 50,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 100,000 .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 08-08-02

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. Type Name of Authorized Representative	b. Title: Executive Director	c. Telephone Number: (530) 751-8555
d. Signature of Authorized Representative: T. Johnson		e. Date Signed: 08/08/02

RECEIVED AUG 14 2002 STATE CLEARING HOUSE

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

GENERAL REQUIREMENTS

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 8/6/02	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION

Application	Preapplication
☐ Construction	☐ Construction
■ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Air Resources Board

Organizational Unit: Administrative Services Division

Address (give city, county, state, and zip code):
1001 I Street
P. O. Box 2815
Sacramento, CA 95812

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Valinda Debbs, Administrative (916) 322-8201
Lynn Terry, Program (916) 322-2739

6. EMPLOYER IDENTIFICATION (EIN):
68-0288069

7. TYPE OF APPLICANT: (enter appropriate letter here) A
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
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:
New Continuation XX 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:
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:

Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standards.

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

State of California

RECEIVED
AUG 14
STATE CLEARING HOUSE

13. PROPOSED PROJECT:

Start Date	End Date
10/1/01	9/30/02

14. CONGRESSIONAL DISTRICT OF:

a. Applicant: 03

b. Project: Statewide

15. Estimated Funding:

a. Federal	$ 7,905,276.00
b. Applicant	$ 20,515,127.00
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 28,420,403.00

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

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

DATE Signature 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. X 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: Larry Morris	b. Title: Chief, Administrative Services	c. Telephone Number (916) 322-8198
d. Signature of Authorized Representative		e. Date Signed 8/6/02

Previous Editions Not Usable

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

AUTHORIZED FOR LOCAL REPRODUCTION

OMB Approval No. 0348-0043

Org Name: NORTHEAST VALLEY HEALTH UDS Number: 091000

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 8/1/2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Applicationt Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier H80CS00139 H2DCS00103 H80CS00139

1. TYPE OF SUBMISSION:

Application	Preapplication
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: NORTHEAST VALLEY HEALTH CORP

Organizational Unit:

Address (give city, county, state, and zip code)
1172 N MACLAY AVENUE
SAN FERNANDO, CA 91340

Name and telephone number of the person to be contacted on matters involving this application (give area code)
KIMBERLY WYARD
818-898-1388

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1237120632A1

7. TYPE OF APPLICANT (enter apprpriate 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) Public Non-Profit

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:
HHS, BPHC

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

	HEALTH SERVICES FOR THE HOMELESS
	COMMUNITY HEALTH CENTERS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Continuation Project: 1) Community Health Center 2) Health Care for Homeless

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
LA County, San Fernando Valleys & Santa Clarita

13. PROPOSED PROJECT:

Start Date	Ending Date
12/01/2002	11/30/2003

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
26	24, 25, 26, 27

15. ESTIMATED FUNDING:

a. Federal	6,524,575.00
b. Applicant	0.00
c. State	7,758,407.00
d. Local	4,456,971.00
e. Other	1,009,735.00
f. Program Income	12,169,254.00
g. TOTAL	31,918,942.00

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 08/01/2002

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

17. IS APPLICATION 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 ASSISTACE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
KIMBERLY WYARD	CEO	(818) 898-1388

d. Signature of Authorized Represetative	e. Date Signed
Electronically Signed by: Kimberly Wyard	8/1/2002

RECEIVED
AUG 12
STATE CLEARING HOUSE

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

RECEIVED
AUG 12 2002
STATE CLEARING HOUSE

Organizational Unit

Applicant Information

Name and Address
Legal Name: East Side Union High School District

Address: 830 North Capitol Avenue

San Jose (City) CA (State) Santa Clara (County) 95133 - ___ (ZIP Code + 4)

Applicant's D-U-N-S Number | 0 | 8 | 2 | 9 | 1 | 3 | 5 | 6 | 7 |

Applicant's T-I-N | 9 | 4 | - | 2 | 8 | 6 | 4 | 8 | 1 | 4 |

Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |

Title: Office of Elementary and Secondary Education

Safe and Drug-Free Schools Program/Mentoring Programs

Project Director: Kay Banchero

Address: 6150 Snell Avenue

San Jose (City) CA (State) 95123 (Zip code + 4)

Tel. #: (408) 347 - 6254 Fax #: (408) 347 - 6215

E-Mail Address: bancherok@exchange.esuhsd.org

6. Novice Applicant X Yes ___ No

7. Is the applicant delinquent on any Federal debt? ___ Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant *(Enter appropriate letter in the box.)* | F |

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization

K - Other (*Specify*): ___

Application Information

Type of Submission:

Pre-Application	*Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 7 / 1 / 2002

___ No *(If "No," check appropriate box below.)*
___ Program is not covered by E.O. 12372.
___ Program has not been selected by State for review.

. Proposed Project Dates: 10 / 15 / 2002 (**Start Date:**) 10 / 15 / 2005 (**End Date:**)

12. Are any research activities involving human subjects planned at any time during the proposed project period?
___ Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
___ Yes (Provide Exemption(s) #): ___
___ No (Provide Assurance #): ___

13. Descriptive Title of Applicant's Project:

Santa Teresa High School STYLE Mentor Program

Estimated Funding

a. Federal	$ 485,000.00
Applicant	$ 36,000.00
State	$ 000,000.00
Local	$ 000,000.00
Other	$ 000,000.00
Program Income	$ 000,000.00
TOTAL	$ 521,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application 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 (*Please type or print name clearly.*)
Mr. Joe Coto

b. Title: Superintendent

c. Tel. #: (408) 347 - 5010 Fax #: (408) 347 - 6215

d. E-Mail Address: cotoj@exchange.esuhsd.org

e. Signature of Authorized Representative
Joe Coto

Date: 08 / 12 /2002

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	Preapplication
☐ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Joaquin County

Organizational Unit: Parks & Recreation, Facilities Management

Address *(give city, county, State, and zip code)*:
11793 N. Micke Grove Rd.
Lodi, CA 95240

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Craig Ogata, (209) 468-8910

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 — 6 0 0 0 5 3 1

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

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:

☑ 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:
NPS - Pacific Great Basin Support Office

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 — 9 1 9

TITLE: UPARR

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Baseball field rehabilitation of Boggs Tract and Raymus Village parks. Rehabilitation of noted parks' baseball fields to result in acceptable play areas.

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

13. PROPOSED PROJECT

Start Date	Ending Date
	9/26/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
11	11

15. ESTIMATED FUNDING:

a. Federal	$ 160,790.00
b. Applicant	$ 68,910.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 229,700.00

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. 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. Type Name of Authorized Representative	b. Title	c. Telephone Number
Craig Ogata	Director, Facilities Management	(209) 468-8910

d. Signature of Authorized Representative

e. Date Signed 8/6/02

RECEIVED
AUG 12 2002
STATE CLEARING HOUSE

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: August 8, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: [X] Construction [ ] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: Hi-Desert Water District

Organizational Unit:

Address *(give city, county, State, and zip code)*:
55439 29 Palms Hwy
Yucca Valley, CA 92284

Name and telephone number of person to be contacted on matters involving this application *(give area code)*:
Lee Pearl or Pat Grady, (760) 365-8333

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-2303211

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

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:
Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606

TITLE: Warren Valley Basin Recharge/Reuse Project

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
This phase consists of the construction of one water production well and three water quality monitoring wells.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Yucca Valley, San Bernardino County, State of California

13. PROPOSED PROJECT

Start Date: Feb/2003
Ending Date: Aug/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Congressman Jerry Lewis, District 40
b. Project: None

AUG 9 2002

15. ESTIMATED FUNDING:

a. Federal	$ 242,500 .00
b. Applicant	$ 231,530 (waiver pending) .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 474,030 .00

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

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

DATE August 8, 2002

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. [X] 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. Type Name of Authorized Representative: Lee Pearl	b. Title: General Manager	c. Telephone Number: (760) 365-8333
d. Signature of Authorized Representative: Lee Pearl		e. Date Signed: 8-6-02

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

RECEIVED AUG - 8 2002 SB STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: August 7, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: [x] Construction [ ] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Colusa

Organizational Unit: Colusa County Airport

Address (give city, county, State, and zip code): 100 Sunrise Blvd., Suite F, Colusa, CA 95932

Name and telephone number of person to be contacted on matters involving this application (give area code): Harry A. Krug, 530-458-0580

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000508

7. TYPE OF APPLICANT: (enter appropriate letter in box) [B]

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 Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106

TITLE: Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Land Acquisition - 8.1 Acres for Runway Protection Zone

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

13. PROPOSED PROJECT

Start Date: 9/1/02 Ending Date: 6/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Doug Ose - Third District

b. Project: Doug Ose - Third District

15. ESTIMATED FUNDING:

a. Federal	$ 216,900.00
b. Applicant	$ 13,255.00
c. State	$ 10,845.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 241,000.00

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 _____

b. No. [ ] PROGRAM IS NOT COVERED BY E. O. 12372
[x] 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. [x] 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. Type Name of Authorized Representative	b. Title	c. Telephone Number
Harry A. Krug	Director of Airport Operations	530-458-0580
d. Signature of Authorized Representative: Harry A Krug		e. Date Signed: 8/7/02

Application for Federal Assistance

OMB Approval No. 0348-0043

RECEIVED AUG 9 2002 STATE CLEARING HOUSE

1. Type of Submission Application: [X] Construction [ ] Non-Construction Pre-application: [ ] Construction [ ] Non-Construction	2. Date Submitted (mm/dd/yyyy) 07/30/2002 3. Date Received by State (mm/dd/yyyy) 4. Date Received by Federal Agency (mm/dd/yyyy)	Applicant Identifier State Application Identifier Federal Identifier

5. Applicant Information

Legal Name: Fremont Vista Retirement Homes, L.P.	Organizational Unit: a California limited partnership
Address (give city, county, State, and zip code): 40268 Dolerita Avenue Fremont, Alameda County California 94539	Name and telephone number of the person to be contacted on matters involving this application (give area code): Chen, Guan Chung, President Horizon Vista Corporation, G.P. (510) 657-7229

6. Employer Identification Number (EIN) (xx-yyyyyyy): 94 — 3390900

7. Type of Applicant (enter appropriate letter in box): M

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Inter-municipal
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 Nonprofit
O Public Housing Agency
P. 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: See attached

10. Catalog of Federal Domestic Assistance Number (xx-yyy): 14 — 129
Title: Mortgage Insurance

11. Descriptive Title of Applicant's Project
Fremont Vista
130 Bed Residential Care Facility
Located in Fremont, California

See attached Form HUD-92013 and location map for further description

12. Areas Affected by Project (cities, counties, States, etc.)
City of Fremont
Alameda County, California

13. Proposed Project
Start Date (mm/dd/yyyy): 11/01/2002
Ending Date (mm/dd/yyyy): 03/01/2004

14. Congressional Districts of
a. Applicant: 13 - California
b. Project: 13 - California

15. Estimated Funding

a. Federal	$ 13,892,000	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$ 2,380,000	.00
e. Other	$	.00
f. Program Income	$	.00
g. Total	$ 16,272,000	.00

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:
Date (mm/dd/yyyy) 07/30/2002

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 [X] No

18. To the best of my knowledge and belief, all data in this application/pre-application 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: Chen, Guan Chung, President	b. Title: Horizon Vista Corp., G.P.	c. Telephone Number (Include Area Code): (510) 657-7229
d. Signature of Authorized Representative: X		e. Date Signed (mm/dd/yyyy): 07/26/2002

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED AUG - 9 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Preapplication ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 8/07/02	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Community Housing Improvement Program, Inc.

Organizational Unit: N/A

Address (give city, county, state, and zip code):
1001 Willow Street
Chico, CA 95928

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Imelda Michel
(530) 891-6931

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 2 2 2 3 3 9 8

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) Non-Profit Corporation

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:
Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 . 4 2 0

TITLE: Rural Self-Help Housing Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
New application for funding of Rural Self-Help Housing Technical Assistance for building of an estimated 100 equivalent units in the two year period 2003-2005.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Butte, Glenn, Shasta, & Tehama Counties
State of California

13. PROPOSED PROJECT:

Start Date	Ending Date
2/03 est.	3/05 est.

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
2nd CD California	2nd CD California

15. ESTIMATED FUNDING:

a. Federal	$ 1,700,000	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 1,700,000	.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 August 7, 2002

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: David Ferrier	b. Title: Executive Director	c. Telephone number: (530) 891-6931
d. Signature of Authorized Representative		e. Date Signed: August 7, 2002

Previous Editions Not Usable

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

Authorized for Local Reproduction

DOT

RECEIVED
AUG - 7 2002
STATE CLEARING HOUSE

FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-40-X019
Budget Number:	1 - Budget Pending Approval
Project Information:	Emergency Prepareness Drill

Part 1: Recipient Information

Project Number:	CA-40-X019
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1600
Telephone:	(626) 967-2274
Facsimile:	(626) 915-1143

Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti

Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	5551
Union Name:	UNITED TRANSPORTATION UNION (UTU)
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie Mc Nelis
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

Recipient ID:	5551
Union Name:	INTERNATIONAL BROTHERHOOD TEAMSTER
Address 1:	25 Louisiana Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-40-X019
Project Description:	Emergency Prepareness Drill
Recipient Type:	City
FTA Project Mgr:	Jack Ottomanelli
Recipient Contact:	Gil Victorio
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	20507
Sec. of Statute:	.
State Appl. ID:	None Specified
Start/End Date:	Aug. 01, 2002 - Jun. 30, 2003
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO

Gross Project Cost:	$25,000
Adjustment Amt:	$0
Total Eligible Cost:	$25,000
Total FTA Amt:	$25,000
Total State Amt:	$0
Total Local Amt:	$0
Other Federal Amt:	$0
Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt	

Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 30, 2003
Program Page:	.
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	28	David Dreier
6	31	Hilda L Solis
6	34	Grace F Napolitano
6	41	Gary G Miller

Project Details

Foothill provides public transportation services to San Gabriel and Pomona Valleys in Los Angeles County, California. The organization operates 27 lines throughout the 21 cities in the L.A. County. The cities are Arcadia, Azuza, Baldwin Park, Bradbury, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Pomona, San Dimas, South El Monte, Temple City, Walnut and West Covina. Within the Foothill Transit service area, there are three other transit agencies providers that are operating in the project location. The transit operators are: Metropolitan Transit Authority, Omni Trans and Montebello Bus Lines.

Foothill Transit's most unique feature is that it has no employees - both its management and operations are provided under contract to private enterprises. Administration is contracted to ATC/Forsythe and Associates. Operations and maintenance are contracted to Laidlaw Transit, Inc. and First Transit, Inc. The contractors' names, addresses, phone and fax numbers are as follows:

ATC/Forsythe & Associates
One Mid America Plaza, Suite 401
Oakbrook Terrace, IL 60181
Tel. (630) 571-7070
Fax (630) 571-6454

Laidlaw Transit Services
5360 College Blvd.
Suite 200
Overland Park, Kansas 66211
Tel. (800) 821-3451
Fax (913) 345-9974

First Transit, Inc.
705 Central Avenue
Suite 500
Cincinatti, OH 45202
Tel. (513) 241-2200
Fax (513) 381-0149

Please note that the congressional districts were verified.

Foothill Transit respectfully request funding for Emergency Preparedness Drill through this grant application. This grant application for $25,000 is under the 2001 Emergency Supplemental Appropriations Act for Recover from and Response to Terrorist Attacks on the United States of America, Public Law 107-38. A brief description of the project is attached in the 'Project Detail' section of this grant application.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
572-00 SECURITY	1	$25,000	$25,000
ACTIVITY			
57.20.01 Emergency Preparedness Drill	1	$25,000	$25,000
		Estimated Total Eligible Cost:	**$25,000**
		Federal Share:	**$25,000**
		Local Share:	**$0**

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

Extended Budget Descriptions

57.20.01	Emergency Preparedness Drill	1	$25,000	$25,000
Foothill Transit will conduct a drill of as bus hi-jacking or situation where mysterious package was left aboard the bus.				

OMB Approval No. 0348-0043

RECEIVED AUG 7 2002 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 3/28/02

Applicant Identifier:

3. DATE RECEIVED BY STATE

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier:

TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☒ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Inglewood

Organizational Unit: Dept. of Recreation, Parks, Community Svcs.

Address (give city, county, State, and zip code): One Manchester Blvd., Inglewood, CA 90801 Los Angeles County

Name and telephone number of person to be contacted on matters involving this application (give area code): Matt Robinson 310-412-8750

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000728

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:

☒ 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: National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-919

TITLE: UPARR Urban Park & Recreation Recovery

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of 3 children's playgrounds in Inglewood, CA

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Inglewood, CA

13. PROPOSED PROJECT

Start Date: 10/01/02 Ending Date: 10/01/04

14. CONGRESSIONAL DISTRICTS OF: Maxine Waters -- U.S. House of Representatives District # 35

a. Applicant: City of Inglewood

b. Project: Rehabilitation of playgrounds

15. ESTIMATED FUNDING:

a. Federal	85%	$ $89,250.00
b. Applicant		$
c. State	15%	$ $15,750.00
d. Local		$
e. Other		$
f. Program Income		$
g. TOTAL		$ $105,000.00

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 8/7/02

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. Type Name of Authorized Representative: Roosevelt F. Dorn

b. Title: Mayor

c. Telephone Number: 310-412-5300

d. Signature of Authorized Representative: Roosevelt F. Dorn

e. Date Signed: 03-21-02

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION *Application* ☐ Construction ☒ Non-Construction *Preapplication* ☐ Construction ☒ Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
	3. DATE RECEIVED BY STATE	State Application Identifier N/A
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A

RECEIVED AUG - 6 2002 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Sheriff's Department

Organizational Unit:

Address *(give city, county, state, and zip code)*:
4700 Ramona Boulevard
Monterey Park, CA 91754

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Name: Gerald Cooper
Phone: 3232673476

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
956000927

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

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:
☒ 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:
Department of Justice
Office of Community Oriented Policing Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 6 . 7 1 0
TITLE: 2002 Technology Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Interoperability Study for the Los Angeles Regional Operations and Communications Center

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Los Angeles County, Its constituent cities

13. PROPOSED PROJECT:

Start Date	Ending Date
10/01/2001	9/30/2002

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 24 through 37; 41
b. Project: 24 through 37; 41

15. ESTIMATED FUNDING:

a. Federal	$ 1000000.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 1,000,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THESTATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 8-6-02
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 Leroy D. Baca	b. Title Sheriff	c. Telephone number 323-526-5000
d. Signature of Authorized Representative Lee Baca		e. Date Signed 7-19-02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 8/5/02	Applicant Identifier N/A	
3. DATE RECEIVED BY STATE	State Applicant Identifier N/A	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A	

1. TYPE OF SUBMISSION

Application	Preapplication
☐ Construction	☐ Construction
☒ Non-Construction	☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Fairfield Police Department

Organizational Unit:

Address (give city, county, state, and zip code):

1000 Webster Street

Fairfield, CA 94533

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

Name: Betsy Renner

Phone: 7074284335

RECEIVED AUG 5 2002 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000331

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:

☒ 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:

Department of Justice
Office of Community Oriented Policing Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0

TITLE: 2002 Technology Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Solano County Regional Law Enforcement Training Center

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

City of Fairfield, Vallejo, Benicia Solano and Napa County

13. PROPOSED PROJECT:

Start Date	Ending Date
10/01/2001	9/30/2002

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Mike Thompson, George Miller

b. Project:

15. ESTIMATED FUNDING:

a. Federal	$ 500000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 47,900 .00
f. Program Income	$ .00
g. TOTAL	$ 547,900 .00

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

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

DATE 8/5/02

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
Betsy Renner	Administration Division Mgr.	(707) 428-7335

d. Signature of Authorized Representative: Betsy Renner

e. Date Signed: 8/1/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: 31 July 02	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application
- [ ] Construction
- [x] Non-Construction

Preapplication
- [ ] Construction
- [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: Allen J. Watkins

Organizational Unit: Exodus Community Development Corporation

Address (give city, county, State, and zip code): P.O. Box 61263 Los Angeles, CA 90061 (Los Angeles) County

Name and telephone number of person to be contacted on matters involving this application (give area code) A.J. Watkins 323-293-4745 / 323-789-7057

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 51-0415824

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) Nonprofit

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):

RECEIVED AUG 2 - 2002 STATE CLEARINGHOUSE

9. NAME OF FEDERAL AGENCY: Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307

TITLE: Economic Adjustment Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Real Property Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County & Surrounding Areas

13. PROPOSED PROJECT: Community Development

14. CONGRESSIONAL DISTRICTS OF: 24-41 Located in Juanita Millender McDonald 37th Carson, CA

Start Date	Ending Date	a. Applicant	b. Project
09/02	N/A	Exodus C.D.C.	Community Development

15. ESTIMATED FUNDING: $10,127,438.00

a. Federal	$ 10,127,438.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 10,127,438.00

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 31 July 02

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.
- [x] 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. Type Name of Authorized Representative	b. Title	c. Telephone Number
A.J. Watkins	CEO	323-293-4745
d. Signature of Authorized Representative		e. Date Signed

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED 31 July 02	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: A J Watkins

Organizational Unit: Exodus Community Development Corporation

Address (give city, county, State, and zip code): P.O. Box 61263, Los Angeles, CA 90061 (L.A. County)

Name and telephone number of person to be contacted on matters involving this application (give area code): A J Watkins (323) 293-4745

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 51-0415824

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) Non profit

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):

RECEIVED AUG 2 - 2002

9. NAME OF FEDERAL AGENCY: Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302

TITLE: Economic Development Support For Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Real Property Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LA, Orange, Riverside, San Bernadino Counties

13. PROPOSED PROJECT Community Development

14. CONGRESSIONAL DISTRICTS OF: 24-41 Located in Juanita Millender-McDonald 37th

Start Date: 09/02 Ending Date: N/A

a. Applicant: Exodus

b. Project: Community Development Corp.

15. ESTIMATED FUNDING: $10,127,438.00

a. Federal	$ 0.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 10,127,438.00

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 31 July 02

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. Type Name of Authorized Representative: A.J. Watkins	b. Title: CEO	c. Telephone Number: 323-293-4745
d. Signature of Authorized Representative		e. Date Signed