Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **October 1st through 15th, 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.

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
09/30/02

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
03SR026314

4. DATE RECEIVED:
09/30/02

GRANT NUMBER:
02SRPCA136

STATE CLEARINGHOUSE
RECEIVED
OCT 1 - 2002

5. APPLICATION INFORMATION

LEGAL NAME: VOLUNTEER CENTER OF FRESNO

ADDRESS (give street address, city, state and zip code):
1900 Mariposa Mall
Suite 114
Fresno CA 93721

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area code):
NAME: Giovanna Sinopoli
TELEPHONE NUMBER: 5592373101
FAX NUMBER: 5592376860
INTERNET E-MAIL ADDRESS: gsinopol@pacbell.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
942314572

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization
Volunteer Management Organization

8. TYPE OF APPLICATION:
[ ] NEW [X] CONTINUATION
[ ] REVISION
If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002
10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
RSVP FRESNO

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Fresno, Madera and Merced Counties

13. PROPOSED PROJECT: START DATE: 01/01/02 END DATE: 12/31/04

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	$ 87,787.00
b. APPLICANT	$ 54,473.00
c. STATE	$ 0.00
d. LOCAL	$ 22,100.00
e. OTHER	$ 32,373.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 142,260.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 01-OCT-02

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:	b. TITLE:	c. TELEPHONE NUMBER:
Donna M. Ueland	Executive Director	559-237-3101
		d. DATE: 09/30/02

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
09/30/02

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
03SR026314

4. DATE RECEIVED:
09/30/02

GRANT NUMBER:
02SRPCA136

5. APPLICATION INFORMATION

LEGAL NAME: VOLUNTEER CENTER OF FRESNO

ADDRESS *(give street address, city, state and zip code)*:
1900 Mariposa Mall
Suite 114
Fresno CA 93721

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give area codes)*:
NAME: Gloria Jean Sinopoli
TELEPHONE NUMBER: 5592373101
FAX NUMBER: 5592376860
INTERNET E-MAIL ADDRESS: gsinopol@pacbell.net

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
942314572

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization
Volunteer Management Organization

RECEIVED
OCT 3 2002
STATE CLEARING HOUSE

8. TYPE OF APPLICATION:
[ ] NEW [X] CONTINUATION
[ ] REVISION
If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002
10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
RSVP FRESNO

12. AREAS AFFECTED BY PROJECT *(List Cities, Counties, States, etc)*:
Fresno, Madera and Merced Counties

13. PROPOSED PROJECT: START DATE: 01/01/02 END DATE: 12/31/04

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	$ 87,787.00
b. APPLICANT	$ 54,473.00
c. STATE	$ 0.00
d. LOCAL	$ 22,100.00
e. OTHER	$ 32,373.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 142,260.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 01-OCT-02

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:
Donna M. Ueland

b. TITLE:
Executive Director

c. TELEPHONE NUMBER:
559-237-3101

d. DATE:
09/30/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

5. APPLICANT INFORMATION

Legal Name: Rancho Seco, Inc.

Organizational Unit:

Address *(give city, county, state, and zip code)*: P.O. Box 1909, Cantil, CA 93519

Name and telephone number of the person to be contacted on matters involving this application *(give area code)*: Dawn Martin - (760) 373-7600 -or- Coby Graham - (559) 651-1000 Ext.686

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2218786

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)*: Mutual Water Co.

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 Utilities Service
USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE: Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Rancho Seco Water Distribution System Project:
Replace the Mutual's existing water lines and 64 services

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Rancho Seco, Inc. Water System
County of Kern
California

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STATE CLEARING HOUSE

13. PROPOSED PROJECT:

Start Date	Ending Date
05/2003	05/2004

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
22	22

15. ESTIMATED FUNDING:

a. Federal	$ 200,000	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 200,000	.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 10-1-02

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 ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Dawn Martin	President	(760) 373-7600

d. Signature of Authorized Representative	e. Date Signed
Dawn Martin	10-1-02

Previous Editions Not Usable

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

DOT FTA

U.S. Department of Transportation Federal Transit Administration

RECEIVED
OCT - 7 2002
STATE CLEARING HOUSE

Application for Federal Assistance

Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Project ID:	CA-90-Y178
Budget Number:	1 - Budget Pending Approval
Project Information:	Maintenance / Corporate Yard Design

Part 1: Recipient Information

Project Number:	CA-90-Y178
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000
Telephone:	(909) 399-5400
Facsimile:	(909) 399-5492

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y178
Project Description:	Maintenance / Corporate Yard Design
Recipient Type:	City
FTA Project Mgr:	Ray Tellis 213.202.3956
Recipient Contact:	Michael Busch
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified

Gross Project Cost:	$1,043,250
Adjustment Amt:	$0
Total Eligible Cost:	$1,043,250
Total FTA Amt:	$834,500
Total State Amt:	$0
Total Local Amt:	$208,750
Other Federal Amt:	$0
Special Cond Amt:	$0

Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Sep. 15, 2002 - Sep. 30, 2003
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Sep. 27, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 13, 2002
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

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 Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	33	Lucille Roybal-Allard

Project Details

The City of Claremont will program $834,500 of Section 5307 funds and $208,750 in matching funds towards the design of a joint use City Corporate / Maintenance Yard facility. The City will be allocating General Fund monies as the Local match. The Section 5307 funds used for design represent the transit share of the entire project valued at over $12 million.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	1	$834,500	$1,043,250
ACTIVITY			
11.41.03 ENG/DESIGN - ADMIN/MAINTENANCE FACILITY	1	$834,500	$1,043,250

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
- [X] Construction
- [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: Springville Public Utility District

Organizational Unit: Board of Directors

Address (give city, county, State, and zip code): P.O. Box 434, Springville, CA 93265, Tulare County

Name and telephone number of person to be contacted on matters involving this application (give area code): Dennis R. Keller, District Engineer, (559) 732-7938

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1731897

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: USDA - Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE: Water & Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sewer Effluent Disposal Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated Community of Springville, California, Tulare County

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13. PROPOSED PROJECT

Start Date: March 2004*
Ending Date: *Funding Dependent

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 21st
b. Project: 21st

15. ESTIMATED FUNDING:

a. Federal USDA-RD	$ 1,021,800.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 1,021,800.00

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 10/4/02

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: Wallace Johnson	b. Title: President, Board of Directors	c. Telephone Number: (559) 539-2869
d. Signature of Authorized Representative: Wallace Johnson		e. Date Signed: 10-4-02

DOT FTA

U.S. Department of Transportation Federal Transit Administration

RECEIVED
OCT - 7 2002
STATE CLEARING HOUSE

Application for Federal Assistance

Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-Y186
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2003 Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y186
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Alan Lee
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y186
Project Description:	FY 2003 Capital Assistance

Gross Project Cost:	$3,171,250
Adjustment Amt:	$0
Total Eligible Cost:	$3,171,250

Recipient Type:	City
FTA Project Mgr:	Ray Tellis/John Ottomanelli
Recipient Contact:	J. Mills/A.Ochoa/A. Rose
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Oct. 01, 2002 - Nov. 30, 2003
Recvd. By State:	
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 02, 2002
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Total FTA Amt:	$2,537,000
Total State Amt:	$634,250
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 Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman

Project Details

FY 2003 Capital Projects-

1. Preventive Maintenance: In compliance with federal guidelines, staff will use a portion of capital funds to defray the cost of maintaining the fleet.

2. COP Bus Lease Payment: This is the year 11 payment on the Certificates of Participation (COP) sold in December 1992 to purchase fourteen Gillig Phantoms buses.

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Non-Construction

RECEIVED OCT 8 2002 STATE CLEARING HOUSE

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID: 03SR026778

4. DATE RECEIVED:

GRANT NUMBER: 02SRPCA049

5. APPLICATION INFORMATION

LEGAL NAME: Shasta County Community Action Agency

ADDRESS (give street address, city, state and zip code):
1670 Market St., Suite 300
Redding CA 96001

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Sherre Littrell
TELEPHONE NUMBER: 5302255803
FAX NUMBER: 5302255178
INTERNET E-MAIL ADDRESS:

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000535

7. TYPE OF APPLICANT:
7a. Local Government - County
7b.

8. TYPE OF APPLICATION:
[ ] NEW [x] CONTINUATION
[ ] REVISION
If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002
10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
SHASTA/TEHAMA/TRINITY CO'S RSVP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
California Counties of Tehama, Shasta

13. PROPOSED PROJECT: START DATE: 01/01/03 END DATE: 12/31/03

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	$ 127,421.00
b. APPLICANT	$ 54,609.00
c. STATE	$ 0.00
d. LOCAL	$ 54,609.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 182,030.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[x] YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 01-OCT-02

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 Lees

b. TITLE: Director

c. TELEPHONE NUMBER: 530.225.5803

d. DATE: 10-8-02

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Non-Construction

RECEIVED OCT - 8 2002 STATE CLEARING HOUSE

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

2b. APPLICATION ID: 03SR026090

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED:

STATE APPLICATION IDENTIFIER:

GRANT NUMBER: 02SRPCA002

5. APPLICATION INFORMATION

LEGAL NAME: CONEJO RECREATION & PARK DISTRICT

ADDRESS (give street address, city, state and zip code):
403 W. Hillcrest Drive
Thousand Oaks CA 91360

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Louise Danielle
TELEPHONE NUMBER: 805-381-2742
FAX NUMBER: 805-495-5430
INTERNET E-MAIL ADDRESS: rsvp@crpd.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952265201

7. TYPE OF APPLICANT:
7a. Local Government - Municipal
7b. Local Government, Municipal

8. TYPE OF APPLICATION:
[ ] NEW [X] CONTINUATION
[ ] REVISION
If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002
10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Conejo Valley Retired and Senior Volunteer Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Thousand Oaks, Newbury Park, and part of Westlake Village in Ventura County

13. PROPOSED PROJECT: START DATE: 10/01/01 END DATE: 09/30/03

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	$ 53,367.00
b. APPLICANT	$ 93,294.00
c. STATE	$ 42,759.00
d. LOCAL	$ 50,535.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 146,661.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 20-OCT-02

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: Lizzie Benton-Scott
b. TITLE: Administrator
c. TELEPHONE NUMBER: 805-495-6471
d. DATE:

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: [ ] Construction [ ] Non-Construction; Preapplication: [X] Construction [ ] Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Organizational Unit:

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

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

Mike Ellison, General Manager (805) 467-3300

6. EMPLOYER IDENTIFICATION *(EIN)*:

77 - 0538466

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 [ ] [ ]

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

9. NAME OF FEDERAL AGENCY:

USDA RURAL DEVELOPMENT
RURUL UTILITIES SERVICE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10 - 760

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Water Storage Tank Facility

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

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
10-1-02	9-30-03		

15. ESTIMATED FUNDING

a. Federal	$ 2,200,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. Total	$ 2,200,000 .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
[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] YES (Attach explanation) [ ] NO

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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
Mike Ellison	General Manager	(805) 467-3300
d. Signature of Authorized Representative		e. Date Signed

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STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED October 3, 2002

Applicant Identifier: N/A

3. DATE RECEIVED BY STATE

State Application Identifier: SAI-EXEMPT

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier: 06-01495

1. TYPE OF SUBMISSION:

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

Preapplication
- [ ] Construction
- [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational Unit: California Department of Parks and Recreation

Address (give city, county, State, and zip code):
Post Office Box 942896
Sacramento 3150 Sacramento 067
California 06 94296-0001

Name and telephone number of person to be contacted on matters involving this application (give area code)
Charlie Willard
(916) 651-8597

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6. EMPLOYER IDENTIFICATION NUMBER (EIN):
[ ][ ] – [ ][ ][ ][ ][ ][ ][ ]

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

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:
Department of the Interior
National Park Service - Western Region 1443

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15 – 916

TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Lake Oroville SRA Recreation Facilities Development
Department of Water Resources
Oroville Filed Division
460 Glen Drive
Oroville, Ca 95966

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-54386

13. PROPOSED PROJECT

Start Date	Ending Date
11/1/02	6/30/06

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 03

b. Project 2

15. ESTIMATED FUNDING:

a. Federal	$ 222,309.00
b. Applicant	$ 222,309.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 444,618.00

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 10-9-02

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: Ruth Coleman

b. Title: Acting Director, Parks and Recreation

c. Telephone Number: (916) 653-7423

d. Signature of Authorized Representative: [signature]

e. Date Signed: 10/9/02

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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED October 9, 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:
California Department of Transportation

Organizational Unit:
Division of Mass Transportation

Address *(give city, county, State, and zip code)*:
P.O. Box 942874
Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Christopher Herre, Chief
Office of Specialized Transit and Procurement
(916) 654-6990

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6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94 - 6001344

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

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 boxes) ☐ ☐

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 - 513
U.S.C. 49 Section 5310
TITLE: **Capital Assistance**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase of Paratransit Equipment

12. AREAS AFFECTED BY PROJECT *(Cities, counties, States, etc.)* **Statewide**

13. PROPOSED PROJECT

Start Date:	Ending Date:
1/2/03	**24 months**

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant
Project:

15. ESTIMATED FUNDING:

a. Federal	$ **9,600,000.** 00
b. Applicant	$
c. State	$
d. Local	$ **2,400,000.** 00
e. Other	$
f. Program Income	$
g. TOTAL	$ **12,000,000.** 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: **October 9, 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. Type Name of Authorized Representative **Christopher Herre**	b. Title **Chief, Office of Specialized Transit & Procurement Division of Mass Transportation**	c. Telephone Number **(916) 654-6990**
d. Signature of Authorized Representative		e. Date Signed **October 9, 2002**

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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 10-10-02	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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5. APPLICANT INFORMATION

Legal Name: JACUMBA COMMUNITY SERVICE DISTRICT

Organizational Unit:

Address (give city, county, State, and zip code): STREET: 12666 RAILROAD ST. JACUMBA, CA 91934 MAILING: P.O. BOX 425 JACUMBA, CA 91934

Name and telephone number of person to be contacted on matters involving this application (give area code): TOM LINDENMEYER (619) 766-4359

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0169623

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:

☒ 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.D.A. RURAL UTILITY SERVICE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE: WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DOMESTIC WATER SYSTEM REHABILITATION PROJECT

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

13. PROPOSED PROJECT

Start Date: 1-03 Ending Date: 1-04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: DISTRICT # 51 b. Project: DISTRICT # 51

15. ESTIMATED FUNDING:

a. Federal	$ 1,600,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,600,000.00

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 10/10/02

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: TOM LINDENMEYER	b. Title: GENERAL MANAGER	c. Telephone Number: (619) 766-4359
d. Signature of Authorized Representative: [signature]		e. Date Signed: OCTOBER 10th, 2002

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