

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1-15, 2005**. 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**

1. TYPE OF SUBMISSION: Application		<input type="checkbox"/> Pre-application	2. DATE SUBMITTED 13 April 2005	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Hi-Desert Memorial Healthcare District		Organizational Unit: Department: Hi-Desert Medical Center		
Organizational DUNS: 07-252-2295		Division:		
Address: Street: 6601 Whitefeather Road		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Joshua Tree		Prefix: Mr.	First Name: John	
County: San Bernardino		Middle Name Edward		
State: California		Last Name Will		
Zip Code 92252	Suffix: Jr.			
Country: United States of America		Email: ewill@hdmc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="-"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="6"/>		Phone Number (give area code) (760) 366-6321	Fax Number (give area code) (760) 366-6323	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="-"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="6"/> TITLE (Name of Program): Rural Development: Community Facilities		9. NAME OF FEDERAL AGENCY: US Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Morongo Basin, San Bernardino County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Healthcare Clinics in 29 Palms and Yucca Valley		
13. PROPOSED PROJECT Start Date: 01 January 2005		Ending Date: 01 August 2005		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF:		
a. Federal	\$	a. Applicant Rep. Jerry Lewis- 41st		
b. Applicant	\$	b. Project Rep. Jerry Lewis- 41st		
c. State	\$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local	\$	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
e. Other	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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 John		Middle Name Edward	
Last Name Will		Suffix Jr.		
b. Title Foundation Director		c. Telephone Number (give area code) (760) 366-6321		
d. Signature of Authorized Representative <i>J. Edward Will, Jr.</i>		e. Date Signed 13 April 2005		

VAF10-0388C.1 ATTACHMENT A

OMB Approval No. 0348-0043

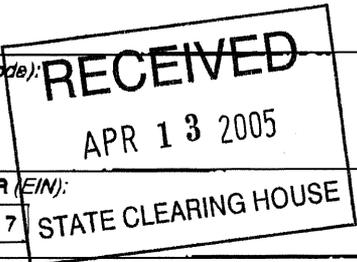
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 4/13/05	Applicant Identifier
			3. DATE RECEIVED BY STATE 9/15/02	State Application Identifier n/a
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Veterans Affairs
 Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814

Organizational Unit: Capital Development and Construction Division
 Name and telephone number of person to be contacted on matters involving this application (give area code): Robert M. Johnson Capital Outlay and Construction Division 916 653-0240



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 9 4 -- 6 0 3 8 1 5 7 STATE CLEARING HOUSE

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 box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:
 Department of Veterans Affairs

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 Grants to States for Construction Projects 6 4 -- 0 0 5
 TITLE: Acquisition of State Homes Facilities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 VHC-Chula Vista SNF Dining Room Expansion

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 State of California: Napa County; City of Yountville

13. PROPOSED PROJECT Start Date: 10-1-07 Ending Date: 12-2-08

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: Dorris Matsui, 5th CA Congressional District
 b. Project: Bob Filner, 51st CA Congressional District

15. ESTIMATED FUNDING:

a. Federal	\$ 585,000.00
b. Applicant	\$
c. State	\$ 315,000.00
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 900,000.00

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 04-13-05
 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: Thomas Johnson, FACHE
 b. Title: Secretary
 c. Telephone Number: 916 653-2158
 d. Signature of Authorized Representative: *Thomas Johnson*
 e. Date Signed: 4/13/05

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-90-Y287-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Bike Path, Park & Ride Rehab

RECEIVED

APR 13 2005

STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-90-Y287-00
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	(213) 580-5414
Facsimile:	(213) 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	(213) 251-4575
Facsimile:	(213) 251-4577

Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa

Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4911
Facsimile:	(301) 330-7662

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Cara McGinty
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937

Recipient ID:	1644
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. NW
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo E. Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824

Recipient ID:	1644
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	1100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754
Contact Name:	John Stripes
Telephone:	(323) 261-3010
Facsimile:	(323) 261-1580

Recipient ID:	1644
Union Name:	SEIU

Address 1:	1313 L Street, NW
Address 2:	
City:	Washington, DC 02005
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3402

Recipient ID:	1644
Union Name:	ALADS
Address 1:	828 W. Washington Blvd.
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Roy Burns
Telephone:	(213) 749-1020
Facsimile:	(213) 747-2705

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 4250
Contact Name:	Roy Arnold
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$5,619,165
Project Number:	CA-90-Y287-00	Adjustment Amt:	\$0
Project Description:	Bike Path, Park & Ride Rehab	Total Eligible Cost:	\$5,619,165
Recipient Type:	City	Total FTA Amt:	\$4,411,540
FTA Project Mgr:	John Ottomanelli 213.202.3957	Total State Amt:	\$0
Recipient Contact:	'Chuck Hammerstein 213.580.5414'	Total Local Amt:	\$1,207,625
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20205	Special Condition:	None Specified
Sec. of Statute:	133	S.C. Tgt. Date:	None Specified

State Appl. ID:	0B7330 C8173 D109	S.C. Eff. Date:	None Specified
Start/End Date:	Jun. 30, 2005 - Jul. 31, 2006	Est. Oblig Date:	None Specified
Recvd. By State:	Apr. 04, 2005	Pre-Award Authority?:	No
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Mar. 18, 2005		
Program Page:	1		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

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

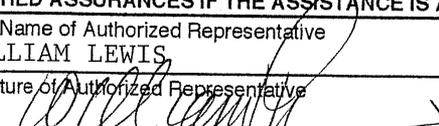
Congressional Districts

State ID	District Code	District Official
6	24	Elton Gallegly
6	25	Howard P McKeon
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	39	Linda T Sanchez
6	46	Dana Rohrabacher

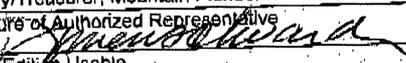
Project Details

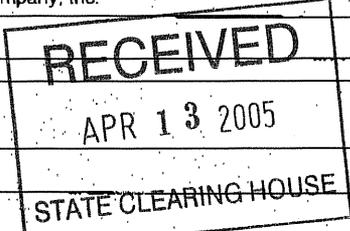
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED April 1, 2005	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Woodlake		Organizational Unit:	
Address (give city, county, State, and zip code): 350 N. VALENCIA County of Tulare WOODLAKE, CA. 93286		Name and telephone number of person to be contacted on matters involving this application (give area code) Bill Lewis (559) 564-8055	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000458		7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State H. Independent School Dist. 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) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> 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: 10-766 TITLE: COMMUNITY FACILITIES		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PURCHASE PUBLIC SAFETY EQUIPMENT <div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;">RECEIVED APR 13 2005 STATE CLEARING HOUSE</div>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): WOODLAKE, CALIFORNIA			
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: 21		
Start Date 7/1/05	Ending Date 6/30/06	a. Applicant DEVIN NUNES	b. Project DEVIN NUNES
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 51,700.	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 42,300.	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 94,000.00		
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 WILLIAM LEWIS		b. Title CITY MANAGER	c. Telephone Number (559) 564-8055
Signature of Authorized Representative 		e. Date Signed 4/4/05	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED April 12, 2005	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Mountain Pioneer Mutual Water Company, Inc.			Organizational Unit: Department:	
Organizational DUNS: 05 481 0150			Division:	
Address: Street: PO Box 215			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Dawn	
City: Rimforest			Middle Name Sherrill	
County: San Bernardino			Last Name Neuenschwander	
State: CA		Zip Code: 92378	Suffix:	
Country: USA			Email: neu.ari@verizon.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8093526			Phone Number (give area code) 909 337-4619	Fax Number (give area code) 909 337-4389
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) O. Not for Profit Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Community Water Assistance Grant 10-763			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replace Water System destroyed in 2003 California Wildfires	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rim of the World Subdivision #1, Rimforest, CA, San Bernardino County.			9. NAME OF FEDERAL AGENCY: USDA - RUS	
13. PROPOSED PROJECT Start Date: 6/05 Ending Date: 8/05			14. CONGRESSIONAL DISTRICTS OF: a. Applicant #41 b. Project #41	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	100,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	20,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	⁰⁰		
d. Local	\$	⁰⁰		
e. Other FEMA	\$	120,000 ⁰⁰		
f. Program Income	\$	⁰⁰		
g. TOTAL	\$	240,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> 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 Dawn	Middle Name Sherrill Suffix	
Last Name Neuenschwander		c. Telephone Number (give area code) 909 337-4619		
d. Title Secretary/Treasurer, Mountain Pioneer Mutual Water Company, Inc.		e. Date Signed 4/12/05		
d. Signature of Authorized Representative 				



APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal U.S. Department of Energy	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: 0946783940000

* Legal Name: The Regents of the University of California
 Department: Office of Research Division:
 * Street1: 3227 Cheadle Hall Street2:
 * City: Santa Barbara County: * State: CA * ZIP Code: 93106
 * Country: USA

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:
 Ms. Jill L. Boltz
 * Phone Number: 805-893-8809 Fax Number: 805-893-2611 Email: boltz@research.ucsb.edu

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

95-6006145W

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: New

Other (Specify):

Resubmission Renewal Continuation Revision
 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

9. * NAME OF FEDERAL AGENCY:

Office of Science

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

B1.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Integrative Radiative Process Modeling Studies on Clouds, Aerosols and Surfaces; ARM dataset enhancement and climate model parameterization improv

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

Global

13. PROPOSED PROJECT:

* Start Date * Ending Date
 11/01/2005 10/31/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project
 23rd 23rd

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:
 Dr. William O'Hirok
 Position/Title: Associate Researcher * Organization Name: University of California, Santa Barbara
 Department: ICESS Division:
 * Street1: 6832 Ellison Hall Street2:
 * City: Santa Barbara County: * State: CA * ZIP Code: 93106
 * Country: USA
 * Phone Number: 805-893-7355 Fax Number: 805-893-2578 * Email: bill@icess.ucsb.edu

RECEIVED

APR 12 2005

STATE CLEARING HOUSE

OMB Number: 4040-0001
 Expiration Date: 03/31/2005

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input type="text" value="796,238.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input type="text" value="796,238.00"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="04/12/2005"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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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:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative
* Date Signed

20. Pro-application

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application

Construction

Non-Construction

Preapplication

Construction

Non-Construction

2. DATE SUBMITTED 4/5/05	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 2003-ND-FX-0146

5. APPLICANT INFORMATION

Legal Name: North Monterey County Unified School District	Organizational Unit: Department: Student and Family Services
Organizational DUNS: 095990636	Division:
Address: Street: 8142 Moss Landing Road	Name and telephone number of the person to be contacted on matters involving this application (give area code)
City: Moss Landing	Prefix: Dr. First Name: Julie
County: Monterey	Middle Name: Ann
State: CA ZIP: 95039	Last Name: High
Country: United States	Suffix:

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77 - 0103997	Phone Number (give area code): 831 633-5975	FAX Number (give area code): 831 633-5981
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8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify): _____

7. TYPE OF APPLICANT: (See back of form for Application Types):
H. Independent School District

Other (Specify): _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
05 - 002

TITLE: (Name of Program): Drug-Free Communities Support

9. NAME OF FEDERAL AGENCY:
Substance Abuse & Mental Health Services Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
SAFE (Student and Family Enrichment) Center Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
North Monterey County region, including Castroville, Moss Landing, Prunedale, Elkhorn, and Oak Hills, California

13. PROPOSED PROJECT:

Start Date 10/1/05	Ending Date 9/30/08
-----------------------	------------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant CA - 17th	b. Project CA - 17th
---------------------------	-------------------------

15. ESTIMATED FUNDING:

a. Federal	\$	100,000.00
b. Applicant	\$	
c. State	\$	100,000.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	200,000

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

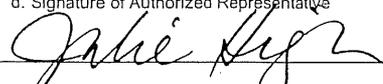
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 4/5/05

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

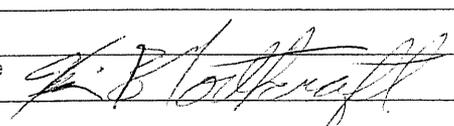
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

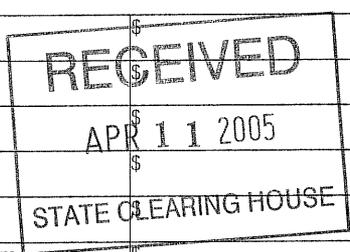
YES If "Yes," attach an explanation. No

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. Authorized Representative		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>APR 11 2005</p> <p>STATE CLEARING HOUSE</p> </div>
Prefix Dr.	First Name Julie	
Middle Name		
Last Name High	Suffix	
b. Title Director of Student and Family Services	c. Telephone Number (give area code) 831 633-3343 ext. 209	
d. Signature of Authorized Representative 	e. Date Signed 4/4/05	

**APPLICATION FOR
FEDERAL ASSISTANCE**

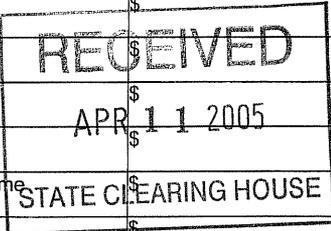
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED MARCH 16, 2005	Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION		Legal Name: CITY OF TULARE		Organizational Unit: Department:	
Organizational DUNS: 02-001-8339		Address: Street: 830 S. BLACKSTONE STREET		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: BILL	
City: TULARE		County: COUNTY OF TULARE		Middle Name	
State: CALIFORNIA Zip Code: 93274		Country:		Last Name: WAGENHALLS	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000443		Phone Number (give area code): 559-684-4310		Fax Number (give area code): 559-685-2323	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) C Municipality Other (specify)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-106		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Environmental Assessment/Environmental Impact Report		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY AND COUNTY OF TULARE, CALIFORNIA	
13. PROPOSED PROJECT Start Date: June 2005 Ending Date: December 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 21st Devin Nunes b. Project: 21st Devin Nunes		15. ESTIMATED FUNDING:	
a. Federal \$ 300,000.00		b. Applicant \$ 15,000.00		c. State \$.00	
d. Local \$ 1,000.00		e. Other \$.00		f. Program Income \$.00	
g. TOTAL \$ 316,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 16, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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: KEVIN		Middle Name: B.	
Last Name: NORTHCRAFT		Suffix:		b. Title: CITY MANAGER	
d. Signature of Authorized Representative: 		c. Telephone Number (give area code): 559-684-4200		e. Date Signed: March 16, 2005	



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 7, 2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Self-Help Enterprises		Organizational Unit: Department:	
Organizational DUNS: 056179906		Division:	
Address: Street: 8445 West Elowin Court P.O. Box 6520		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Nutan	
City: Visalia		Middle Name	
County: Tulare County		Last Name Engels	
State: CA	Zip Code 93290	Suffix:	
Country: United States		Email: nutane@selfhelpenterprises.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1592676		Phone Number (give area code) (559) 651-1000 ext. 618	Fax Number (give area code) (559) 651-3634
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-433		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated Communities in Kings, Merced, and Madera Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The preservation of housing for very low income households by providing grants to repair homes and bring them up to RHS Thermal Standards	
13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: July 1, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 18, 19, 20	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 150,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 7, 2005	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 400,000 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 550,000 ⁰⁰		
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 Nugent	
Last Name Carey		Suffix	
b. Title President/CEO	c. Telephone Number (give area code) (559) 651-1000		
d. Signature of Authorized Representative	e. Date Signed April 7, 2005		



**Application for
Federal Assistance**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2501-0017 (exp. 03/31/2005)

1. Type of Submission:

Application

Preapplication

2. Date Submitted 10/12/2004	4. HUD Application Number 129-43030
3. Date and Time Received by HUD	5. Existing Grant Number
6. Applicant Identification Number	

7. Applicant's Legal Name Mission Palms LP		8. Organizational Unit	
9. Address (give city, county, State, and zip code) A. Address: 1260 Huntington Drive, Suite 207 B. City: South Pasadena C. County: San Diego C D. State: California E. Zip Code: 91030		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Stevan Shakespeare B. Title: Underwriter C. Phone: (410) 859-5005 D. Fax: (410) 859-5220 E. E-mail: stevan_shakespeare@KeyBank.com	
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter appropriate letter in box) M	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		A. State I. University or College B. County J. Indian Tribe C. Municipal K. Tribally Designated Housing Entity (TDHE) D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)	
14. Name of Federal Agency U.S. Department of Housing and Urban Development		15. Catalog of Federal Domestic Assistance (CFDA) Number 14-129	
16. Descriptive Title of Applicant's Program A proposed 97 beds located in 85 units to-be-built healthcare and comprises an area of approximately 1.51 acres.		17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) San Marcos, San Diego County, California	
18a. Proposed Program start date	18b. Proposed Program end date	19a. Congressional Districts of Applicant	19b. Congressional Districts of Program
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			

RECEIVED
APR 8 2005
STATE CLEARING HOUSE

RCH #304
Approved 3/24/05

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier USDA-ADULT
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

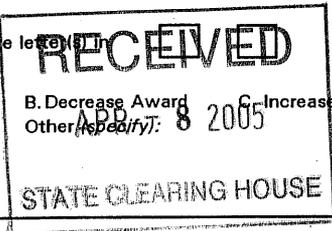
Legal Name: Firebaugh-Las Delta U.S.D.	Organizational Unit:
Address (give city, county, state, and zip code): 1976 Morris Kyle Dr. Firebaugh CA 93622 Fresno County	Name and telephone number of person to be contacted on matters involving this application (give area code) Ted McDaniel 559-659-1476 x1308

6. EMPLOYER IDENTIFICATION (EIN):

77 - 0559742

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

<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</p> <p>If Revision, enter appropriate letter in box:</p> <p>A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify): 8 2005</p>	<p>H</p> <p>A. State H. Independent School Dist. 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) _____</p>
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9. NAME OF FEDERAL AGENCY:

USDA-RD

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10 - 766

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Network Infrastructure for school

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

Firebaugh

13. PROPOSED PROJECT **14. CONGRESSIONAL DISTRICTS OF:** **#20 Cal Dooly**

Start Date 4/1/2005	Ending Date 6/30/2005	a. Applicant	b. Project Adult Outreach
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15. ESTIMATED FUNDING

a. Federal Grant	\$	30,000	.00
b. Applicant maintenance	\$	24,500	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. Total	\$	54,500	.00

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

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

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 Wayne R. Walters Ed.D	b. Title Superintendent	c. Telephone Number 559-659-1476
d. Signature of Authorized Representative Wayne R Walters	e. Date Signed 2-18-05	

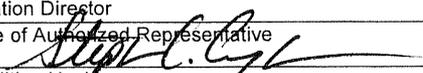
APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

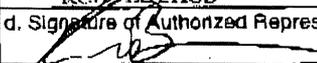
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <i>April 5, 2005</i>	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <i>Niland Sanitary District</i>		Organizational Unit:	
Address (give city, county, State, and zip code): <i>125 W. Alcott Rd. P.O. Box 40 Niland, CA 92257</i>		Name and telephone number of person to be contacted on matters involving this application (give area code) <i>John Kemp (760) 455-3442</i>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>95-6095330</i>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. 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) _____	
		9. NAME OF FEDERAL AGENCY: <i>USDA</i>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <input type="checkbox"/> - <input type="checkbox"/>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Wastewater Treatment Plant Upgrades</i>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>Niland, CA - Imperial, Co.</i>			
13. PROPOSED PROJECT <i>Plant Upgrades</i>		14. CONGRESSIONAL DISTRICTS OF: <i>52nd</i>	
Start Date <i>July, 05</i>	Ending Date	a. Applicant <i>Niland Sanitary District</i>	b. Project <i>WWTP Upgrades</i>
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <i>3,250,000</i> ⁰⁰	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <i>4-4-05</i>	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ <i>250,000</i> ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ <i>3,500,000</i> ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> 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 <i>John Kemp</i>		b. Title <i>General Manager</i>	c. Telephone Number <i>760-455-3442</i>
d. Signature of Authorized Representative <i>John H. Kemp</i>		e. Date Signed <i>April 5, 2005</i>	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/30/05	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Culver City		Organizational Unit: Department: Transportation	
Organizational DUNS: 069693161		Division: Transit	
Address: Street: 4343 Duquesne Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Andre	
City: Culver City		Middle Name Peter	
County: Los Angeles		Last Name Colaiaice	
State: CA	Zip Code 90232	Suffix:	
Country: USA		Email: andre.colaiace@culvercity.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 7 0 1		Phone Number (give area code) 310-253-6543	Fax Number (give area code) 310-253-6513
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Section 5307 Formula Grants 2 0 - 5 0 7		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Culver City, Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Preventative maintenance, expansion of CNG Station, payments for Certificates of Participation (COPs)	
13. PROPOSED PROJECT Start Date: 5/1/2005 Ending Date: 12/1/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Rep. Diane Watson (D-33) b. Project Rep. Diane Watson (D-33)	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,290,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/30/2005	
b. Applicant	\$. ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$. ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 572,500 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$. ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$. ⁰⁰		
g. TOTAL	\$ 2,862,500 ⁰⁰		
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 Stephen	Middle Name	
Last Name Cunningham		Suffix	
b. Title Transportation Director		c. Telephone Number (give area code) 310-253-6540	
d. Signature of Authorized Representative 		e. Date Signed 3/30/05	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> 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: <u>City of Alturas</u> Address (give city, county, State, and zip code): <u>200 W, North St.</u> <u>Alturas, Ca 96101</u>		Organizational Unit: <u>Police Department</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Ken Barnes 530-233-2011</u>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-6000290</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> 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) _____	
B. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-766</u> TITLE: <u>Community Facility Grant</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Police Department addition / remodel</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>City of Alturas, Modoc California</u>			
13. PROPOSED PROJECT <u>Construction</u>		14. CONGRESSIONAL DISTRICTS OF: <u>4th Congressional District</u>	
Start Date <u>5/1/2005</u>	Ending Date <u>7/15/2005</u>	a. Applicant <u>4th Congressional District</u>	
15. ESTIMATED FUNDING:		b. Project <u>4th Congressional District</u>	
a. Federal	\$	50,000.	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	50,000.	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	100,000.	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> 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 <u>Ken Barnes</u>		b. Title <u>Chief of Police</u>	c. Telephone Number <u>530-233-2011</u>
d. Signature of Authorized Representative 		e. Date Signed <u>4-7-05</u>	

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 5, 2005	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

Legal Name: Mountain Pioneer Mutual Water Company, Inc.	Organizational Unit: Department:
Organizational DUNS: 054810150	Division:
Address: Street: PO Box 215	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Dawn
City: Rimforest	Middle Name Sherrill
County: San Bernardino	Last Name Neuenschwander
State: CA	Zip Code 92378
Country: San Bernardino	Email: neu.art@verizon.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□	Phone Number (give area code) 909 337-4619	Fax Number (give area code) 909 337-4389
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) <input type="checkbox"/> Not for Profit Other (specify)
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Community Water Assistance Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replace Water System destroyed in 2003 California Wildfires
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rim of the World Subdivision #1, Rimforest, Ca San Bernardino County	10-763

13. PROPOSED PROJECT Start Date: 6/05 Ending Date: 8/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant #41 b. Project #41
--	--

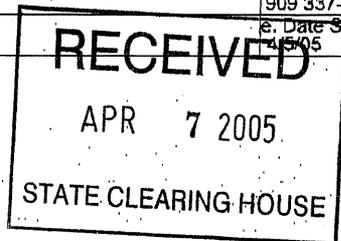
15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>100,000⁰⁰</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>20,000⁰⁰</td></tr> <tr><td>c. State</td><td>\$</td><td></td></tr> <tr><td>d. Local</td><td>\$</td><td></td></tr> <tr><td>e. Other FEMA</td><td>\$</td><td>120,000⁰⁰</td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>240,000⁰⁰</td></tr> </table>	a. Federal	\$	100,000 ⁰⁰	b. Applicant	\$	20,000 ⁰⁰	c. State	\$		d. Local	\$		e. Other FEMA	\$	120,000 ⁰⁰	f. Program Income	\$		g. TOTAL	\$	240,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	100,000 ⁰⁰																				
b. Applicant	\$	20,000 ⁰⁰																				
c. State	\$																					
d. Local	\$																					
e. Other FEMA	\$	120,000 ⁰⁰																				
f. Program Income	\$																					
g. TOTAL	\$	240,000 ⁰⁰																				

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: Dawn Middle Name: Sherrill
Last Name: Neuenschwander Suffix:
b. Title: Secretary/Treasurer Mountain Pioneer Mutual Water Company, Inc.
c. Telephone Number (give area code): 909 337-4619
d. Signature of Authorized Representative: <i>[Signature]</i>
e. Date Signed: 4/5/05

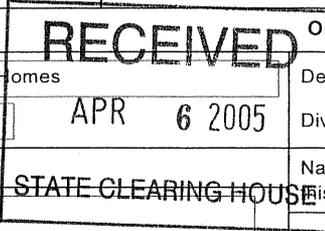
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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/31/2005	Agency Identifier []
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE []	State Application Identifier []
		4. DATE RECEIVED BY FEDERAL AGENCY []	Federal Identifier []

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: Southern California Presbyterian Homes		Department: []	
* Organizational DUNS: 069925345		Division: []	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
* Street1: 516 Burchett Street		Prefix: Ms. * First Name: Sally	
Street2: []		Middle Name: []	
* City: Glendale County Los Angeles		* Last Name: Little	
* State: CA * Zip Code: 91203 * Country USA		Suffix: [] * Email: sallylittle@scphs.com	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1894293		* Phone Number (give area code) (818) 247-0420 Fax Number (give area code) (818) 247-3871	



8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): []	7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Education) Other (specify): []
	9. * NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE TITLE: Supportive Housing for the Elderly 14.157	11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a 68 unit affordable housing community for low income seniors living in the City of Fresno, California, developed with Section 202 Supportive Housing for the Elderly Capital Grant.
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, Fresno County, California	

13. * PROPOSED PROJECT:	14. * CONGRESSIONAL DISTRICTS OF:
* Start Date: 06/01/2006 * Ending Date: 06/01/2007	* a. Applicant: 27 * b. Project: 19

15. * ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
* a. Federal \$ 8,073,200.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 03/31/2005
* b. Applicant \$ 25,000.00	b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
* c. State \$ []	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
* d. Local \$ 1,000,000.00	
* e. Other \$ []	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
* f. Program Income \$ []	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 9,098,200.00	

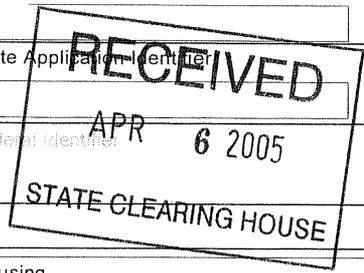
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix: Ms. * First Name: Sally Middle Name: [] * Last Name: Little Suffix: []	* b. Title: Vice President, Affordable Housing * c. Telephone Number (give area code): (818) 247-0420
* Email: sallylittle@scphs.com	Fax Number (give area code): []

d. Signature of Authorized Representative: Completed on submission to Grants.gov	e. Date Signed: Completed on submission to Grants.gov
--	---

APPLICATION FOR FEDERAL ASSISTANCE

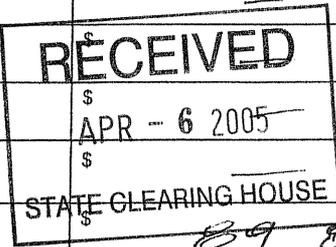
		2. DATE SUBMITTED 05/31/2005	Agency Identifier []
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE []	State Application Identifier []
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY []	Federal Identifier []
5. APPLICANT INFORMATION			
* Legal Name: Southern California Presbyterian Homes		Organizational Unit:	
* Organizational DUNS: 069925345		Department: Affordable Housing	
Address:		Division: Corporate Office	
* Street1: 516 Burchett Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street2: []		Prefix: Ms. * First Name: Sally	
* City: Glendale, County Los Angeles		Middle Name: []	
* State: CA * Zip Code: 91203 * Country USA		* Last Name: Little	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1894293		Suffix: [] * Email: sallylittle@scphs.com	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): []		* Phone Number (give area code) Fax Number (give area code) (818) 247-0420 []	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 14.157		7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Education) Other (specify): []	
TITLE: Supportive Housing for the Elderly		9. * NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Clovis, County of Fresno, California		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a 60 unit affordable housing community for low income seniors in the City of Clovis, California, to be developed under the Section 202 Supportive Housing for the Elderly Capital Grant.	
13. * PROPOSED PROJECT:		14. * CONGRESSIONAL DISTRICTS OF:	
* Start Date 06/01/2006	* Ending Date 06/01/2007	* a. Applicant 27	* b. Project 21
15. * ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
* a. Federal \$ 7,123,412.00	* b. Applicant \$ 25,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 03/31/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* c. State \$ 0.00	* d. Local \$ 50,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
* e. Other \$ 0.00	* f. Program Income \$ 0.00		
g. TOTAL \$ 7,198,412.00			
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: Ms. * First Name: Sally Middle Name [] * Last Name: Little Suffix: []			
* b. Title: Vice President, Affordable Housing		* c. Telephone Number (give area code): (818) 247-0420	
* Email: sallylittle@scphs.com		Fax Number (give area code): (818) 247-3871	
d. Signature of Authorized Representative: Completed on submission to Grants.gov		e. Date Signed: Completed on submission to Grants.gov	

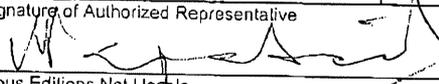


APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <i>April 1, 2005</i>		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <i>INSTITUTE SUSTAINABLE COMMUNITY DEVELOPMENT</i>			Organizational Unit:		
Address (give city, county, State, and zip code): <i>654 EDWARDS LANE PARADISE, CA 95969</i>			Name and telephone number of person to be contacted on matters involving this application (give area code) <i>STEPHEN I. FEHER (530) 872-1403</i>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>52-2291921</i>			7. TYPE OF APPLICANT: (enter appropriate letter in box)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			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) <i>NONPROFIT ORG.</i>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>10-769</i>			9. NAME OF FEDERAL AGENCY: <i>U.S. DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT</i>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>TOWN OF MAMMOTH LAKES, MONO COUNTY, CALIFORNIA</i>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>CONSTRUCTION WORKERS SKILL TRAINING AND SMALL CONTRACTORS ASSISTANCE</i>		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date/ <i>7/1/05</i>	Ending Date <i>6/30/06</i>	a. Applicant <i>WALLY HERBER DISTRICT #2</i>		b. Project <i>HOWARD P. "BOB" McKEON DISTRICT #25</i>	
15. ESTIMATED FUNDING:					
a. Federal	\$	<i>89,850.00</i>			
b. Applicant	\$	<i>-</i>			
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	<i>89,850.00</i>			
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. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?					
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> 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 <i>STEPHEN I. FEHER</i>		b. Title <i>PRESIDENT</i>		c. Telephone Number <i>(530) 872-1403</i>	
d. Signature of Authorized Representative <i>S. I. Feher</i>				e. Date Signed <i>4/1/05</i>	



APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 3/16/05	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Association of Monterey Bay Area Governments		Organizational Unit: Metropolitan Planning Organization	
Address (give city, county, state, and zip code) P.O. Box 809 Marina, CA 93933-0809		Name and telephone number of the person to be contracted on matters involving this application (give area code) Nicolas Papadakis (831) 883-3750	
EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 2 8 4 0		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. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) MPO/COG	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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 TITLE: 2 0 1 0 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Land Use Compatibility Plan for Monterey County Airports	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Monterey County			
13. PROPOSED PROJECT Start Date: 07/01/05 Ending Date: 06/30/06		14. CONGRESSIONAL DISTRICTS OF a. Applicant: 17 b. Project: 17	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 175,000 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 461 .00	DATE: 03/17/05	
c. State	\$ 8,750 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program income	\$.00	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 184,211 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS 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 Nicolas Papadakis		b. Title Executive Director	
d. Signature of Authorized Representative 		c. Telephone number (831) 883-3750	
		e. Date Signed 04/04/05	

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

2. DATE SUBMITTED 05/31/2005	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

Organizational Unit: []

* Legal Name: Southern California Presbyterian Homes
 * Organizational DUNS: 069925345

Department: []
 Division: []

Address:
 * Street1: 516 Burchett Street
 Street2: []
 * City: Glendale County: Los Angeles
 * State: CA * Zip Code: 91203 * Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
 Prefix: Ms. * First Name: Sally
 Middle Name: []
 * Last Name: Little
 Suffix: [] * Email: sallylittle@scphs.com
 * Phone Number (give area code) (818) 247-0420
 Fax Number (give area code) (818) 247-3871

6. * EMPLOYER IDENTIFICATION NUMBER (EIN):
 95-1894293

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): []

7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Education) (Other (specify) [])

9. * NAME OF FEDERAL AGENCY:
 US Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 14.157
 TITLE: Supportive Housing for the Elderly

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Construction of a 68 unit affordable housing community for low income seniors living in the City of Fresno, California, developed with Section 202 Supportive Housing for the Elderly Capital Grant.

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

13. * PROPOSED PROJECT:

* Start Date 06/01/2006	* Ending Date 06/01/2007
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14. * CONGRESSIONAL DISTRICTS OF:

* a. Applicant 27	* b. Project 74
----------------------	--------------------

15. * ESTIMATED FUNDING:

* a. Federal	\$ 8,839,232.00
* b. Applicant	\$ 25,000.00
* c. State	\$ []
* d. Local	\$ 1,800,000.00
* e. Other	\$ []
* f. Program Income	\$ []
g. TOTAL	\$ 11,664,232.00

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:
 YES DATE 03/31/2005
 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: Ms. * First Name: Sally Middle Name: []
 * Last Name: Little Suffix: []

* b. Title: Vice President, Affordable Housing * c. Telephone Number (give area code): (818) 247-0420
 * Email: sallylittle@scphs.com Fax Number (give area code): []

d. Signature of Authorized Representative: Completed on submission to Grants.gov e. Date Signed: Completed on submission to Grants.gov

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department:	
City of Lindsay		N/A	
Organizational DUNS:		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix:	
251 E. Honolulu		Mr.	
City:		First Name:	
Lindsay		Scott	
County:		Middle Name:	
Tulare		B.	
State:		Last Name:	
CA	Zip Code	Townsend	
	93247	Suffix:	
Country:		Email:	
USA		sbtownsend@lindsay.ca.us	

RECEIVED
 APR - 5 2005
 STATE CLEARING HOUSE

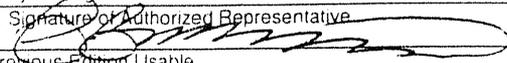
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)		Fax Number (give area code)	
94-6000357		559-562-7103		559-562-7100	
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Municipal			
Other (specify)		Other (specify)			

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
10-766		Lindsay Library	
TITLE (Name of Program):			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
Lindsay, Tulare County, California			

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date:	Ending Date:	a. Applicant	b. Project
May 2005	Nov. 2006	21	21

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA	\$ 750,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.00	DATE:	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 199,891.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 750,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 126,000.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,699,891.00		

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.

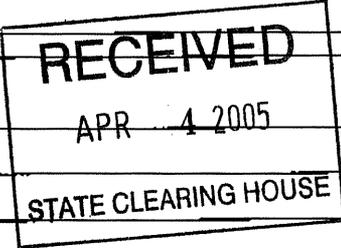
a. Authorized Representative		
Prefix	First Name	Middle Name
Mr.	Scott	B.
Last Name	Suffix	
Townsend		
b. Title	c. Telephone Number (give area code)	
City Manager	559-562-7103	
d. Signature of Authorized Representative	e. Date Signed	
	3/30/05	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 04/04/05	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Local Government Commission	Organizational Unit: Department:
Organizational DUNS: 79-038-6478	Division:
Address: Street: 1414 K Street, Ste 600	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Josh Middle Name:
City: Sacramento	Last Name: Meyer
County: Sacramento	Suffix:
State: California	Email: jmeyer@lgc.org
Zip Code: 95814	Phone Number (give area code): 916-448-1198, ext. 310
Country: USA	Fax Number (give area code): 916-448-8246



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-2791699

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)

Not for Profit Organization
 Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-606

TITLE (Name of Program):
 Regional Geographic Initiative

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

California San Joaquin Valley

9. NAME OF FEDERAL AGENCY:

US Environmental Protection Agency, Region 9

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Local and Regional Collaboration for Treating Dairy Manure in the San Joaquin Valley

13. PROPOSED PROJECT

Start Date: 6/1/05
 Ending Date: 11/30/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 5
 b. Project: 11, 18, 19, 20, 21, 22

15. ESTIMATED FUNDING:

a. Federal	\$	10,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	10,000 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: 04/04/05
 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: Ms.	First Name: Linda	Middle Name:
Last Name: Cloud	Suffix:	
b. Title: Managing Director	c. Telephone Number (give area code): 916-448-1198 x319	
d. Signature of Authorized Representative:	e. Date Signed: 4/4/05	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> 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: CITY OF ALTURAS		Organizational Unit: FIRE DEPARTMENT																													
Address (give city, county, State, and zip code): 103 S Howard St, Alturas, Ca 96101		Name and telephone number of person to be contacted on matters involving this application (give area code) Joe Watters - 530-233-4500																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6000290 DUNS# 839896342		7. TYPE OF APPLICANT: (enter appropriate letter in box) 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) _____ <div style="text-align: right; border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-top: 5px;">C</div>																													
6. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture Rural Development California																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766 TITLE: Community Facilities Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To purchase large spray nozzles, ladders, electric generators and breathing apparatus to equip our fire trucks to nationally recognized operating and safety standards.																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Alturas		13. PROPOSED PROJECT Fire Equipment																													
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4 b. Project 4		15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">18,750</td><td style="text-align: right;">.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">6,250</td><td style="text-align: right;">.00</td></tr> <tr><td>c. State</td><td>\$</td><td></td><td style="text-align: right;">.00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td></td><td style="text-align: right;">.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td><td style="text-align: right;">.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">25,000</td><td style="text-align: right;">0</td></tr> </table>		a. Federal	\$	18,750	.00	b. Applicant	\$	6,250	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	25,000	0
a. Federal	\$	18,750	.00																												
b. Applicant	\$	6,250	.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	25,000	0																												
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 04-01-05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> 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 Joe Watters		b. Title Fire Marshal	c. Telephone Number 530-233-4500																												
d. Signature of Authorized Representative 		e. Date Signed 04-01-05																													

APPLICATION FOR PTFP FUNDS

Public Telecommunications Facilities Program

Check here if Revised Form

For PTFP Use

OMB Approval 0660-0503

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

APPLICATION PART I

1. APPLICANT

2. Employer ID # (EIN) 77-0387459

Legal Name Foundation California State University Monterey Bay
 Organizational Unit Office of Grants & Contracts
 Mailing Address (line 1) 100 Campus Center, Building 97
 Address (line 2 if required) _____
 City Seaside State CA County Monterey Zip 93955-

3. DUNS # 08-241-2920

Main Station Call Letters KAZU FM 90.3
 Radio MHz TV Channel

4. Administrative Contact

E-mail Cindy.lopez@csumb.edu

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Ms. Cynthia E. Lopez Director, Office of Grants & Contracts

Phone # (831) 582-3089 Fax # (831) 582-3305

5. Engineering Contact

Full Name Mr. Don Mussell Engineer Phone (831) 420-1571
 Title Consulting Engineer E-mail dmsml@well.com

PROJECT INFORMATION

6a. Enter "Y" if Reactivation N 6b. Old File # _____ 7. Enter "Y" if new FCC authorizations are required N 8. Enter the Priority or Category under which you request the application be reviewed _____

9. Enter letter(s) to classify project
 (P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B 10. Length of Project (# of months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column NEW BROADCAST REPLACE or augment BROADCAST EQUIPMENT DIGITAL NONBROADCAST
conversion of public radio or TV station activation or expansion

Population Currently Served by station	NEW BROADCAST facility; repeater, translator	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
		536,200		
First Service added by NEW proposed facility		0		
ADDED SERVICE to those covered by others		0		

12. Single Congressional District of Applicant 4A
17
 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-8)
15,14

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 4,125
 b. Applicant Share \$ 4,125
 c. TOTAL \$ 8,250
 d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

YES This application was made available to the State EO 12372 process for review on 02/25/2005
 NO Program is not covered by EO 12372 or Program has not been selected by State for review

16. Is applicant delinquent on any Federal Debt?
NO
 Enter YES or NO if YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (831) 582-3089

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Ms. Cynthia E. Lopez Director, Office of Grants & Contracts

Signature of authorized representative Cynthia E. Lopez Date signed 2/25/05

Public Telecommunications Facilities Program

Check here if Revised Form

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

For PTFP Use

APPLICATION PART I

1. APPLICANT

Legal Name Foundation California State University Monterey Bay
 Organizational Unit Office of Grants & Contracts
 Mailing Address (line 1) 100 Campus Center, Building 97
 Address (line 2 if required) _____
 City Seaside State CA County Monterey Zip 93955-

2. Employer ID # (EIN) 77-0387459
 3. DUNS # 08-241-2920
 Main Station Call Letters KAZU FM 90.3
 Radio MHz TV Channel

4. Administrative Contact E-mail cindy_lopez@csumb.edu

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Ms. Cynthia E. Lopez Director, Office of Grants & Contracts

Phone # (831) 582-3089 Fax # (831) 582-3305

5. Engineering Contact
 Full Name Mr. Don Mussell Engineer Phone (831) 420-1571
 Title Consulting Engineer E-mail dmsml@well.com

PROJECT INFORMATION

6a. Enter "Y" if Reactivation N 6b. Old File # _____ 7. Enter "Y" if new FCC authorizations are required N 8. Enter the Priority or Category under which you request the application be reviewed _____
 9. Enter letter(s) to classify project
 (P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B 10. Length of Project (# of months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column	NEW BROADCAST facility; repeater, translator.	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
Population Currently Served by station			536,200	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single Congressional District of Applicant Broadcast Other 17
 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) 14,15

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request	\$	<u>15,250</u>
b. Applicant Share	\$	<u>15,250</u>
c. TOTAL	\$	<u>30,500</u>
d. Fed. % of eligible costs		<u>50.00</u> %

15. Is application subject to review by Executive Order 12372?
 YES This application was made available to the State EO 12372 process for review on 02/28/2005
 NO Program is not covered by EO 12372 or Program has not been selected by State for review
 16. Is applicant delinquent on any Federal Debt? NO
 Enter YES or NO If YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (831) 582-3089
 Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Ms. Cynthia E. Lopez Director, Grants & Contracts
 Signature of authorized representative Cynthia E. Lopez Date signed 2/28/05