Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1-15, 2008.** 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.

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SF 424
The SF 424 is part of the CPMP

Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted	Applicant Identifier	**Type of Submission**	
Date Received by state	State Identifier	**Application**	**Pre-application**
Date Received by HUD	Federal Identifier	☒ Construction	☐ Construction
		☒ Non Construction	☐ Non Construction
Applicant Information			
County of Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		/078787397	
Fresno	California	Public Works and Planning Department	
93721	Country U.S.A.	Community Development Division	
Employer Identification Number (EIN):		Fresno County	
94-6000512		7/1	
Applicant Type:		**Specify Other Type if necessary:**	
Local Government: County			
Program Funding		**U.S. Department of Housing and Urban Development**	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles - General Management, Oversight, and Coordination - CDBG Housing Program Administration - Housing Assistance Rehabilitation Program - City Activities - Public Facilities and Infrastructure Improvement Projects - Public Service Programs		Description of Areas Affected by CDBG Project(s) The unincorporated area of Fresno County; The cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma	
$CDBG Grant Amount: $3,935,876			
$Anticipated Program Income: $764,775			

Home Investment Partnerships Program	14.239 HOME
HOME Project Titles - HOME Program Administration - Homebuyer Assistance including ADDI - Affordable Housing Development - Housing Assistance Rehabilitation Program	Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County; The cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma
$HOME Grant Amount: $1,529,873	
$Anticipated Program Income: $900,000	Other (Describe): ADDI $8,136

Housing Opportunities for People with AIDS		14.241 HOPWA
HOPWA Project Titles: Not Applicable		Description of Areas Affected by HOPWA Project(s)
$HOPWA Grant Amount: $0	$Additional HUD Grant(s) Leveraged	Describe

Emergency Shelter Grants Program	14.231 ESG
ESG Project Titles - Emergency Shelter Grant Administration - Emergency Shelter Grant	Description of Areas Affected by ESG Project(s) The County of Fresno
$Emergency Shelter Grant Amount: $175,609	

Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts: 18, 19, 20, 21	Project Districts 18,19,20,21		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		☒ Yes	This application was made available to the state EO 12372 process for review on 3/25/08
		☐ No	Program is not covered by EO 12372
☐ Yes	☒ No	☐ N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Gigi		Gibbs
Community Development Manager	(559) 262-4292	(559) 488-3940
	www.co.fresno.ca.us	
Signature of Authorized Representative		Date Signed
Alan Weaver, Director of Public Works & Planning (HOME & CDBG Rep.)		Date
Catherine Huerta, Director, Department of Children & Family Services (ESG Rep.)		Date

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	08-018

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
N/A	N/A

State Use Only:

6. Date Received by State:	7. State Application Identifier:

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8. APPLICANT INFORMATION:

* a. Legal Name: City of Long Beach

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-600073	07-5295832

d. Address:

* Street1: 333 W. Ocean Blvd
Street2:
* City: Long Beach
County: Los Angeles
* State: California
Province:
* Country: United States
* Zip / Postal Code: 90802

e. Organizational Unit:

Department Name:	Division Name:
Health and Human Services	Environmental Health Bureau

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

Prefix: Ms. * First Name: Monica
Middle Name: Luisa
* Last Name: Cardenas
Suffix:

Title: Program Manager

Organizational Affiliation:
City of Long Beach Department of Health and Human Services

* Telephone Number: (562) 570-4494 Fax Number: (562) 570-4038

* Email: monica_cardenas@longbeach.gov

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

City Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

United States Environmental Protection Agency Region 9

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title:

SUPERFUND STATE, POLITICAL SUBDIVISION, AND INDIAN TRIBE SITE_SPECIFIC

*** 12. Funding Opportunity Number:**

Palos Verdes Shelf Institutional Controls Program-White Croaker Market Inspection Program

* Title:

13. Competition Identification Number:

n/a

Title:

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

City of Long Beach California

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

Palos Verdes Shelf Institutional Controls Program – White Croaker Market Inspection Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-046
* b. Program/Project: CA-046

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

CA-037 and CA-039 | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 7/1/2008
* b. End Date: 6/30/2011

18. Estimated Funding ($):

* a. Federal	$148,689.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$148,689.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

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

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- [ ] Yes
- [x] No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

- [x] ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. | * First Name: Ronald
Middle Name: R
* Last Name: Arias
Suffix:

* Title: Director, Health and Human Services

* Telephone Number: (562) 570-4016 | Fax Number: (562) 570-4038

* Email: ronald_arias@longbeach.gov

* Signature of Authorized Representative: Ronald R A | * Date Signed: 3-28-08

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	2006-ST-091-000013-02

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: South Coast Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
953099419	025986159

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d. Address:

* Street1: 21865 Copley Drive
Street2:
* City: Diamond Bar
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91765

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: * First Name: Mary
Middle Name:
* Last Name: Leonard
Suffix:

Title: Financial Analyst

Organizational Affiliation:

* Telephone Number: 909-396-2780 Fax Number: 909-396-2765

* Email: mleonard@aqmd.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Office of Procurement Operations - Grants Division

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

DHS-06-ST-091-001-NC3

* Title:

DHS BioWatch Year 3 Continuation Package

13. Competition Identification Number:

Title:

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

Orange County and major portions of Los Angeles, San Bernardino and Riverside counties

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

FY 2008-09 Bio-Watch Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 42
* b. Program/Project: 25-48

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2008
* b. End Date: 06/30/2009

18. Estimated Funding ($):

* a. Federal	2,305,522.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,305,522.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 4-1-08.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- [ ] Yes
- [x] No

Explanation

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances**" and agree to comply with any resulting terms if la ccept an award. Ia m aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

- [x] **" I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:
* First Name: Barry
Middle Name: R.
* Last Name: Wallerstein
Suffix: D.Env.

* Title: Executive Officer

* Telephone Number: 909-396-2100
Fax Number:

* Email: bwallerstein@aqmd.gov

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

SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

May 12, 2007	B-07-06-0610	**Type of Submission**	
Date Received by state	State Identifier	**Application**	**Pre-application**
Date Received by HUD	Federal Identifier	☒ Construction	☐ Construction
		☐ Non Construction	☐ Non Construction
Applicant Information			
City of Bakersfield		CA60228 BAKERSFIELD	
1600 Truxtun Avenue, Suite 300		02-8514136	
0		Organizational Unit	
Bakersfield	California	Economic & Community Development	
93301	Country U.S.A.	Community Development	
Employer Identification Number (EIN):		Kern	
95-6000672		7/1	
Applicant Type:		**Specify Other Type if necessary:**	
Local Government: City		Specify Other Type	
Program Funding		**U.S. Department of Housing and Urban Development**	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles This program is designed to address local jousing needs, upgrade the physical environment and provide for a viable urban community.		Description of Areas Affected by CDBG Project(s) City of Bakersfield	
$CDBG Grant Amount $3,304,357	$Additional HUD Grant(s) Leveraged $0	Describe N/A	
$Additional Federal Funds Leveraged $0		$Additional State Funds Leveraged $0	
$Locally Leveraged Funds $0		$Grantee Funds Leveraged $250,000	
$Anticipated Program Income $20,000		Other (Describe) $250,000 -Transporation Funds	
Total Funds Leveraged for CDBG-based Project(s) $520,000			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles This program is designed to address local housing needs.		Description of Areas Affected by HOME Project(s) City of Bakersfield	
$HOME Grant Amount $1,530,104	$Additional HUD Grant(s) Leveraged $0	Describe N/A	
$Additional Federal Funds Leveraged $0		$Additional State Funds Leveraged $0	

$Locally Leveraged Funds $0	$Grantee Funds Leveraged $0
$Anticipated Program Income $150,000	Other (Describe) $1,000,000 - LIHTC
Total Funds Leveraged for HOME-based Project(s) $1,150,000	

Housing Opportunities for People with AIDS	14.241 HOPWA	
HOPWA Project Titles N/A	Description of Areas Affected by HOPWA Project(s) N/A	
$HOPWA Grant Amount N/A	$Additional HUD Grant(s) Leveraged N/A	Describe N/A
$Additional Federal Funds Leveraged N/A	$Additional State Funds Leveraged N/A	
$Locally Leveraged Funds N/A	$Grantee Funds Leveraged N/A	
$Anticipated Program Income N/A	Other (Describe) N/A	
Total Funds Leveraged for HOPWA-based Project(s) N/A		

Emergency Shelter Grants Program	14.231 ESG	
ESG Project Titles Provides funds to improve the quality of existing emergency shelters for the homeless, helps meet the costs of operating emergency shelters, providing certain essential services, and prevention programs.	Description of Areas Affected by ESG Project(s) City of Bakersfield	
$ESG Grant Amount $146,663	$Additional HUD Grant(s) Leveraged $0	Describe N/A
$Additional Federal Funds Leveraged $0	$Additional State Funds Leveraged $0	
$Locally Leveraged Funds $0	$Grantee Funds Leveraged $139,330	
$Anticipated Program Income $0	Other (Describe) N/A	
Total Funds Leveraged for ESG-based Project(s) $139,330		

Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts 20th and 21st	Project Districts 20th and 21st		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		☒ Yes	This application was made available to the state EO 12372 process for review on 3/28/08
		☐ No	Program is not covered by EO 12372
☐ Yes	☒ No	☐ N/A	Program has not been selected by the state for review

Person to be contacted regarding this application

Donna	L.	Kunz
Economic Development Director	(661) 326-3765	(661) 328-1548
dkunz@bakersfieldcity.us	www.bakersfieldcity.us	Other Contact
Signature of Authorized Representative ALAN TANDY, CITY MANAGER		Date Signed

(Certified Current 5/10/07)

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: March 27, 2008	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: 03-06-226	

1. TYPE OF SUBMISSION:

Application: ☒ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: **City of San Jose**

Organizational Unit: Department: **Norman Y Mineta San Jose International**

Organizational DUNS: **063541874**

Division:

Address: Street: **1732 North First Street, Suite 600**

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

Prefix: **Ms.** First Name: **Lilian**

City: **San Jose**

Middle Name: **S**

County: **Santa Clara**

Last Name: **Ramirez**

State: **CA** Zip Code: **95112-4538**

Suffix:

Country: **USA**

Email: **lramirez@sjc.org**

6. EMPLOYER IDENTIFICATION NUMBER *EIN*):

9 4 - 6 0 0 0 4 1 9

Phone number (give area code): **408-501-7663**

FAX number (give area code): **408-573-1677**

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)

C

Other (specify)

9. NAME OF FEDERAL AGENCY

DOT - Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Noise Attenuation of approximately 80 dwelling units within the Category 1B, extended acoustical treatment areas.

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

San Jose, California

13. PROPOSED PROJECT

Start Date: **July 1, 2008**

Ending Date: **December 2010**

14. CONGRESSIONAL DISTRICTS OF

a. Applicant: **15th**

b. Project: **15th and 16th**

15. ESTIMATED FUNDING

a. Federal	$	3,000,000 .00
b. Applicant	$	725,000 .00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	3,725,000 .00

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

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

DATE: **March 27, 2008**

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 **Nadine** Middle Name

Last Name **Nader** Suffix

b. Title **Assistant to the City Manager**

c. Telephone number (give area code) **408-535-8100**

d. Signature of Authorized Representative: Nadine Nader

e. Date Signed 3/25/08

Previous Editions Not Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction	Pre-application ☐ 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: Merced County Economic Development Corporation	**Organizational Unit:** Department:
Organizational DUNS: 090845512	Division:
Address: Street: 470 W. Main Street, Suite 7	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Scott
City: Merced	Middle Name
County: Merced	Last Name Galbraith
State: California Zip Code: 95340	Suffix:
Country: United States of America	Email: sgalbraith@mcedco.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0354079	Phone Number (give area code) (209) 723-3889 / Fax Number (give area code) (209) 723-4450
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) O. Not for Profit Organization. Other (specify)
	9. NAME OF FEDERAL AGENCY: Rural Business-Cooperative Service (RBS), USDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-773. TITLE (Name of Program): Rural Business Opportunity Grants	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** "Positioning for Innovation and Entrepreneurs" – Strategic Planning for Western Merced County (Gustine and Los Banos)
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Cities of Gustine and Los Banos, Merced County	
13. PROPOSED PROJECT Start Date: August 1, 2008 / Ending Date: July 1, 2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 18th District / b. Project 18th District

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 50,000.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/28/08
b. Applicant	$ 44,578.00	
c. State	$ .00	
d. Local	$ 9,600.00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 104,178.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix: Mr.	First Name: Scott	Middle Name
Last Name: Galbraith		Suffix
b. Title: President & CEO		c. Telephone Number (give area code): (209) 723-3889
d. Signature of Authorized Representative		e. Date Signed: March 28, 2008

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	March 27, 2008
Applicant Identifier	OXR 08-1
3. DATE RECEIVED BY STATE	
State Applicant Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	
Federal Identifier	NPIAS 3-06-0179-27

1. TYPE OF SUBMISSION

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

5. APPLICANT INFORMATION

Legal Name: County of Ventura

Organizational Unit: Department of Airports

Address (give city, county, state, and zip code):
Department of Airports
555 Airport Way
Camarillo, CA 93010

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Todd McNamee
(805) 388-4200

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 – 6 0 0 0 9 4 4

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration
Western Pacific Region

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6

TITLE: Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Drainage Improvement West End (construction)
Acquisition of Airport Sweeper
Rehabilitate Airport Pavement Including Drainage, East Ramp Approx. 59K Sq Yds (design)

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

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13. PROPOSED PROJECT:

Start Date	Ending Date
July 2008	July 2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
19 and 21	21

15. ESTIMATED FUNDING:

a. Federal	$ 2,000,000.00
b. Applicant	$ 105,263.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,105,263.00

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

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

DATE

b. NO. ☒ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Todd McNamee	Director of Airports	(805) 388-4200

d. Signature of Authorized Representative: Todd McN

e. Date Signed: March 27, 2008

Previous Editions Not Usable

Standard For 424 (REV 4-88)
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SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

March 31, 2008	Applicant Identifier	**Type of Submission**	
		Application	**Pre-application**
		☐ Construction	☐ Construction
		☒ Non Construction	☐ Non Construction
Applicant Information			
City of Redding		CA62958 REDDING	
777 Cypress Avenue		93-362-2800	
PO Box 496071		Local Government	
Redding	California		
96049	Country U.S.A.	Housing Division	
Employer Identification Number (EIN):		Shasta	
94-6000401		7/1	
Applicant Type:		**Specify Other Type if necessary:**	
Local Government: City		Specify Other Type	
Program Funding		**U.S. Department of Housing and Urban Development**	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)	
$826,199	$Additional HUD Grant(s) Leveraged	Describe	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged	
$Locally Leveraged Funds		$Grantee Funds Leveraged	
$260,100		Other (Describe) $ 95,274 Prior year CDBG	
Total Funds Leveraged for CDBG-based Project(s) $1,181,573			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
$540,132	$Additional HUD Grant(s) Leveraged	Describe	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged	
$Locally Leveraged Funds		$Grantee Funds Leveraged	

$470,350 Anticipated Program Income	Other (Describe)
Total Funds Leveraged for HOME-based Project(s) $1,104,482	

Housing Opportunities for People with AIDS	14.241 HOPWA	
HOPWA Project Titles	Description of Areas Affected by HOPWA Project(s)	
$HOPWA Grant Amount	$Additional HUD Grant(s) Leveraged	Describe
$Additional Federal Funds Leveraged	$Additional State Funds Leveraged	
$Locally Leveraged Funds	$Grantee Funds Leveraged	
$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)		

Emergency Shelter Grants Program	14.231 ESG	
ESG Project Titles	Description of Areas Affected by ESG Project(s)	
$ESG Grant Amount	$Additional HUD Grant(s) Leveraged	Describe
$Additional Federal Funds Leveraged	$Additional State Funds Leveraged	
$Locally Leveraged Funds	$Grantee Funds Leveraged	
$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)		

Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts	Project Districts		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		☒ Yes	This application was made available to the state EO 12372 process for review on March 31, 2008
		☐ No	Program is not covered by EO 12372
☐ Yes	☒ No	☐ N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Lydia		Buckley
Housing Manager	(530)225-4427	(530)245-7160
lbuckley@ci.redding.ca.us	www.ci.redding.ca.us	
Signature of Authorized Representative Kurt Starman, City Manager		Date Signed March 31, 2008

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED March 25, 2008	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: County of Plumas

Organizational DUNS: 01-099-7419

Address:

Street: 520 Main Street, Room 309

City: Quincy

County: Plumas

State: California

Zip Code: 95971

Country: USA

RECEIVED
APR - 4 2008
STATE CLEARING HOUSE

Organizational Unit:

Department: Planning

Division: Airports

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

Prefix: Mr. First Name: Jack

Middle Name

Last Name: Ingstad

Suffix:

Email: jackingstad@countyofplumas.com

Phone Number (give area code): (530) 283-6315

Fax Number (give area code): (530) 283-6288

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 0 0 5 2 8

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

B. County

Other (specify)

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 1 0 6

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Rogers Field, Chester, Plumas County, California
Environmental Assessment (EA)

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

Chester, Plumas County, California

13. PROPOSED PROJECT

Start Date: 2008

Ending Date: 2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 02

b. Project: 02

15. ESTIMATED FUNDING:

a. Federal	$ 380,000.00
b. Applicant	$ 10,500.00
c. State	$ 9,500.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 400,000.00

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: March 28, 2008

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mr. First Name: Jack Middle Name

Last Name: Ingstad Suffix

b. Title: County Administrative Officer

c. Telephone Number (give area code): (530) 283-6315

d. Signature of Authorized Representative

e. Date Signed: 4-3-08

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: April 4, 2008	Applicant Identifier: CH. 53, Sections 5303 - 5306	
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C	
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 Transportation Planning

Address *(give city, county, State, and zip code)*: P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application *(give area code)* C. Garth Hopkins, Acting Chief

Office of Regional & Interagency Planning Transportation Planning, (916) 654-8175

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 — 6 0 0 1 3 4 7

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:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 5 1 4

TITLE: Transit Planning and Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2008 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - $12,177,822
FY 2008 49 U.S.C. Chapter 53, Section 5304 State Planning & Research Program - $2,390,046

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

State of California

13. PROPOSED PROJECT FY 2008 OWP Program

14. CONGRESSIONAL DISTRICTS OF: California Statewide

Start Date	Ending Date	a. Applicant	b. Project
7/1/07	6/30/08	Statewide	Statewide Transit Planning

15. ESTIMATED FUNDING:

a. Federal	$ $14,690,877.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $1,903,359.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $16,594,236.00

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 04/14/08

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: C. Garth Hopkins	b. Title: Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: April 4, 2008

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: April 4, 2008	Applicant Identifier: FY 2008 PL Overall Work Program
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
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 Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Acting Chief

Office of Regional & Interagency Planning Transportation Planning. (916) 654-8175

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 1 3 4 7

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:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 2 0 5

TITLE: MPO Highway Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2008/09 Federal Planning Funds

$39,522,228 in FHWA PL Funds (Estimate)

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

State of California

13. PROPOSED PROJECT FY 2008 OWP Program

14. CONGRESSIONAL DISTRICTS OF: California Statewide

Start Date	Ending Date	a. Applicant	b. Project
7/1/07	6/30/08	Statewide	Statewide Metropolitan Planning

15. ESTIMATED FUNDING:

a. Federal	$ $39,522,228 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $5,120,523 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $44,642,751 .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 04/14/08

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
C. Garth Hopkins	Acting Chief, Office of Regional & Interagency Planning	(916) 654-8175

d. Signature of Authorized Representative

e. Date Signed: April 4, 2008

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: April 4, 2008	Applicant Identifier: FY 2008 SP&R Special Studies
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
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 Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Acting Chief

Office of Regional & Interagency Planning Transportation Planning, (916) 654-8175

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 1 3 4 7

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:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 5 1 5

TITLE: State Planning and Research Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2008/09 State Planning and Research Studies
$1,059,625 in Partnership Planning Grant Program
$5,000,000 in CA Regional Blueprint Planning Program

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

State of California

13. PROPOSED PROJECT FY 2008 OWP Program

14. CONGRESSIONAL DISTRICTS OF: California Statewide

Start Date	Ending Date	a. Applicant	b. Project
7/1/07	6/30/08	Statewide	Statewide Planning and Research Studies

15. ESTIMATED FUNDING:

a. Federal	$ $6,059,625.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $1,514,906.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $7,574,531.00

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 04/14/08

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: C. Garth Hopkins	b. Title: Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: April 4, 2008

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

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: NA 7. State Application Identifier:

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Department of Pesticide

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325102	80321897

d. Address:

* Street1: 1001 I Street, P.O.Box 4015
Street2:
* City: Sacramento
County: Sacramento
* State: California
Province:
* Country: USA
* Zip / Postal Code: 95814-4015

e. Organizational Unit:

Department Name:	Division Name:
Department of Pesticide Regulation	Pesticide Enforcement Branch

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

Prefix: Mr. * First Name: David
Middle Name: C.
* Last Name: McCarty
Suffix:

Title: Staff Services Manager

Organizational Affiliation:

* Telephone Number: (916) 323-4995 Fax Number: (916) 445-4149

* Email: dmccarty@cdpr.ca.gov

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A-State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.N00

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

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

An education program for senior management, senior scientists, managers and supervisors of field enforcement and compliance programs.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: California
* b. Program/Project: US-all

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

Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 1/1/08
* b. End Date: 12/31/08

18. Estimated Funding ($):

* a. Federal	$512,239.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$512,239.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

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

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- [ ] Yes
- [x] No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

- [x] **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Mary-Ann
Middle Name:
* Last Name: Warmerdam
Suffix:

* Title: Director, Department of Pesticide Regulation

* Telephone Number: (916) 445-4000 Fax Number: (916) 324-1452

* Email: mwarmerdam@cdpr.ca.gov

* Signature of Authorized Representative: Mary-Ann Warmerdam * Date Signed: 11 January 2008

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[x] Preapplication	[x] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Orland Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
not yet received	not let received

d. Address:

RECEIVED
APR 7 2008
STATE CLEARING HOUSE

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Canyon
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name:	Division Name:
California Limited Partnership	

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

Prefix:
* First Name: Margo
Middle Name: E.
* Last Name: Swedberg
Suffix:

Title: Owner / Consultant

Organizational Affiliation:
Gar-Mar Associates

* Telephone Number: 530/823-9250 Fax Number: 530/823-2169

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Orland, Glenn County, California

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

Paigewood Apartments - a 73-unit multi-family apartment complex; 24/2-bdrm units, 41/3-bdrm units, and 8/4-bdrm units - to be located on Paigewood Drive in Orland, Glenn County, California (for additional description of project, see Item II.B. of Preapplication).

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant ID-001 * b. Program/Project CA-002

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

Add Attachment

17. Proposed Project:

* a. Start Date: 02/01/09 * b. End Date: 02/01/10

18. Estimated Funding ($):

* a. Federal	$ 1,000,000	RRH-515 Loan
* b. Applicant	$ 860,410	5% Equity Contribution
* c. State	$ 1,900,000	City of Orland/HOME Funds
* d. Local	$ 1,300,000	Permanent Loan
* e. Other	$ 204,500	Deferred Developer Fee
* f. Program Income	$13,507,296	Tax Credit Financing
* g. TOTAL	$18,772,206	Total Development Cost

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/07/08

[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.

[ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

[ ] Yes [x] No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

[x] **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext. 3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED February 29, 2008	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☑ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Merced College	**Organizational Unit:** Department:
Organizational DUNS: 090845512	Division:
Address: Street: 3600 M Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Dr. / First Name: Benjamin
City: Merced	Middle Name
County: Merced County	Last Name Duran
State: California / Zip Code 95348	Suffix:
Country: United States of America	Email: duran.b@mccd.edu
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0362218	Phone Number (give area code) (209) 723-3889 / Fax Number (give area code) (209) 723-4450

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) I. State Controlled Institution of Higher Learning Other (specify) **9. NAME OF FEDERAL AGENCY:** Economic Development Administration
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302 TITLE (Name of Program): Economic Adjustment **12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*: Cities of Los Banos and Merced, Merced County	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** "Planning Grant to Create the Innovation Place Network."
13. PROPOSED PROJECT Start Date: June 2008 / Ending Date: June 2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 18th District / b. Project 18th District

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 60,000.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant	$ 42,500.00	DATE:
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 102,500.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix Dr.	First Name Benjamin	Middle Name
Last Name Duran		Suffix
b. Title President		c. Telephone Number (give area code) (209) 723-3889
d. Signature of Authorized Representative		e. Date Signed February 28, 2008

(Package revised 12/23/03)

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: March 2008		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: City of Redding, California

Organizational Unit: Redding Municipal Airport

Department: Transportation & Engineering

Organizational DUNS: 07-378-0413

Division: -

Address:

Street: 777 Cypress Avenue

City: Redding

County: Shasta

State: CA

Zip Code: 96001-2718

Country: USA

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STATE CLEARING HOUSE

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

Prefix: Mr. First Name: Rod

Middle Name: A.

Last Name: Dinger

Suffix: -

Email: rdinger@ci.redding.ca.us

Phone number (give area code): (530) 224-4321

FAX number (give area code): (530) 224-4318

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 4 0 1

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)
C
Other (specify)

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
2 0 - 1 0 6

TITLE: Airport Improvement Program (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1. Airport Master Plan

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen
State of California

13. PROPOSED PROJECT

Start Date	Ending Date
05/01/08	09/30/09

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
#02	#02

15. ESTIMATED FUNDING

a. Federal	$	28,500 .00
b. Applicant	$	1,500 .00
c. State	$	0 .00
d. Local	$	0 .00
e. Other	$	0 .00
f. Program income	$	0 .00
g. TOTAL	$	30,000 .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: 3/19/08

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a. Authorized Representative

Prefix Mr. First Name Kurt Middle Name -

Last Name Starman Suffix -

b. Title City Manager

c. Telephone number (give area code) (530) 225-4060

d. Signature of Authorized Representative

e. Date Signed 4-2-08

(Package revised 12/23/03)

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: March 2008	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: **City of Redding, California**

Organizational DUNS: **07-378-0413**

Address:
Street: **777 Cypress Avenue**
City: **Redding**
County: **Shasta**
State: **CA** Zip Code: **96001-2718**
Country: **USA**

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Organizational Unit: **Redding Municipal Airport**
Department: **Transportation & Engineering**
Division: **Airports**

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: **Mr.** First Name: **Rod**
Middle Name: **A.**
Last Name: **Dinger**
Suffix:
Email: **rdinger@ci.redding.ca.us**
Phone number (give area code): **(530) 224-4321**
FAX number (give area code): **(530) 224-4318**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 4 - 6 0 0 0 4 0 1

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)
C
Other (specify)

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
2 0 - 1 0 6
TITLE: **Airport Improvement Program (AIP)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1. **Part 139 Maintenance Storage Building (± 1,500 SF)**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date	Ending Date
05/01/08	04/30/09

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
#02	#02

15. ESTIMATED FUNDING

a. Federal	$	300,000 .00
b. Applicant	$	15,789 .00
c. State	$	0 .00
d. Local	$	0 .00
e. Other	$	0 .00
f. Program income	$	0 .00
g. TOTAL	$	315,789 .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: **03/19/08**
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix **Mr.** First Name **Kurt** Middle Name
Last Name **Starman** Suffix
b. Title **City Manager**
c. Telephone number (give area code) **(530) 225-4060**
d. Signature of Authorized Representative
e. Date Signed 4-2-08

(Package revised 12/23/03)

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED **March 2008**	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: **City of Redding, California**

Organizational DUNS: **07-378-0413**

Address:
Street: **777 Cypress Avenue**

City: **Redding**

County: **Shasta**

State: **CA** Zip Code: **96001-2718**

Country: **USA**

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Organizational Unit: **Redding Municipal Airport**
Department: **Transportation & Engineering**
Division: **Airports**

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: **Mr.** First Name: **Rod**
Middle Name: **A.**
Last Name: **Dinger**
Suffix:
Email: **rdinger@ci.redding.ca.us**
Phone number (give area code): **(530) 224-4321**
FAX number (give area code): **(530) 224-4318**

6. EMPLOYER IDENTIFICATION NUMBER *EIN*):
9 4 - 6 0 0 0 4 0 1

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)**
C
Other (specify)

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
2 0 - 1 0 6
TITLE: **Airport Improvement Program (AIP)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1. **Land Acquisition Reimbursement – Approach Protection (Parcel #47)**

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date	Ending Date
05/01/08	9/30/08

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
#02	#02

15. ESTIMATED FUNDING

a. Federal	$	346,750 .00
b. Applicant	$	18,250 .00
c. State	$	0 .00
d. Local	$	0 .00
e. Other	$	0 .00
f. Program income	$	0 .00
g. TOTAL	$	365,000 .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: **04/17/07**
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix **Mr.** First Name **Kurt** Middle Name
Last Name **Starman** Suffix
b. Title **City Manager**
c. Telephone number (give area code) **(530) 225-4060**
d. Signature of Authorized Representative
e. Date Signed 4-2-08

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 4-8-08	Applicant Identifier R9 Tracking Number: 08-026
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT	Organizational Unit:
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765 DUNS #025986159	Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780 mleonard@aqmd.gov
6. EMPLOYER IDENTIFICATION (EIN): 953099419	7. TYPE OF APPLICANT: (enter appropriate letter here) N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Special District
8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es): ☐ ☐ ☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration ☐ Other Specify:	9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency Gary Lance
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.034 TITLE: Surveys, Studies, Investigations, Special Purpose Activities related to the CCA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: § 103 Research Grant: $PM_{2.5}$
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties	

13. PROPOSED PROJECT: Start Date	End Date	14. CONGRESSIONAL a. Applicant: 38,42	b. Project: 24-48
04/01/08	03/31/09		

15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 909,643	a. (YES.) THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 4-8-08
b. Applicant	$	b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State	$	
d. Local	$	
e. Other	$	
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ☐ Yes If "Yes" attach an explanation. √ No
g. TOTAL	$ 909,643	

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: Barry R. Wallerstein, D.Env.	b. Title: Executive Officer	c. Telephone Number (909) 396-2100
d. Signature of Authorized Representative: Barry R. Wallerstein		e. Date Signed: 4/4/08

Previous Editions Not Usable

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

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 4/11/08	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: The County of Yolo

Organizational DUNS: 073770646

Address:

Street: 625 Court Street, Room 202

City: Woodland

County: Yolo

State: California

Zip Code: 95695

Country: USA

Organizational Unit:

Department: Office of the County Administrator

Division: Economic Development Division

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

Prefix: Mr. First Name: Wesley

Middle Name: Jarol

Last Name: Ervin

Suffix:

Email: wes.ervin@yolocounty.org

Phone Number (give area code): 530-666-8066

Fax Number (give area code): 530-666-4029

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000648

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

B

Other (specify)

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769

TITLE (Name of Program): USDA Rural Business Enterprise Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Yolo Enterprise Support (YES) - Technical Assistance to Small Rural Enterprises.

(See attached summary description)

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

cities, county

13. PROPOSED PROJECT

Start Date: 10/1/08 Ending Date: 9/30/10

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 1st & 2nd b. Project 1st & 2nd

15. ESTIMATED FUNDING:

a. Federal	$ 98,000.00
b. Applicant	$ 30,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 128,000.00

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: 4/11/08

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: Pat Middle Name:

Last Name: Leary Suffix:

b. Title: Assistant County Administrator c. Telephone Number (give area code): 530-666-8150

d. Signature of Authorized Representative: Pat Leary e. Date Signed: 4/10/08

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: [ ] Construction [X] Non-Construction; Preapplication: [ ] Construction [ ] Non-Construction	2. DATE SUBMITTED: 04/01/08	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 Firebaugh

Organizational Unit: Fire Department

Address (give city, county, state, and zip code): 1575 11th Street, Firebaugh, Ca. 93622

Name and telephone number of person to be contacted on matters involving this application (give area code): John G. Borboa, Fire Chief (559) 659-2061

6. EMPLOYER IDENTIFICATION (EIN): 94 - 6000333

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)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Breathing Air Refill Station & Citywide Siren Warning System

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Firebaugh - Madera County - Fresno County

13. PROPOSED PROJECT

Start Date:

Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 20 - Costa

b. Project: 20 - Costa

15. ESTIMATED FUNDING

a. Federal	$ 24,750	.00
b. Applicant	$ 20,250	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. Total	$ 45,000	.00

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APR 10 2008
STATE CLEARING HOUSE

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) [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: John G. Borboa	b. Title: Fire Chief	c. Telephone Number: (559) 659-2061
d. Signature of Authorized Representative: John G. Borboa		e. Date Signed: 04/01/08

Previous Edition Usable
AUTHORIZED FOR LOCAL REPRODUCTION

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

(Certified Current 5/10/07)

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 7, 2008	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: 03-06-226	

1. TYPE OF SUBMISSION:

Application: ☒ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of San Jose

Organizational Unit:
Department: Norman Y. Mineta San jose International
Division:

Organizational DUNS: 063541874

Address:
Street: 1732 North First Street, Suite 600
City: San Jose
County: Santa Clara
State: CA
Zip Code: 95112-4538
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Lilian
Middle Name: S
Last Name: Ramirez
Suffix:
Email: lramirez@sjc.org
Phone number (give area code): 408-501-7663
FAX number (give area code): 408-573-1677

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6. EMPLOYER IDENTIFICATION NUMBER *EIN*):

9 4 - 6 0 0 0 4 1 9

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)

C

Other (specify)

9. NAME OF FEDERAL AGENCY
DOT - Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Design for the replacement of the south apron area at Terminal B and it's North Concourse in order to support the heavier aircraft projected to use the 11 terminal gates in this building.

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
San Jose, California

13. PROPOSED PROJECT

Start Date	Ending Date
October 1, 2008	August 30, 2009

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
15th	15th

15. ESTIMATED FUNDING

a. Federal	$	3,949,000 .00
b. Applicant	$	951,000 .00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	4,900,000 .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: April 7, 2008

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: Nadine Middle Name:

Last Name: Nader Suffix:

b. Title: Assistant to the City Manager

c. Telephone number (give area code): 408-535-8100

d. Signature of Authorized Representative: Nadine Nader

e. Date Signed: 4/2/08

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED April 8, 2008	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction ☐ Non-Construction	☐ Construction ☑ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: VALLEY SMALL BUSINESS DEVELOPMENT CORP.	**Organizational Unit:** Department:
Organizational DUNS: 169206141	Division:
Address: Street: 7035 NORTH FRUIT AVENUE	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: MR First Name: MICHAEL
City: FRESNO	Middle Name E.
County: FRESNO	Last Name FOLEY
State: CA Zip Code 93711	Suffix:
Country: USA	Email: mfoley@vsbdc.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 2 4 6 1 6 8 5	Phone Number (give area code) (559) 438-9680 Fax Number (give area code) (559) 438-9690

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) O. Not for Profit Organization Other (specify) **9. NAME OF FEDERAL AGENCY:** USDA, Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 9 TITLE (Name of Program): Rural Business Enterprise Grants	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Accessing Community Capital in Rural Communities
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Cities of Huron, Orange Cove, Parlier, and San Joaquin	
13. PROPOSED PROJECT Start Date: 10/01/2008 Ending Date: 9/30/2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant: 18, 19, and 20 b. Project: 18, 19, and 20

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 91,300.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 8, 2008
b. Applicant	$ 0.00	
c. State	$ 0.00	
d. Local	$ 0.00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ 0.00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ 0.00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 91,300.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix MR	First Name MICHAEL	Middle Name E.
Last Name FOLEY		Suffix
b. Title CHIEF EXECUTIVE OFFICER (CEO)		c. Telephone Number (give area code) (559) 438-9680
d. Signature of Authorized Representative Michael E. Foley		e. Date Signed April 8 2008

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction	Pre-application ☐ 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: City of Arvin	**Organizational Unit:** Department: Arvin Police Department, City of Arvin
Organizational DUNS: 101563380, 101563307	Division:
Address: Street: 200 Campus Drive	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Mike
City: Arvin	Middle Name
County: Kern	Last Name: Kunz
State: CA / Zip Code: 93203	Suffix:
Country: USA	Email:
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: ☐☐-☐☐☐☐☐☐☐	Phone Number (give area code): 661-854-6183 / Fax Number (give area code): 661-854-2969

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) C Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Transportation first response emergency surveillance system
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of Arvin	
13. PROPOSED PROJECT Start Date: June 30, 2008 / Ending Date: July 31, 2012	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant: 20th District, Jim Costa / b. Project: 20th District, Jim Costa

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 22,750.00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 29,129.00	
c. State	$ 13,121.00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☑ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 65,000.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix: Mr.	First Name: Alan	Middle Name
Last Name: Christensen		Suffix
b. Title: City Manager		c. Telephone Number (give area code): 661-854-3134
d. Signature of Authorized Representative		e. Date Signed: APRIL 7, 2008

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[x] Preapplication	[x] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Orland Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
not yet received	not let received

d. Address:

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Canyon
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

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e. Organizational Unit:

Department Name:	Division Name:
California Limited Partnership	

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

Prefix: * First Name: Margo
Middle Name: E.
* Last Name: Swedberg
Suffix:

Title: Owner / Consultant

Organizational Affiliation:
Gar-Mar Associates

* Telephone Number: 530/823-9250 Fax Number: 530/823-2169

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Orland, Glenn County, California

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

Paigewood Apartments - a 73-unit multi-family apartment complex; 24/2-bdrm units, 41/3-bdrm units, and 8/4-bdrm units - to be located on Paigewood Drive in Orland, Glenn County, California (for additional description of project, see Item II.B. of Preapplication).

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: ID-001 * b. Program/Project: CA-002

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

Add Attachment

17. Proposed Project:

* a. Start Date: 02/01/09 * b. End Date: 02/01/10

18. Estimated Funding ($):

* a. Federal	$ 1,000,000	RRH-515 Loan
* b. Applicant	$ 860,410	5% Equity Contribution
* c. State	$ 1,900,000	City of Orland/HOME Funds
* d. Local	$ 1,300,000	Permanent Loan
* e. Other	$ 204,500	Deferred Developer Fee
* f. Program Income	$13,507,296	Tax Credit Financing
* g. TOTAL	$18,772,206	Total Development Cost

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/07/08

[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.

[ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

[ ] Yes [x] No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

[x] **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext. 3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/

2. DATE SUBMITTED 3/25/08	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

Pre-application: ☒ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Rural Media Arts & Education Project (RMAEP)

Organizational DUNS: 118 248 900

Organizational Unit: Department: Division:

Address: Street: 4994 6th Street

City: Mariposa

County: Mariposa

State: Ca. Zip Code 95338

Country: US

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

Prefix: Mr. First Name: Anthony

Middle Name L.

Last Name Radanovich

Suffix:

Email: tony@sti.net

Phone Number (give area code) 209 742 6666 Fax Number (give area code) same

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 31 - 1736950

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) O. (501C3 NONPROFIT)

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 769

TITLE (Name of Program): RURAL BUSINESS ENTERPRISE GRANT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Renovation of Historic Masonic Lodge

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

13. PROPOSED PROJECT

Start Date: 07/01/08 Ending Date: 12/31/08

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant CA-019 b. Project CA-019

15. ESTIMATED FUNDING:

a. Federal	$ 99,900
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 99,900

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

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

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix Mr. First Name Anthony Middle Name L.

Last Name Radanovich Suffix

b. Title Board President c. Telephone Number (give area code) 209 742 6666

d. Signature of Authorized Representative e. Date Signed 3/25/08

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[x] Preapplication	[x] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

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* a. Legal Name: Madera Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
not yet received	not yet received

d. Address:

* Street1:	430 East State Street, Suite 100
Street2:	
* City:	Eagle
County:	Canyon
* State:	Idaho
Province:	
* Country:	USA: United State of America
* Zip / Postal Code:	83616

e. Organizational Unit:

Department Name:	Division Name:
California Limited Partnership	

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

Prefix:		* First Name:	Margo
Middle Name:	E.		
* Last Name:	Swedberg		
Suffix:			

Title: Owner / Consultant

Organizational Affiliation:
Gar-Mar Associates

* Telephone Number:	530/823-9250	Fax Number:	530/823-2169

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans and Grants / Section 514/516

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Madera, Madera County, California

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

Arborpoint Apartments - a 65-unit multi-family apartment complex; 16/2-bdrm units, 33/3-bdrm units, and 15/4-bdrm units - to be located on the southwest corner of Clark Street and Owens Street in Madera, Madera County, California (for additional description, see Item II.B. of PreApplication).

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: ID-001 * b. Program/Project: CA-019

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

Add Attachment

17. Proposed Project:

* a. Start Date: 02/01/09 * b. End Date: 02/01/10

18. Estimated Funding ($):

* a. Federal	$ 3,000,000	USDA-FLH 514 Loan
* b. Applicant	$ 818,642	5% Equity Contribution
* c. State	$ 9,181,703	Fed. & State Tax Credits
* d. Local	$ 2,700,000	City of Madera RDA Funds
* e. Other	$ 272,500	Deferred Developer's Fee
* f. Program Income	$ 400,000	Permanent Loan
* g. TOTAL	$ 16,372,845	Total Development Cost

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/11/08

[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.

[ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

[ ] Yes [x] No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

[x] **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext. 3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED April 1, 2008	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Healthy House Within a MATCH Coalition

Organizational Unit:
Department: N/A
Division: Interpreting Training Services

Organizational DUNS: # 016603644

Address:
Street: 1729 Canal Street
City: Merced
County: Merced
State: California
Zip Code: 95340
Country: United States of America

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Michael
Middle Name
Last Name: Baldwin
Suffix: N/A
Email: mike@healthyhousemerced.org
Phone Number (give area code): (209) 724-0102
Fax Number (give area code): (209) 724-0153

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0568168

7. TYPE OF APPLICANT: (See back of form for Application Types)
Community Based Non-Profit Organization (501c3)
Other (specify)

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

9. NAME OF FEDERAL AGENCY:
United States Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769
TITLE (Name of Program): Rural Business Enterprise Grants (RBEG)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Interpreting Job Training Center

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Planada, California, in Merced County

13. PROPOSED PROJECT
Start Date: 7/1/2008
Ending Date: 6/30/2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: Dennis Cardoza
b. Project: Dennis Cardoza

15. ESTIMATED FUNDING:

a. Federal	$ 99,000.00
b. Applicant	$ 32,500.00
c. State	$ .00
d. Local	$ .00
e. Other	$ 24,500.00
f. Program Income Merced	$ .00
g. TOTAL	$ 156,000.00

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: 4/10/08
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Mr.
First Name: Michael
Middle Name: N/A
Last Name: Baldwin
Suffix: N/A
b. Title: Executive Director
c. Telephone Number (give area code): (209) 724-0102
d. Signature of Authorized Representative
e. Date Signed: 4/10/08

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:** Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

4b. Federal Award Identifier: 26

7. APPLICANT INFORMATION:

*** a. Legal Name:** APPLIED RESEARCH ASSOCIATES, INC.

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 85-0276434

*** c. Organizational DUNS:** 097967608

d. Address:

*** Street1:** 4300 SAN MATEO BLVD. NE

Street2: #A-220

*** City:** ALBUQUERQUE

County:

*** State:** NM: New Mexico

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 87110

e. Organizational Unit:

Department Name: SWD-SVO

Division Name: SOUTHWEST DIVISION

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

Prefix: Mr.

*** First Name:** ROBERT

Middle Name:

*** Last Name:** BOCCHIERI

Suffix: PhD

Title: PRINCIPAL ENGINEER

Organizational Affiliation:

*** Telephone Number:** 650-625-8150

Fax Number: 650-625-8145

*** Email:** RBOCCHIERI@ARA.COM

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Q: For-Profit Organization (Other than Small Business)

* Other (specify):

b. Additional Description:

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: NM-001

b. Program/Project:

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

Additional Congressional Dis | Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 09/01/2008

b. End Date: 08/31/2009

14. ESTIMATED FUNDING:

* a. Federal ($): 250,000.00

b. Match ($):

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 04/11/2008
- [ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.
- [ ] c. Program is not covered by E.O. 12372.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 8, 2008

Applicant Identifier:

1. TYPE OF SUBMISSION:

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

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: **Port of Oakland**

Organizational Unit: **Port of Oakland Acting by and through its Board of Port Commissioners**

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

530 Water Street
Oakland, CA 94607

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

Christina Lee
(510) 627-1510

EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ 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: 2 0 . 1 0 6

TITLE: **Airport Improvement Program (AIP)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Upgrade Aircraft Noise and Operations Monitoring System (ANOMS)

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

San Francisco Bay Area

13. PROPOSED PROJECT

Start Date	Ending Date
10/08	07/10

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
7	4

15. ESTIMATED FUNDING

a. Federal	$	1,000,000 .00
b. Applicant	$	240,849 .00
c. State	$	.
d. Local	$	.
e. Other	$	.
f. Program income	$	.
g. TOTAL	$	1,240,849 .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: **April 8, 2008**

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 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
Steve Grossman	**Director of Aviation**	**(510) 627-1133**

d. Signature of Authorized Representative: for Steve Grossman

e. Date Signed: **April 8, 2008**

Previous Editions Not Usable

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

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier: *5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: 7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: MERCY HOUSING CALIFORNIA

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3081666

*c. Organizational DUNS: 883200900

d. Address:

*Street 1: 3120 FREEBOARD DRIVE, STE. 202
Street 2:
*City: WEST SACRAMENTO
County: YOLO
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95691

e. Organizational Unit:

Department Name: COMMUNITY DEVELOPMENT

Division Name: WEST SACRAMENTO

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

Prefix: MR. *First Name: DAVID
Middle Name:
*Last Name: WILKINSON
Suffix:

Title: DIRECTOR OF COMMUNITY DEVELOPMENT

Organizational Affiliation: PRIVATE NON PROFIT

*Telephone Number: 916-414-4419 Fax Number: 916-414-4492

*Email: DWILKINSON@MERCYHOUSING.ORG

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

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA

11. Catalog of Federal Domestic Assistance Number:
10-433

CFDA Title:
Rural Housing Preservation Grants

***12 Funding Opportunity Number:**
USDA-RD-HCFP-HPG-2007

*Title:
HOUSING PRESERVATION GRANT 2007

13. Competition Identification Number:

Title:

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

***15. Descriptive Title of Applicant's Project:**
MERCY HOUSING CALIFORNIA HOUSING PRESERVATION PROGRAM

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: DISTRICT 1 *b. Program/Project: DISTRICT 3

17. Proposed Project:

*a. Start Date: SEPTEMBER 2008 *b. End Date: SEPTEMBER 2009

18. Estimated Funding ($):

*a. Federal	$100,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	$200,000.00
*f. Program Income	
*g. TOTAL	$300,000.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on August 28, 2007

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: *First Name: GREG

Middle Name:

*Last Name: SPARKS

Suffix:

*Title: VICE PRESIDENT

*Telephone Number: 916-414-4439 Fax Number: 916-414-4490

* Email: GSPARKS@MERCYHOUSING.ORG

*Signature of Authorized Representative: Greg Sparks *Date Signed: April 9, 2008

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☒ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED February 22, 2008	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of San Joaquin

Organizational DUNS: 08722 6056

Address:
Street: 5000 South Airport Way
City: Stockton
County: San Joaquin
State: California
Zip Code: 95206
Country: USA

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Organizational Unit:
Department: Department of Aviation
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Steven
Middle Name: E.
Last Name: Hicks
Suffix:
Email: shicks@sjgov.org
Phone Number (give area code): (209) 468-4700
Fax Number (give area code): (209) 468-4730

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000531

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

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

Other (specify)

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

B. County

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

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

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Stockton Metropolitan Airport, Stockton, San Joaquin County, California
Reconstruct General Aviation Apron - Phase 1
250 KVA Emergency Generator and Upgrade Switch Gear

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

San Joaquin County, California

13. PROPOSED PROJECT

Start Date: 2008
Ending Date: 2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 11
b. Project: 11

15. ESTIMATED FUNDING:

a. Federal	$ 2,226,800.00
b. Applicant	$ 268,200.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 2,495,000.00

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: February 25, 2008

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mr.
First Name: Ken
Middle Name:
Last Name: Vogel
Suffix:
b. Title: Chairman, Board of Supervisors
c. Telephone Number (give area code): (209) 468-2350
d. Signature of Authorized Representative: Ken Vogel
e. Date Signed: APR 01 2008

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: City of Gustine

Organizational Unit:
Department:
Division:

Organizational DUNS: 004948154

Address:
Street: 682 3rd Street
City: Gustine
County: Merced
State: California
Zip Code: 95322
Country: United States of America

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Margaret
Middle Name
Last Name: Silveira
Suffix:
Email: msilveira@cityofgustine.com
Phone Number (give area code): (209) 854-6471
Fax Number (give area code): (209) 854-2840

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000715

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)
C. Municipal
Other (specify)

9. NAME OF FEDERAL AGENCY:
Rural Business-Cooperative Service (RBS), USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769
TITLE (Name of Program): Rural Business Enterprise Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
"Gustine Innovative Technology Center and Rural Business Revolving Loan Fund"

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
City of Gustine, Merced County

13. PROPOSED PROJECT
Start Date: May 1, 2008
Ending Date: June 1, 2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 18th District
b. Project: 18th District

15. ESTIMATED FUNDING:

a. Federal	$ 500,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 800,000.00
f. Program Income	$ .00
g. TOTAL	$ 1,300,000.00

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: 4/9/08
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix
First Name: Margaret
Middle Name
Last Name: Silveira
Suffix
b. Title: City Manager
c. Telephone Number (give area code): (209) 854-6471
d. Signature of Authorized Representative: Margaret Silveira
e. Date Signed: April 9, 2008

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Karuk Community Loan Fund, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-2091947	180443876

d. Address:

* Street1: 64101 Second Avenue
Street2: P O Box 1148
* City: Happy Camp
County: Siskiyou
* State: 0
Province:
* Country: U.S.A.
* Zip / Postal Code: 96039

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e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Mr * First Name: Eddie
Middle Name:
* Last Name: Davenport
Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 530-493-2558 Fax Number: 530-493-5378

* Email: edavenport@karuk.us

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

California Non-Profit Corporation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FY-2008

* Title:

USDA Rural Development Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

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

Siskiyou and Humboldt Counties, CA

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

Klamath River Microenterprise Assistance Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 2
* b. Program/Project: 2

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 9-1-08
* b. End Date: 9-1-09

18. Estimated Funding ($):

* a. Federal	$99,000
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	$99,000

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 4/9/2008.

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☑ No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☑ - **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Eddie

Middle Name:

* Last Name: Davenport

Suffix:

* Title: Executive Director

* Telephone Number: 530-493-2558 Fax Number: 530-493-5378

* Email: edavenport@karuk.us

* Signature of Authorized Representative: Date Signed: 4/9/08

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: April 4, 2008	Applicant Identifier: FY 2008 PL Overall Work Program
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
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 Transportation Planning

Address *(give city, county, State, and zip code)*: P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: C. Garth Hopkins, Acting Chief

Office of Regional & Interagency Planning Transportation Planning, (916) 654-8175

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 — 6 0 0 1 3 4 7

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:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 2 0 5

TITLE: MPO Highway Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2008/09 Federal Planning Funds

$39,522,228 in FHWA PL Funds (Estimate)

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

State of California

13. PROPOSED PROJECT

FY 2008 OWP Program

14. CONGRESSIONAL DISTRICTS OF: California Statewide

Start Date	Ending Date	a. Applicant	b. Project
7/1/08	6/30/09	Statewide	Statewide Metropolitan Planning

15. ESTIMATED FUNDING:

a. Federal	$ $39,522,228 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $5,120,523 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $44,642,751 .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 04/14/08

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: C. Garth Hopkins	b. Title: Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: April 4, 2008

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: April 4, 2008	Applicant Identifier: CH. 53, Sections 5303 - 5306	
1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction; Preapplication ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation

Organizational Unit: Division of Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Acting Chief
Office of Regional & Interagency Planning Transportation Planning, (916) 654-8175

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 — 6001347

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:
DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20 — 514

TITLE: Transit Planning and Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
FY 2008 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - $12,177,822
FY 2008 49 U.S.C. Chapter 53, Section 5304 State Planning & Research Program - $2,390,046

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

13. PROPOSED PROJECT FY 2008 OWP Program

14. CONGRESSIONAL DISTRICTS OF: California Statewide

Start Date	Ending Date	a. Applicant	b. Project
7/1/08	6/30/09	Statewide	Statewide Transit Planning

15. ESTIMATED FUNDING:

a. Federal	$ $14,690,877 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $1,903,359 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $16,594,236 .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 04/14/08

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: C. Garth Hopkins	b. Title: Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: April 4, 2008

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: April 4, 2008	Applicant Identifier: FY 2008 SP&R Special Studies	
1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction; Preapplication ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation

Organizational Unit: Division of Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Acting Chief
Office of Regional & Interagency Planning Transportation Planning. (916) 654-8175

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347

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:
DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-515
TITLE: State Planning and Research Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
FY 2008/09 State Planning and Research Studies
$1,059,625 in Partnership Planning Grant Program
$5,000,000 in CA Regional Blueprint Planning Program

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

13. PROPOSED PROJECT FY 2008 OWP Program
Start Date: 7/1/08 Ending Date: 6/30/09

14. CONGRESSIONAL DISTRICTS OF: California Statewide
a. Applicant: Statewide
b. Project: Statewide Planning and Research Studies

15. ESTIMATED FUNDING:

a. Federal	$ $6,059,625.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $1,514,906.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $7,574,531.00

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 04/14/08

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: C. Garth Hopkins	b. Title: Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: April 4, 2008

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: April 4, 2008	Applicant Identifier: FY 2008 SP&R Special Studies
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
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 Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

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Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Acting Chief

Office of Regional & Interagency Planning Transportation Planning, (916) 654-8175

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347

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:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-515

TITLE: State Planning and Research Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2008/09 State Planning and Research Studies
$1,059,625 in Partnership Planning Grant Program
$5,000,000 in CA Regional Blueprint Planning Program

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

13. PROPOSED PROJECT FY 2008 OWP Program

14. CONGRESSIONAL DISTRICTS OF: California Statewide

Start Date	Ending Date	a. Applicant	b. Project
7/1/08	6/30/09	Statewide	Statewide Planning and Research Studies

15. ESTIMATED FUNDING:

a. Federal	$ $6,059,625.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $1,514,906.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $7,574,531.00

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 04/14/08

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: C. Garth Hopkins	b. Title: Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: April 4, 2008

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 4, 2008	Applicant Identifier: CH. 53, Sections 5303 - 5306
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
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 Transportation Planning

Address *(give city, county, State, and zip code)*: P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: C. Garth Hopkins, Acting Chief

Office of Regional & Interagency Planning Transportation Planning, (916) 654-8175

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 — 6 0 0 1 3 4 7

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:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 5 1 4

TITLE: Transit Planning and Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2008 49 U.S.C., Chapter 53, Section 5303
Metropolitan Planning Program - $12,177,822
FY 2008 49 U.S.C. Chapter 53, Section 5304
State Planning & Research Program - $2,390,046

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

State of California

13. PROPOSED PROJECT

Start Date: 7/1/08 Ending Date: 6/30/09

14. CONGRESSIONAL DISTRICTS OF: California Statewide

a. Applicant: Statewide

b. Project: Statewide Transit Planning

15. ESTIMATED FUNDING:

a. Federal	$ $14,690,877 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $1,903,359 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $16,594,236 .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 04/14/08

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: C. Garth Hopkins	b. Title: Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: April 4, 2008

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 4, 2008	Applicant Identifier: FY 2008 PL Overall Work Program
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
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 Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Acting Chief

Office of Regional & Interagency Planning Transportation Planning. (916) 654-8175

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347

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:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-205

TITLE: MPO Highway Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2008/09 Federal Planning Funds

$39,522,228 in FHWA PL Funds (Estimate)

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

State of California

13. PROPOSED PROJECT FY 2008 OWP Program

14. CONGRESSIONAL DISTRICTS OF: California Statewide

Start Date	Ending Date	a. Applicant	b. Project
7/1/08	6/30/09	Statewide	Statewide Metropolitan Planning

15. ESTIMATED FUNDING:

a. Federal	$ $39,522,228.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $5,120,523.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $44,642,751.00

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 04/14/08

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: C. Garth Hopkins	b. Title: Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: April 4, 2008

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 04/16/2007	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Farm Conference

Organizational DUNS: 054773432

Address:

Street: PO Box 73614

City: Davis

County:

State: CA

Zip Code 95617

Country: USA

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Organizational Unit:

Department:

Division:

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

Prefix: Mr. | First Name: Allen

Middle Name Joseph

Last Name Moy

Suffix:

Email: allenmoy@pcfma.com

Phone Number (give area code) 925-825-9090

Fax Number (give area code) 925-825-9101

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 68-0079922

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)

O. Not for profit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769

TITLE (Name of Program): Rural Business Enterprise Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

California Small Farm Conference Outreach Project

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

CA: Amador,Calaveras,El Dorado,Placer,Sacramento,San Joaquin,Sutter,Yolo

13. PROPOSED PROJECT

Start Date: May 1, 2008 | Ending Date: April 30, 2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 01 | b. Project 01, 02, 03, 04, 05

15. ESTIMATED FUNDING:

a. Federal	$ 91,800.00
b. Applicant	$ 6,000.00
c. State	$ .00
d. Local	$ .00
e. Other Fundraising underway	$ 2,500.00
f. Program Income	$ 21,000.00
g. TOTAL	$ 121,300.00

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: April 10, 2008

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix Mr. | First Name Allen | Middle Name Joseph

Last Name Moy | Suffix

b. Title President | c. Telephone Number (give area code) 925-825-9090

d. Signature of Authorized Representative | e. Date Signed 04/10/2008

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED March 6, 2008	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: City of Atwater

Organizational DUNS: 090845512

Address:
Street: 750 Bellevue Rd.
City: Atwater
County: Merced County
State: California
Zip Code: 95301
Country: United States of America

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Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Scott
Middle Name
Last Name: McBride
Suffix:
Email: smcbride@atwater.org
Phone Number (give area code): (209) 357-6300
Fax Number (give area code): (209) 723-4450

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6002854

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)
C. Municipal
Other (specify)

9. NAME OF FEDERAL AGENCY:
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302
TITLE (Name of Program): Economic Adjustment

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
"Planning Grant to Facilitate with the Development of Industrial Business Parks that Focus on Generating and Enhancing Technology Based Innovation and Commerce in the Central Valley Region."

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Cities of Atwater, Gustine, and Merced, Merced County

13. PROPOSED PROJECT
Start Date: June 2008
Ending Date: June 2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 18th District
b. Project: 18th District

15. ESTIMATED FUNDING:

a. Federal	$ 177,800.00
b. Applicant	$ 13,250.00
c. State	$ .00
d. Local	$ 26,500.00
e. Other	$ 78,913.00
f. Program Income	$ .00
g. TOTAL	$ 296,463.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE:
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix
First Name: Stan
Middle Name
Last Name: Feathers
Suffix
b. Title: Assistant City Manager
c. Telephone Number (give area code): (209) 357-6300
d. Signature of Authorized Representative
e. Date Signed: March 20, 2008

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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**

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

5. APPLICANT INFORMATION

Legal Name: Community Action Agency of San Mateo County, Inc.

Organizational DUNS: 09-343-6137

Address:

Street: 930 Brittan Avenue

City: San Carlos

County: San Mateo

State: CA

Zip Code: 94070

Country: USA

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Organizational Unit:

Department:

Division:

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

Prefix: Mr. First Name: William

Middle Name: Francis

Last Name: Parker

Suffix:

Email: wparker@baprc.com

Phone Number (give area code): 650-595-1342

Fax Number (give area code): 650-595-5376

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 94-2475728

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)

O - Not for Profit Organization

Other (specify) Community Action Agency

9. NAME OF FEDERAL AGENCY: USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-443

TITLE (Name of Program): Rural Housing - Housing Preservation Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Renovation project for low-income homeowners in the rural Coastside areas of San Mateo County.

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

Coastside, San Mateo County

13. PROPOSED PROJECT

Start Date: 10-01-06

Ending Date: 09-30-07

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 12, 14

b. Project: 12, 14

15. ESTIMATED FUNDING:

a. Federal	$ 100,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 100,000.00
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: 4/11/08

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mr. First Name: William Middle Name: Francis

Last Name: Parker Suffix:

b. Title: Executive Director c. Telephone Number (give area code): 650-595-1342

d. Signature of Authorized Representative e. Date Signed: 4/11/08

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Karuk Community Loan Fund, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-2091947	180443876

d. Address:

* Street1: 64101 Second Avenue
Street2: P O Box 1148
* City: Happy Camp
County: Siskiyou
* State: 0
Province:
* Country: U.S.A.
* Zip / Postal Code: 96039

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Mr * First Name: Eddie
Middle Name:
* Last Name: Davenport
Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 530-493-2558 Fax Number: 530-493-5378

* Email: edavenport@karuk.us

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

California Non-Profit Corporation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FY-2008

* Title:

USDA Rural Development Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

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

Siskiyou and Humboldt Counties, CA

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

Klamath River Microenterprise Assistance Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant 2 * b. Program/Project 2

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

Add Attachment

17. Proposed Project:

* a. Start Date: 9-1-08 * b. End Date: 9-1-09

18. Estimated Funding ($):

* a. Federal	$99,000
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	$99,000

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 4/9/2008 .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☑ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☑ **- ** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Eddie

Middle Name:

* Last Name: Davenport

Suffix:

* Title: Executive Director

* Telephone Number: 530-493-2558 Fax Number: 530-493-5378

* Email: edavenport@karuk.us

* Signature of Authorized Representative: * Date Signed: 4/9/08

COPY

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Pre-application ☐ 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: City of San Joaquin	**Organizational Unit:** Department: Public Body
Organizational DUNS: 00494076	Division:
Address: Street: 21900 Colorado Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. First Name: Brenda
City: San Joaquin, CA	Middle Name: L.
County: Fresno	Last Name: Carter
State: CA Zip Code: 93660	Suffix:
Country:	Email: brendacarter@cityofsanjoaquin.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000418	Phone Number (give area code): (559) 693-4311 x 15 Fax Number (give area code): 559-693-2192
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) C; Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769; TITLE (Name of Program): Rural Business Enterprise Grant	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** City of San Joaquin Workforce Development
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: San Joaquin	
13. PROPOSED PROJECT Start Date: Ending Date:	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 20 Costa b. Project 20 Costa

15. ESTIMATED FUNDING:

a. Federal	$ 99,908.00
b. Applicant	$ 25,000
c. State	$
d. Local	$
e. Other	$ 25,000
f. Program Income	$ 00
g. TOTAL	$ $149,908.00

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

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

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Ms.	First Name: Cruz	Middle Name: W
Last Name: Ramos		Suffix:
b. Title: City Manager		c. Telephone Number (give area code): 559-693-4311 ext. 18
d. Signature of Authorized Representative		e. Date Signed: 4/10/08

RECEIVED APR 15 2008 STATE CLEARING HOUSE

RECEIVED APR 14 2008 STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[x] Preapplication	[x] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

RECEIVED
APR 15 2008
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Madera Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
not yet received	not yet received

d. Address:

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Canyon
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name:	Division Name:
California Limited Partnership	

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

Prefix:
* First Name: Margo
Middle Name: E.
* Last Name: Swedberg
Suffix:

Title: Owner / Consultant

Organizational Affiliation:
Gar-Mar Associates

* Telephone Number: 530/823-9250 Fax Number: 530/823-2169

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans and Grants / Section 514/516

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Madera, Madera County, California

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

Arborpoint Apartments - a 65-unit multi-family apartment complex; 16/2-bdrm units, 33/3-bdrm units, and 15/4-bdrm units - to be located on the southwest corner of Clark Street and Owens Street in Madera, Madera County, California (for additional description, see Item II.B. of PreApplication).

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant ID-001 * b. Program/Project CA-019

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

Add Attachment

17. Proposed Project:

* a. Start Date: 02/01/09 * b. End Date: 02/01/10

18. Estimated Funding ($):

* a. Federal	$ 3,000,000	USDA-FLH 514 Loan
* b. Applicant	$ 818,642	5% Equity Contribution
* c. State	$ 9,181,703	Fed. & State Tax Credits
* d. Local	$ 2,700,000	City of Madera RDA Funds
* e. Other	$ 272,500	Deferred Developer's Fee
* f. Program Income	$ 400,000	Permanent Loan
* g. TOTAL	$ 16,372,845	Total Development Cost

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/11/08

[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.

[ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

[ ] Yes [x] No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

[x] **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext. 3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

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

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Not Applicable

Signature: Margo E. Swedberg

Name: Margo E. Swedberg, Owner

Title: Gar-Mar Associates - Consultant

Date: April 11, 2008