

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1-15, 2009**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application: *If Revision, select appropriate letter(s): <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: 03/16/2009	4. Applicant Identifier: CA01924	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            APR 01 2009  <b>STATE CLEARING HOUSE</b> </div>
5a. Federal Entry Identifier:	*5b. Federal Award Identifier:	
<b>State Use Only</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: <u>Gardena, City of</u>		
*b. Employer/Supplier Identification Number (EIN/TIN): 956000/L1		*c. Organizational DUNS: 8688357245
<b>d. Address:</b>		
*Street 1:	<u>1700 W. 162nd Street</u>	
Street 2:	_____	
*City:	<u>Gardena</u>	
County:	_____	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code:	<u>90247</u>	
<b>e. Organizational Unit:</b>		
Department Name:	<u>Police</u>	Division Name: _____
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____	*First Name: <u>Gail</u>	
Middle Name: _____	_____	
*Last Name: <u>Haca</u>	_____	
Suffix: _____	_____	
Title:	<u>Administrative Services Manager</u>	
Organizational Affiliation: _____		
*Telephone Number:	<u>310-217-9605</u>	Fax Number: <u>310-217-9638</u>
*Email:	<u>GHaca@GardenaPD.org</u>	

Application for Federal Assistance SF-424

Version 02

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

City

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

\*10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership & Community Policing Grants

\*12 Funding Opportunity Number:

COPS-CHRP-1009-1

\*Title:

CHRP

13. Competition Identification Number:

Title:

COPS Hiring Recovery Program

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

City of Gardena

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

Gardena Police Officer Acquisition

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant: 15

\*b. Program/Project: 35

## 17. Proposed Project:

\*a. Start Date: 07/01/2009

\*b. End Date: 06/30/2012

## 18. Estimated Funding (\$):

*a. Federal	2,353,344
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	2,353,344

## \*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 3/31/09
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

\*\* I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be found at the end of the application.

## Authorized Representative:

Prefix: \_\_\_\_\_

\*First Name: MitchellMiddle Name: G.\*Last Name: Jansdell

Suffix: \_\_\_\_\_

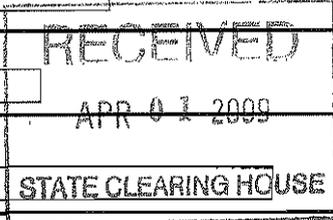
\*Title: City Manager\*Telephone Number: 310-217-9505Fax Number: 310-217-9694

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
--	--	--

* 3. Date Received: Completed by Grants.gov upon submission.	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: City of San Buenaventura

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-6000807</u>	* c. Organizational DUNS: <u>0399747610000</u>
--	---

d. Address:

* Street1:	<u>501 Poli Street</u>
Street2:	<u>P O Box 99</u>
* City:	<u>Ventura</u>
County:	<u>Ventura</u>
* State:	<u>CA: California</u>
Province:	_____
* Country:	<u>USA: UNITED STATES</u>
* Zip / Postal Code:	<u>93001</u>

e. Organizational Unit:

Department Name: <u>Public Works</u>	Division Name: <u>Engineering and Operations</u>
---	---

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

Prefix: _____	* First Name: <u>Rick</u>
Middle Name: _____	
* Last Name: <u>Raives</u>	
Suffix: _____	
Title: <u>Assistant Public Works Director/City Engineer</u>	

Organizational Affiliation:  
\_\_\_\_\_

* Telephone Number: <u>805-654-7870</u>	Fax Number: <u>805-641-2775</u>
---	---------------------------------

\* Email: rraives@cityofventura.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:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-MCPC-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

City of Ventura; Ventura River Watershed

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

Recovery Act - Surfers Point Managed Shoreline Retreat Project in Ventura, CA

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: CA-23 \* b. Program/Project: CA-23

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

**17. Proposed Project:**  
\* a. Start Date: 03/03/2009 \* b. End Date: 04/25/2010

**18. Estimated Funding (\$):**

* a. Federal	5,000,000.00
* b. Applicant	647,079.00
* c. State	1,993,000.00
* d. Local	240,000.00
* e. Other	3,400,600.00
* f. Program Income	0.00
* g. TOTAL	11,280,679.00

**\* 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 03/31/2009.  
 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: Barbara  
 Middle Name:   
 \* Last Name: Valdez  
 Suffix:

\* Title: Management Technician  
 \* Telephone Number: 805-658-4790 Fax Number: 805-641-2775  
 \* Email: bvaldez@cityofventura.net  
 \* 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

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 4-1-2009	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<b>5. APPLICANT INFORMATION</b> Legal Name: Central Sierra Resource Conservation & Development, Inc		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
Organizational DUNS: 136584179		<b>Organizational Unit</b> Department:	
Address: Street: 235D New York Ranch Road		Division:	
City: Jackson		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
County: Amador		Prefix: Ms	First Name: Valerie
State: CA		Middle Name	
Zip Code 95642		Last Name Klinefeller	
Country: USA		Suffix:	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 42-1586576		Email: 'vk95669@hotmail.com'	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) (209) 245-3168	Fax Number (give area code) (209) 257-0910
Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - Not for Profit Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program):		<b>9. NAME OF FEDERAL AGENCY:</b> Rural Development	
Counties of Alpine, Amador, Calaveras, Mono (north half), and Tuolumne		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Job Training and Workforce Development Program	
<b>13. PROPOSED PROJECT</b> Start Date: 6/1/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3	
Ending Date: 5/31/2010		b. Project 3	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 98,012.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/31/2009	
b. Applicant	\$ 1,350.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 4,200.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ .00		
e. Other	\$ 5,850.00		
f. Program Income	\$ .00		
g. TOTAL	\$ 109,412.00		
<b>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.</b>			
a. Authorized Representative			
Prefix Ms	First Name Valerie	Middle Name	
Last Name Klinefeller		Suffix	
b. Title CSRC&D Chairperson		c. Telephone Number (give area code) (209) 257-1851 x100	
d. Signature of Authorized Representative 		e. Date Signed 3/31/2009	

**RECEIVED**  
**APR 01 2009**  
**STATE CLEARING HOUSE**

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

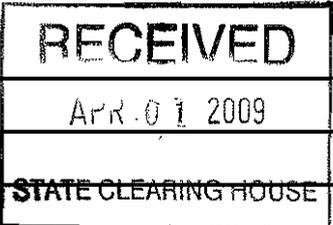
\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:



**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Rural Community Assistance Corporation

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
942512284

\*c. Organizational DUNS:  
093587368

**d. Address:**

\*Street 1: 3120 Freeboard Drive, Suite 201  
Street 2: \_\_\_\_\_  
\*City: West Sacramento  
County: Yolo  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: USA - United States  
\*Zip / Postal Code 95691

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Ms. \*First Name: Eileen  
Middle Name: \_\_\_\_\_  
\*Last Name: Piekarz  
Suffix: \_\_\_\_\_

Title: Rural Development Specialist Housing

Organizational Affiliation:

\*Telephone Number: 775/323-8882

Fax Number: 775/323-8886

\*Email: epiekarz@rcac.org

**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:**

10.769 \_\_\_\_\_

CFDA Title:

Rural Business Opportunity Grant \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

**Utah**

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

TA for Goshute Reservavtion

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-01

\*b. Program/Project: UT-03

**17. Proposed Project:**

\*a. Start Date: 7/1/2009

\*b. End Date: 6/30/2009

**18. Estimated Funding (\$):**

*a. Federal	_____	24,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	24,000

**\*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 \_\_\_\_\_
- 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: Stanley \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: Keasling \_\_\_\_\_

Suffix: \_\_\_\_\_

\*Title: Chief Executive Officer

\*Telephone Number: 916/447-2854

Fax Number: 916/447-2878

\* Email: skeasling@rcac.org

\*Signature of Authorized Representative:

\*Date Signed: 3/29/2009

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

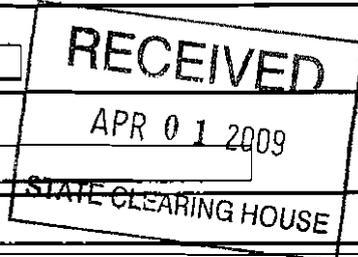
**\* If Revision, select appropriate letter(s):**

**\* Other (Specify)**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**



**5a. Federal Entity Identifier:**

**\* 5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

California Department of Parks and Recreation

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

bmerr73162171

**\* c. Organizational DUNS:**

172070807

**d. Address:**

**\* Street1:**

PO Box 2006

**Street2:**

**\* City:**

Eureka

**County:**

Humboldt

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95502-2006

**e. Organizational Unit:**

**Department Name:**

CA Dept. of Parks & Recreation

**Division Name:**

North Coast Redwoods District

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

**Prefix:**

Mr.

**\* First Name:**

Brian

**Middle Name:**

R.

**\* Last Name:**

Merrill

**Suffix:**

**Title:**

Senior Engineering Geologist CBG#2285

**Organizational Affiliation:**

Roads Trails and Resources Section Manager

**\* Telephone Number:**

707 445-5344

**Fax Number:**

707 441-5737

**\* Email:**

bmerr@parks.ca.gov

**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:**

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

Del Norte County, CA

**\* 16. Descriptive Title of Applicant's Project:**

Recovery Act Mill Creek Watershed Restoration Project

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 CA-001

\* b. Program/Project CA-001

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

\* a. Start Date: 06/15/2009

\* b. End Date: 12/31/2010

18. Estimated Funding (\$):

* a. Federal	5,323,221.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	5,323,221.00

\* 18. 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 04/01/2009
- 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: Brian  
Middle Name: R.  
\* Last Name: Merrill  
Suffix:

\* Title: Senior Engineering Geologist CEG#2285

\* Telephone Number: 707 445-5344 Fax Number: 707 441-5737

\* Email: bmerr@parks.ca.gov

\* 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

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

2. Type of Application:

- New  
 Continuation  
 Revision

If Revision, select appropriate letter(s)

Other (Specify)  
\_\_\_\_\_

3. Date Received :

3/16/2009

4. Applicant Identifier:

CA02719

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

## State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED

APR 01 2009

STATE CLEARING HOUSE

## 8. APPLICANT INFORMATION:

a. Legal Name: California State University Monterey Bay

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

946001347

c. Organizational DUNS:

835875840

## d. Address:

Street 1: 2081 Intergarrison Road #F

Street 2:

City: Seaside

County:

State: CA

Province:

Country:

Zip / Postal Code: 93955

## e. Organizational Unit:

Department Name:

University Police Department

Division Name:

Administration and Finance

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

Prefix: Chief

First Name: Fred

Middle Name:

Last Name: Hardee

Suffix: Jr.

Title: Chief of Police

Organizational Affiliation: California State University Monterey Bay

Telephone Number: 8315823360

Fax Number:

8315823364

Email: fred\_hardee@csumb.edu

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

California State University Monterey Bay

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

Enhance Police Services/Protection for CSUMB

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 17

b. Program/Project: 17

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

## 18. Estimated Funding (\$):

a. Federal 840084

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 0

## 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 3/26/2009
- 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 21B, Section 1001)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: First Name: Dianne

Middle Name:

Last Name: Harrison

Suffix:

Title: President

Telephone Number: 8315823532

Fax Number:

Email: dianne\_harrison@csumb.edu

Signature (Typed Name) of Authorized Representative: Dianne Harrison

Date Signed: 3/26/2009

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 3-24-2009	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: Let's Live Local

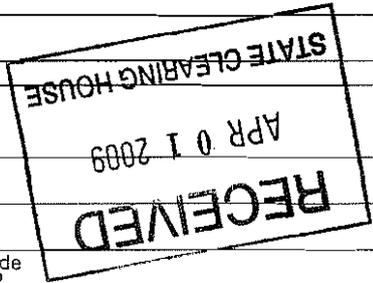
Organizational DUNS: 829435630

Address: 2624 Teakwood Court  
City: Pine Mountain Club  
County: Kern  
State: California Zip Code: 93222  
Country: USA

Organizational Unit: Department: Division: Middle Name: Anne

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

Last Name: Edwards  
Suffix: PhD  
Email: sedwards@frazmtn.com



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
26-3827059

Phone Number (give area code): (661) 242-2624  
Fax Number (give area code): (661) 242-1492

**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  
Other (specify):

**9. NAME OF FEDERAL AGENCY:**

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
TITLE (Name of Program): 10-769

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Technical assistance for rural economic development

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Pine Mountain Club and adjacent

**13. PROPOSED PROJECT**  
Start Date: July 1, 2009 Ending Date: June 30, 2010

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 20th b. Project 20th

**15. ESTIMATED FUNDING:**

a. Federal	\$	49,250 <sup>00</sup>
b. Applicant	\$	36,338 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	85,588 <sup>00</sup>

**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: Last Name: Edwards  
First Name: Sarah  
Middle Name: Anne  
Suffix: PhD

b. Title: Director  
c. Telephone Number (give area code): (661) 242-2624

d. Signature of Authorized Representative:   
e. Date Signed: March 24, 2009

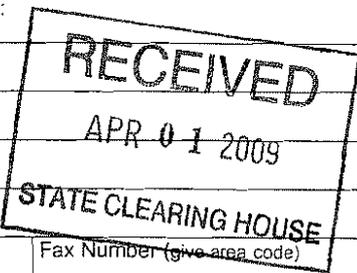
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 3/29/09	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

Legal Name: City of Firebaugh	<b>Organizational Unit:</b> Department: Cit Manager Office
Organizational DUNS: 00490441-0000	Division:
<b>Address:</b> Street: 1575 11th Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr.
City: Firebaugh	First Name: Jose
County: Fresno	Middle Name: Antonio
State: CA	Last Name: Ramirez
Zip Code: 93622	Suffix:
Country: US	Email: citymanager@ci.firebaugh.ca.us



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
9-6000333

Phone Number (give area code): (559) 659-2043  
Fax Number (give area code): (559) 659-3412

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

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 Municipal  
 Other (specify)

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
10-773

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
"Firebaugh Technology and Learning Center"  
Provides assistance to local and prospective businesses

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

**13. PROPOSED PROJECT**  
Start Date: 7/01/09    Ending Date: 6/30/10

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant: CA 20    b. Project: CA 20

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/29/09 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 50,000 <sup>00</sup>	
b. Applicant	\$ 4,200 <sup>00</sup>	
c. State	\$ 0 <sup>00</sup>	
d. Local	\$ 0 <sup>00</sup>	
e. Other	\$ 50,700 <sup>00</sup>	
f. Program Income	\$ 0 <sup>00</sup>	
g. TOTAL	\$ 104,900 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

**a. Authorized Representative**

Prefix Mr	First Name Jose	Middle Name Antonio
Last Name Ramirez		Suffix
b. Title City Manager		c. Telephone Number (give area code) (559) 659-2043
d. Signature of Authorized Representative <i>Jose A. Ramirez</i>		e. Date Signed 3/29/09

Application for Federal Assistance SF-424

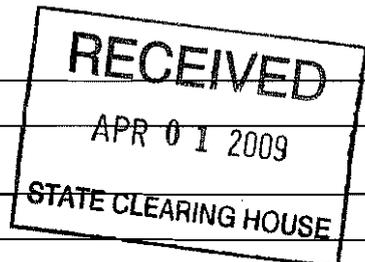
Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/24/2009	CA01962

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------

<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:



<b>8. APPLICANT INFORMATION:</b>	
a. Legal Name: San Gabriel Police Department	

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
956000778	796962173

<b>d. Address:</b>	
Street 1:	625 S. Del Mar Ave.
Street 2:	
City:	San Gabriel
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	91776

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
San Gabriel Police Department	Administrative Services

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:			
First Name:	Andrew		
Middle Name:			
Last Name:	Borrello		
Suffix:			
Title:	Lieutenant		
Organizational Affiliation:			
Telephone Number:	6263082844	Fax Number:	6265762354
Email:	ab042@sgpd.com		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of San Gabriel

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

CHRP Application

**16. Congressional Districts Of:**

a. Applicant: 29

b. Program/Project: CHRP

**17. Proposed Project:**

a. Start Date: 9/1/2009

b. End Date: 8/31/2012

**18. Estimated Funding (\$):**

a. Federal	738980
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	738980

**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 3/25/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Andrew

Middle Name:

Last Name: Borrello

Suffix:

Title: Lieutenant

Telephone Number: 6263082844 Fax Number: 6265762354

Email: ab042@sgpd.com

Signature (Typed Name) of Authorized Representative: Andrew J. Borrello Date Signed: 3/24/2009

**Application for Federal Assistance**

1. Type of Submission Application	2. Date Submitted <b>27-Mar-09</b>	Applicant Identifier
Application <input checked="" type="checkbox"/> Constuction <input checked="" type="checkbox"/> Non-Constuction	3. Date received State	State Application Identifier
Preapplication <input type="checkbox"/> Constuction <input type="checkbox"/> Non-Constuction	4. Date received by Federal Agency:	Federal Identifier

5. Applicant Information

6. Legal Name: **Peninsula Corridor Joint Powers Board**

Address (give city, county, state, and zip)  
**1250 San Carlos Avenue  
San Carlos, San Mateo County, CA 94070**

Name and telephone of contact person (give area code)  
**Joel Slavit, (650) 508-6476**

6. Employer Identification Number (EIN):  
**9 4 3152903**

7. Type of Applicant (enter appropriate letter in box)  **G**

8. Type of Application

new  continuation  Revision

If revision, enter appropriate letter(s) in boxes:

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

A. State H. Independent School Dst.  
B. County I. State Controlled Institution of higher learning.  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Profit Insitution  
F. Intermural M. Other: MPO  
G. Special District

10. Catalog of federal domestic assistance number: **20.500**  
**Section 5309 Capital Program**

9. Name of federal Agency:  
**Federal Transit Administration**

12. Areas affected by project:  
**San Francisco, San Mateo and Santa Clara Counties**

11. Descriptive title of applicant project:  
**CA-56-0006  
FY 2009 ARRA Capital Improvement  
Track & Infrastructure Improvements**

13. Proposed Project  
Start Date: **7/1/2009** End Date: **12/31/2010**

RECEIVED

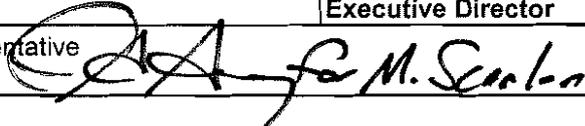
APR 01 2009

STATE CLEARING HOUSE

15. Estimated Funding	14. Congressional Districts of:
a. Federal <b>\$1,131,452</b>	a. Applicant <b>8, 12, 13, 14, 15 &amp; 16</b>
b. Applicant	B. Project <b>8, 12, 13, 14, 15 &amp; 16</b>
c. State	
d. Local	
f. Program Income	16. Is application subject to review by state executive 12372 process? <b>Yes</b>
e. Other	a. Yes this preapplication/application was made available to the state executive order 12372 process review on Date: <b>3-Apr-09</b>
g. TOTAL <b>\$1,131,452</b>	b. No <input type="checkbox"/> Program is not covered by E.) 12372 or <input type="checkbox"/> or program has notbeen selected by state for review

17. Is the applicant delinquent on any federal debt?  
 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 assistance is awarded.

a. Typed Name of Authorized Representative <b>Michael J. Scanlon</b>	b. Title <b>Executive Director</b>	c. Telephone Number: <b>(650) 508-6221</b>
d. Signature of Authorized representative 	e. Date Signed <b>3-30-09</b>	

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name: TRUCKEE TAHOE AIRPORT DISTRICT

Organizational DUNS: 006492235

Address: 10356 TRUCKEE AIRPORT ROAD

City: TRUCKEE

County: NEVADA

State: CALIFORNIA Zip Code: 96161

Country: USA

Organizational Unit: TRUCKEE TAHOE AIRPORT

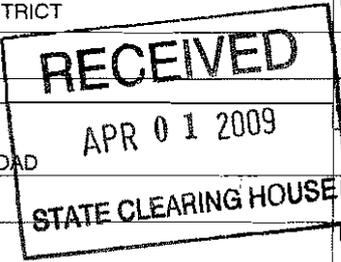
Division: TRUCKEE TAHOE AIRPORT

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

Prefix: First Name: DAVID

Middle Name: Last Name: GOTSCHALL

Suffix: Email: manager@truckeetahoeairport.com



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

94-1563328

Phone Number (give area code): 530-587-4540

Fax Number (give area code): 530-587-2984

**8. TYPE OF APPLICATION:**

New  Continuation  Revision

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

Other (specify)

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

G. SPECIAL DISTRICT

Other (specify)

**9. NAME OF FEDERAL AGENCY:** 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:** RUNWAY 28 TOUCHDOWN RECONSTRUCTION

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):** TRUCKEE, NEVADA COUNTY, PLACER COUNTY, CALIFORNIA

**13. PROPOSED PROJECT**

Start Date: JULY 2009 Ending Date: JANUARY 2010

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant 14th b. Project 14th

**15. ESTIMATED FUNDING:**

a. Federal	\$ 2,432,000	<del>3,200,000</del>
b. Applicant	\$ 0	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$ 2,432,000	<del>3,200,000</del>

**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 30, 2009

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: WILLIAM Middle Name:

Last Name: QUESNEL Suffix:

b. Title: PRESIDENT

c. Telephone Number (give area code): 530-587-4540

d. Signature of Authorized Representative:

e. Date Signed: 3-26-09

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/16/2009	CA03325
5a. Federal Entity Identifier:	5a. Federal Award Identifier:



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Cathedral City		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
953674780	614150373	

<b>d. Address:</b>	
Street 1:	68700 Avenida Lalo Guerrero
Street 2:	
City:	Cathedral City
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	92234

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
Cathedral City Police Department	Operations

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	Mr.		
First Name:	Charles		
Middle Name:	E.		
Last Name:	Robinson		
Suffix:			
Title:	Lieutenant		
Organizational Affiliation:			
Telephone Number:	7607700394	Fax Number:	7602021469
Email:	crobinson@cathedralcity.gov		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Cathedral City, Riverside County, California

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

COPS Police Officer Hiring Program

**16. Congressional Districts Of:**

a. Applicant: 45th

b. Program/Project: 45th

**17. Proposed Project:**

a. Start Date: 4/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 1960322

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1960322

**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 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).**Authorized Representative:**

Prefix: Mr.

First Name: Charles

Middle Name: E.

Last Name: Robinson

Suffix:

Title: Lieutenant

Telephone Number: 7607700394

Fax Number: 7602021469

Email: [crobinson@cathedralcity.gov](mailto:crobinson@cathedralcity.gov)

Signature (Typed Name) of Authorized Representative: Charles E. Robinson

Date Signed: 3/16/2009

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name: City of Yreka	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;"><b>RECEIVED</b></p> <p style="font-size: 18px; margin: 0;">APR 02 2009</p> <p style="font-size: 18px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department: Wastewater
Organizational DUNS: 08-700-5435		Division: Public Works
Address: Street: 701 4th Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Steven
City: Yreka		Middle Name D.
County: Siskiyou		Last Name Neill
State: CA Zip Code 96097	Suffix: P.E.	
Country: USA	Email: steve@ci.yreka.ca.us	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001437	Phone Number (give area code) (530) 841-2386	Fax Number (give area code) (530) 842-4836
--	---	---

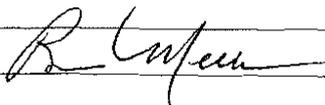
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Wastewater Loan and Grant	9. NAME OF FEDERAL AGENCY: USDA, Rural Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Yreka, Siskiyou County, CA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater System Improvements

13. PROPOSED PROJECT Start Date: May 2009 Ending Date: December 2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 - Wally Herger b. Project District 2 - Wally Herger
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 3,720,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0	
g. TOTAL \$ 3,720,000	

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 Brian Middle Name
Last Name Meek Suffix
b. Title City Manager c. Telephone Number (give area code) (530) 841-2386
d. Signature of Authorized Representative  e. Date Signed 3-6-07

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

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

\_\_\_\_\_

**\* Other (Specify)**

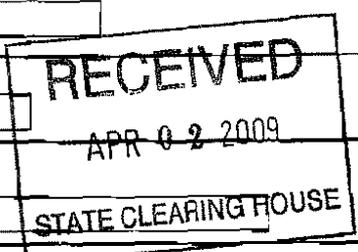
\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**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:**

County of Santa Cruz Parks Department

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

94-6000534

**\* c. Organizational DUNS:**

001434013

**d. Address:**

**\* Street1:**

979 17th Ave.

**Street2:**

\_\_\_\_\_

**\* City:**

Santa Cruz, CA

**County:**

Santa Cruz

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95062

**e. Organizational Unit:**

**Department Name:**

Parks

**Division Name:**

Planning

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

**Prefix:**

Mrs.

**\* First Name:**

Cristina

**Middle Name:**

Louise

**\* Last Name:**

James

**Suffix:**

\_\_\_\_\_

**Title:**

Park Planner

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

831-454-7963

**Fax Number:**

831-454-7940

**\* Email:**

prc033@scparks.com

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:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

CFDA Title:

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

Title:

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

Santa Cruz County, California

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

Recovery Act---Freedom Lake Hyacinth Removal and Prevention Project

Attach supporting documents as specified in agency instructions.



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

**Application for Federal Assistance SF-424** Version 02

---

**16. Congressional Districts Of:**

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

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

---

**17. Proposed Project:**

\* a. Start Date:  \* b. End Date:

---

**18. Estimated Funding (\$):**

* a. Federal	675,000.00
* b. Applicant	80,000.00
* c. State	169,000.00
* d. Local	39,532.00
* e. Other	25,000.00
* f. Program Income	0.00
* g. TOTAL	988,532.00

---

**\* 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

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 1601)**

\*\* 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:

Middle Name:

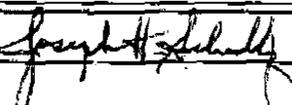
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

**Version 02**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify)**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**\* 5b. Federal Award Identifier:**

**RECEIVED**

APR 02 2009

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Sotoyome Conservation District

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

952869255

**\* c. Organizational DUNS:**

170143106

**d. Address:**

**\* Street1:**

2150 West College Avenue

**Street2:**

**\* City:**

Santa Rosa

**County:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95401

**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:**

Trisha

**Middle Name:**

**\* Last Name:**

Meisler

**Suffix:**

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**

707-569-1448 x103

**Fax Number:**

707-569-0434

**\* Email:**

tmeisler@sotoyomercd.org

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02	
<b>9. Type of Applicant 1: Select Applicant Type:</b> D: Special District Government		
Type of Applicant 2: Select Applicant Type: 		
Type of Applicant 3: Select Applicant Type: 		
* Other (specify): 		
<b>* 10. Name of Federal Agency:</b> National Oceanic and Atmospheric Administration		
<b>11. Catalog of Federal Domestic Assistance Number:</b> 11.463		
CFDA Title: Habitat Conservation		
<b>* 12. Funding Opportunity Number:</b> NOAA-NMFS-HCPO-2009-2001709		
* Title: Coastal and Marine Habitat Restoration Project Grants - Recovery Act		
<b>13. Competition Identification Number:</b> 2141924		
Title: 		
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> California, Sonoma County, Russian River Watershed		
<b>* 15. Descriptive Title of Applicant's Project:</b> Recovery Act-Russian River Watershed Salmonid Habitat Restoration Projects		
Attach supporting documents as specified in agency instructions.		
<a href="#">Add Attachments</a>	<a href="#">Delete Attachments</a>	<a href="#">View Attachments</a>

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,182,902.00"/>
* b. Applicant	<input type="text" value="11,500.00"/>
* c. State	<input type="text" value="245,763.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="162,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,602,165.00"/>

\* 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
- 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:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Federal Application for Compliance with E.O. 12372

Sent 4/2/09

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify):  <input type="text"/> </p>		
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission.       </p>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>APR 02 2009</p> <p><b>STATE CLEARING HOUSE</b></p> </div>
<p>4. Applicant Identifier:  <input type="text"/> </p>		
<p>5a. Federal Entity Identifier:  <input type="text"/> </p>		<p>* 5b. Federal Award Identifier:  <input type="text"/> </p>
<b>State Use Only:</b>		
<p>6. Date Received by State: <input type="text" value="04/01/2009"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<b>8. APPLICANT INFORMATION:</b>		
<p>* a. Legal Name: <input type="text" value="California State Coastal Conservancy"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text" value="94-1169468"/> </p>		<p>* c. Organizational DUNS:  <input type="text" value="808322408"/> </p>
<b>d. Address:</b>		
<p>* Street1: <input type="text" value="1330 Broadway, 13th Floor"/></p> <p>Street2: <input type="text"/></p> <p>* City: <input type="text" value="Oakland"/></p> <p>County: <input type="text" value="Alameda"/></p> <p>* State: <input type="text" value="CA: California"/></p> <p>Province: <input type="text"/></p> <p>* Country: <input type="text" value="USA: UNITED STATES"/></p> <p>* Zip / Postal Code: <input type="text" value="94612-2530"/></p>		
<b>e. Organizational Unit:</b>		
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<p>Prefix: <input type="text" value="Ms."/> * First Name: <input type="text" value="Megan"/></p> <p>Middle Name: <input type="text" value="Rebecca"/></p> <p>* Last Name: <input type="text" value="Johnson"/></p> <p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text" value="Project Manager"/></p>		
<p>Organizational Affiliation:  <input type="text" value="California State Coastal Conservancy"/> </p>		
<p>* Telephone Number: <input type="text" value="619-645-3167"/></p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text" value="mjohnson@scc.ca.gov"/></p>		

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:**

1: State Government

Type of Applicant 2: Select Applicant Type

Type of Applicant 3: Select Applicant Type

\* Other (specify):

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

CFDA Title

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

Title:

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

Cities of Chula Vista and Imperial Beach, San Diego County, California

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

Recovery Act- South San Diego Bay Restoration Project.

Attach supporting documents as specified in agency instructions

Add Attachments

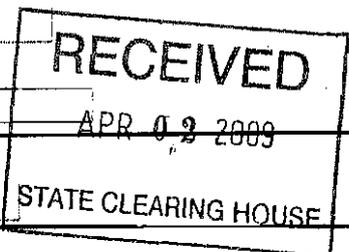
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	9	* b. Program/Project
		51, 53
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	05/01/2009	* b. End Date:
		04/01/2011
<b>18. Estimated Funding (\$):</b>		
* a. Federal	3,786,932.00	
* b. Applicant	1,300,000.00	
* c. State	200,000.00	
* d. Local	1,342,000.00	
* e. Other	2,225,000.00	
* f. Program Income	0.00	
* g. TOTAL	8,753,932.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">04/02/2009</span>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="button" value="Explain"/>		
<b>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 28, Section 1001)</b>		
<input checked="" type="checkbox"/> <sup>13</sup> I AGREE		
<small>** 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.</small>		
<b>Authorized Representative:</b>		
Prefix:	Mrs.	* First Name:
		Nadine
Middle Name:		
* Last Name:	Hitchcock	
Suffix:		
* Title:	Deputy Executive Officer	
* Telephone Number:	510-286-4176	Fax Number:
* Email:	nhitchcock@aco.ca.gov	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:
		Completed by Grants.gov upon submission.

FAX: 91... 323-3518

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="checkbox"/> Other (Specify) _____</p>		
<p>* 3. Date Received: _____</p>		
<p>4. Applicant Identifier: <u>CA 04497</u></p>		
<p>Completed by Grants.gov upon submission: _____</p>		
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: _____
<b>State Use Only:</b>		
6. Date Received by State: _____	7. State Application Identifier: _____	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <u>UNIVERSITY OF CALIFORNIA, SANTA CRUZ</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>941 539 563</u>	* c. Organizational DUNS: <u>125 084723</u>	
<b>d. Address:</b>		
* Street 1: <u>1156 HIGH ST.</u>	Street 2: _____	
* City: <u>SANTA CRUZ</u>	County: _____	
* State: <u>CALIFORNIA</u>	Province: _____	
* Country: <u>USA</u>	USA: UNITED STATES	
* Zip / Postal Code: <u>95064</u>	_____	
<b>e. Organizational Unit:</b>		
Department Name: <u>UNIV. OF CALIF SANTA CRUZ P.D.</u>	Division Name: <u>SERVICES</u>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____	* First Name: <u>SUE</u>	
Middle Name: _____	* Last Name: <u>SINCLAIR</u>	
Suffix: _____	Title: <u>CONTRACT &amp; GRANT OFFICER</u>	
Organizational Affiliation: <u>OFFICE OF SPECIAL PROGRAMS</u>		
* Telephone Number: <u>831. 459-3144</u>	Fax Number: _____	
* Email: <u>SKATO@UCSC.EDU</u>	_____	



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:

(H) PUBLIC/STATE CONTROLLED INSTITUTION OF HIGHER EDUCATION

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

NGMS Agency OFFICE OF COMMUNITY ORIENTED POLICING SERVICES

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

PUBLIC SAFETY PARTNERSHIP & COMMUNITY POLICING GRANTS

\* 12. Funding Opportunity Number:

MBL-SF424FAMILY-ALLFORMS COPS-CHRP-2009-1

\* Title: CHRP

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

COPS TRAINING RECOVERY PROGRAM

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

UC SANTA CRUZ CAMPUS & SURROUNDING UNIVERSITY SATELLITE LOCATIONS

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

UC SANTA CRUZ P.O. COMMUNITY POLICING PROJECT WITH CHRP PARTNERSHIP/P.O. PARTNERSHIP W/UC SCRUZ & C.O.P.S.

Attach supporting documents as specified in agency instructions.



\* SEE ATTACHMENT PAGES

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**  
\* a. Applicant CA-017 \* b. Program/Project CA-017

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

**17. Proposed Project:**  
\* a. Start Date: 07/01/2009 \* b. End Date: 06/30/2012

**18. Estimated Funding (\$):**

* a. Federal	<u>\$ 501,076.00</u>
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	<u>\$ 501,076.00</u>

\* **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 4/2/09. FAX 916 \* 323-3018  
 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  Subsequent

**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: MICKEL  
Middle Name: [ ]  
\* Last Name: MALUFFI  
Suffix: [ ]

\* Title: POLICE CHIEF

\* Telephone Number: 831.459-3956 Fax Number: 831.459-3291

\* Email: MALUFFI@UCSC.EDU

\* Signature of Authorized Representative:  \* Date Signed:

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/20/2009	CA05600

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

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APR 02 2009

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

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

a. Legal Name: Ventura County Sheriff's Department	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
956000944	066691122

d. Address:	
Street 1:	800 S. Victoria Avenue
Street 2:	
City:	Ventura
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	93009

e. Organizational Unit:	
Department Name:	Division Name:
Ventura County Sheriff's Department	

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix:	
First Name:	David
Middle Name:	C.
Last Name:	Kenney
Suffix:	
Title:	Administrative Captain
Organizational Affiliation:	Manager
Telephone Number:	8056489275
Fax Number:	8056543500
Email:	david.kenney@ventura.org

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

County of Ventura and Cities of Fillmore, Djai, Camarillo, Moorpark, Thousand Oaks, Ventura, Oxnard, Santa Paula, Port Hueneme and Simi Valley

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

Ventura County Sheriff's Department Deputy Recovery Project

**16. Congressional Districts Of:**

a. Applicant: CA-024

b. Program/Project: CA-024

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 25404224

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 25404224

**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 4/2/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: David

Middle Name:

Last Name: Kenney

Suffix:

Title: Captain

Telephone Number: 8056489275 Fax Number: 8056543500

Email: david.kenney@ventura.org

Signature (Typed Name) of Authorized Representative: David C. Kenney Date Signed: 4/2/2009

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify)  <input type="text"/></p>		
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier:  <input type="text"/></p>
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text"/></p>
<p><b>State Use Only:</b></p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text"/> California State Parks Foundation</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text"/> 94-1707583</p>		<p>* c. Organizational DUNS:  <input type="text"/> 021772892</p>
<p><b>d. Address:</b></p>		
<p>* Street1: <input type="text"/> 50 Francisco Street</p>		
<p>Street2: <input type="text"/> Suite 110</p>		
<p>* City: <input type="text"/> San Francisco</p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 94133</p>		
<p><b>e. Organizational Unit:</b></p>		
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
<p>Prefix: <input type="text"/> Ms. * First Name: <input type="text"/> Alisha</p>		
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text"/> Keller</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> Grants Manager</p>		
<p>Organizational Affiliation:  <input type="text"/></p>		
<p>* Telephone Number: <input type="text"/> 916-442-2119</p>		<p>Fax Number: <input type="text"/> 916-442-2809</p>
<p>* Email: <input type="text"/> alisha@calparks.org</p>		

**RECEIVED**  
 APR 02 2009  
 STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

CFDA Title:

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

Title:

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

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

Recovery Act- Restoring Yosemite Slough Wetlands in Candlestick Point

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

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,555,248.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="9,124,000.00"/>
* d. Local	<input type="text" value="3,333,335.00"/>
* e. Other	<input type="text" value="1,615,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="17,627,583.00"/>

\* 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
- 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:

Middle Name:

\* Last Name:

Suffix:

\* Title:

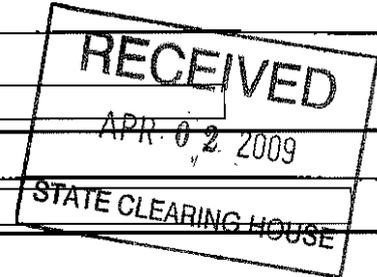
\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

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

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>		
<p>* 3. Date Received:</p> <input type="text"/> <p>Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier:</p> <input type="text"/>
<p>5a. Federal Entity Identifier:</p> <input type="text"/>		<p>* 5b. Federal Award Identifier:</p> <input type="text"/>
<p>State Use Only:</p>		
<p>6. Date Received by State:</p> <input type="text"/>		<p>7. State Application Identifier:</p> <input type="text"/>
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text" value="The Trust for Public Land"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="23-7222333"/>		<p>* c. Organizational DUNS:</p> <input type="text" value="074656406"/>
<p><b>d. Address:</b></p>		
<p>* Street1: <input type="text" value="116 New Montgomery"/></p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text" value="San Francisco"/></p>		
<p>County: <input type="text" value="San Francisco"/></p>		
<p>* State: <input type="text" value="CA: California"/></p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text" value="USA: UNITED STATES"/></p>		
<p>* Zip / Postal Code: <input type="text" value="94105"/></p>		
<p><b>e. Organizational Unit:</b></p>		
<p>Department Name:</p> <input type="text" value="Southern California Program"/>		<p>Division Name:</p> <input type="text" value="Western Division"/>
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
<p>Prefix: <input type="text" value="Ms."/></p>		<p>* First Name: <input type="text" value="Kathleen"/></p>
<p>Middle Name: <input type="text" value="A."/></p>		
<p>* Last Name: <input type="text" value="Farren"/></p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text" value="Regional Public Grants Manager"/></p>		
<p>Organizational Affiliation:</p> <input type="text" value="Staff/Regional Public Grants Manager"/>		
<p>* Telephone Number: <input type="text" value="(916) 557-1673 ext 15"/></p>		<p>Fax Number: <input type="text" value="(916) 557-1675"/></p>
<p>* Email: <input type="text" value="kathleen.farren@tpl.org"/></p>		



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

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

## 11. Catalog of Federal Domestic Assistance Number:

11.463

## CFDA Title:

Habitat Conservation

## \* 12. Funding Opportunity Number:

NOAA-NMFS-HCPO-2009-2001709

## \* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

## 13. Competition Identification Number:

2141924

## Title:

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

City of Goleta, Santa Barbara County, California; Devereux Watershed

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

Devereux Slough Coastal Restoration and Expansion Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

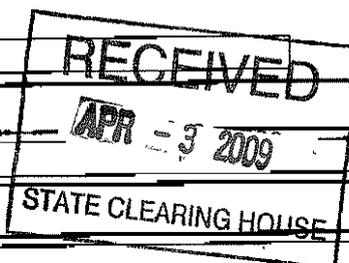
Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	8	* b. Program/Project 23
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	05/01/2009	* b. End Date: 07/31/2011
<b>18. Estimated Funding (\$):</b>		
* a. Federal	19,113,429.00	
* b. Applicant	47,288.00	
* c. State	0.00	
* d. Local	1,000,000.00	
* e. Other	3,767,359.00	
* f. Program Income	0.00	
* g. TOTAL	23,928,076.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	04/03/2009
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Explanation
<p>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 21B, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>		
<b>Authorized Representative:</b>		
Prefix:	Ms.	* First Name: Kathleen
Middle Name:	A.	
* Last Name:	Farren	
Suffix:		
* Title:	Regional Public Grants Manager	
* Telephone Number:	(916) 557-1673 ext. 15	Fax Number: (916) 557-1675
* Email:	kathleon.farren@tpl.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

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
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:      * If Revision, select appropriate letter(s):</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* 3. Date Received:      4. Applicant Identifier:</p> <p>04/02/2009</p>		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
<p>State Use Only:</p> <p>6. Date Received by State:      7. State Application Identifier:</p>		
<p><b>B. APPLICANT INFORMATION:</b></p> <p>* a. Legal Name: The Nature Conservancy</p>		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:
53-0242652		072656630
<p><b>d. Address:</b></p> <p>* Street1: 701A South Mt. Shasta Blvd.</p> <p>Street2:</p> <p>* City: Mt. Shasta</p> <p>County:</p> <p>* State: CA: California</p> <p>Province:</p> <p>* Country: USA: UNITED STATES</p> <p>* Zip / Postal Code: 96067</p>		
<p><b>e. Organizational Unit:</b></p> <p>Department Name: CA Operating Unit      Division Name: Central Valley &amp; Mtns. Region</p>		
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p> <p>Prefix:      * First Name: Amy</p> <p>Middle Name:</p> <p>* Last Name: Hoss</p> <p>Suffix:</p> <p>Title: Project Manager</p> <p>Organizational Affiliation: The Nature Conservancy</p> <p>* Telephone Number: (530) 926-3199      Fax Number: (530) 926-1850</p> <p>* Email: ahoas@tnc.org</p>		



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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCFO-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

Siskiyou County

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

Recovery Act - Restoring Shasta River/Big Springs Creek for Coho Recovery, Siskiyou County, CA

Attach supporting documents as specified in agency instructions.

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

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

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

**17. Proposed Project:**

\* a. Start Date:  \* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	1,720,165.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,720,165.00

**\* 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
- 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:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\_\_\_\_\_

\* Other (Specify)

\_\_\_\_\_

RECEIVED

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

April 3, 2009

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**\* 5b. Federal Award Identifier:**

\_\_\_\_\_

STATE CLEARING HOUSE

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

RECEIVED

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Shingle Springs Band of Miwok Indians

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

68-0165026

\* c. Organizational DUNS:

879073476

STATE CLEARING HOUSE

APR 03 2009

**d. Address:**

\* Street1: P.O. box 1340

Street2: \_\_\_\_\_

\* City: Shingle Springs

County: El Dorado

\* State: California

Province: \_\_\_\_\_

\* Country: United States

\* Zip / Postal Code: 95682

**e. Organizational Unit:**

Department Name: Tribal Government

Division Name: \_\_\_\_\_

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

Prefix: \_\_\_\_\_ \* First Name: Rhonda

Middle Name: \_\_\_\_\_

\* Last Name: Dickerson

Suffix: \_\_\_\_\_

Title: Community Development Officer/Environmental Coordinator

Organizational Affiliation: \_\_\_\_\_

\* Telephone Number: 530-696-1414 Fax Number: 530-676-6282

\* Email: rdickerson@ssband.org

**Application for Federal Assistance SF-424**

Version 02

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

I. Indian /Native American Tribal Government (Federally Recognized)

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

**11. Catalog of Federal Domestic Assistance Number:**

66.419

CFDA Title:

Clean Water Act Section 106 (CWA106)

**\* 12. Funding Opportunity Number:**

EPA-832-R-06-003

\* Title:

Water Pollution control Program Grants Clean Water Act 106

**13. Competition Identification Number:**

Title:

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

Placerville, El Dorado County, California

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

Water Pollution Control Program, Building Capacity, Hiring Consultant, Developing QAPP, Education to Community, Increase Staff Education, and Reporting.

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$50,000.00"/>
* b. Applicant	<input type="text" value="\$2,632.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$52,632.00"/>

\* 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

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 28, 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: \_\_\_\_\_ \* Date Signed: \_\_\_\_\_

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

\_\_\_\_\_  
**\* Other (Specify)**  
\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**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:** Shingle Springs Band of Miwok Indians

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

68-0165026

**\* c. Organizational DUNS:**

879073476

**d. Address:**

**\* Street1:**

P.O. Box 1340

**Street2:**

\_\_\_\_\_

**\* City:**

Shingle Springs

**County:**

El Dorado

**\* State:**

California

**Province:**

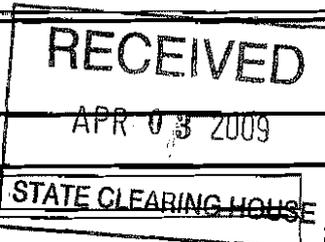
\_\_\_\_\_

**\* Country:**

United States

**\* Zip / Postal Code:**

95682



**e. Organizational Unit:**

**Department Name:**

Tribal Government

**Division Name:**

\_\_\_\_\_

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

**Prefix:**

\_\_\_\_\_

**\* First Name:**

Rhonda

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Dickerson

**Suffix:**

\_\_\_\_\_

**Title:**

Community Development Officer/Environmental Coordinator

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

530-698-1414

**Fax Number:**

530-676-6282

**\* Email:**

rdickerson@ssband.org

**Application for Federal Assistance SF-424**

**Version 02**

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

I. Indian/Native American Tribal Government (Federally Recognized)

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

**11. Catalog of Federal Domestic Assistance Number:**

66.460

CFDA Title:

**\* 12. Funding Opportunity Number:**

EPA-OW-OWOW-09-1

\* Title:

Non-point Source Management Grants Under Clean Water Act (CWA) 319

**13. Competition Identification Number:**

Title:

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

Placerville, El Dorado County, California

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

Capacity building, hire staff, provide training for staff. conducting a NPS Assessment. Develop a draft Watershed-base Plan. Providing community education and outreach. Quarterly Reporting to EPA.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$30,000.00"/>
* b. Applicant	<input type="text" value="\$3,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$33,000.00"/>

\* 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
- 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: \_\_\_\_\_ \* Date Signed: \_\_\_\_\_

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

<b>Application for Federal Assistance SF-424</b>		Version 02												
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <b>* 1. Type of Submission:</b>  <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application         </td> <td style="width:33%; border: none;"> <b>* 2. Type of Application:</b>  <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision         </td> <td style="width:33%; border: none;"> <b>* If Revision, select appropriate letter(s):</b>  <input type="text"/>  <b>* Other (Specify):</b>  <input type="text"/> </td> </tr> </table>			<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>									
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>												
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> Yurok Tribe												
<b>5a. Federal Entity Identifier:</b> <input type="text"/>		<b>* 5b. Federal Award Identifier:</b> <input type="text"/>												
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>          APR 03 2009  <b>STATE CLEARING HOUSE</b> </div>														
<b>State Use Only:</b>														
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/>												
<b>8. APPLICANT INFORMATION:</b>														
<b>* a. Legal Name:</b> Yurok Tribe														
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0178-020		<b>* c. Organizational DUNS:</b> 622970366												
<b>d. Address:</b>														
<b>* Street1:</b> PO Box 1027														
<b>Street2:</b> <input type="text"/>														
<b>* City:</b> Klamath														
<b>County:</b> <input type="text"/>														
<b>* State:</b> CA: California														
<b>Province:</b> <input type="text"/>														
<b>* Country:</b> USA: UNITED STATES														
<b>* Zip / Postal Code:</b> 95548-1027														
<b>e. Organizational Unit:</b>														
<b>Department Name:</b> Public Safety		<b>Division Name:</b> Tribal Police												
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>														
<table style="width:100%; border: none;"> <tr> <td style="width:30%;"><b>Prefix:</b> Mr.</td> <td style="width:30%;"><b>* First Name:</b> Dave</td> <td style="width:40%;"></td> </tr> <tr> <td colspan="3"><b>Middle Name:</b> <input type="text"/></td> </tr> <tr> <td colspan="3"><b>* Last Name:</b> Parris</td> </tr> <tr> <td colspan="3"><b>Suffix:</b> <input type="text"/></td> </tr> </table>			<b>Prefix:</b> Mr.	<b>* First Name:</b> Dave		<b>Middle Name:</b> <input type="text"/>			<b>* Last Name:</b> Parris			<b>Suffix:</b> <input type="text"/>		
<b>Prefix:</b> Mr.	<b>* First Name:</b> Dave													
<b>Middle Name:</b> <input type="text"/>														
<b>* Last Name:</b> Parris														
<b>Suffix:</b> <input type="text"/>														
<b>Title:</b> Police Chief														
<b>Organizational Affiliation:</b> <input type="text"/>														
<b>* Telephone Number:</b> 707.482.8185		<b>Fax Number:</b> 707.482.8375												
<b>* Email:</b> dparris@yuroktribe.nsn.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:**

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-TRGP-2009-1

\* Title:

COPS Tribal Resources Grant Program

**13. Competition Identification Number:**

Title:

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

Del Norte and Humboldt Counties.

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

To improve and expand the Yurok Tribal Police Department.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

[Empty box]

\* Other (Specify)

[Empty box]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

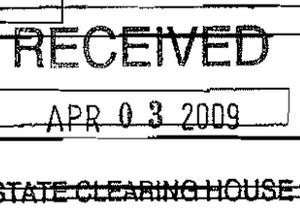
[Empty box]

5a. Federal Entity Identifier:

[Empty box]

\* 5b. Federal Award Identifier:

TBD



State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

\* a. Legal Name:

Santa Cruz County

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

94-6000534

\* c. Organizational DUNS:

168691095

d. Address:

\* Street1:

701 Ocean Street, Room 312

Street2:

[Empty box]

\* City:

Santa Cruz

County:

Santa Cruz

\* State:

CA: California

Province:

[Empty box]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95060

e. Organizational Unit:

Department Name:

Health Services Agency

Division Name:

Environmental Health Services

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

Prefix:

Mr.

\* First Name:

Chris

Middle Name:

H

\* Last Name:

Coburn

Suffix:

[Empty box]

Title:

Water Resources Analyst

Organizational Affiliation:

[Empty box]

\* Telephone Number:

831.454.2763

Fax Number:

831.454.3128

\* Email:

christopher.coburn@co.santa-cruz.ca.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:**

E: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

CFDA Title:

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCFO-2009-2001709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

Title:

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

Unincorporated Santa Cruz County, CA, near the town of Felton.

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

Recovery Act - Gold Gulch Culvert Replacement in Santa Cruz County, CA

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 17

\* b. Program/Project 14

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

[Redacted]

17. Proposed Project:

\* a. Start Date: 07/15/2009

\* b. End Date: 10/15/2009

18. Estimated Funding (\$):

* a. Federal	672,019.00
* b. Applicant	150,000.00
* c. State	423,272.00
* d. Local	[Redacted]
* e. Other	[Redacted]
* f. Program Income	[Redacted]
* g. TOTAL	1,245,291.00

19. Application Subject to Executive Order 12372

- a. This application was made available to the State under the Executive Order 12372 Process for review on [Redacted]
- 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 [Redacted]

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: Chris

Middle Name: [Redacted]

\* Last Name: Coburn

Suffix: [Redacted]

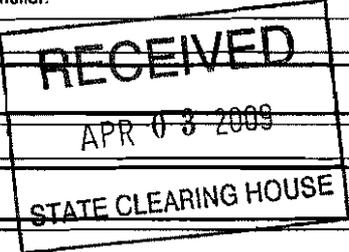
\* Title: Water Resources Analyst

\* Telephone Number: 831.454.2763 Fax Number: 831.454.3128

\* Email: christopher.coburn@co.santa-cruz.ca.us

\* 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
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>            * Other (Specify)  <input type="text"/></p>		
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier:  <input type="text"/></p>
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text"/></p>
<p><b>State Use Only:</b></p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text"/> Land Trust for Santa Barbara County, The</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text"/> 95-3797404</p>		<p>* c. Organizational DUNS:  <input type="text"/> 800614922</p>
<p><b>d. Address:</b></p>		
<p>* Street1: <input type="text"/> 1114 State St, Suite 214</p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text"/> Santa Barbara</p>		
<p>County: <input type="text"/> Santa Barbara</p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 93101</p>		
<p><b>e. Organizational Unit:</b></p>		
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
<p>Prefix: <input type="text"/></p>		<p>* First Name: <input type="text"/> William</p>
<p>Middle Name: <input type="text"/> B.</p>		
<p>* Last Name: <input type="text"/> Abbott</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> Conservation Director</p>		
<p>Organizational Affiliation:  <input type="text"/></p>		
<p>* Telephone Number: <input type="text"/> 805-966-4520</p>		<p>Fax Number: <input type="text"/> 805-963-5988</p>
<p>* Email: <input type="text"/> wabbott@sblandtrust.org</p>		



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

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

## 11. Catalog of Federal Domestic Assistance Number:

11.463

## CFDA Title:

Habitat Conservation

## \* 12. Funding Opportunity Number:

NOAA-NMFS-HCPO-2009-2001709

## \* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

## 13. Competition Identification Number:

2141924

## Title:

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

City of Goleta, UCSB Campus, Santa Barbara Municipal Airport, and County of Santa Barbara, California

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

Recovery Act - Western Goleta Slough Restoration Project

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

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="1,984,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="643,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,627,000.00"/>

**\* 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
- 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:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

4/3/09

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\_\_\_\_\_

\* Other (Specify)

\_\_\_\_\_

RECEIVED

APR 03 2009

STATE CLEARING HOUSE

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

B. APPLICANT INFORMATION:

\* a. Legal Name:

Regents of the University of California

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

94-1539563

\* c. Organizational DUNS:

125084723

d. Address:

\* Street1:

UC Santa Cruz

Street2:

1156 High Street

\* City:

Santa Cruz

County:

\_\_\_\_\_

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95064

e. Organizational Unit:

Department Name:

UCSC Natural Reserve

Division Name:

Physical and Biological Scienc

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

Prefix:

\_\_\_\_\_

\* First Name:

Gage

Middle Name:

\_\_\_\_\_

\* Last Name:

Dayton

Suffix:

\_\_\_\_\_

Title:

Principal Investigator

Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number:

031-459-4867

Fax Number:

\_\_\_\_\_

\* Email:

ghdayton@ucsc.edu

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:**

H: Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCFO-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

Santa Cruz and Santa Cruz County

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

Recovery Act: Restoration of Coastal Lagoon Habitat: Younger Lagoon Natural Reserve

Attach supporting documents as specified in agency instructions.



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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	17	* b. Program/Project
		17
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc;"></div>		
<b>17. Proposed Project:</b>		
* a. Start Date:	08/01/2009	* b. End Date:
		07/31/2011
<b>18. Estimated Funding (\$):</b>		
* a. Federal	1,090,297.00	
* b. Applicant	52,742.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	1,143,039.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	04/03/2009
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>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)</b>		
<input checked="" type="checkbox"/>	<b>** I AGREE</b>	
<small>** 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.</small>		
<b>Authorized Representative:</b>		
Prefix:		* First Name: Kate
Middle Name:		
* Last Name:	Aja	
Suffix:		
* Title:	Contracts and Grants Officer	
* Telephone Number:	031-459-3341	Fax Number:
* Email:	kmaja@ucsc.edu	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

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

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

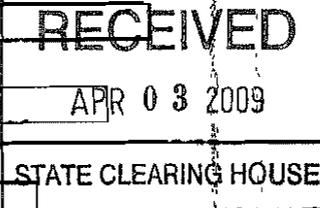
- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_



**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**\* 5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**A. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Santa Barbara County Flood Control & Water Conservation Dist

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

956002833

**\* c. Organizational DUNS:**

010718658

**d. Address:**

**\* Street1:**

123 East Anapamu Street

**\* Street2:**

\_\_\_\_\_

**\* City:**

Santa Barbara

**\* County:**

Santa Barbara

**\* State:**

CA: California

**\* Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

93101

**e. Organizational Unit:**

**Department Name:**

Public Works

**Division Name:**

Water Resources

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

**Prefix:**

Ms.

**\* First Name:**

Karen

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Sullivan

**Suffix:**

\_\_\_\_\_

**Title:**

Civil Engineer

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

805-568-3458

**Fax Number:**

805-568-3434

**\* Email:**

ksullivan@cosbpw.net

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
<input type="text" value="B: County Government"/>	
<b>Type of Applicant 2: Select Applicant Type:</b>	
<input type="text"/>	
<b>Type of Applicant 3: Select Applicant Type:</b>	
<input type="text"/>	
<b>* Other (specify):</b>	
<input type="text"/>	
<b>* 10. Name of Federal Agency:</b>	
<input type="text" value="National Oceanic and Atmospheric Administration"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
<input type="text" value="11.463"/>	
<b>CFDA Title:</b>	
<input type="text" value="Habitat Conservation"/>	
<b>* 12. Funding Opportunity Number:</b>	
<input type="text" value="NOAA-NMFS-HCPO-2009-2001709"/>	
<b>* Title:</b>	
<input type="text" value="Coastal and Marine Habitat Restoration Project Grants - Recovery Act"/>	
<b>13. Competition Identification Number:</b>	
<input type="text" value="2141924"/>	
<b>Title:</b>	
<input type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
<input type="text" value="Santa Barbara County, City of Carpinteria"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
<input type="text" value="Recovery Act - Lillingston Creek Debris Basin Modification Project - Restoring endangered steelhead habitat by removing in-stream migration barrier."/>	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>
<input type="button" value="View Attachments"/>	

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-023"/>	* b. Program/Project <input type="text" value="CA-023"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Export Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="05/11/2009"/>	* b. End Date: <input type="text" value="09/31/2010"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="1,240,000.00"/>	
* b. Applicant	<input type="text" value="282,733.32"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="1,522,733.32"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04/03/2009"/>	
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text"/>
<b>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 210, Section 1001)</b>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Jon"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Frye"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Engineering Manager"/>	
* Telephone Number:	<input type="text" value="805-568-3440"/>	Fax Number: <input type="text" value="805-568-3434"/>
* Email:	<input type="text" value="jfrye@cosbpw.net"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission"/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <b>* 1. Type of Submission:</b>  <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application         </td> <td style="width:33%; vertical-align: top;"> <b>* 2. Type of Application:</b>  <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision         </td> <td style="width:33%; vertical-align: top;"> <b>* If Revision, select appropriate letter(s):</b>  <input type="text"/>  <b>* Other (Specify):</b>  <input type="text"/> </td> </tr> </table>			<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>													
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>																
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> <input type="text"/>																
<b>5a. Federal Entity Identifier:</b> <input type="text"/>		<b>5b. Federal Award Identifier:</b> <input type="text"/>																
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>APR 03 2009</b>  <b>STATE CLEARING HOUSE</b> </div>																		
<b>State Use Only:</b>																		
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/>																
<b>B. APPLICANT INFORMATION:</b>																		
<b>* a. Legal Name:</b> Resource Conservation District of Santa Cruz County (RCD&CC)																		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000-534		<b>* c. Organizational DUNS:</b> 346209874																
<b>d. Address:</b>																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>* Street1:</b></td> <td>820 Bay Ave, Suite 128</td> </tr> <tr> <td><b>Street2:</b></td> <td><input type="text"/></td> </tr> <tr> <td><b>* City:</b></td> <td>Capitola</td> </tr> <tr> <td><b>County:</b></td> <td>Santa Cruz</td> </tr> <tr> <td><b>* State:</b></td> <td>CA: California</td> </tr> <tr> <td><b>Province:</b></td> <td><input type="text"/></td> </tr> <tr> <td><b>* Country:</b></td> <td>USA: UNITED STATES</td> </tr> <tr> <td><b>* Zip / Postal Code:</b></td> <td>95010</td> </tr> </table>			<b>* Street1:</b>	820 Bay Ave, Suite 128	<b>Street2:</b>	<input type="text"/>	<b>* City:</b>	Capitola	<b>County:</b>	Santa Cruz	<b>* State:</b>	CA: California	<b>Province:</b>	<input type="text"/>	<b>* Country:</b>	USA: UNITED STATES	<b>* Zip / Postal Code:</b>	95010
<b>* Street1:</b>	820 Bay Ave, Suite 128																	
<b>Street2:</b>	<input type="text"/>																	
<b>* City:</b>	Capitola																	
<b>County:</b>	Santa Cruz																	
<b>* State:</b>	CA: California																	
<b>Province:</b>	<input type="text"/>																	
<b>* Country:</b>	USA: UNITED STATES																	
<b>* Zip / Postal Code:</b>	95010																	
<b>e. Organizational Unit:</b>																		
<b>Department Name:</b> <input type="text"/>		<b>Division Name:</b> <input type="text"/>																
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>Prefix:</b></td> <td><input type="text"/></td> <td style="width:30%;"><b>* First Name:</b></td> <td>Kelli</td> </tr> <tr> <td><b>Middle Name:</b></td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td><b>* Last Name:</b></td> <td>Comara</td> <td></td> <td></td> </tr> <tr> <td><b>Suffix:</b></td> <td><input type="text"/></td> <td></td> <td></td> </tr> </table>			<b>Prefix:</b>	<input type="text"/>	<b>* First Name:</b>	Kelli	<b>Middle Name:</b>	<input type="text"/>			<b>* Last Name:</b>	Comara			<b>Suffix:</b>	<input type="text"/>		
<b>Prefix:</b>	<input type="text"/>	<b>* First Name:</b>	Kelli															
<b>Middle Name:</b>	<input type="text"/>																	
<b>* Last Name:</b>	Comara																	
<b>Suffix:</b>	<input type="text"/>																	
<b>Title:</b> Program Manager																		
<b>Organizational Affiliation:</b> <input type="text"/>																		
<b>* Telephone Number:</b> (831) 464-2950 ext. 15		<b>Fax Number:</b> (831) 475-3215																
<b>* Email:</b> kcamara@rcdcsantacruz.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:**

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:**

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

CFDA Title:

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCFO-2009-2001709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

Title:

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

Santa Cruz County

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

Recovery Act - Restoring Fish Passage, Pajaro River Watershed, Santa Cruz, CA

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

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	1,274,182.00
* b. Applicant	10,000.00
* c. State	384,568.00
* d. Local	123,619.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,792,369.00

\* 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
- 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 28, 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:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

## Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
<b>RECEIVED</b> APR 6 2009 <b>STATE CLEARING HOUSE</b>					
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: <input type="text" value="City of Sacramento"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="946000410"/>			* c. Organizational DUNS: <input type="text" value="127557937"/>		
d. Address:					
* Street 1: <input type="text" value="660 J Street, Suite 260"/>		Street 2: <input type="text"/>			
* City: <input type="text" value="Sacramento"/>		County: <input type="text" value="Sacramento"/>			
* State: <input type="text" value="CA: California"/>		Province: <input type="text"/>			
* Country: <input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code: <input type="text" value="95814"/>			
e. Organizational Unit:					
Department Name: <input type="text" value="City-County Ofc. Metro Water Pln"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <input type="text"/>		* First Name: <input type="text" value="Sarah"/>			
Middle Name: <input type="text"/>		* Last Name: <input type="text" value="Foley"/>			
Suffix: <input type="text"/>		Title: <input type="text" value="Deputy Director"/>			
Organizational Affiliation: <input type="text" value="City-County Office of Metropolitan Water Planning"/>					
* Telephone Number: <input type="text" value="(916) 808-1997"/>			Fax Number: <input type="text" value="(916) 808-5286"/>		
* Email: <input type="text" value="sfoley@waterforum.org"/>					

**Application for Federal Assistance SF-424**

Version 02

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

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

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

Recovery Act - Lower American River Gravel Replenishment: A Hypothesis-Driven Proposal to Enhance Habitat Quality for Salmonid Spawning and Benthic Invertebrate Production

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="2,428,226.00"/>
* b. Applicant	<input type="text" value="6,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="152,312.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,586,538.00"/>

**\* 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  .
- 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Data Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Stewards of the Coast and Redwoods

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

94-3039895

\* c. Organizational DUNS:

948081088

d. Address:

\* Street1:

PO Box 2

Street2:

\* City:

Duncans Mills

County:

\* State:

CA; California

Province:

\* Country:

USA; UNITED STATES

\* Zip / Postal Code:

95430-0002

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:

Brendan

Middle Name:

\* Last Name:

O'Neil

Suffix:

Title:

Senior Environmental Scientist

Organizational Affiliation:

California State Parks

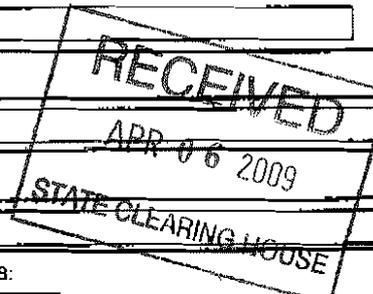
\* Telephone Number:

707-865-3129

Fax Number:

\* Email:

doneil@parks.ca.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:**

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.469

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-BCPO-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

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

Recovery Act: Restoring Fish Passage in the Willow Creek Watershed

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
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-006	* b. Program/Project CA-006
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	08/01/2009	* b. End Date: 02/01/2011
<b>18. Estimated Funding (\$):</b>		
* a. Federal	746,392.00	
* b. Applicant	0.00	
* c. State	40,301.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	786,693.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 04/03/2009		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
<b>Authorized Representative:</b>		
Prefix:	Ms.	* First Name: Michele
Middle Name:		
* Last Name:	Luna	
Suffix:		
* Title:	Executive Director	
* Telephone Number:	707-869-9177 x4#	Fax Number:
* Email:	mluna@mcn.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

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

<b>Application for Federal Assistance SF-424</b>		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: Completed by Grants.gov upon submission.		* 4. Applicant Identifier: <input type="text"/>
* 5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only:		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>APR 06 2009</p> <p><b>STATE CLEARING HOUSE</b></p> </div>
* 6. Date Received by State: <input type="text"/>	* 7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: The Regents of the University of California, Santa Cruz		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1539563		* c. Organizational DUNS: 125084723
* d. Address:		
* Street1:	1156 High Street, c/o Office of Sponsored Projects	
* Street2:	<input type="text"/>	
* City:	Santa Cruz, CA	
* County:	<input type="text"/>	
* State:	CA: California	
* Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95064	
* e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
* f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Dr.	* First Name: Peter
Middle Name:	<input type="text"/>	
* Last Name:	Raimondi	
Suffix:	<input type="text"/>	
Title:	<input type="text"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number:	831-459-5671	Fax Number: <input type="text"/>
* Email:	raimondi@ucsc.edu	

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:**

B: Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCFO-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

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

Recovery Act - Habitat and Recruitment Facilitation for the Endangered Abalone, *Haliotis cracherodii*

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

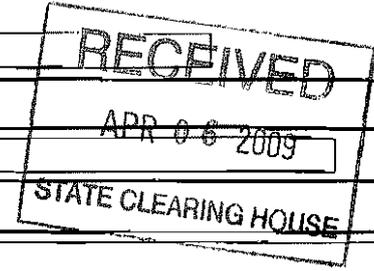
View Attachments

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

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA17	* b. Program/Project
CA17		
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	05/01/2009	* b. End Date:
		11/30/2010
<b>18. Estimated Funding (\$):</b>		
* a. Federal	576,961.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	576,961.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		01/06/2009
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
<input type="text" value="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)		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
Prefix:		* First Name: Wanda
Middle Name:	Jeanne	
* Last Name:	Moody	
Suffix:		
* Title:	Contract and Grant Officer	
* Telephone Number:	831-459-3136	* Fax Number:
* Email:	wmoody@ucsc.edu	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:
		Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>            * Other (Specify)  <input type="text"/></p>		
<p>* 3. Date Received:  <input type="text"/>  <small>Completed by Grants.gov upon submission.</small></p>		<p>4. Applicant Identifier:  <input type="text"/></p>
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text"/></p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p><b>B. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text" value="Dominican University of California"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text" value="94-1156525"/></p>		<p>* c. Organizational DUNS:  <input type="text" value="074664855"/></p>
<p><b>d. Address:</b></p>		
<p>* Street1: <input type="text" value="50 Acacia Avenue"/>            Street2: <input type="text"/>            * City: <input type="text" value="San Rafael"/>            County: <input type="text" value="Marin"/>            * State: <input type="text" value="CA: California"/>            Province: <input type="text"/>            * Country: <input type="text" value="USA: UNITED STATES"/>            * Zip / Postal Code: <input type="text" value="94901-2298"/></p>		
<p><b>e. Organizational Unit:</b></p>		
<p>Department Name:  <input type="text" value="Natural Sciences &amp; Mathematics"/></p>		<p>Division Name:  <input type="text"/></p>
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
<p>Prefix: <input type="text" value="Ms."/> * First Name: <input type="text" value="Vania"/>            Middle Name: <input type="text"/>            * Last Name: <input type="text" value="Coelho"/>            Suffix: <input type="text" value="Ph.D."/></p>		
<p>Title: <input type="text" value="Assistant Professor, Biology and Env. Sciences"/></p>		
<p>Organizational Affiliation:  <input type="text" value="Dominican University of California"/></p>		
<p>* Telephone Number: <input type="text" value="415-458-3745"/></p>		<p>Fax Number: <input type="text" value="415-482-1972"/></p>
<p>* Email: <input type="text" value="vcoelho@dominican.edu"/></p>		



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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b> <input type="text" value="0: Private Institution of Higher Education"/>	
<b>Type of Applicant 2: Select Applicant Type:</b> <input type="text"/>	
<b>Type of Applicant 3: Select Applicant Type:</b> <input type="text"/>	
<b>* Other (specify):</b> <input type="text"/>	
<b>* 10. Name of Federal Agency:</b> <input type="text" value="National Oceanic and Atmospheric Administration"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <input type="text" value="11.463"/>	
<b>CFDA Title:</b> <input type="text" value="Habitat Conservation"/>	
<b>* 12. Funding Opportunity Number:</b> <input type="text" value="NOAA-NMFS-RCPO-2009-2001709"/>	
<b>* Title:</b> <input type="text" value="Coastal and Marine Habitat Restoration Project Grants - Recovery Act"/>	
<b>13. Competition Identification Number:</b> <input type="text" value="2141924"/>	
<b>Title:</b> <input type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> <input type="text"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b> <input type="text" value="Recovery Act-Coral Reef Restoration and Sustainable Aquaculture in American Samoa"/>	
Attach supporting documents as specified in agency instructions.	
<div style="display: flex; justify-content: space-around;"> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/> </div>	

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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-06

\* b. Program/Project 06, 01

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

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 05/01/2009

\* b. End Date: 10/31/2010

## 18. Estimated Funding (\$):

* a. Federal	3,146,727.00
* b. Applicant	17,750.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,164,477.00

## \* 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 04/04/2009 .
- 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 28, 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: Ms.

\* First Name: Susan

Middle Name: 

\* Last Name: Elliott

Suffix: 

\* Title: Director, Research &amp; Sponsored Programs

\* Telephone Number: 415-257-1308 Fax Number: 415-257-0162

\* Email: susan.elliott@dominican.edu

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

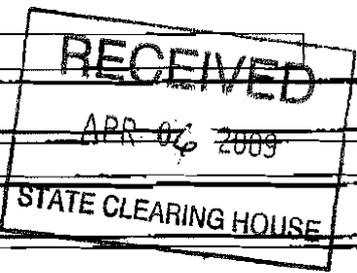
Application for Federal Assistance SF-424

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____
---	---	---

<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____
--	--

<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> _____
--	---



**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**B. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> California Coastal Conservancy	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-3164968	<b>* c. Organizational DUNS:</b> 808322408

**d. Address:**

<b>* Street1:</b> 1330 Broadway, Ste 1300
<b>Street2:</b> _____
<b>* City:</b> Oakland
<b>County:</b> _____
<b>* State:</b> CA: California
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 94612

**e. Organizational Unit:**

<b>Department Name:</b> Ocean Protection Council	<b>Division Name:</b> _____
--	-----------------------------

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

<b>Prefix:</b> Mr.	<b>* First Name:</b> Douglas
<b>Middle Name:</b> _____	
<b>* Last Name:</b> George	
<b>Suffix:</b> _____	
<b>Title:</b> Project Manager	
<b>Organizational Affiliation:</b> _____	

<b>* Telephone Number:</b> 510-286-4179	<b>Fax Number:</b> 510-286-0470
<b>* Email:</b> dgeorge@scc.ca.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:

A: State Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

## 11. Catalog of Federal Domestic Assistance Number:

11.463

## CFDA Title:

Habitat Conservation

## \* 12. Funding Opportunity Number:

NOAA-NMFS-HCPO-2009-2001709

## \* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

## 13. Competition Identification Number:

2141924

## Title:

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

San Francisco Bay, Monterey Bay, Counties of Los Angeles, Alameda, Santa Cruz, Monterey, San Mateo, San Francisco, Cities of Los Angeles, Oakland, Santa Cruz

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

A Coordinated Approach to Tackle California's Marine Debris Footprint

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachment](#)

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

Additional Congressional Dis

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	8,660,000.00
* b. Applicant	0.00
* c. State	45,000.00
* d. Local	260,000.00
* e. Other	184,000.00
* f. Program Income	0.00
* g. TOTAL	9,169,000.00

\* 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
- 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 of agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify)**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

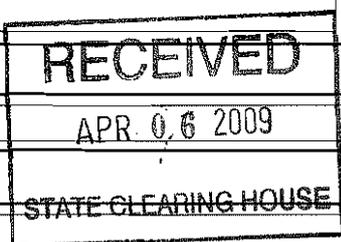
**5a. Federal Entity Identifier:**

**\* 5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**



**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

City of Burlingame

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

94-6000304

**\* c. Organizational DUNS:**

063859579

**d. Address:**

**\* Street1:**

501 Primrose Road

**Street2:**

**\* City:**

Burlingame

**County:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94010

**e. Organizational Unit:**

**Department Name:**

Department of Public Works

**Division Name:**

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

**Prefix:**

Mr.

**\* First Name:**

Doug

**Middle Name:**

**\* Last Name:**

Bell

**Suffix:**

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**

650-558-7245

**Fax Number:**

**\* Email:**

dbell@burlingame.org

**Application for Federal Assistance SF-424**

Version 02

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

CFDA Title:

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPC-2009-2001709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

Title:

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

San Francisco Bay, City of Burlingame, San Mateo County, California

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

Recovery Act - Restoration of Salt Marsh Habitat at the Mouth of Easton Creek and the Shore of the San Francisco Bay by the City of Burlingame, California

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

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="600,000.00"/>
* b. Applicant	<input type="text" value="81,850.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="681,850.00"/>

**\* 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
- 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

\_\_\_\_\_

**\* Other (Specify)**

\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**\* 5b. Federal Award Identifier:**

\_\_\_\_\_

RECEIVED

APR 07 2009

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

STATE CLEARING HOUSE

**\* a. Legal Name:**

Monterey County Water Resources Agency

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

94-6000524

**\* c. Organizational DUNS:**

602416174

**d. Address:**

**\* Street1:**

PO Box 930

**Street2:**

893 Blanco Circle

**\* City:**

Salinas

**County:**

Monterey

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

93902

**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:**

Elizabeth

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Krafft

**Suffix:**

\_\_\_\_\_

**Title:**

Senior Hydrologist

**Organizational Affiliation:**

Monterey County Water Resources

**\* Telephone Number:**

831.755.4860

**Fax Number:**

\_\_\_\_\_

**\* Email:**

krafftea@co.monterey.ca.us

**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:**

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

Monterey County, CA

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

Recovery Act - Salinas River Lagoon Fisheries Enhancement Project

Attach supporting documents as specified in agency instructions.



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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

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

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

## 17. Proposed Project:

\* a. Start Date: \* b. End Date: 

## 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,959,000.00"/>
* b. Applicant	<input type="text" value="200,217.92"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,159,217.92"/>

## \* 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
- 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: Middle Name: \* Last Name: Suffix: \* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed:

**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.

**Application for Federal Assistance SF-424**

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

APR 06 2009

STATE CLEARING HOUSE

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:

U.S. Humanitarian Products, Inc.

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

EIN 61-1499451

\* c. Organizational DUNS:

830161530

**d. Address:**

\* Street1:

221 N. Naomi Street

Street2:

\* City:

Burbank

County:

Los Angeles

\* State:

CA

Province:

\* Country:

USA

USA: UNITED STATES

\* Zip / Postal Code:

91505

**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:

Robert

Middle Name:

George Nelson

\* Last Name:

Bitters

Suffix:

Title:

Chairman & Chief Executive

Organizational Affiliation:

\* Telephone Number:

(818) 746-6289

Fax Number:

(818) 588-3303

\* Email:

bittersage@aol.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N

Type of Applicant 2: Select Applicant Type:

R

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA & FEMA

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

none open = 10.253 ; 10.565 ; 10.568 ; 10.569 ; 10.769 ; 10.771 ; 10.773

\* 12. Funding Opportunity Number:

none open

\* Title:

13. Competition Identification Number:

none

Title:

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

California & Oregon States; Merced & Stanislaus Counties; Cities of Merced, Atwater & Turlock  
Federal: All disaster areas addressed by FEMA

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

The U.S. *initial* Humanitarian Product of immediately available Emergency Food-Paks for fast response to disaster areas.

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

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="\$500,000"/>	
* b. Applicant	<input type="text" value="0"/>	= see attached page for <u>In-Kind contributions</u>
* c. State	<input type="text" value="\$500,000"/>	
* d. Local	<input type="text" value="0"/>	
* e. Other	<input type="text" value="\$400,000"/>	= Merced County
* f. Program Income	<input type="text" value="0"/>	
* g. TOTAL	<input type="text" value="\$1,400,000"/>	= Federal, State & County breakdown shown is optional

**\* 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 .
- 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

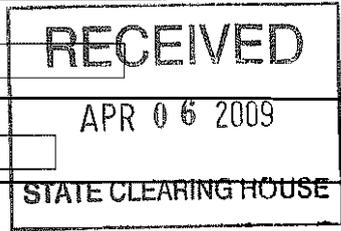
- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify)**



**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**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:**

City of Richmond

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

94-6000403

**\* c. Organizational DUNS:**

088770706

**d. Address:**

**\* Street1:**

1401 Marina Way South

**Street2:**

**\* City:**

Richmond

**County:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94804

**e. Organizational Unit:**

**Department Name:**

Redevelopment

**Division Name:**

Economic Development

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

**Prefix:**

**\* First Name:**

Eliron

**Middle Name:**

**\* Last Name:**

Hamburger

**Suffix:**

**Title:**

Deputy Director

**Organizational Affiliation:**

**\* Telephone Number:**

510-307-8151

**Fax Number:**

510-307-8195

**\* Email:**

eliron\_hamburger@ci.richmond.ca.us

**Application for Federal Assistance SF-424**

Version 02

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Economic Development Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.303

CFDA Title:

Economic Development Technical Assistance

**\* 12. Funding Opportunity Number:**

EDA10012008EDAP

\* Title:

Economic Development Assistance Programs

**13. Competition Identification Number:**

03

Title:

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

Principal region is City of Richmond, in Contra Costa County, California. Other impacted cities include Berkeley, Emeryville and Oakland in Alameda County. Affected counties include Contra Costa and Alameda.

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

Green Business Development Plan for the City of Richmond.

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="50,000.00"/>
* b. Applicant	<input type="text" value="86,814.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="136,814.00"/>

**\* 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
- 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:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

OMB Number: 4040-0001  
Expiration Date: 06/30/2011

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

Pre-application  Application  Changed/Corrected Application

4. a. Federal Identifier

DR-FQ02-04BR15498

b. Agency Routing Number

RECEIVED  
APR 06 2009

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

\* Organizational DUNS: 047120084

\* Legal Name: Regents

Department: Office of Research

Division:

\* Street1: 1850 Research Park Dr. Suite 300

Street2:

\* City: Davis

County / Parish: Yolo

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 95618-5270

Person to be contacted on matters involving this application

Prefix: Ms.

\* First Name: Suzanne

Middle Name:

\* Last Name: Iwatake

Suffix:

\* Phone Number: 530-754-8017

Fax Number: 530-754-8367

Email: siwatake@ucdavis.edu

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-6036494

7. \* TYPE OF APPLICANT:

R: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

Women Owned

Socially and Economically Disadvantaged

8. \* TYPE OF APPLICATION:

New  Resubmission

Renewal  Continuation  Revision

If Revision, mark appropriate box(es).

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

E. Other (specify):

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

What other Agencies?

9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

B1.049

TITLE: Office of Science Financial Assistance Program

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

CO2-Orthosilicate Mineral Interactions in CO2-Rich Environments: Thermodynamics and Molecular Pathways

12. PROPOSED PROJECT:

\* Start Date

\* Ending Date

12/01/2009

11/30/2012

\* 13. CONGRESSIONAL DISTRICT OF APPLICANT

CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof.

\* First Name: James

Middle Name: Robert

\* Last Name: rustad

Suffix:

Position/Title: Professor

\* Organization Name: University of California, Davis

Department: Geology

Division: Math and Physical Sciences

\* Street1: One Shields Avenue

Street2:

\* City: Davis

County / Parish: Yolo

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 95616-5270

\* Phone Number: 530-400-4712

Fax Number: 530-752-0951

\* Email: jrrustad@ucdavis.edu

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	358,013.00	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	0.00		DATE: 04/06/2009
c. Total Federal & Non-Federal Funds	358,013.00	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	0.00		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

\* I agree

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

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: Miss \* First Name: Suzanne Middle Name:

\* Last Name: Iwatate Suffix:

\* Position/Title: Contracts & Grants Analyst

\* Organization: The Regents of the University of California, Davis

Department: Office of Research Division: Sponsored Programs

\* Street1: 1850 Research Park Drive Suite 300

Street2:

\* City: Davis County / Parish: Yolo

\* State: CA; California Province:

\* Country: USA; UNITED STATES \* ZIP / Postal Code: 95618-6153

\* Phone Number: 530-754-8017 Fax Number: 530-754-8367

\* Email: briwatato@ucdavis.edu

\* Signature of Authorized Representative  \* Date Signed

Completed on submission to Grants.gov  Completed on submission to Grants.gov

20. Pre-application

# COPS Hiring Recovery Program (CHRP)

Application for Federal Assistance SF-424

## 8. APPLICANT INFORMATION:

\*a. Legal Name:

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

\*c. Organizational

DUNS:

### d. Address:

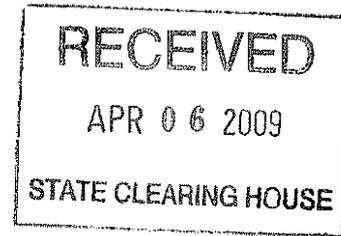
\*Street1:

Street2:

\*City:

\*State:

\*Zip / Postal Code:



**Reminder:**  
To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your data will be lost.



# COPS Hiring Recovery Program (CHRP)

Application for Federal Assistance SF-424

**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:

Middle Name:

\*Last Name:

Suffix:

Title:

Organizational Affiliation:

\*Telephone Number:  Fax Number:

\*Email:

**Reminder:**  
To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your data will be lost.



# COPS Hiring Recovery Program (CHRP)

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

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:

Reminder:  
To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your data will r

# COPS Hiring Recovery Program (CHRP)

Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\*a. Applicant:

\*b. Program/Project:

## 17. Proposed Project:

\*a. Start Date:

\*b. End Date:

## 18. Estimated Funding (\$):

*a. Federal	\$ <input type="text" value="10757640"/>
b. Applicant	\$ <input type="text"/>
c. State	\$ <input type="text"/>
d. Local	\$ <input type="text"/>
e. Other	\$ <input type="text"/>
f. Program Income	\$ <input type="text"/>
g. TOTAL	\$ <input type="text" value="10757640"/>

**Reminder:**  
To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your data will r



# COPS Hiring Recovery Program (CHRP)

Application for Federal Assistance SF-424

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

Required

a. This application was made available to the State under the Executive Order 12372

\* Process for review on 4/1/2009

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

**Reminder:**  
To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your data will be lost.



# COPS Hiring Recovery Program

Application for Federal Assistance SF-424

### 8. APPLICANT INFORMATION:

\*a. Legal Name:

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

\*c. Organizational  
DUNS:

d. Address:

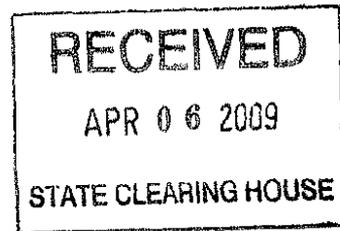
\*Street1:

Street2:

\*City:

\*State:

\*Zip / Postal Code:



Reminder:  
To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your data will be lost.



[Helpful Hints](#) | [CHRP Home](#) | [Application Guide](#) | [424 Instructions](#) | [CHRP Application \(PDF\)](#) | [Nonsupplanting FAQ](#) | [Retention FAQ's](#) | [Program and Financial Requirements](#)

# COPS Hiring Recovery Program

Application for Federal Assistance SF-424

**e. Organizational Unit:**

Department Name:  Division Name:

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

Prefix:

Middle Name:

\*Last Name:

Suffix:

Title:

Organizational Affiliation:

\*Telephone Number:  Fax Number:

\*Email:

\*First Name:

**Reminder:**  
 To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your



[Helpful Hints](#) | [CHRP Home](#) | [Application Guide](#) | [424 Instructions](#) | [CHRP Application \(PDF\)](#) | [Nonsupplanting FAQ](#) | [Retention FAQ's](#) | [Program and Financial Requirements](#)

# COPS Hiring Recovery Program

Application for Federal Assistance - 9/17/09

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify): \_\_\_\_\_

10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

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:

Reminder: To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your data will be lost.

# COPS Hiring Authority Program

Application for Federal Assistance SF-424

**16. Congressional Districts Of:**

\*a. Applicant:

\*b. Program/Project:

**17. Proposed Project:**

\*a. Start Date:

\*b. End Date:

**18. Estimated Funding (\$):**

*a. Federal	\$	<input type="text" value="2700000"/>
b. Applicant	\$	<input type="text"/>
c. State	\$	<input type="text"/>
d. Local	\$	<input type="text"/>
e. Other	\$	<input type="text"/>
f. Program Income	\$	<input type="text"/>
g. TOTAL	\$	<input type="text" value="2700000"/>

**Reminder:**  
To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your



Application for Federal Assistance (SF-424)

\*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 04/03/2009

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

Previous Save Next

Reminder: To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your

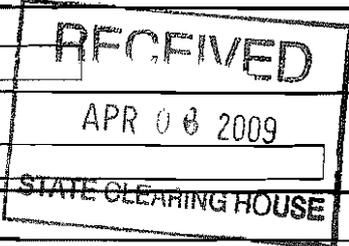


**Application for Federal Assistance SF-424** Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
---	---	--

<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____
--	--

<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> _____
--	---



**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> River Partners	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-3302335	<b>* c. Organizational DUNS:</b> 078690836

**d. Address:**

<b>* Street1:</b>	1301 L St Suite 4
<b>Street2:</b>	_____
<b>* City:</b>	Modesto
<b>County:</b>	_____
<b>* State:</b>	CA: California
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	95354

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> San Joaquin Branch
----------------------------------	---

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

<b>Prefix:</b> Ms.	<b>* First Name:</b> Julie
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Rentner	
<b>Suffix:</b> _____	

**Title:** Restoration Ecologist

**Organizational Affiliation:**  
River Partners

<b>* Telephone Number:</b> (209) 521-1700 x 23	<b>Fax Number:</b> (209) 521-7327
--	-----------------------------------

**\* Email:** rentner@riverpartners.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

\* 12. Funding Opportunity Number:

NOAA-NMFS-HCPO-2009-20C1709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

13. Competition Identification Number:

2141924

Title:

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

Stanislaus County, San Joaquin River and associated tributaries, Sacramento-San Joaquin Delta

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

Recovery Act-San Joaquin River Floodplain Restoration

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:  \* b. Program/Project:

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

**17. Proposed Project:**  
\* a. Start Date:  \* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="3,021,377.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,021,377.00"/>

**\* 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   
 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:   
Middle Name:   
\* Last Name:   
Suffix:   
\* Title:   
\* Telephone Number:  Fax Number:   
\* Email:   
\* Signature of Authorized Representative:  \* Date Signed:

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	<div style="border: 2px solid black; padding: 5px;"> <p><b>RECEIVED</b></p> <p>APR 06 2009</p> <p><b>STATE CLEARING HOUSE</b></p> </div>
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: City of Malibu		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4324107	* c. Organizational DUNS: 968110924	
d. Address:		
* Street1: 22815 Stuart Ranch Road	Street2: _____	
* City: Malibu	County: Los Angeles	
* State: _____	CA: California	
Province: _____	Country: USA: UNITED STATES	
* Zip / Postal Code: 90265-4861		
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: Jim	Middle Name: _____
* Last Name: Thorsen	Suffix: _____	
Title: City Manager		
Organizational Affiliation: _____		
* Telephone Number: 310-456-2489	Fax Number: 310-456-2760	
* Email: jthorsen@ci.malibu.ca.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:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

City of Malibu  
County of Los Angeles  
State of California

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

Recovery Act Restoring Riparian and Upland Habitat in Malibu Lagoon Subwatershed

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	5,900,000.00
* b. Applicant	6,615,055.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	12,515,055.00

\* 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
- 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:

Middle Name:

\* Last Name:

Suffix:

\* Title:

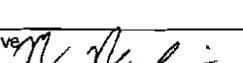
\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 3, 2009	<b>3. DATE RECEIVED BY STATE</b>	<b>Applicant Identifier</b> DUNS #80-8322127
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>State Application Identifier</b>
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> California Conservation Corps		<b>Organizational Unit:</b> Department: Northern Service District		
<b>Organizational DUNS:</b> 80-8322127		<b>Division:</b> Fortuna Center		
<b>Address:</b> Street: 1500 Alamar Way		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
<b>City:</b> Fortuna		<b>Prefix:</b> Ms.		<b>First Name:</b> Michelle
<b>County:</b> Humboldt		<b>Middle Name</b>		
<b>State:</b> California		<b>Last Name</b> Rankin		
<b>Zip Code</b> 95540		<b>Suffix:</b>		
<b>Country:</b> USA		<b>Email:</b> mrankin@ccc.ca.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0298653		<b>Phone Number (give area code)</b> (707) 725-5106 ext 209		<b>Fax Number (give area code)</b> (707) 725-1748
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 11-463 TITLE (Name of Program): Community-based Habitat Restoration National and Regional Partnership Grants		<b>9. NAME OF FEDERAL AGENCY:</b> National Oceanic & Atmospheric Administration - Dept. of Commerce		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Coastal California from Oregon to Mexican Border		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Recovery Act - California Coastal Fisheries Restoration Project Partnership		
<b>13. PROPOSED PROJECT</b> Start Date: May 1, 2009 Ending Date: June 30, 2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 1 b. Project 1, 2, 6, 14, 17, 23, 24		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 2,737,965 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 2, 2009		
b. Applicant	\$ 466,303 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
d. Local	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other	\$ <sup>00</sup>			
f. Program Income	\$ <sup>00</sup>			
g. TOTAL	\$ 3,204,268 <sup>00</sup>			
<b>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.</b>				
<b>a. Authorized Representative</b>				
<b>Prefix</b> Ms.		<b>First Name</b> Michelle		<b>Middle Name</b>
<b>Last Name</b> Rankin		<b>Suffix</b>		
<b>b. Title</b> Center Director		<b>c. Telephone Number (give area code)</b> (707) 725-5106 ext. 209		
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> April 3, 2009		

Previous Edition Usable  
Authorized for Local Reproduction

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: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: 075295832		* 5b. Federal Award Identifier: <input type="text"/>
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>APR 06 2009</b>  <b>STATE CLEARING HOUSE</b> </div>		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: City of Long Beach		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 955000733		* c. Organizational DUNS: 075295832
d. Address:		
* Street1:	333 W. Ocean Blvd.	
Street2:	Department of Public Works, 9th Floor	
* City:	Long Beach	
County:	Los Angeles	
* State:	CA: California	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	90802	
e. Organizational Unit:		
Department Name: Public Works		Division Name: Stormwater/Environmental Compl
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr.	* First Name: Patrick
Middle Name:	H.	
* Last Name:	West	
Suffix:	<input type="text"/>	
Title:	City Manager	
Organizational Affiliation: City of Long Beach		
* Telephone Number:	562-570-6916	Fax Number: 562-570-7650
* Email:	pat.west@longbeach.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:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

City of Long Beach

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

Recovery Act-Protection and Restoration of Coastal and Marine Habitats via Watershed/Water Body Debris Management

Attach supporting documents as specified in agency instructions.



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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	37	* b. Program/Project
		37
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="display: flex; justify-content: space-between;"> <span style="border: 1px solid black; padding: 2px;">Congressional Districts.pdf</span> <span style="border: 1px solid black; padding: 2px;">Delete Attachment</span> <span style="border: 1px solid black; padding: 2px;">Delete Attachment</span> <span style="border: 1px solid black; padding: 2px;">View Attachment</span> </div>		
<b>17. Proposed Project:</b>		
* a. Start Date:	08/03/2009	* b. End Date:
		05/29/2010
<b>18. Estimated Funding (\$):</b>		
* a. Federal	6,627,500.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	6,627,500.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <span style="border: 1px solid black; padding: 2px;">04/06/2009</span> .		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span>		
<b>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)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name:
		Patrick
Middle Name:	N.	
* Last Name:	West	
Suffix:		
* Title:	City Manager	
* Telephone Number:	562-570-6916	* Fax Number:
		562-570-7650
* Email:	pat.west@longbeach.gov	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:
		Completed by Grants.gov upon submission.

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify)  <input type="text"/></p>		
<p>* 3. Date Received:  <input type="text"/>  <small>Completed by Grants.gov upon submission.</small> </p>		<p>4. Applicant Identifier:  <input type="text"/></p>
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text"/></p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>APR 06 2009</p> <p>STATE CLEARING HOUSE</p> </div>		
<b>State Use Only:</b>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<b>8. APPLICANT INFORMATION:</b>		
<p>* a. Legal Name: <input type="text" value="Laguna de Santa Rosa Foundation"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text" value="94-3155180"/></p>		<p>* c. Organizational DUNS:  <input type="text" value="140401915"/></p>
<b>d. Address:</b>		
<p>* Street1: <input type="text" value="P.O. Box 7886"/></p> <p>Street2: <input type="text"/></p> <p>* City: <input type="text" value="Santa Rosa"/></p> <p>County: <input type="text" value="Sonoma"/></p> <p>* State: <input type="text" value="CA: California"/></p> <p>Province: <input type="text"/></p> <p>* Country: <input type="text" value="USA: UNITED STATES"/></p> <p>* Zip / Postal Code: <input type="text" value="95407-7886"/></p>		
<b>e. Organizational Unit:</b>		
<p>Department Name:  <input type="text" value="Restoration Department"/></p>		<p>Division Name:  <input type="text"/></p>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<p>Prefix: <input type="text" value="Mr."/> * First Name: <input type="text" value="Julian"/></p> <p>Middle Name: <input type="text" value="Andrew"/></p> <p>* Last Name: <input type="text" value="Meisler"/></p> <p>Suffix: <input type="text"/></p> <p>Title: <input type="text" value="Restoration Program Director"/></p> <p>Organizational Affiliation:  <input type="text" value="Laguna de Santa Rosa Foundation"/></p> <p>* Telephone Number: <input type="text" value="707-527-9277 x106"/> Fax Number: <input type="text" value="707-527-5075"/></p> <p>* Email: <input type="text" value="julian@lagunafoundation.org"/></p>		

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
<input type="text" value="M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)"/>	
Type of Applicant 2: Select Applicant Type:	
<input type="text"/>	
Type of Applicant 3: Select Applicant Type:	
<input type="text"/>	
* Other (specify):	
<input type="text"/>	
<b>* 10. Name of Federal Agency:</b>	
<input type="text" value="National Oceanic and Atmospheric Administration"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
<input type="text" value="11.463"/>	
CFDA Title	
<input type="text" value="Habitat Conservation"/>	
<b>* 12. Funding Opportunity Number:</b>	
<input type="text" value="NOAA-NMFS-HCPO-2009-2001709"/>	
* Title:	
<input type="text" value="Coastal and Marine Habitat Restoration Project Grants - Recovery Act"/>	
<b>13. Competition Identification Number:</b>	
<input type="text" value="2141924"/>	
Title:	
<input type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
<input type="text" value="Sonoma County, CA"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
<input type="text" value="Recovery Act - Southern Laguna Restoration Project"/>	
Attach supporting documents as specified in agency instructions.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal:	<input type="text" value="640,888.00"/>
* b. Applicant:	<input type="text"/>
* c. State:	<input type="text"/>
* d. Local:	<input type="text" value="965,350.00"/>
* e. Other:	<input type="text"/>
* f. Program Income:	<input type="text"/>
* g. TOTAL:	<input type="text" value="1,606,238.00"/>

**\* 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
- 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:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:



**Application for Federal Assistance SF-424**

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Office of Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

CFDA Title:

Public Safety Partnership And Community Policing Grants

**\*12 Funding Opportunity Number:**

COPS-CHRP-2009-1

\*Title:

CHRP

**13. Competition Identification Number:**

Title:

COPS Hiring Recovery Program

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

City of Chula Vista

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

CHRP - Chula Vista Police Department

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-051	*b. Program/Project: CA-051	
<b>17. Proposed Project:</b>		
*a. Start Date: 11/01/2009	*b. End Date: 11/30/2013	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	7,102,280	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	7,102,280	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>04/07/2009</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Richard</u>	
Middle Name: <u>Paul</u>		
*Last Name: <u>Emerson</u>		
Suffix: _____		
*Title: <u>Chief of Police</u>		
*Telephone Number: 619-691-5150	Fax Number: 619-565-5610	
* Email: <u>remerson@chulavistapd.org</u>		
*Signature of Authorized Representative: 		*Date Signed: <u>4/6/09</u>

OMB Number: 4046-0004  
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * (If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> <b>RECEIVED</b>  <b>APR 07 2009</b>  <b>STATE CLEARING HOUSE</b> </div>		
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text"/> San Francisco State University		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 93-1137247		* c. Organizational DUNS: <input type="text"/> 942514985
<b>d. Address:</b>		
* Street1: <input type="text"/> 1600 Holloway Avenue Street2: <input type="text"/> * City: <input type="text"/> San Francisco County: <input type="text"/> San Francisco * State: <input type="text"/> CA: California Province: <input type="text"/> * Country: <input type="text"/> USA: UNITED STATES * Zip / Postal Code: <input type="text"/> 94132-1722		
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/> Romberg Tiburon Center		Division Name: <input type="text"/> Science & Engineering
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/> Dr. * First Name: <input type="text"/> Kathryn Middle Name: <input type="text"/> * Last Name: <input type="text"/> Boyer Suffix: <input type="text"/>		
Title: <input type="text"/> Asst. Professor		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text"/> 415-338-3751		Fax Number: <input type="text"/> 415-435-7120
* Email: <input type="text"/> katboyer@sfsu.edu		

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b> H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type: 	
Type of Applicant 3: Select Applicant Type: 	
* Other (specify): 	
<b>* 10. Name of Federal Agency:</b> National Oceanic and Atmospheric Administration	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 11.463	
CFDA Title: Habitat Conservation	
<b>* 12. Funding Opportunity Number:</b> NOAA-NMFS-HCPC-2009-2001709	
* Title: Coastal and Marine Habitat Restoration Project Grants - Recovery Act	
<b>13. Competition Identification Number:</b> 2141924	
Title: 	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> San Rafael, Corte Madera, Emeryville, CA	
<b>* 15. Descriptive Title of Applicant's Project:</b> Recovery Act - Restoring eelgrass to San Francisco Bay	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

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

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-012	* b. Program/Project CA-012
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	05/01/2009	* b. End Date: 04/30/2011
<b>18. Estimated Funding (\$):</b>		
* a. Federal	2,175,418.00	
* b. Applicant	73,460.00	
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	2,248,878.00	
<b>* 18. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 04/06/2009.		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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 28, Section 1001)</b>		
<input checked="" type="checkbox"/> " I AGREE		
<small>-- 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.</small>		
<b>Authorized Representative:</b>		
Prefix:	Ms.	* First Name: Allison
Middle Name:		
* Last Name:	Sanders	
Suffix:		
* Title:	Director of Research	
* Telephone Number:	415-405-3493	Fax Number: 415-338-2493
* Email:	jasanders@sfsu.edu	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

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

**Application for Federal Assistance SF-424**

Version 02

\* 1. Type of Submission:  
 Preapplication  
 Application  
 Changed/Corrected Application

\* 2. Type of Application:  
 New  
 Continuation  
 Revision

\* If Revision, select appropriate letter(s):  
\_\_\_\_\_  
\* Other (Specify)  
\_\_\_\_\_

\* 3. Date Received:  
04/06/2009

4. Applicant Identifier:  
STATE LANDS COMMISSION



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: CALIFORNIA STATE LANDS COMMISSION

\* b. Employer/Taxpayer Identification Number (EIN/TIN):  
68-0291104

\* c. Organizational DUNS:  
508322440

**d. Address:**

\* Street1: 100 HOWE AVENUE  
Street2: SUITE 100 SOUTH  
\* City: SACRAMENTO  
County: SACRAMENTO  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 95825-8202

**e. Organizational Unit:**

Department Name:  
CALIFORNIA STATE LANDS COMMISS

Division Name:  
ADMINISTRATIVE AND INFORMATION

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

Prefix: Mr. \* First Name: DAVID  
Middle Name: WAYNE  
\* Last Name: BROWN  
Suffix: \_\_\_\_\_

Title: CHIEF, ADMINISTRATIVE SERVICES

Organizational Affiliation:  
CALIFORNIA STATE LANDS COMMISSION

\* Telephone Number: (916) 574-1870

Fax Number: (916) 574-1875

\* Email: BROWND@SLC.CA.GOV

**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:**

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

CFDA Title:

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

Title:

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

COAST LINE CITIES OF CARPINTERIA, VENTURA, AND SANTA BARBARA LOCATED IN THE COUNTIES OF SANTA BARBARA AND VENTURA IN THE STATE OF CALIFORNIA.

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

RECOVERY ACT - SANTA BARBARA CHANNEL HAZARDS REMOVAL PROGRAM. REMOVE HAZARDS POSED BY DERELICT STRUCTURES ON COAST LINE OF VENTURA AND SANTA BARBARA COUNTIES.

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

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="1,100,000.00"/>
* b. Applicant	<input type="text" value="324,900.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,424,900.00"/>

**\* 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  .
- 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:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Syar Industries, Inc.

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
94-1343351

\*c. Organizational DUNS:  
(See Attached)

**d. Address:**

\*Street 1: 2301 Napa-Vallejo Highway

Street 2: \_\_\_\_\_

\*City: Napa

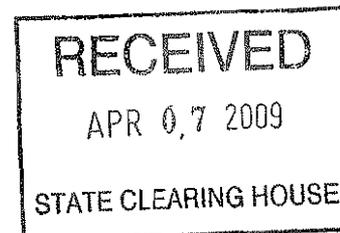
County: Napa

\*State: California

Province: \_\_\_\_\_

\*Country: USA

\*Zip / Postal Code 94558



**e. Organizational Unit:**

Department Name:  
Engineering and Planning

Division Name:  
Not Applicable

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

Prefix: Mr. \*First Name: John

Middle Name: \_\_\_\_\_

\*Last Name: Perry

Suffix: \_\_\_\_\_

Title: Vice President

Organizational Affiliation:  
Not Applicable

\*Telephone Number: 707-259-5826

Fax Number: 707-224-5932

\*Email: jperry@syar.com

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

X - Commercial Organization

**\*10 Name of Federal Agency:**

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463 \_\_\_\_\_

CFDA Title:

Habitat Conservation \_\_\_\_\_

**\*12 Funding Opportunity Number:**

NOAA - NMFS - HCPO - 2009 - 2001709 \_\_\_\_\_

\*Title:

NOAA Coastal and Marine Habitat Restoration Project Grants under the American Recovery and Reinvestment Act \_\_\_\_\_

**13. Competition Identification Number:**

2141924 \_\_\_\_\_

Title:

Coastal and Marine Habitat Restoration Project Grant Recovery Act \_\_\_\_\_

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

1. Middle Reach of the Russian River, Sonoma County, California.
2. Alexander Valley Reach of the Russian River, Sonoma County, California.

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

1. Russian River Middle Reach - Off-Channel Coho Salmon Habitat Restoration Project
2. Russian River Alexander Valley Reach - Off-Channel Habitat Salmon Restoration Project

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-001

\*b. Program/Project: CA-001 and CA-006

**17. Proposed Project:**

\*a. Start Date: June 2009

\*b. End Date: 12/2014

**18. Estimated Funding (\$):**

*a. Federal	\$16,650,497
*b. Applicant	\$1,456,076
*c. State	0
*d. Local	0
*e. Other	
*f. Program Income	\$525,000
*g. TOTAL	\$18,061,073

**\*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 4/6/2009
- 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: John \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
\*Last Name: Perry \_\_\_\_\_  
Suffix: \_\_\_\_\_

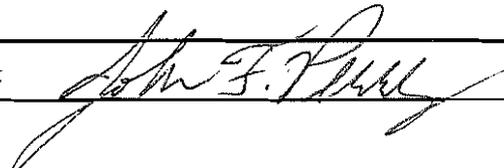
\*Title: Vice President

\*Telephone Number: 707-259-5826

Fax Number: 707-224-5932

\* Email: jperry@syar.com

\*Signature of Authorized Representative:



\*Date Signed: 4-6-09

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

Other (Specify)

RECEIVED

APR 07 2009

\* 3. Date Received:

4. Applicant Identifier:

STATE CLEARING HOUSE

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:

CITY OF PARLIER

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

94-6000390

\* c. Organizational DUNS:

014589480

d. Address:

\* Street 1:

1100 East Parlier Avenue

Street 2:

\* City:

Parlier,

County:

Fresno

\* State:

California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93648

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mrs.

\* First Name:

Patricia

Middle Name:

\* Last Name:

Barboza

Suffix:

Title:

Finance Director

Organizational Affiliation:

City of Parlier

\* Telephone Number:

(559) 646-3545

Fax Number:

(559) 646-0416

\* Email:

findir@parlier.ca.us

**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:**

NGMS Agency USDA Rural Development

**11. Catalog of Federal Domestic Assistance Number:**

10-769

CFDA Title:

Rural Business Enterprise Grant RBEG

**\* 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

\* Title:

MBL-SF424 FAMILY - ALL FORMS

**13. Competition Identification Number:**

Title:

Parlier Small and Emerging Business Development Assistance

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

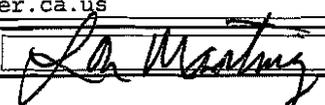
City of Parlier, Fresno County, California

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

Parlier Small and Emerging Business Development Assistance

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="20th"/>	* b. Program/Project <input type="text" value="20th"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="07-01-2009"/>	* b. End Date: <input type="text" value="06-30-2009"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="\$60,000.00"/>	<div style="border: 1px solid black; padding: 10px; text-align: center;">RECEIVED APR 07 2009 STATE CLEARING HOUSE</div>
* b. Applicant	<input type="text" value="\$10,000.00"/>	
* c. State	<input type="text" value="\$250,000.00"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text" value="\$250,000.00"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$570,000.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04-01-2009"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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)</b>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Lou"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Martinez"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="City Manager"/>	
* Telephone Number:	<input type="text" value="(559) 646-3545"/>	Fax Number: <input type="text" value="(559) 646-0416"/>
* Email:	<input type="text" value="citymanager@parlier.ca.us"/>	
* Signature of Authorized Representative:		* Date Signed: <input type="text" value="4/01/2009"/>

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

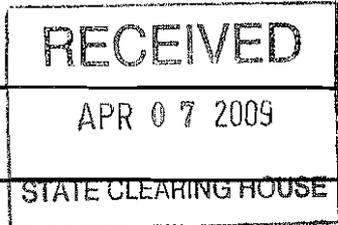
- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_



3. Date Received:

3/27/09

4. Applicant Identifier:

Superior California Economic Development, Inc.

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: Superior California Economic Development, Inc.

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

68-0328218

\*c. Organizational DUNS:

064822778

**d. Address:**

\*Street 1: 499 Hemsted Drive, Suite A

Street 2: \_\_\_\_\_

\*City: Redding

County: Shasta

\*State: CA

Province: \_\_\_\_\_

\*Country: USA

\*Zip / Postal Code 96002

**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: Robert

Middle Name: \_\_\_\_\_

\*Last Name: Nash

Suffix: \_\_\_\_\_

Title: Executive Officer

Organizational Affiliation:

\*Telephone Number: (530) 225-2760

Fax Number: (530) 225-2769

\*Email: bnash@scedd.org

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

USDA Rural Development

**11. Catalog of Federal Domestic Assistance Number:**

10.769

CFDA Title:

**\*12 Funding Opportunity Number: .**

\*Title:

**13. Competition Identification Number:**

Title:

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

Modoc, Shasta, Siskiyou, Trinity, Butte, Del Norte, Humboldt, Mendocino and Tehama Counties in California

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

Supporting Rural Businesses & Fostering Employment

Through Fundamental Financial Analysis

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: Second

\*b. Program/Project: Second

**17. Proposed Project:**

\*a. Start Date: 7/01/2009

\*b. End Date: 6/30/2010

**18. Estimated Funding (\$):**

*a. Federal	_____	77,000
*b. Applicant	_____	
*c. State	_____	30,000
*d. Local	_____	50,000
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	157,000

**\*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 \_\_\_\_\_
- 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: Robert

Middle Name: \_\_\_\_\_

\*Last Name: Nash

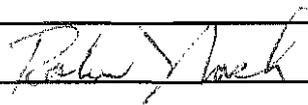
Suffix: \_\_\_\_\_

\*Title: Executive Officer

\*Telephone Number: (530) 225-2760

Fax Number: (530) 225-2769

\* Email: bnash@scedd.org

\*Signature of Authorized Representative: 

\*Date Signed: 03/27/09

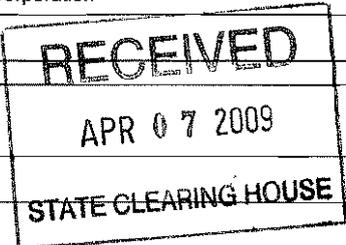
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> April 3, 2009	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> Yuba-Sutter Economic Development Corporation	<b>Organizational Unit:</b> Department:
<b>Organizational DUNS:</b> 120321596	<b>Division:</b>
<b>Address:</b> <b>Street:</b> 1227 Bridge Street, Suite C	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Stephen Middle Name: M. Last Name: Brammer Suffix:
<b>City:</b> Yuba City	<b>Email:</b> sbrammer@ysedc.org
<b>County:</b> Sutter County	<b>Phone Number (give area code)</b> 530-751-8555
<b>State:</b> CA	<b>Fax Number (give area code)</b> 530-751-8515
<b>Country:</b> U.S.	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="radio"/> Other (specify)



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

68-0342145

**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)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

10-769

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

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

Yuba and Sutter counties, cities of Live Oak, Marysville, Wheatland and Yuba City

**13. PROPOSED PROJECT**

**Start Date:** June 1, 2009   
 **Ending Date:** April 30, 2010

**15. ESTIMATED FUNDING:**

a. Federal	\$	50,000 <sup>00</sup>
b. Applicant	\$	65,000 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	115,000 <sup>00</sup>

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant: 2   
 b. Project: 2

**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 3, 2009  
 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**

<b>Prefix:</b> Mr. <b>First Name:</b> Stephen <b>Middle Name:</b> M. <b>Last Name:</b> Brammer <b>Suffix:</b>	<b>c. Telephone Number (give area code):</b> 530-751-8555 <b>e. Date Signed:</b> April 3, 2009
<b>b. Title:</b> President <b>d. Signature of Authorized Representative:</b> <i>Stephen M. Brammer</i>	<b>4/3/09</b> Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

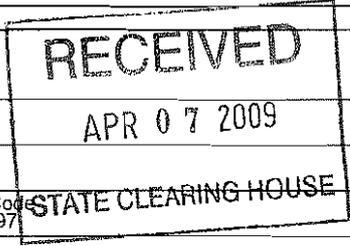
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 04/03/2009	Applicant Identifier	
			<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Siskiyou County Economic Development Council			Organizational Unit: Department:		
Organizational DUNS: 187670336			Division:		
Address: Street: 1512 South Oregon City: Yreka County: Siskiyou State: CA			<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  APR 07 2009  <b>STATE CLEARING HOUSE</b> </div>		
Zip Code: 96097					
Country: USA			Email: tonya@siskiyoucounty.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0062634			Phone Number (give area code) 530-842-1638		Fax Number (give area code) 530-842-2685
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) EDC-Non Profit Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Rural Business Enterprise Grant Program (RBEG)			<b>9. NAME OF FEDERAL AGENCY:</b> USDA, Rural Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Siskiyou County			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Sustainable Siskiyou		
<b>13. PROPOSED PROJECT</b> Start Date: 08/01/2009    Ending Date: 12/31/2010			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: District 2 - Wally Herger    b. Project: District 2 - Wally Herger		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	67,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	3,000 <sup>00</sup>	DATE:		
c. State	\$	<sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	<sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$	<sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	70,000 <sup>00</sup>	<b>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.</b>		
<b>a. Authorized Representative</b>					
Prefix		First Name Tonya		Middle Name	
Last Name Dowse		Suffix			
b. Title Executive Director		c. Telephone Number (give area code) 530-842-1638			
d. Signature of Authorized Representative <i>Tonya Dowse</i>		e. Date Signed 4/3/2009			

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 04/03/2009	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<b>5. APPLICANT INFORMATION</b> Legal Name: Siskiyou County Economic Development Council		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
Organizational DUNS: 187670336		<b>Organizational Unit:</b> Department:	
<b>Address:</b> Street: 1512 South Oregon City: Yreka County: Siskiyou State: CA Zip Code: 96097		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Tonya Middle Name: Last Name Dowse Suffix:	
Country: USA		Email: tonya@siskiyoucounty.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0062634		Phone Number (give area code) 530-842-1638	Fax Number (give area code) 530-842-2665
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) EDC-Non Profit Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Rural Business Enterprise Grant Program (RBEG)		<b>9. NAME OF FEDERAL AGENCY:</b> USDA, Rural Development	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Siskiyou County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Equipment Acquisition & Installation	
<b>13. PROPOSED PROJECT</b> Start Date: 07/01/2009 Ending Date: 06/30/2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 2 - Wally Herger b. Project District 2 - Wally Herger	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 28,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 128,000.00		
<b>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.</b>			
<b>a. Authorized Representative</b>		<b>c. Telephone Number (give area code)</b> 530-842-1638	
Prefix	First Name Tonya	<b>e. Date Signed</b> 4/3/2009	
Last Name Dowse	Suffix		
<b>b. Title</b> Executive Director			
<b>d. Signature of Authorized Representative</b> <i>Tonya Dowse</i>			



**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <i>April 2, 2009</i>		Applicant Identifier			
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier			
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION		<p><b>RECEIVED</b></p> <p>APR 07 2009</p> <p>STATE CLEARING HOUSE</p>					
Legal Name: <i>Cloverdale Chamber of Commerce</i>						Organizational Unit:	
Organizational DUNS: <i>168989101</i>						Department:	
Address:						Division:	
Street: <i>105 N. Cloverdale Blvd.</i>		Name and telephone number of person to be contacted on matters involving this application (give area code)					
City: <i>Cloverdale</i>		Prefix: <i>Ms.</i>		First Name: <i>CARLA</i>			
County: <i>Sonoma</i>		Middle Name: <i>A.</i>		Last Name: <i>HOWELL</i>			
State: <i>CA</i>		Zip Code: <i>95425</i>		Suffix:			
Country: <i>USA</i>		Email: <i>chamber CEO @ cloverdale.com</i>					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>94-0390337</i>		Phone Number (give area code) <i>(707) 894-0125</i>		Fax Number (give area code) <i>(707) 894-9568</i>			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		7. TYPE OF APPLICANT: (See back of form for Application Types)					
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<i>0</i>					
Other (specify)		9. NAME OF FEDERAL AGENCY: <i>USDA</i>					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>RBE6 (2001B)</i> <i>70-769</i>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Implementation of Outreach center for small business development and business counseling</i>					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>Cloverdale, CA. Sonoma County</i>		14. CONGRESSIONAL DISTRICTS OF:					
13. PROPOSED PROJECT Start Date: <i>When funded</i>		Ending Date: <i>12 mos.</i>		a. Applicant <i>Mike Thompson</i>			
15. ESTIMATED FUNDING:		b. Project <i>Mike Thompson</i>					
a. Federal	\$	<i>38,000.00</i>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
b. Applicant	\$			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
c. State	\$			DATE:			
d. Local	\$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
e. Other	\$	<i>2,000.00</i>		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income	\$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$	<i>40,000.00</i>		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Authorized Representative		Prefix <i>Ms.</i>		First Name <i>CARLA</i>			
Last Name <i>HOWELL</i>		Middle Name <i>A.</i>		Suffix			
b. Title <i>President / CEO</i>		c. Telephone Number (give area code) <i>(707) 894-0125</i>					
d. Signature of Authorized Representative <i>Carla A. Howell</i>		e. Date Signed <i>April 2, 2009</i>					

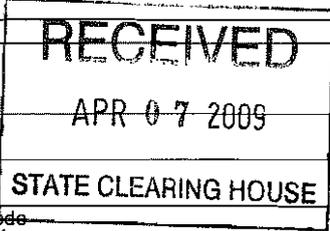
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> April 3, 2009	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Yuba-Sutter Economic Development Corporation	<b>Organizational Unit:</b> Department:
Organizational DUNS: 120321596	Division:
<b>Address:</b> Street: 1227 Bridge Street, Suite C	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Stephen
City: Yuba City	Middle Name M.
County: Sutter County	Last Name Brammer
State: CA Zip Code: 95901	Suffix:



Country: U.S.	Email: sbrammer@ysedc.org
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0342145	Phone Number (give area code) 530-751-8555 Fax Number (give area code) 530-751-8515

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Other (specify)
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-769	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Agriculture

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Yuba and Sutter counties, cities of Yuba City, Marysville, Wheatland, Live Oak	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Revolving Loan Fund
--	---

<b>13. PROPOSED PROJECT</b> Start Date: June 1, 2009 Ending Date:	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 2 b. Project 2
---	---

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 31, 2009
b. Applicant \$ 27,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 127,000.00	

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

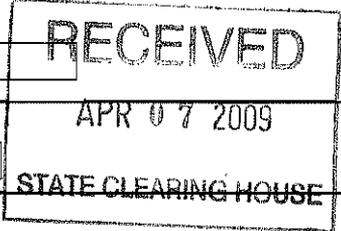
**a. Authorized Representative**

Prefix Mr. First Name Stephen	Middle Name M.
Last Name Brammer	Suffix
b. Title President	c. Telephone Number (give area code) 530-751-8555
d. Signature of Authorized Representative	e. Date Signed April 3, 2009

**Application for Federal Assistance SF-424**

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
--	--	---



* 3. Date Received: Completed by Grants.gov upon submission.	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: Friends of Corte Madera Creek Watershed

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0365270	* c. Organizational DUNS: 620813779
---	--

**d. Address:**

\* Street1: PO Box 415  
Street2: \_\_\_\_\_  
\* City: Larkspur  
County: Marin  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 94977-0415

**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: Sandra  
Middle Name: \_\_\_\_\_  
\* Last Name: Guldman  
Suffix: \_\_\_\_\_

Title: President

Organizational Affiliation:  
Friends of Corte Madera Creek Watershed

\* Telephone Number: 415 456-5052 Fax Number: 415 456-4992

\* Email: sandra.guldman@gmail.com

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="611,770.00"/>
* b. Applicant	<input type="text" value="84,000.00"/>
* c. State	<input type="text" value="348,380.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="12,430.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,056,580.00"/>

\* 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
- 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

*Sandra Gulldman*

*March 11, 2009*

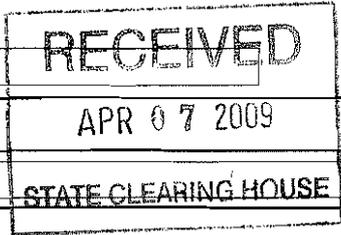
Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
--	--	---

* 3. Date Received: Completed by Grants.gov upon submission.	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: Friends of Corte Madera Creek Watershed

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0365270	* c. Organizational DUNS: 620813779
---	--

d. Address:

* Street1:	PO Box 415
Street2:	_____
* City:	Larkspur
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94977

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: Sandra
Middle Name: _____	
* Last Name: Goldman	
Suffix: _____	

Title: President

Organizational Affiliation:  
Friends of Corte Madera Creek Watershed

* Telephone Number: 415 456-5052	Fax Number: 415 456-4992
----------------------------------	--------------------------

\* Email: sandra.guidman@gmail.com

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**  
\* a. Applicant:  \* b. Program/Project:

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

**17. Proposed Project:**  
\* a. Start Date:  \* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="575,330.00"/>
* b. Applicant	<input type="text" value="40,500.00"/>
* c. State	<input type="text" value="100,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="715,830.00"/>

**\* 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 .  
 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:   
Middle Name:   
\* Last Name:   
Suffix:   
\* Title:   
\* Telephone Number:  Fax Number:   
\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

<b>Application for Federal Assistance SF-424</b>		Version 02	
		OMB Number: 4040-0004	
		Expiration Date: 01/31/2009	
1. Type of Submission:		2. Type of Application:	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		If Revision, select appropriate letter(s) Other (Specify) _____	
3. Date Received: 4/1/2009		4. Applicant Identifier: CA03342	
5a. Federal Entity Identifier:		5a. Federal Award Identifier:	
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>			
a. Legal Name: Murrieta, City of			
b. Employer/Taxpayer Identification Number (EIN/TIN): 330468975		c. Organizational DUNS: 007947307	
d. Address:			
Street 1: 24701 Jefferson Avenue		Street 2:	
City: Murrieta		County:	
State: CA		Province:	
Country:		Zip / Postal Code: 92562	
e. Organizational Unit:			
Department Name: Murrieta Police Department		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:			
First Name: Robert		Middle Name:	
Last Name: Firmes		Suffix:	
Title: Lieutenant		Organizational Affiliation:	
Telephone Number: 9514616315		Fax Number: 9516963608	
Email: rfirmes@murrieta.org			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Murrieta

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

2009 COPS Hiring

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 45	b. Program/Project: 45	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 6/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	3042560	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	3042560	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process ?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/3/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Robert
Middle Name:		
Last Name:	Firmes	
Suffix:		
Title:	Police Lieutenant	
Telephone Number:	9514616315	Fax Number:
Email:	rfirmes@murrieta.org	
Signature (Typed Name) of Authorized Representative:	Robert Firmes	Date Signed: 4/1/2009

Application for Federal Assistance SF-424		Version 02 OMB Number: 4040-0004 Expiration Date: 01/31/2009	
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New		
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision		
3. Date Received :	4. Applicant Identifier:		
3/24/2009	CA01702		
5a. Federal Entity Identifier:	5a. Federal Award Identifier:		
		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>APR 07 2009</p> <p>STATE CLEARING HOUSE</p> </div>	
<b>State Use Only:</b>			
6. Date Received by State:	7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>			
a. Legal Name: Clearlake Police Department			
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:	
942707410		800337367	
<b>d. Address:</b>			
Street 1:	14050 Olympic Dr		
Street 2:			
City:	Clearlake		
County:			
State:	CA		
Province:			
Country:			
Zip / Postal Code:	95422		
<b>e. Organizational Unit:</b>			
Department Name:		Division Name:	
Clearlake Police Department			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:			
First Name:	Nicole		
Middle Name:			
Last Name:	Newton		
Suffix:			
Title:	Records/Communications Supervisor		
Organizational Affiliation:			
Telephone Number:	7079948251	Fax Number:	7079948918
Email:	nnewton@clearlakepd.org		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Clearlake, County of Lake, State of California

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

Clearlake Police Department Hiring Initiative

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 1	b. Program/Project: 1	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 7/1/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	746752	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	746752	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/14/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p>		
<input checked="" type="checkbox"/>	I AGREE	
** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a> .		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Nicole
Middle Name:	Rene	
Last Name:	Newton	
Suffix:		
Title:	Records/Communications Supervisor	
Telephone Number:	7079948251	Fax Number: 7079948918
Email:	nnewton@clearlakepd.org	
Signature (Typed Name) of Authorized Representative:	Nicole Rene' Newton	Date Signed: 4/8/2009

Application for Federal Assistance SF-424		Version 1.0
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application - If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: 4-6-09		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            APR 07 2009            STATE CLEARING HOUSE         </div>
4. Applicant Identifier: CA03603		
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: City of Colton		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000694		*c. Organizational DUNS: 063826346
*d. Address:		
*Street 1: 1650 N. La Cadena Drive		
Street 2: _____		
*City: Colton		
County: San Bernardino		
*State: California		
Province: _____		
*Country: USA		
*Zip / Postal Code: 92324		
*e. Organizational Unit:		
Department Name: Police Department		Division Name:
*f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: Bill	
Middle Name: _____		
*Last Name: Burrows		
Suffix: _____		
Title: Lieutenant		
Organizational Affiliation: Colton Police Department		
*Telephone Number: 909-370-5597		Fax Number: 909-370-5169
*Email: bburrows@ci.colton.ca.us		

Application for Federal Assistance SF-424

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

City

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

\*10 Name of Federal Agency: Office of Community Oriented Policing Services  
United States Department of Justice (USDOJ)

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership & Community Policing Grants

\*12 Funding Opportunity Number:

— COPS-CHRP-2009-1

\*Title:

— CHRP

13. Competition Identification Number:

—

Title:

— COPS Hiring Recovery Program

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

City of Colton

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

CPD COPS Hiring & Retention Program.

Application for Federal Assistance SF-424		Version: 07
<b>16. Congressional Districts Of:</b>		
*a. Applicant: <u>43</u>	*b. Program/Project: <u>43</u>	
<b>17. Proposed Project:</b>		
*a. Start Date: <u>July 1, 2009</u>	*b. End Date: <u>June 30, 2012</u>	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	<u>1,492,848</u>	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>date sent</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <input type="checkbox"/> ** I AGREE		
** The certifications and assurances as well as grant terms and conditions can be found at the end of the application.		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Bob</u>	
Middle Name: _____		
*Last Name: <u>Miller</u>		
Suffix: _____		
*Title: <u>Chief of Police</u>		
*Telephone Number: <u>909-370-5016</u>	Fax Number: <u>909-370-5169</u>	

* Email: <u>bmiller@ci.colton.ca.us</u>	
*Signature (Typed Name) of Authorized Representative: 	*Date Signed: <u>4-6-09</u>

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

<p><b>*Applicant Federal Debt Delinquency Explanation</b></p> <p>The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.</p>
---

Application for Federal Assistance SF-424

Version: 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

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 :

3/24/2009

4. Applicant Identifier:

CA01702

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

RECEIVED

APR 07 2009

STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: Clearlake Police Department

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

942707410

c. Organizational DUNS:

800337367

**d. Address:**

Street 1: 14050 Olympic Dr

Street 2:

City: Clearlake

County:

State: CA

Province:

Country:

Zip / Postal Code: 95422

**e. Organizational Unit:**

Department Name:

Clearlake Police Department

Division Name:

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

Prefix:

First Name: Nicole

Middle Name:

Last Name: Newton

Suffix:

Title: Records/Communications Supervisor

Organizational Affiliation:

Telephone Number: 7079948251

Fax Number: 7079948918

Email: nnewton@clearlakepd.org

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

*City of Clearlake, County of Lake, State of California*

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

Clearlake Police Department Hiring Initiative

16. Congressional Districts Of:

a. Applicant: 1 b. Program/Project: 1

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 7/1/2012

18. Estimated Funding (\$):

- a. Federal 746752
- b. Applicant
- c. State
- d. Local
- e. Other
- f. Program Income
- g. TOTAL 746752

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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/???](http://www.cops.usdoj/???)

Authorized Representative:

Prefix: First Name: Nicole  
 Middle Name: Rene  
 Last Name: Newton  
 Suffix:

Title: Records/Communications Supervisor

Telephone Number: 7079948251 Fax Number: 7079948918

Email: nnewton@clearlakepd.org

Signature (Typed Name) of Authorized Representative: Nicole Rene' Newton Date Signed: 4/8/2009

**Application for Federal Assistance SF-424**

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">APR 07 2009</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div>	
3/17/2009		CA01701			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
<b>State Use Only:</b>		6. Date Received by State:		7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Lakeport, City of					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946001434			104629634		
<b>d. Address:</b>					
Street 1:		916 North Forbes Street			
Street 2:					
City:		Lakeport			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		95453			
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
Lakeport Police Department			Police		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:					
First Name:		Kevin			
Middle Name:					
Last Name:		Burke			
Suffix:					
Title:		Chief of Police			
Organizational Affiliation:					
Telephone Number:		7072635491		Fax Number:	
Email:		kburke@lakeportpolice.org			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Lakeport, California

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

Police Officer Hiring and Retention Grant

## Application for Federal Assistance SF-424

Version 02

**16. Congressional Districts Of:**

a. Applicant: CA 1st

b. Program/Project: CA 1st

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 7/1/2012

**18. Estimated Funding (\$):**

a. Federal	482474
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	482474

**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
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/7777](http://www.cops.usdoj/7777).

**Authorized Representative:**

Prefix: First Name: Kevin

Middle Name:

Last Name: Burke

Suffix:

Title: Chief of Police

Telephone Number: 7072635491 Fax Number: 7072633846

Email: kburke@lakeportpolice.org

Signature (Typed Name) of Authorized Representative: Kevin Burke Date Signed: 3/17/2009

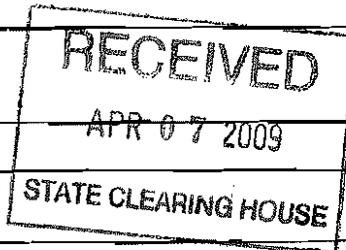
**Application for Federal Assistar SF-424**

Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____

3. Date Received :	4. Applicant Identifier:
3/20/2009	CA01916

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Covina Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
956000699	627617152

**d. Address:**

Street 1: 444 North Citrus Avenue  
 Street 2: 125 East College Street  
 City: Covina  
 County:  
 State: CA  
 Province:  
 Country:  
 Zip / Postal Code: 91723

**e. Organizational Unit:**

Department Name:	Division Name:
Covina Police Dept	Administration

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

Prefix:  
 First Name: Patrick  
 Middle Name: M  
 Last Name: Buchanan  
 Suffix:  
 Title: Police Lieutenant

**Organizational Affiliation:**

Telephone Number:	6268584404	Fax Number:	6268584401
Email:	pbuchanan@ci.covina.ca.us		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Covina

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

Hire three new sworn police officers

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 32nd

b. Program/Project: 32nd

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 7/1/2012

## 18. Estimated Funding (\$):

a. Federal 921744

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 921744

## 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 4/7/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.uedoj/777?](http://www.cops.uedoj/777?)

## Authorized Representative:

Prefix: First Name: Kim

Middle Name: J

Last Name: Raney

Suffix:

Title: Chief of Police

Telephone Number: 6268584400

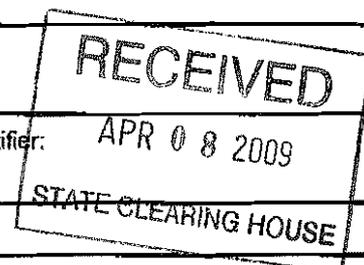
Fax Number: 6268584401

Email: [kraney@ci.covina.ca.us](mailto:kraney@ci.covina.ca.us)

Signature (Typed Name) of Authorized Representative: Kim J. Raney

Date Signed: 4/7/2009

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier: Saus PD 09-01
5a. Federal Entity Identifier:		5b. Federal Award Identifier: APR 08 2009
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: City of Sausalito		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000429		*c. Organizational DUNS: 097988414
d. Address:		
*Street 1:	420 Litho Street	
Street 2:	_____	
*City:	Sausalito	
County:	Marin	
*State:	California	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	94965	
e. Organizational Unit:		
Department Name: Sausalito Police Department		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: Kurtis	
Middle Name: Matthew	_____	
*Last Name: Skoog	_____	
Suffix: _____	_____	
Title: Sergeant	_____	
Organizational Affiliation: Employee		
*Telephone Number: 415-289-987-9924		Fax Number: 415-289-4170
*Email: kskoog@ci.sausalito.ca.us		



**Application for Federal Assistance SF-424** Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**  
C. City or Township Government  
**Type of Applicant 2: Select Applicant Type:**  
  
**Type of Applicant 3: Select Applicant Type:**  
  
**\*Other (Specify)**

**\*10 Name of Federal Agency:**  
U.S. DOJ. The Office of Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**  
CFDA 16.710  
**CFDA Title:**  
CHRP

**\*12 Funding Opportunity Number:**  
P.L. 111-5  
  
**\*Title:**  
ARRA

**13. Competition Identification Number:**  
N/A  
**Title:**  
\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**  
City of Sausalito

**\*15. Descriptive Title of Applicant's Project:**  
Community Policing Improvement Project. Hiring one new officer using Federal grant funds in order Improve Community Oriented Policing projects.

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: o

\*b. Program/Project: CA-006

**17. Proposed Project:**

\*a. Start Date: 11-15-2009

\*b. End Date: 11-15-2012

**18. Estimated Funding (\$):**

*a. Federal	_____	\$370,220
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$370,220

**\*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 4-8-2009
- 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: Scott

Middle Name: \_\_\_\_\_

\*Last Name: Paulin

Suffix: \_\_\_\_\_

\*Title: Chief of Police

\*Telephone Number: 415-289-4181

Fax Number: 415-289-4175

\* Email: Spaulin@ci.sausalito.ca.us

\*Signature of Authorized Representative:



\*Date Signed: 4-8-2009

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: 4/9/2009	4. Applicant Identifier: CA04900	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            APR 08 2009  <b>STATE CLEARING HOUSE</b> </div>
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Sonoma County Sheriff's Department		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 946000539	*c. Organizational DUNS: 868473448	
<b>d. Address:</b>		
*Street 1:	<u>2796 Ventura Avenue</u>	
Street 2:	_____	
*City:	<u>Santa Rosa</u>	
County:	<u>Sonoma</u>	
*State:	<u>County</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>95403</u>	
<b>e. Organizational Unit:</b>		
Department Name: Sonoma County Sheriff's Department	Division Name: Law Enforcement Division	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <u>Ms.</u>	*First Name: <u>Christel</u>	
Middle Name: _____		
*Last Name: <u>Querijero</u>		
Suffix: _____		
Title: <u>Department Analyst</u>		
Organizational Affiliation: Sonoma County Sheriff's Department		
*Telephone Number: (707) 565-3923	Fax Number: (707) 565-8018	
*Email: <u>CQuerije@sonoma-county.org</u>		

Application for Federal Assistance SF-424	Version 02
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b> B. County Government</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p><b>*10 Name of Federal Agency:</b> Office of Community Oriented Policing Services</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b> 16.710</p> <p>CFDA Title: Public Safety Partnership and Community Policing Grant</p>	
<p><b>*12 Funding Opportunity Number:</b> COPS-CHRP-2009-1</p> <p>*Title: CHRP</p>	
<p><b>13. Competition Identification Number:</b> _____</p> <p>Title: COPS Hiring Recovery Program</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Sonoma County unincorporated areas, the City of Sonoma, CA, and the Town of Windsor, CA</p>	
<p><b>*15. Descriptive Title of Applicant's Project:</b> Enhancing Community Oriented Policing in Sonoma County</p>	

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-006	*b. Program/Project: CA-006	
<b>17. Proposed Project:</b>		
*a. Start Date: 7/1/2009	*b. End Date: 6/30/2012	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	5,572,000	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	5,572,000	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>4/8/2009</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>William</u>	
Middle Name: _____		
*Last Name: <u>Cogbill</u>		
Suffix: _____		
*Title: Sheriff-Coroner		
*Telephone Number: (707) 565-2781		Fax Number: (707) 565-6018
* Email: <u>WCogbill@sonoma-county.org</u>		
*Signature of Authorized Representative:		*Date Signed:

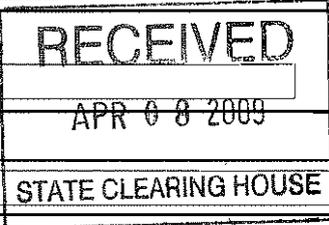
**Application for Federal Assistance SF-424**

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
--	--	--

* 3 Date Received: Completed by Grants.gov upon submission	4. Applicant Identifier: N/A
---	---------------------------------

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



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Benicia

* b Employer/Taxpayer Identification Number (EIN/TIN): 94-6000298	* c. Organizational DUNS: 004952792
--	--

**d. Address:**

\* Street1: 250 East L Street  
Street2: \_\_\_\_\_  
\* City: Benicia  
County: \_\_\_\_\_  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 94510

**e. Organizational Unit:**

Department Name: Community Development	Division Name: Planning
---	----------------------------

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

Prefix: \_\_\_\_\_ \* First Name: Lisa  
Middle Name: \_\_\_\_\_  
\* Last Name: Porras  
Suffix: \_\_\_\_\_  
Title: Senior Planner

Organizational Affiliation:  
\_\_\_\_\_

* Telephone Number: (707) 746-4277	Fax Number: (707) 747-8121
------------------------------------	----------------------------

\* Email: lporras@ci.benicia.ca.us

**Application for Federal Assistance SF-424**

Version 02

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

CFDA Title:

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

Title:

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

City of Benicia submerged rights-of-way, and 5 privately owned submerged parcels.

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

Recovery Act - Downtown Benicia Marine Debris Removal Project

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="1,976,996.30"/>
* b. Applicant	<input type="text" value="4,536.06"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="500,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,481,532.36"/>

**\* 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  .
- 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:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**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.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application    * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation    *Other (Specify) _____ <input type="checkbox"/> Revision
3. Date Received: 4/8/09	4. Applicant Identifier: CA03900	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>             APR 08 2009             STATE CLEARING HOUSE         </div>
5a. Federal Entity Identifier:	*5b. Federal Award Identifier: 16.710	
<b>State Use Only:</b> 6. Date Received by State:      7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: San Joaquin County Sheriff's Office		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 946000531		*c. Organizational DUNS: 555407857
*d. Address:		
*Street 1:	7000 Canlis Boulevard	
Street 2:		
*City:	French Camp	
County:	San Joaquin	
*State:	CA	
Province:		
*Country:	USA	
*Zip / Postal Code	95231	
*e. Organizational Unit:		
Department Name: San Joaquin County Sheriff's Office		Division Name: Support Services Division
*f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: Danelle _____	
Middle Name: _____		
*Last Name: Hohe		
Suffix: _____		
Title: Captain		
Organizational Affiliation: San Joaquin County Sheriff's Office		
*Telephone Number: 209-468-4572		Fax Number: 209-468-4466
*Email: dhohe@sjgov.org		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Office of Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

**\*12 Funding Opportunity Number:**

COPS-CHRP-2009-1

\*Title:

CHRP

**13. Competition Identification Number:**

Title:

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

Unincorporated urban and rural areas of San Joaquin County.

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

Community Car Program.

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA 11+ 18	*b. Program/Project: CA 11+18	
<b>17. Proposed Project:</b>		
*a. Start Date: 07/01/2009	*b. End Date: 06/30/2012	
<b>18. Estimated Funding (\$): 13,849,588</b>		
*a. Federal	\$13,849,588	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$13,849,588	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>04/08/09</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be found at the end of the application.</p>		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Danelle</u>	
Middle Name: _____		
*Last Name: <u>Hohe</u>		
Suffix: _____		
*Title: <u>Captain</u>		
*Telephone Number: (209) 468-4572		Fax Number: (209) 468-4466

## Application for Federal Assistance SF-424

Version 02

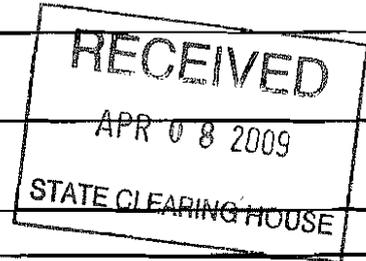
OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/18/2009	CA01967

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------



## State Use Only:

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

## 8. APPLICANT INFORMATION:

a. Legal Name: Signal Hill Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
956000797	084690387

## d. Address:

Street 1:	1800 E. Hill Street
Street 2:	
City:	Signal Hill
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	90755

## e. Organizational Unit:

Department Name:	Division Name:
Signal Hill Police Department	

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

Prefix:	
First Name:	Tom
Middle Name:	
Last Name:	Sonoff
Suffix:	
Title:	Chief of Police
Organizational Affiliation:	
Telephone Number:	5629897208
Fax Number:	
Email:	tsonoff@cityofsignalhill.org

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Signal Hill

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

Signal Hill Police Department Community Crime Impact Team

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 37th

b. Program/Project: 37th

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

## 18. Estimated Funding (\$):

a. Federal	708346
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	708346

## 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 4/8/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: Mr First Name: Kenneth

Middle Name:

Last Name: Farfsing

Suffix:

Title: City Manager

Telephone Number: 5629897301 Fax Number:

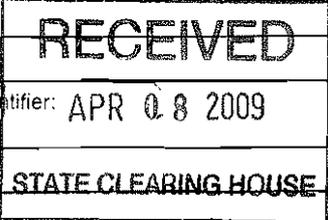
Email: kfarfsing@cityofsignalhill.org

Signature (Typed Name) of Authorized Representative: Kenneth Farfsing Date Signed: 4/8/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/16/2009	CA04403

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier: APR 08 2009

<b>8. APPLICANT INFORMATION:</b>	
a. Legal Name: Watsonville, City of	
b. Employer/Taxpayer Identification Number (EIN/TIN): 946000451	c. Organizational DUNS: 010939452

<b>d. Address:</b>	
Street 1:	215 Union St
Street 2:	
City:	Watsonville
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95076

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
Watsonville Police Department	

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:			
First Name:	Linda		
Middle Name:	L		
Last Name:	Peters		
Suffix:			
Title:	Administrative Services Manager		
Organizational Affiliation:	Watsonville Police Department		
Telephone Number:	8317683306	Fax Number:	8317243335
Email:	lpeters@ci.watsonville.ca.us		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Watsonville

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

COPS Hiring Program

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 17th	b. Program/Project: 17th	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 6/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	2160936	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	2160936	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	4/9/2009
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Carlos
Middle Name: J		
Last Name: Palacios		
Suffix:		
Title: City Manager		
Telephone Number: 8317683010	Fax Number:	8317610736
Email: Citymanager@ci.watsonville.ca.us		
Signature (Typed Name) of Authorized Representative: Carlos J. Palacios	Date Signed:	3/31/2009

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

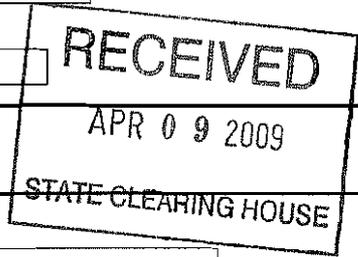
- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify)**



**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**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:**

United Water Conservation District

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

95-6004272

**\* c. Organizational DUNS:**

121878094

**d. Address:**

**\* Street1:**

106 No. 8th Street

**Street2:**

**\* City:**

Santa Paula

**County:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

93060

**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:**

Kenneth

**Middle Name:**

**\* Last Name:**

Breitag

**Suffix:**

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**

805-525-4431

**Fax Number:**

805-525-2661

**\* Email:**

kenb@unitedwater.org

**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:**

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

**CFDA Title:**

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

**\* Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

**Title:**

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

Ventura County, California; Cities of Ventura, Oxnard, Port Hueneme, Santa Paula and Fillmore in California; Santa Clara River watershed

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

Recovery Act - Freeman Diversion Fish Screen Enhancement on the Santa Clara River

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachment

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="912,500.00"/>
* b. Applicant	<input type="text" value="257,500.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,170,000.00"/>

**\* 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
- 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**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.

## Project Narrative File(s)

---

\* Mandatory Project Narrative File Filename:

---

To add more Project Narrative File attachments, please use the attachment buttons below.

## Budget Narrative File(s)

---

\* **Mandatory Budget Narrative Filename:**

---

To add more Budget Narrative attachments, please use the attachment buttons below.

Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 15 CFR Part 28, 'New Restrictions on Lobbying.' The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Commerce determines to award the covered transaction, grant, or cooperative agreement.

**LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 15 CFR Part 28, for persons entering into a grant, cooperative agreement or contract over \$100,000 or a loan or loan guarantee over \$150,000 as defined at 15 CFR Part 28, Sections 28.105 and 28.110, the applicant certifies that to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, 'Disclosure Form to Report Lobbying,' in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure occurring on or before October 23, 1996, and of not less than \$11,000 and not more than \$110,000 for each such failure occurring after October 23, 1996.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification.**

**\* NAME OF APPLICANT**

United Water Conservation District

**\* AWARD NUMBER**

**\* PROJECT NAME**

Recovery Act - Freeman Fish Screen Enhancement

**Prefix:**

**\* First Name:**

Kenneth

**Middle Name:**

**\* Last Name:**

Breitag

**Suffix:**

**\* Title:** Executive Coordinator

**\* SIGNATURE:**

Completed by Grants.gov upon submission.

**\* DATE:**

Completed by Grants.gov upon submission.

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p><b>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</b></p> <p>Completed on submission to Grants.gov</p>	<p><b>* TITLE</b></p> <p>Executive Coordinator</p>
<p><b>* APPLICANT ORGANIZATION</b></p> <p>United Water Conservation District</p>	<p><b>* DATE SUBMITTED</b></p> <p>Completed on submission to Grants.gov</p>

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 4040-0006  
Expiration Date 07/30/2010

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Preparation of plans and specifications		\$	\$	\$ 75,000.00	\$ 25,000.00	\$ 100,000.00
2. Permitting				37,500.00	12,500.00	50,000.00
3. Review by Fish Passage Review Panel				0.00	20,000.00	20,000.00
4. Construction				800,000.00	200,000.00	1,000,000.00
5. Totals		\$	\$	\$ 912,500.00	\$ 257,500.00	\$ 1,170,000.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Preparation of plans and specifications	(2) Permitting	(3) Review by Fish Passage Review Panel	(4) Construction	
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Contractual	100,000.00	50,000.00	20,000.00	<input type="text"/>	170,000.00
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	1,000,000.00	1,000,000.00
h. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Total Direct Charges (sum of 6a-6h)	100,000.00	50,000.00	20,000.00	1,000,000.00	\$ 1,170,000.00
j. Indirect Charges	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ 100,000.00	\$ 50,000.00	\$ 20,000.00	\$ 1,000,000.00	\$ 1,170,000.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ <input type="text"/>

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Preparation of plans and specifications	\$ 25,000.00	\$	\$	\$ 25,000.00
9. Permitting	12,500.00			12,500.00
10. Review by Fish Passage Review Panel	20,000.00			20,000.00
11. Construction	200,000.00			200,000.00
12. TOTAL (sum of lines 8-11)	\$ 257,500.00	\$	\$	\$ 257,500.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 912,500.00	\$ 112,500.00	\$ 0.00	\$ 400,000.00	\$ 400,000.00
14. Non-Federal	\$ 257,500.00	57,500.00	0.00	100,000.00	100,000.00
15. TOTAL (sum of lines 13 and 14)	\$ 1,170,000.00	\$ 170,000.00	\$ 0.00	\$ 500,000.00	\$ 500,000.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Preparation of plans and specifications	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
17. Permitting	0.00	0.00	0.00	0.00
18. Review by Fish Passage Review Panel	0.00	0.00	0.00	0.00
19. Construction	0.00	0.00	0.00	0.00
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks: Applicant's personnel charges not included; to be paid by applicant	

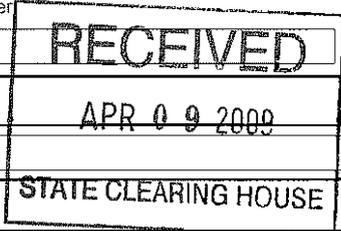
Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
--	--	--

* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission	4. Applicant Identifier: <input type="text"/>
---	--

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/> 11.463
--	--



State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. APPLICANT INFORMATION:

* a. Legal Name: Channel Islands Marine Resource Institute	* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0451614	* c. Organizational DUNS: 163696490
--	--	-------------------------------------

d. Address:

* Street1:	P.O. Box 1627
* Street2:	
* City:	Port Bueneme
* County:	
* State:	CA: California
* Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93044

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

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

Prefix: Dr.	* First Name: Lorraine
Middle Name: <input type="text"/>	
* Last Name: Buckely	
Suffix: <input type="text"/>	
Title: Director	
Organizational Affiliation: Channel Islands Marine Resource Institute (CIMRI)	
* Telephone Number: 805 509-4399	Fax Number: <input type="text"/>
* Email: lbuckley@vcccd.edu	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title

Habitat Conservation

\* 12. Funding Opportunity Number:

NOAA-NMFS-HCPO-2009-2001709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

13. Competition Identification Number:

2.41924

Title:

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

Navy Base Ventura County Point Mugu, City of Oxnard, Ventura County, California

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

Recovery Act - Wetland Restoration, Monitoring, and outreach for Mugu Lagoon and the Park at Westport in Ventura County, CA

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:  \* b. Program/Project:

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

**17. Proposed Project:**  
\* a. Start Date:  \* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="1,877,890.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* c. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="85,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,972,890.00"/>

**\* 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   
 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
3/20/2009		CA00705			
5a. Federal Entity Identifier:			5a. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: El Cerrito Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000325			085339299		
<b>d. Address:</b>					
Street 1:		10900 San Pablo Avenue			
Street 2:					
City:		El Cerrito			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		94530			
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
El Cerrito Police Department					
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:					
First Name:		Michael			
Middle Name:					
Last Name:		Regan			
Suffix:					
Title:		Commander			
Organizational Affiliation:					
Telephone Number:		5102154426		Fax Number: 5102158016	
Email:		mregan@ci.el-cerrito.ca.us			



**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City

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

Retain/Hire Police Officers

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: CA010	b. Program/Project: CA010	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 7/1/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	1123413	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	1123413	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/14/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Michael
Middle Name:		
Last Name:	Regan	
Suffix:		
Title:	Commander	
Telephone Number:	5102154426	Fax Number: 5102158016
Email:	mregan@ci.el-cerrito.ca.us	
Signature (Typed Name) of Authorized Representative:	Michael Regan	Date Signed: 4/14/2009

## Application for Federal Assistance - SF-424

Version 02

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

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  APR 09 2009  STATE CLEARING HOUSE </div>	
3/24/2009		CA00707			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Pinole Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000394			004940219		
<b>d. Address:</b>					
Street 1:		880 Tennent Avenue			
Street 2:					
City:		Pinole			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		94564			
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
Pinole Police Department			Administration		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:		Mr			
First Name:		Paul			
Middle Name:		M.			
Last Name:		Clancy			
Suffix:					
Title:		Chief			
Organizational Affiliation:		Pinole Police Department			
Telephone Number:		5107248950		Fax Number: 5107249811	
Email:		pclancy@ci.pinole.ca.us			

**Application for Federal Assistance - SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Pinole

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

Community Policing Recovery Program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

a. Applicant: 7th

b. Program/Project: 7th

**17. Proposed Project:**

a. Start Date: 7/20/2009

b. End Date: 6/30/2013

**18. Estimated Funding (\$):**

a. Federal 1304232

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1304232

**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 4/9/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Belinda

Middle Name:

Last Name: Espinosa

Suffix:

Title: City Manager

Telephone Number: 5107249002

Fax Number: 5107249826

Email: citymng@ci.pinole.ca.us

Signature (Typed Name) of Authorized Representative: Belinda Espinosa

Date Signed: 3/30/2009

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> April 8, 2009	Applicant Identifier
	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

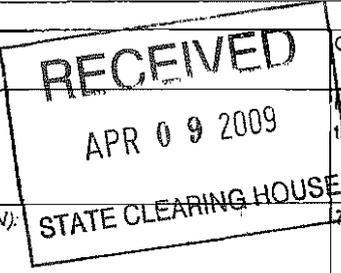
**5. APPLICANT INFORMATION**

Legal Name: **Proteus, Inc.**

Organizational Unit: **N/A**

Address (give city, county, State, and zip code):  
**1830 N. Dinuba Blvd.  
 Visalia CA 93291**

Name and telephone number of person to be contacted on matters involving this application (give area code):  
**Tessie David - (559) 733-5423**



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 94 - 2184330

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

**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): \_\_\_\_\_

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

**9. NAME OF FEDERAL AGENCY:**  
 USDA Rural Development Agency

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

TITLE: Rural Business Enterprise Grant

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Mobile Employment Center Technology Project - The main objective of this project is to upgrade and renovate the Mobile Employment Center (MEC) so that workforce and other services will continue to be provided to customers in rural, isolated communities.

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

**13. PROPOSED PROJECT**    **14. CONGRESSIONAL DISTRICTS OF:**

Start Date 7/1/09	Ending Date 6/30/10	a. Applicant 21st, 22nd Congressional Districts	b. Project Mobile Employment Center Technology Project
----------------------	------------------------	--	---

**15. ESTIMATED FUNDING:**

a. Federal	\$	26,916 <sup>00</sup>
b. Applicant	\$	<sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	26,916 <sup>00</sup>

**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 04/02/09

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>Michael E. McCann</b>	b. Title Chief Executive Officer	c. Telephone Number (559) 733-5423
d. Signature of Authorized Representative 		e. Date Signed 4/8/09

Application for Federal Assistance SF-424		Version 02
		OMB Number: 4040-0004
		Expiration Date: 01/31/2009
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	
3/25/2009	CA01200	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	<b>RECEIVED</b> APR 09 2009
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	<b>STATE CLEARING HOUSE</b>
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Humboldt County		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
946000513	138391219	
d. Address:		
Street 1:	826 4th. Street	
Street 2:		
City:	Eureka	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	95501	
e. Organizational Unit:		
Department Name:	Division Name:	
Humboldt County Sheriff's Office		
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		
First Name:	Michael	
Middle Name:	Thomas	
Last Name:	Downey	
Suffix:		
Title:	Undersheriff	
Organizational Affiliation:		
Telephone Number:	7072683613	Fax Number: 7074457298
Email:	mdowney@co.humboldt.ca.us	

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Humboldt County Ca.

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

Accelerated Hiring, Education and Deployment of new deputy sheriff's for Community Policing

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 1st

b. Program/Project: CHRP

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

## 18. Estimated Funding (\$):

a. Federal	1742672
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	1742672

## 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 4/10/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: First Name: Michael

Middle Name: Thomas

Last Name: Downey

Suffix:

Title: Undersheriff

Telephone Number: 7072683613

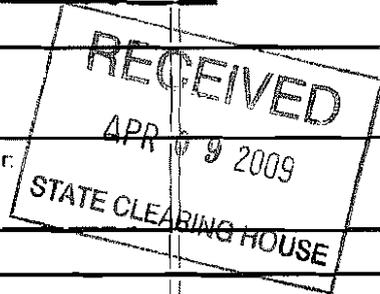
Fax Number: 7074457298

Email: [mdowney@co.humboldt.ca.us](mailto:mdowney@co.humboldt.ca.us)

Signature (Typed Name) of Authorized Representative: CA01200/1NADELOS

Date Signed: 4/1/2009

<b>Application for Federal Assistance SF-424</b>		Version 02 OMB Number: 4040-0004 Expiration Date: 01/31/2009	
1. Type of Submission:		2. Type of Application:	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
If Revision, select appropriate letter(s) Other (Specify)			
3. Date Received :		4. Applicant Identifier:	
3/30/2009		CA05604	
5a. Federal Entity Identifier:		5a. Federal Award Identifier:	
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>			
a. Legal Name: Oxnard Police Department			
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:	
956000756		100849152	
d. Address:			
Street 1:		251 South 'C' Street	
Street 2:			
City:		Oxnard	
County:			
State:		CA	
Province:			
Country:			
Zip / Postal Code:		93030	
e. Organizational Unit:			
Department Name:		Division Name:	
Police Dept.		Support Services	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		Mrs.	
First Name:		Mary	
Middle Name:		M	
Last Name:		Diamond	
Suffix:			
Title:		Financial Manager	
Organizational Affiliation:			
Telephone Number:		Fax Number:	
8053857612		8053857739	
Email:		mary.diamond@oxnardpd.org	



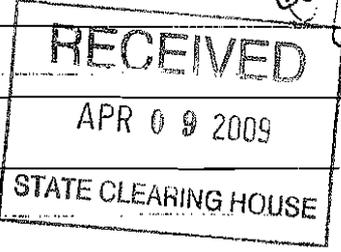
<b>Application for Federal Assistance SF-424</b>	Version 02
<b>9. Type of Applicant 1: Select Applicant Type:</b>  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  Other (Specify):	
<b>10 Name of Federal Agency:</b>  <b>Office of Community Oriented Policing Services</b>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> CFDA # = 16.710 CFDA Title: Public Safety Partnership And Community Policing Grants	
<b>12 Funding Opportunity Number:</b> COPS-CHRP-2009-1 Title: CHRP	
<b>13. Competition Identification Number:</b>  Title: COPS Hiring Recovery Program	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> City of Oxnard	
<b>15. Descriptive Title of Applicant's Project:</b> Oxnard's Community Oriented Policing Services Hiring Recovery Project	

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 23	b. Program/Project: 23	
<b>17. Proposed Project:</b>		
a. Start Date: 6/1/2009	b. End Date: 5/31/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	7956960	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	7956960	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on 4/9/2009	
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix: Mr.	First Name: Edmund	
Middle Name: F.		
Last Name: Sotelo		
Suffix:		
Title: City Manager		
Telephone Number: 8053857449	Fax Number: 8053857595	
Email: edmund.sotelo@ci.oxnard.ca.us		
Signature (Typed Name) of Authorized Representative: Edmund F. Sotelo	Date Signed: 4/9/2009	

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7-03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>		2. DATE SUBMITTED 4/10/2009	Applicant Identifier
3. DATE RECEIVED BY STATE		State Applicant Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: California Travel & Tourism Commission Organizational DUNS: Address: Street: 990 Ninth Street, Suite 480 City: Sacramento, CA 95814 County: Sacramento State: CA Zip Code 95814 Country: USA		Organizational Unit: Department: Rural Tourism Development Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jonelle Middle Name: Last Name: Norton-Tannahill Suffix: Email: jtannahill@visitcalifornia.com Phone Number (give area code): 916-319-5438 Fax Number (give area code): 916-444-0410	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0408095		7. TYPE OF APPLICANT: (See back of form for Application Types) 0 Other (specify) non-profit tourism arm of state of California	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: <u>USBA</u> operates under the auspices of the Business, Transportation and Housing	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 9 TITLE (Name of Program): USDA Rural Development Rural Business Enterprise Grants Fiscal Year 2009		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Grant for three programs benefiting California's rural tourism regions: Eight Rural Tourism Workshops: Spur tourism spending in rural regions. California Cultural & Heritage Tourism Council's Symposium: Attract tourism spending to cultural & heritage venues and area businesses. California Sustainable Tourism Symposium: see attached	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rural regions of California (8 of 12 tourism regions are rural)		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Sacramento b. Project see attached - 8 rural regions	
13. PROPOSED PROJECT Start Date: 7/1/09 Ending Date: 6/30/11		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/9/09 b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 51,400.00 b. Applicant \$ 32,800.00 c. State \$ 0.00 d. Local \$ 48,400.00 e. Other \$ 6,230.00 f. Program Income \$ 8,878.00 g. TOTAL \$ 248,690.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Ms. First Name Jonelle Middle Name Last Name Norton-Tannahill b. Title Tourism Development Manger c. Telephone Number (give area code) 916-319-5438 d. Signature of Authorized Representative <i>Jonelle Tannahill</i> e. Date Signed 04-09-09			



## Application for Federal Assistance SF-424

Version 02

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

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/8/2009	CA120ZZ

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



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: Elk Grove, City of	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
943366854	130410389

<b>d. Address:</b>	
Street 1:	8380 Laguna Palms Way
Street 2:	
City:	Elk Grove
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95758

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
Police Department	

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	Ms		
First Name:	Nicole		
Middle Name:	Jeanine		
Last Name:	York-Johnson		
Suffix:			
Title:	Management Analyst		
Organizational Affiliation:	Employee		
Telephone Number:	9164788122	Fax Number:	9166910415
Email:	njohnson@elkgrovepd.org		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Elk Grove, Sacramento County, California

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

CHRP

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 3

b. Program/Project: CHRP

## 17. Proposed Project:

a. Start Date: 10/1/2009

b. End Date: 9/30/2012

## 18. Estimated Funding (\$):

a. Federal	5384336
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	5384336

## 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 4/8/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: Mr.

First Name: Robert

Middle Name:

Last Name: Lehner

Suffix:

Title: Chief of Police

Telephone Number: 9164788005

Fax Number: 9166910415

Email: [rlhner@elkgrovepd.org](mailto:rlhner@elkgrovepd.org)

Signature (Typed Name) of Authorized Representative: Robert Lehner

Date Signed: 4/18/2009

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify) _____	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
4/6/2009		CA04203			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:		<b>RECEIVED</b> APR 10 2009	
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:		STATE CLEARING HOUSE	
<b>B. APPLICANT INFORMATION:</b>					
a. Legal Name: Santa Barbara, City of					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
956000822			013114553		
d. Address:					
Street 1:		735 Anacapa Street			
Street 2:		P.O. Box 1990			
City:		Santa Barbara			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		93102			
e. Organizational Unit:					
Department Name:			Division Name:		
Santa Barbara Police Department			Administrative Services Division		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		Lieutenant			
First Name:		David			
Middle Name:					
Last Name:		Whitham			
Suffix:					
Title:		Assistant Commander			
Organizational Affiliation:					
Telephone Number:		8058973728		Fax Number: 8058973733	
Email:		dwhitham@sbpd.com			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Santa Barbara

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

Community Policing Retention and Enhancement Program

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 23rd

b. Program/Project: 23rd

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

## 18. Estimated Funding (\$):

a. Federal 1529448

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1529448

## 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 4/9/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: Chief

First Name: Camerino

Middle Name:

Last Name: Sanchez

Suffix:

Title: Chief of Police

Telephone Number: 8058972395

Fax Number: 8058972439

Email: csanchez@sbsd.com

Signature (Typed Name) of Authorized Representative: Camerino Sanchez

Date Signed: 4/6/2009

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
4/3/2009		CA04805			
5a. Federal Entity Identifier:			5a. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Suisun City					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000437			090361671		
<b>d. Address:</b>					
Street 1:		701 CIVIC CENTER BLVD			
Street 2:					
City:		SUISUN CITY			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		94585			
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
SUISUN CITY POLICE DEPT					
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:					
First Name:		ANDREW			
Middle Name:					
Last Name:		WHITE			
Suffix:					
Title:		POLICE SERGEANT			
Organizational Affiliation:		SUISUN CITY POLICE DEPT			
Telephone Number:		7075800334		Fax Number: 7074228074	
Email:		AWHITE@SUISUN.COM			

RECEIVED

APR 10 2009

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

CITY

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

COMMUNITY ORIENTED POLICING TEAM

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: CA-10	b. Program/Project: CA-10	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 7/1/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	684906	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	684906	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	4/10/2009	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name: EDMOND	
Middle Name: W		
Last Name: DADISHO		
Suffix:		
Title: CHIEF OF POLICE		
Telephone Number: 7074217383	Fax Number: 7074228074	
Email: EDADISHO@SUISUN.COM		
Signature (Typed Name) of Authorized Representative: EDMOND W. DADISHO	Date Signed: 4/8/2009	

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:		<div style="border: 1px solid black; padding: 5px;"> <p><b>RECEIVED</b></p> <p>APR 10 2009</p> <p>STATE CLEARING HOUSE</p> </div>	
4/6/2009		CA04203			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Santa Barbara, City of					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
956000822			013114553		
d. Address:					
Street 1:		735 Anacapa Street			
Street 2:		P.O. Box 1990			
City:		Santa Barbara			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		93102			
e. Organizational Unit:					
Department Name:			Division Name:		
Santa Barbara Police Department			Administrative Services Division		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		Lieutenant			
First Name:		David			
Middle Name:					
Last Name:		Whitham			
Suffix:					
Title:		Assistant Commander			
Organizational Affiliation:					
Telephone Number:		8058973728		Fax Number: 8058973733	
Email:		dwhitham@sbpd.com			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Santa Barbara

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

Community Policing Retention and Enhancement Program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

a. Applicant: 23rd

b. Program/Project: 23rd

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 1529448

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1529448

**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 4/9/2009 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).**Authorized Representative:**

Prefix: Chief

First Name: Camerino

Middle Name:

Last Name: Sanchez

Suffix:

Title: Chief of Police

Telephone Number: 8058972395

Fax Number: 8058972439

Email: csanchez@sbpd.com

Signature (Typed Name) of Authorized Representative: Camerino Sanchez

Date Signed: 4/6/2009

**Application for Federal Assistance SF-424**

Version 02  
 OMB Number: 4040-0004  
 Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/9/2009	CA04006

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: San Luis Obispo Police Department		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
956000781	884708744	

**d. Address:**

Street 1:	1042 Walnut Street
Street 2:	
City:	San Luis Obispo
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	93401

**RECEIVED**  
 APR 10 2009  
 STATE CLEARING HOUSE

**e. Organizational Unit:**

Department Name:	Division Name:
Police Department	

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

Prefix:	Mrs.	
First Name:	Melissa	
Middle Name:		
Last Name:	Ellsworth	
Suffix:		
Title:	Senior Administrative Analyst	
Organizational Affiliation:		
Telephone Number:	8057817019	Fax Number:
Email:	mellsworth@slocity.org	

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of San Luis Obispo

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

Establish a Neighborhood Policing Program that will compliment and expand upon existing partnerships between the City of San Luis Obispo Police Department and neighborhood residents and associations, the University and Community College, community groups, and other governmental agencies.



**Application for Federal Assistance SF-424**

Version:

OMB Number: 4040-C

Expiration Date: 01/31/2

1. Type of Submission:

 Preapplication Application Changed/Corrected Application

2. Type of Application:

 New Continuation Revision

If Revision, select appropriate letter(s)

Other (Specify)  
\_\_\_\_\_

3. Date Received :

3/24/2009

4. Applicant Identifier:

CA01500

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: Kern County Sheriff's Department

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

956000925

c. Organizational DUNS:

034174875

**d. Address:**

Street 1: 1350 Norris Road

Street 2:

City: Bakersfield

County:

State: CA

Province:

Country:

Zip / Postal Code: 93308

**e. Organizational Unit:**

Department Name:

Sheriff's Office

Division Name:

Personnel

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

Prefix:

First Name: Yvonne

Middle Name:

Last Name: Rodriguez

Suffix:

Title:

Administrative Coordinator

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Kern County

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

Kern County Sheriff's Rehire Project

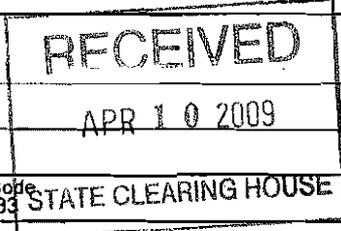
Application for Federal Assistance SF-424		Versio
<b>16. Congressional Districts Of:</b>		
a. Applicant: CA-022	b. Program/Project: CA-022	
<b>17. Proposed Project:</b>		
a. Start Date: 10/1/2009	b. End Date: 9/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	14452000	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	14452000	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/9/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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 100"</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p>		
<input checked="" type="checkbox"/>	I AGREE	
** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a> .		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Donny
Middle Name:		
Last Name:	Youngblood	
Suffix:		
Title:	Sheriff-Coroner	
Telephone Number:	6613917771	Fax Number: 6613917515

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

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

<b>6. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: City of Fairfield, CA		Department: Police Department	
Organizational DUNS: 040010019		Division:	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street: 1000 Webster St		Prefix:	First Name: Kenton
City: Fairfield		Middle Name	
County:		Last Name Rainey	
State: California	Zip Code: 94533	Suffix:	
Country:		Email: kralney@ci.fairfield.ca.us	



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000331	Phone Number (give area code) 707-428-7400	Fax Number (give area code) 707-428-7631
---	---	---

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C. Municipal Other (specify)
---	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 16-710	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> City of Fairfield Community Policing Truancy Liaison Hiring Program
---	---

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Fairfield, CA
---

<b>13. PROPOSED PROJECT</b> Start Date: 06/01/2009	Ending Date: 07/31/2009	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 7th	b. Project 7th
--	----------------------------	---	-------------------

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 1,556,205 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 10 - 2009
b. Applicant \$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0 <sup>00</sup>	
g. TOTAL \$ 1,556,205 <sup>00</sup>	

**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.**

<b>a. Authorized Representative</b>		
Prefix	First Name Sean	Middle Name
Last Name Quinn	Suffix	
b. Title City Manager	c. Telephone Number (give area code) 707-428-7400	
d. Signature of Authorized Representative	e. Date Signed April 10 - 2009	

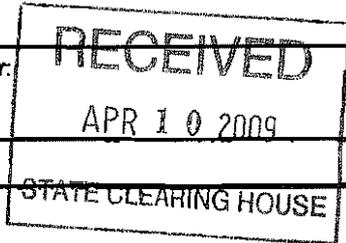
**Application for Federal Assistance SF-424**

Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/6/2009	CA03501

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



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

**6. APPLICANT INFORMATION:**

a. Legal Name: Hollister Police Department
--

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946000348	626256515

**d. Address:**

Street 1:	395 Apollo Way
Street 2:	
City:	Hollister
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95023

**e. Organizational Unit:**

Department Name:	Division Name:
Hollister Police Department	

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

Prefix:			
First Name:	Jeff		
Middle Name:			
Last Name:	Miller		
Suffix:			
Title:	Chief of Police		
Organizational Affiliation:	Chief of Police		
Telephone Number:	8316384110	Fax Number:	8316364339
Email:	jmillier@police.hollister.ca.us		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Hollister

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

2008 Hollister Police COPS Grant

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

a. Applicant: CA-017

b. Program/Project: CA-017

17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

18. Estimated Funding (\$):

- a. Federal 592846
- b. Applicant
- c. State
- d. Local
- e. Other
- f. Program Income
- g. TOTAL 592846

18. 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 4/10/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj????.

Authorized Representative:

Prefix: First Name: Jeff

Middle Name:

Last Name: Miller

Suffix:

Title: Chief of Police

Telephone Number: 8316384110 Fax Number: 8316364339

Email: jmilller@police.holliste.ca.us

Signature (Typed Name) of Authorized Representative: Jeff Miller Date Signed: 4/10/2009

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:		<div style="border: 1px solid black; padding: 5px;"> <p><b>RECEIVED</b></p> <p>APR 10 2009</p> <p>STATE CLEARING HOUSE</p> </div>	
4/10/2009		CA05007			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Turlock Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000445			556214195		
d. Address:					
Street 1:		900 N Palm St			
Street 2:					
City:		Turlock			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		95380			
e. Organizational Unit:					
Department Name:			Division Name:		
Turlock Police Department					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:					
First Name:		Steven			
Middle Name:					
Last Name:		Williams			
Suffix:					
Title:		Police Lieutenant			
Organizational Affiliation:					
Telephone Number:		2096685550		Fax Number: 2096685502	
Email:		swilliams@turlock.ca.us			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Turlock

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

Hire new officer positions (including filling existing officer vacancies that are no longer funded in agency's budget)

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 19th	b. Program/Project: 19th	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 6/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	1466535	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	1466535	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	4/10/2009	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name: Steven	
Middle Name:		
Last Name: Williams		
Suffix:		
Title: Police Lieutenant		
Telephone Number: 2096685550	Fax Number: 2096685502	
Email: swilliams@turlock.ca.us		
Signature (Typed Name) of Authorized Representative: Steven Williams	Date Signed: 4/10/2009	

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received:		4. Applicant Identifier:			
4/9/2009		CA04703			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Etna, City of					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000327			146918243		
<b>d. Address:</b>					
Street 1:		P.O. Box 460			
Street 2:		448 Main Street			
City:		Etna			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		96027			
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
Etna Police Department			Police Department		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:		Mr.			
First Name:		Joshua			
Middle Name:		Eldon			
Last Name:		Short			
Suffix:					
Title:		Chief of Police			
Organizational Affiliation:					
Telephone Number:		5304673400		Fax Number: 5304675638	
Email:		etnapd@sisqtel.net			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Etna and Fort Jones, California

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

Increase L.E. Staffing for Increased Service Area (City of Etna L.E. to include City of Fort Jones, California)

<b>Application for Federal Assistance SF-424</b>	Version 02
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**16. Congressional Districts Of:**

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

a. Start Date: 8/1/2009	b. End Date: 8/1/2013
-------------------------	-----------------------

**18. Estimated Funding (\$):**

a. Federal	450000
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	450000

**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 4/13/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: Mr.	First Name: Joshua
Middle Name: Eldon	
Last Name: Short	
Suffix:	
Title: Chief of Police	
Telephone Number: 5304673400	Fax Number: 5304673400
Email: etnapd@sisqtel.net	

Signature (Typed Name) of Authorized Representative: Joshua E. Short Date Signed: 4/9/2009

<b>Application for Federal Assist. SF-424</b>		Version 02 OMB Number: 4040-0004 Expiration Date: 01/31/2009
1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	If Revision, select appropriate letter(s)  Other (Specify) _____
3. Date Received : 3/23/2009	4. Applicant Identifier: CA05404	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>APR 10 2009</p> <p>STATE CLEARING HOUSE</p> </div>
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Lindsay Department of Public Safety		
b. Employer/Taxpayer Identification Number (EIN/TIN): 956000815		c. Organizational DUNS: 004953261
<b>d. Address:</b>		
Street 1:	185 N. Gale Hill	
Street 2:		
City:	Lindsay	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	93247	
<b>e. Organizational Unit:</b>		
Department Name: Lindsay Department of Public Safety		Division Name: Police
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	Mr.	
First Name:	Clayton	
Middle Name:	E.	
Last Name:	Lucas	
Suffix:	II	
Title:	Police Officer	
Organizational Affiliation:		
Telephone Number:	5595622511	Fax Number: 5595627126
Email:	clucas@lindsay.ca.us	

**Application for Federal Assesat. SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Lindsay

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

Seven New Full Time Police Officer Positions and Implementation of Community Policing Program

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 21	b. Program/Project: 21	
<b>17. Proposed Project:</b>		
a. Start Date: 10/1/2009	b. End Date: 10/1/2013	
<b>18. Estimated Funding (\$):</b>		
a. Federal	1499105	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	1499105	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/2/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix: Mr.	First Name: Rich	
Middle Name:		
Last Name: Wilkinson		
Suffix:		
Title: Chief		
Telephone Number: 5595622511	Fax Number: 5595627126	
Email: rwilkinson@lindsay.ca.us		
Signature (Typed Name) of Authorized Representative: Rich Wilkinson	Date Signed: 3/30/2009	

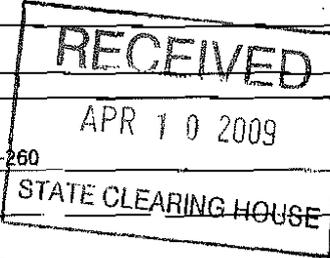
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4/10/2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		<input type="checkbox"/> Non-Construction	

**5. APPLICANT INFORMATION**

Legal Name: County of San Diego	Organizational Unit: Department: Department of Public Works
Organizational DUNS: 187032677	Division: Wastewater Management
Address: Street: 5555 Overland Avenue, Bldg 2, Suite 2-260	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Peejay
City: San Diego	Middle Name
County: San Diego	Last Name: Tubongbanua
State: CALIFORNIA	Suffix:
Zip Code: 92133	Email: Peejay.tubongbanua@sdcounty.ca.gov
Country: USA	Phone Number (give area code): 858-694-2659
	Fax Number (give area code): 858-505-6364



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
95-6000934

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
B County  
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-Rural Development

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

TITLE (Name of Program):  
Water and Waste Disposal Loan & Grant Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Julian Wastewater Treatment Plant Improvement

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Unincorporated Community of Julian, CA

**13. PROPOSED PROJECT**  
Start Date: April 2009 Starting Construction  
Ending Date: March 2010

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 52  
b. Project 49, 51, 52

**15. ESTIMATED FUNDING:**

a. Federal	\$ 1,100,000.00
b. Applicant	\$ .00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 1,100,000.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: 4/10/2009  
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. THIS 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 Milica	Middle Name
Last Name Kaludjerski	Suffix	
b. Title Unit Manager	c. Telephone Number (give area code) 858-694-2718	
d. Signature of Authorized Representative <i>Milica Kaludjerski</i>	e. Date Signed 4-10-09	

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

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 :

4/10/2009

4. Applicant Identifier:

CA00404

RECEIVED

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

APR 10 2009

STATE CLEARING HOUSE

## State Use Only:

6. Date Received by State:

7. State Application Identifier:

## B. APPLICANT INFORMATION:

a. Legal Name: Oroville Police Department

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

946000387

c. Organizational DUNS:

613670868

## d. Address:

Street 1: 2055 Lincoln Street

Street 2:

City: Oroville

County:

State: CA

Province:

Country:

Zip / Postal Code: 95966

## 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: Kirk

Middle Name: E.

Last Name: Trostle

Suffix:

Title: Chief of Police

Organizational Affiliation: CA00400

Telephone Number: 5305382451

Fax Number:

5305382409

Email: trostleke@cityoforoville.org

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

The City of Oroville, Butte County, California.

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

Police and Community Partnership

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: CA-004

b. Program/Project: CA-004

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

## 18. Estimated Funding (\$):

a. Federal 675000

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 675000

## 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 4/10/2009 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: First Name: Kirk

Middle Name: E.

Last Name: Trostle

Suffix:

Title: Chief of Police

Telephone Number: 5305382451

Fax Number: 5305382409

Email: [trostleke@cityofdroville.org](mailto:trostleke@cityofdroville.org)

Signature (Typed Name) of Authorized Representative: Kirk E. Trostle

Date Signed: 4/10/2009

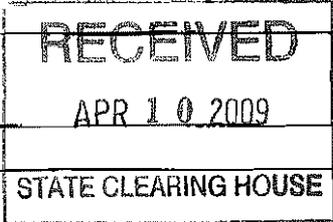
**Application for Federal Assistance SF-424**

Version 02  
 OMB Number: 4040-0004  
 Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/10/2009	CA01920

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



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**B. APPLICANT INFORMATION:**

a. Legal Name: Downey Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational OUNS:
951918226	614388841

**d. Address:**

Street 1:	10911 Brookshire Avenue
Street 2:	
City:	Downey
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	90241

**e. Organizational Unit:**

Department Name:	Division Name:
Police	

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

Prefix:			
First Name:	Greg		
Middle Name:			
Last Name:	Griffin		
Suffix:			
Title:	Lieutenant		
Organizational Affiliation:	Police		
Telephone Number:	5629042302	Fax Number:	5629042349
Email:	greggriffin@downeyca.org		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 18.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Downey

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

To fill one frozen sworn officer position that is no longer funded in our budget

16. Congressional Districts Of:

a. Applicant: CA034

b. Program/Project: CA034

17. Proposed Project:

a. Start Date: 10/5/2009

b. End Date: 10/5/2013

18. Estimated Funding (\$):

a. Federal 360048  
 b. Applicant  
 c. State  
 d. Local  
 e. Other  
 f. Program Income  
 g. TOTAL 360048

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 4/10/2009
- 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 28, Section 1001)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????)

Authorized Representative:

Prefix: First Name: Greg  
 Middle Name: N.  
 Last Name: Griffin  
 Suffix:  
 Title: Lieutenant  
 Telephone Number: 5629042302 Fax Number: 5629042349  
 Email: greggriffin@downeyca.org

Signature (Typed Name) of Authorized Representative: Greg N. Griffin Date Signed: 4/10/2009

Application for Federal Assistance SF-424		Version 02
		OMB Number: 4040-0004 Expiration Date: 01/31/2009
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	
3/30/2009	CA00107	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            APR 10 2009         </div>
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	STATE CLEARING HOUSE
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Livermore, City of		
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:
946000359		176315737
<b>d. Address:</b>		
Street 1:	1110 South Livermore Ave.	
Street 2:		
City:	Livermore	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	94550	
<b>e. Organizational Unit:</b>		
Department Name:	Division Name:	
Livermore Police Department	Support Services Division	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:		
First Name:	Mark	
Middle Name:		
Last Name:	Weiss	
Suffix:		
Title:	Captain	
Organizational Affiliation:		
Telephone Number:	9253714715	Fax Number: 9253714724
Email:	mweiss@cl.livermore.ca.us	

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>9. Type of Applicant 1: Select Applicant Type:</b>  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  Other (Specify):	
<b>10 Name of Federal Agency:</b>  <b>Office of Community Oriented Policing Services</b>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> CFDA # = 16.710 CFDA Title: Public Safety Partnership And Community Policing Grants	
<b>12 Funding Opportunity Number:</b> COPS-CHRP-2009-1 Title: CHRP	
<b>13. Competition Identification Number:</b>  Title: COPS Hiring Recovery Program	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> City of Livermore	
<b>15. Descriptive Title of Applicant's Project:</b> Community Problem-Orientated Policing Services	

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: CA-010	b. Program/Project: CA-010	
<b>17. Proposed Project:</b>		
a. Start Date: 11/1/2009	b. End Date: 9/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	1372280	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	1372280	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	4/10/2009
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/???">www.cops.usdoj/???</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name: Steve	
Middle Name:		
Last Name: Sweeney		
Suffix:		
Title: Chief of Police		
Telephone Number: 9253714710	Fax Number: 9253714724	
Email: ssweeney@ci.livermore.ca.us		
Signature (Typed Name) of Authorized Representative: Steve Sweeney	Date Signed: 4/10/2009	

Application for Federal Assistance SF-424		Version 02
		OMB Number: 4040-0004
		Expiration Date: 01/31/2009
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	
3/16/2009	CA02304	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Willits Police Department		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DLUNS:	
946000454	070833991	
d. Address:		
Street 1:	125 East Commercial Street Suite #150	
Street 2:	111 East Commercial Street	
City:	Willits	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	95490	
e. Organizational Unit:		
Department Name:	Division Name:	
Willits Police Department		
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		
First Name:	Gerardo	
Middle Name:		
Last Name:	Gonzalez	
Suffix:		
Title:	Police Chief	
Organizational Affiliation:		
Telephone Number:	7074596122	Fax Number: 7074590405
Email:	gonzaleg@co.mendocino.ca.us	

RECEIVED

APR 10 2009

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Willits

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

COPS Police Officer Postions

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: CA-001	b. Program/Project: CA-001	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 6/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	578362	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	578362	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/10/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Gerardo
Middle Name:		
Last Name:	Gonzalez	
Suffix:		
Title:	Police Chief	
Telephone Number:	7074596122	Fax Number: 7074590405
Email:	gonzaleg@co.mendocino.ca.us	
Signature (Typed Name) of Authorized Representative:	Gerardo Gonzalez	Date Signed: 3/27/2009

**Application for Federal Assistance SF-424**

Version 02

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

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
4/10/2009		CA05201			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  APR 10 2009 </div>	
State Use Only:					
6. Date Received by State:		7. State Application Identifier:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> STATE CLEARING HOUSE </div>	
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Corning, City of					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000317			091589742		
d. Address:					
Street 1:		794 Third Street			
Street 2:					
City:		Corning			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		96021			
e. Organizational Unit:					
Department Name:			Division Name:		
Corning Police Department					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:					
First Name:		Anthony			
Middle Name:		F.			
Last Name:		Cardenas			
Suffix:					
Title:		Chief of Police			
Organizational Affiliation:		Department Head			
Telephone Number:		5308247000		Fax Number: 5308247010	
Email:		tcardenas@corningpd.org			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Corning and Corning Elementary School District

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

COPS School Resource Officer

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 2nd

b. Program/Project: 2nd

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

## 18. Estimated Funding (\$):

a. Federal 351924  
 b. Applicant  
 c. State  
 d. Local  
 e. Other  
 f. Program Income  
 g. TOTAL 351924

## 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 4/10/2009  
 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: First Name: Anthony  
 Middle Name: F.  
 Last Name: Cardenas  
 Suffix:

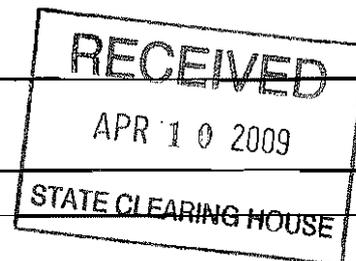
Title: Chief of Police

Telephone Number: 5308247000 Fax Number: 5308247010

Email: tcardenas@corningpd.org

Signature (Typed Name) of Authorized Representative: Anthony F. Cardenas Date Signed: 4/10/2009

Application for Federal Assistance SF-424		Version 02
		OMB Number: 4040-0004
		Expiration Date: 01/31/2009
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
3. Date Received :	4. Applicant Identifier:	
4/11/2009	CA01947	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: City of Montebello		
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:
956000746		825590482
d. Address:		
Street 1:	1600 W. Beverly Blvd	
Street 2:		
City:	Montebello	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	90640	
e. Organizational Unit:		
Department Name:	Division Name:	
Police	Grants	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr.	
First Name:	Steve	
Middle Name:		
Last Name:	Taratula	
Suffix:		
Title:	Grants & Projects Administrator	
Organizational Affiliation:	Police Department	
Telephone Number:	3238871280	Fax Number: 3238871317
Email:	staratula@cityofmontebello.com	



**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

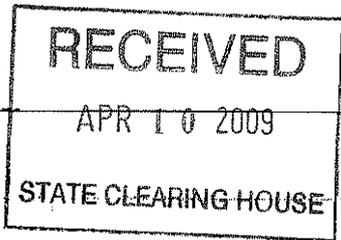
City of Montebello

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

2009 MPD COPS Hiring Recovery Program

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant:	CA-038	b. Program/Project: CA-38
<b>17. Proposed Project:</b>		
a. Start Date:	12/1/2009	b. End Date: 12/1/2012
<b>18. Estimated Funding (\$):</b>		
a. Federal	913251	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	913251	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	4/11/2009
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	Mr.	First Name: Daniel
Middle Name:		
Last Name:	Weast	
Suffix:		
Title:	Chief of Police	
Telephone Number:	3238871290	Fax Number: 3238871317
Email:	dweast@cityofmontebello.com	
Signature (Typed Name) of Authorized Representative:	Daniel Weast	Date Signed: 4/9/2009

1. Type of Submission	2. Type of Application	3. Date of Submission (mm/dd/yyyy)
<input type="checkbox"/> Pre-application	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuance	4. Other (Specify)
<input type="checkbox"/> Change/Continued Application	<input type="checkbox"/> Renewal	



5. Date Received	6. Federal Agency Identifier
3/27/2009	CA 00 - 2
8a. Federal Entity Identifier	8b. Federal Acquisition Number

State Use Only:

9. Date Received by State	10. State Application Identifier
---------------------------	----------------------------------

APPLICANT INFORMATION:

1a. Legal Name: ALBANY POLICE DEPARTMENT

1b. Employer/Taxpayer Identification Number (EIN/TIN): 946000289

1c. Organizational DUNS: 010225188

d. Address:

*Street 1:	105 MONROE
Street 2:	
*City:	ALBANY
County:	
*State:	CA
Province:	
*Country:	
*Zip Postal Code:	94706

e. Organizational Unit:

Department Name:	Division Name:
ALBANY POLICE	ADMINISTRATION

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

Prefix:	*First Name:
	MICHAEL
Middle Name:	
	A
*Last Name:	
	MCLAUGHLIN
Suffix:	

Title: CHIEF OF POLICE

Organizational Affiliation:

\*Telephone Number: 510-525-7900 Fax Number: 510-525-1360

\*Email: mmclaughlin@albanyca.org

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 1: Select Applicant Type

Type of Applicant 2: Select Applicant Type

Title: Select

10. Name of Federal Agency:

OFFICE OF COMMUNITY ORIENTED POLICING SERVICES

11. Catalog of Federal Domestic Assistance Number

16.710

OFFICE

PUBLIC SAFETY PARTNERSHIP AND COMMUNITY POLICING GRANTS

12. Funding Opportunity Number:

COPS-CHRP-2009-1

Title:

CHRP

13. Competition Identification Number

Title:

COPS HIRING RECOVERY PROGRAM

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

CITY OF ALBANY, CA

15. Descriptive Title of Applicant's Project:

COMMUNITY YOUTH AND FAMILY RESOURCE OFFICER

16. Congressional Districts Of:

\*a. Applicant:

CA-009

\*b. Program/Project:

CA-009

17. Proposed Project:

\*a. Start Date:

10/1/2009

\*b. End Date:

3/1/2013

18. Estimated Funding (\$):

\*a. Federal

341,428

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL

341,428

\*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

4/7/2010



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.)



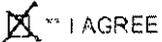
Yes



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 28, Section 1001)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide (the COPS Grant Owner's Manual), assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.



I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be found at the end of the application.

Authorized Representative:

Prefix:

\*First Name:

MICHAEL

Middle Name:

A.

\*Last Name:

McGILLISTON

Suffix:

\*Title:

CHIEF OF POLICE

\*Telephone Number:

510-525-7300

Fax Number:

510-525-1360

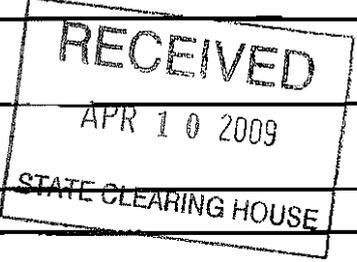
✓

* Email: <u>mmcquiston@albanyca.org</u>	
* Signature (Typed Name) of Authorized Representative: <u>M.A. McGuiston</u>	* Date Signed: <u>4/11/2009</u>

MICHAEL A. MCGUISTON

OMB Number: 4862-0044  
Expiration Date: 01/31/2009

**\*Applicant Federal Debt Delinquency Explanation**  
The following should contain an explanation if the Applicant organization is delinquent on any Federal Debt.

Application for Federal Assistance SF-424		Version 02
		OMB Number: 4040-0004
		Expiration Date: 01/31/2009
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	
3/18/2009	CA00710	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>		
a. Legal Name: Richmond, City of		
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:
946000403		088770706
d. Address:		
Street 1:	1701 Regatta Blvd.	
Street 2:		
City:	Richmond	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	94804	
e. Organizational Unit:		
Department Name:	Division Name:	
City of Richmond	Police Department	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Captain	
First Name:	Alec	
Middle Name:	Blair	
Last Name:	Griffin	
Suffix:		
Title:	Captain	
Organizational Affiliation:	Administrative Bureau Captain	
Telephone Number:	5106206940	Fax Number: 5106206809
Email:	agriffin@richmondpd.net	

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Richmond, California

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

Continued Viability and Success for the City of Richmond, California's Community Policing Program

**16. Congressional Districts Of:**

a. Applicant: 7th

b. Program/Project: CHRP

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 11937350  
 b. Applicant  
 c. State  
 d. Local  
 e. Other  
 f. Program Income  
 g. TOTAL 11937350

**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 4/11/2009  
 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: Captain

First Name: Alec

Middle Name: Blair

Last Name: Griffin

Suffix:

Title: Administrative Bureau Captain

Telephone Number: 5106206940

Fax Number: 5106206809

Email: agriffin@richmondpd.net

Signature (Typed Name) of Authorized Representative: Alec B. Griffin

Date Signed: 4/11/2009

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
4/8/2009		CA02801			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Calistoga, City of					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000305			004948451		
d. Address:					
Street 1:		1232 Washington St.			
Street 2:					
City:		Calistoga			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		94515			
e. Organizational Unit:					
Department Name:		Division Name:			
Calistoga Police Dept.					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:					
First Name:		Jonathan			
Middle Name:					
Last Name:		Mills			
Suffix:					
Title:		Chief of Police			
Organizational Affiliation:		Calistoga Police			
Telephone Number:		7079422810		Fax Number: 7079422819	
Email:		jmills@ci.calistoga.ca.us			

RECEIVED

APR 10 2009

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Calistoga

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

City of Calistoga Application for COPS CHRP Grant

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: CA-001	b. Program/Project:	CHRP
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date:	12/31/2013
<b>18. Estimated Funding (\$):</b>		
a. Federal	362382	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	362382	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on 4/13/2009	
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p>		
<input checked="" type="checkbox"/> I AGREE		
** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a> .		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Jonathan
Middle Name:		
Last Name:	Mills	
Suffix:		
Title:	Chief of Police	
Telephone Number:	7079422810	Fax Number: 7079422819
Email:	jmills@ci.calistoga.ca.us	
Signature (Typed Name) of Authorized Representative:	Jonathan Mills	Date Signed: 4/9/2009

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: 04/07/2009		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>               APR 13 2009           </div>
4. Applicant Identifier: CA03000		
5a. Federal Entity Identifier: <b>NIA</b>	*5b. Federal Award Identifier: <b>NIA</b>	<div style="border: 1px solid black; padding: 5px;">STATE CLEARING HOUSE</div>
<b>State Use Only:</b>		
6. Date Received by State: <b>NIA</b>	7. State Application Identifier: <b>NIA</b>	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: ORANGE COUNTY SHERIFF-CORONER		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 956002928	*c. Organizational DUNS: 111950874	
d. Address:		
*Street 1:	550 N FLOWER ST	
Street 2:	_____	
*City:	SANTA ANA	
County:	_____	
*State:	CA	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	92703	
e. Organizational Unit:		
Department Name: ORANGE COUNTY SHERIFF-CORONER	Division Name: PROFESSIONAL SERVICES	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____	*First Name: JACK	
Middle Name: J.	_____	
*Last Name: ANDERSON	_____	
Suffix: _____	_____	
Title: ASSISTANT SHERIFF		
Organizational Affiliation: PROFESSIONAL SERVICES COMMAND		
*Telephone Number: 714-647-1801	Fax Number: 714-953-3092	
*Email: janderson@ocsd.org		

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

N/A

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

\*10 Name of Federal Agency:

OFFICE OF COMMUNITY ORIENTED POLICING

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

PUBLIC SAFETY PARTNERSHIP AND COMMUNITY POLICING GRANTS

\*12 Funding Opportunity Number:

COPS-CHRP-2009

\*Title:

CHRP

13. Competition Identification Number:

N/A

Title:

COPS HIRING RECOVERY PROGRAM

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

ORANGE COUNTY, CA

\*15. Descriptive Title of Applicant's Project

HIRING OF NEW FULL-TIME CAREER LAW ENFORCEMENT OFFICERS

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: <u>40</u>	*b. Program/Project: <u>40</u>	
<b>17. Proposed Project:</b>		
*a. Start Date: <u>11/11/2009</u>	*b. End Date: <u>11/10/2013</u>	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	<u>\$2,084,668</u>	
*b. Applicant	<u>N/A</u>	
*c. State	<u>N/A</u>	
*d. Local	<u>N/A</u>	
*e. Other	<u>N/A</u>	
*f. Program Income	<u>N/A</u>	
*g. TOTAL	<u>\$2,084,668</u>	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>4-13-09</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>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 216, Section 1001)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be found at the end of the application.</p>		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>JACK</u>	
Middle Name: <u>J.</u>	_____	
*Last Name: <u>ANDERSON</u>	_____	
Suffix: _____	_____	
*Title: <u>ASSISTANT SHERIFF</u>		
*Telephone Number: <u>714-647-1801</u>	Fax Number: <u>714-953-3092</u>	

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

RECEIVED

APR 13 2009

3. Date Received:

4. Applicant Identifier:

STATE CLEARING HOUSE

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: The City of Indio

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
956000726

\*c. Organizational DUNS:  
073602054

**d. Address:**

\*Street 1: 100 Civic Center Mall

Street 2: \_\_\_\_\_

\*City: Indio

County: Riverside County

\*State: CA

Province: \_\_\_\_\_

\*Country: United States

\*Zip / Postal Code 92201

**e. Organizational Unit:**

Department Name:  
Indio Police Department

Division Name:  
Administration

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

Prefix: \_\_\_\_\_ \*First Name: Bradley

Middle Name: \_\_\_\_\_

\*Last Name: Ramos

Suffix: \_\_\_\_\_

Title: Chief of Police

Organizational Affiliation:  
N/A

\*Telephone Number: 760-391-4035

Fax Number: 760-391-4036

\*Email: bramos@indiopd.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:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Office of Community Oriented Policing Services (COPS)

**11. Catalog of Federal Domestic Assistance Number:**

16.710

CFDA Title:

Public Safety Partnerships &amp; Community Policing Grants

**\*12 Funding Opportunity Number:**

COPS-CHRP-2009-1

\*Title:

CHRP

**13. Competition Identification Number:**

N/A

Title:

COPS Hiring Recovery Program

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

Indio, Riverside County, CA

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

Indio Police Department CHRP Hiring Program

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA45	*b. Program/Project: CA45	
<b>17. Proposed Project:</b>		
*a. Start Date: 10/01/2009	*b. End Date: 09/31/2012	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	3576110
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	3576110
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>4/9/09</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Bradley</u>	
Middle Name: _____		
*Last Name: <u>Ramos</u>		
Suffix: _____		
*Title: Chief of Police		
*Telephone Number: 760-391-4035		Fax Number: 760-391-4036
* Email: bramos@indiopd.org		
*Signature of Authorized Representative: 		*Date Signed: 4/9/09

Application for Federal Assistance SF-424		Version 02	
		OMB Number: 4040-0004	
		Expiration Date: 01/31/2009	
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New		
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____	
3. Date Received :	4. Applicant Identifier:		
4/6/2009	CA03344		
5a. Federal Entity Identifier:	5a. Federal Award Identifier:		
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="margin: 0;">APR 13 2009</p> <p style="margin: 0; font-weight: bold;">STATE CLEARING HOUSE</p> </div>	
<b>State Use Only:</b>			
6. Date Received by State:	7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>			
a. Legal Name: RIVERSIDE COMM COLL DEPT SAFETY & POLICE			
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DLUNS:	
330831357		073602724	
d. Address:			
Street 1:	4800 Magnolia Avenue		
Street 2:			
City:	Riverside		
County:			
State:	CA		
Province:			
Country:			
Zip / Postal Code:	92506		
e. Organizational Unit:			
Department Name:		Division Name:	
Riverside Community College District Police Dept.		Police Dept.	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	Mr.		
First Name:	Jim		
Middle Name:	I.		
Last Name:	Miyashiro		
Suffix:			
Title:	Chief of Police		
Organizational Affiliation:	Riverside Community College District Police Dept.		
Telephone Number:	9512228586	Fax Number:	9513283686
Email:	jim.miyashiro@rcc.edu		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Riverside CCD: Riverside City College, Norco Campus, Moreno Valley Campus

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

Riverside CCD: Community Oriented Policing Services

**16. Congressional Districts Of:**

a. Applicant: 44, 45

b. Program/Project: 44, 45

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 926292

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 926292

**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 April 13, 2009.
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).**Authorized Representative:**

Prefix: Dr.

First Name: Irving

Middle Name:

Last Name: Hendrick

Suffix:

Title: Chancellor, Riverside Community College District

Telephone Number: 9512228800

Fax Number: 9516825339

Email: irving.hendrick@rcc.edu

Signature (Typed Name) of Authorized Representative: Dr. Irving Hendrick

Date Signed: 4/10/2009

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify)**

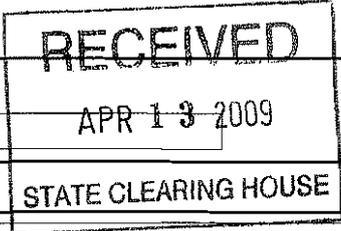
**\* 3. Date Received:**

04/06/2009

**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:**

City of Menlo Park

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

94-6000370

**\* c. Organizational DUNS:**

958191975

**d. Address:**

**\* Street1:**

Engineering Division

**Street2:**

701 Laurel St.

**\* City:**

Menlo Park

**County:**

San Mateo

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94025

**e. Organizational Unit:**

**Department Name:**

Public Works

**Division Name:**

Engineering Division

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

**Prefix:**

**\* First Name:**

Virginia

**Middle Name:**

**\* Last Name:**

Parks

**Suffix:**

**Title:**

Assistant Engineer

**Organizational Affiliation:**

Employee

**\* Telephone Number:**

(650) 330-6740

**Fax Number:**

(650) 327-5497

**\* Email:**

vkfparks@menlopark.org

**Application for Federal Assistance SF-424**

Version 02

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

CFDA Title:

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

\* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

**13. Competition Identification Number:**

2141924

Title:

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

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

San Francisquito Creek Fish Passage Improvement Projects

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

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="681,000.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="248,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="954,000.00"/>

**\* 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
- 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

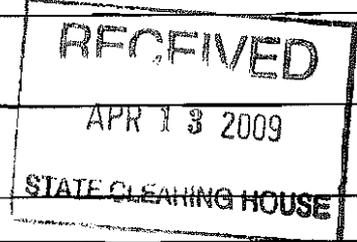
Application for Federal Assistance SF-424

Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/9/2009	CA02706

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



State Use Only:

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Monterey Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946000376	833196699

**d. Address:**

Street 1:	351 Madison Street
Street 2:	
City:	Monterey
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	93940

**e. Organizational Unit:**

Department Name:	Division Name:
Police Department	

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

Prefix:			
First Name:	Philip		
Middle Name:	John		
Last Name:	Penko		
Suffix:			
Title:	Deputy Chief		
Organizational Affiliation:	Deputy Chief		
Telephone Number:	8316463805	Fax Number:	8316463802
Email:	penko@ci.monterey.ca.us		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Monterey

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

COPS Rehire and Position Retention

**16. Congressional Districts Of:**

a. Applicant: CA-017

b. Program/Project: CA-017

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

- a. Federal 1786000
- b. Applicant
- c. State
- d. Local
- e. Other
- f. Program Income
- g. TOTAL 1786000

**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 4/10/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: Mr. First Name: Chuck  
 Middle Name:  
 Last Name: Della Sala  
 Suffix: Jr.  
 Title: Mayor

Telephone Number: 8316463760 Fax Number: 8316463793

Email: dellasal@ci.monterey.ca.us

Signature (Typed Name) of Authorized Representative: Chuck Della Sala Jr. Date Signed: 4/10/2009

**Application for Federal Assistance SF-424** Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received : 3/17/2009	4. Applicant Identifier: CA03313	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">APR 13 2009</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">STATE CLEARING HOUSE</div>
---------------------------------	-------------------------------------	--

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Riverside, City of

b. Employer/Taxpayer Identification Number (EIN/TIN): 956000769	c. Organizational DUNS: 040502114
--	--------------------------------------

**d. Address:**

Street 1:	3900 Main Street
Street 2:	
City:	Riverside
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	92522

**e. Organizational Unit:**

Department Name: Police Department	Division Name: Field Operations
---------------------------------------	------------------------------------

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

Prefix:	
First Name:	Patty
Middle Name:	A
Last Name:	Tambe
Suffix:	
Title:	Senior Management Analyst
Organizational Affiliation:	Riverside Police Department
Telephone Number:	9518265869
Fax Number:	9518265360
Email:	ptambe@riversideca.gov

**Application for Federal Assistance SF-424** Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Riverside

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

COPS Hiring Recovery Program for Community Policing

Version 02

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

a. Applicant: 44

b. Program/Project: 44

**17. Proposed Project:**

a. Start Date: 10/1/2009

b. End Date: 9/30/2013

**18. Estimated Funding (\$):**

a. Federal 4961460

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 4961460

**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 4/13/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/7777](http://www.cops.usdoj/7777).

**Authorized Representative:**

Prefix: First Name: Thomas

Middle Name: M

Last Name: DeSantis

Suffix:

Title: Assistant City Manager

Telephone Number: 9518265552 Fax Number: 9518265470

Email: tdesantis@riversideca.gov

Signature (Typed Name) of Authorized Representative: Thomas M. DeSantis Date Signed: 4/13/2009

## Application for Federal Assistance SF-424

Version 02

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

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
4/7/2009		CA03500			
5a. Federal Entity Identifier:			5a. Federal Award Identifier:		
<b>State Use Only:</b>				<b>RECEIVED</b>  APR 13 2009  STATE CLEARING HOUSE	
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: San Benito County Sheriff's Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000530			069115202		
d. Address:					
Street 1:		451 4th Street			
Street 2:					
City:		Hollister			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		95023			
e. Organizational Unit:					
Department Name:			Division Name:		
San Benito County Sheriff's Office			Operations		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:					
First Name:		Kellie			
Middle Name:					
Last Name:		Kennedy			
Suffix:					
Title:		Administrative Services Manager			
Organizational Affiliation:					
Telephone Number:		8316364131		Fax Number: 8316364132	
Email:		kkennedy@sbcsheriff.org			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

County

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

COPS Stimulus Project

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: CA

b. Program/Project: CHRP

## 17. Proposed Project:

a. Start Date: 8/1/2009

b. End Date: 12/31/2012

## 18. Estimated Funding (\$):

a. Federal 1590292

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1590292

## 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 4/13/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: First Name: Curtis

Middle Name: J

Last Name: Hill

Suffix:

Title: Sheriff-Coroner

Telephone Number: 8316364080 Fax Number: 8316361416

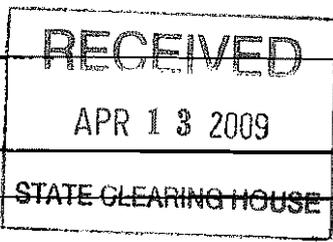
Email: [chill@sbcsheriff.org](mailto:chill@sbcsheriff.org)

Signature (Typed Name) of Authorized Representative: Curtis J Hill Date Signed: 4/13/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify):
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____

3. Date Received :	4. Applicant Identifier:
3/24/2009	CA00102

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: Albany Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946000289	010225188

**d. Address:**

Street 1:	1051 Monroe St
Street 2:	
City:	Albany
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	94706

**e. Organizational Unit:**

Department Name:	Division Name:
Albany Police	Administration

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

Prefix:	Mr.		
First Name:	Michael		
Middle Name:	A.		
Last Name:	McQuiston		
Suffix:			
Title:	Chief of Police		
Organizational Affiliation:			
Telephone Number:	5105257300	Fax Number:	5105251360
Email:	mmcquiston@albanyca.org		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Albany, California

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

Community Youth and Family Resource Officer

**16. Congressional Districts Of:**

a. Applicant: CA-009

b. Program/Project: CA-009

**17. Proposed Project:**

a. Start Date: 10/1/2009

b. End Date: 10/1/2013

**18. Estimated Funding (\$):**

a. Federal 341428  
 b. Applicant  
 c. State  
 d. Local  
 e. Other  
 f. Program Income  
 g. TOTAL 341428

**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 4/11/2009
- 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)

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I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Michael  
 Middle Name: A.  
 Last Name: McQuiston  
 Suffix:

Title: Chief of Police

Telephone Number: 5105257300 Fax Number: 5105251360

Email: mmcquiston@albanyca.org

Signature (Typed Name) of Authorized Representative: Michael A. McQuiston Date Signed: 3/31/2009

Application for Federal Assistance SF-424		Version 02	
		OMB Number: 4040-0004	
		Expiration Date: 01/31/2009	
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New		
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision		
3. Date Received :	4. Applicant Identifier:		
4/3/2009	CA03902		
5a. Federal Entity Identifier:	5a. Federal Award Identifier:		
		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>APR 13 2009</p> <p>STATE CLEARING HOUSE</p> </div>	
<b>State Use Only:</b>			
6. Date Received by State:	7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>			
a. Legal Name: Lodi, City of			
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:	
946000361		020004552	
<b>d. Address:</b>			
Street 1:	215 W Elm Street		
Street 2:			
City:	Lodi		
County:			
State:	CA		
Province:			
Country:			
Zip / Postal Code:	95240		
<b>e. Organizational Unit:</b>			
Department Name:		Division Name:	
Lodi Police Department		Administration	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:			
First Name:	Jeanie		
Middle Name:			
Last Name:	Biskup		
Suffix:			
Title:	Support Services Manager		
Organizational Affiliation:	Police Department		
Telephone Number:	2093336722	Fax Number:	2093336785
Email:	jbiskup@pd.lodi.gov		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Lodi, San Joaquin County, California

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

Lodi Police Officer Hiring Recovery and Community Oriented Policing Enhancement Program

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: CA 011	b. Program/Project:	CA 011
<b>17. Proposed Project:</b>		
a. Start Date: 8/1/2009	b. End Date:	7/31/2012
<b>18. Estimated Funding (\$):</b>		
a. Federal	2165814	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	2165814	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	4/13/2009
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Jeanie
Middle Name:		
Last Name:	Biskup	
Suffix:		
Title:	Support Services Manager	
Telephone Number:	2093336722	Fax Number: 2093336875
Email:	jbiskup@pd.lodi.gov	
Signature (Typed Name) of Authorized Representative:	JM Biskup	Date Signed: 4/7/2009

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
4/3/2009		CA01945			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:		
<b>State Use Only:</b>					<b>RECEIVED</b> APR 13 2009 STATE CLEARING HOUSE
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Maywood Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
956000744			004947339		
d. Address:					
Street 1:		4317 E. Slauson Ave.			
Street 2:					
City:		Maywood			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		90270			
e. Organizational Unit:					
Department Name:			Division Name:		
Maywood Police			Support Services		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		Mr.			
First Name:		Carlos			
Middle Name:					
Last Name:		Fernandez			
Suffix:					
Title:		A/Director			
Organizational Affiliation:					
Telephone Number:		3235625744		Fax Number: 3235620557	
Email:		carlos.fernandez@maywoodpolice.org			

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>9. Type of Applicant 1: Select Applicant Type:</b>  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  Other (Specify):	
<b>10 Name of Federal Agency:</b>  <b>Office of Community Oriented Policing Services</b>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> CFDA # = 16.710 CFDA Title: Public Safety Partnership And Community Policing Grants	
<b>12 Funding Opportunity Number:</b> COPS-CHRP-2009-1 Title: CHRP	
<b>13. Competition Identification Number:</b>  Title: COPS Hiring Recovery Program	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Maywood, Los Angeles, California	
<b>15. Descriptive Title of Applicant's Project:</b> Community Orientated Policing Program	

Application for Federal Assistance SF-424		Version 02	
<b>16. Congressional Districts Of:</b>			
a. Applicant:	34	b. Program/Project:	CHRP
<b>17. Proposed Project:</b>			
a. Start Date:	7/1/2009	b. End Date:	6/30/2012
<b>18. Estimated Funding (\$):</b>			
a. Federal	2182474		
b. Applicant			
c. State			
d. Local			
e. Other			
f. Program Income			
g. TOTAL	2182474		
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>			
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on		4/13/2009
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/>	c. Program is not covered by E. O. 12372		
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>			
<b>Authorized Representative:</b>			
Prefix:	Mr.	First Name:	Carlos
Middle Name:			
Last Name:	Fernandez		
Suffix:			
Title:	A/Director of Support Services		
Telephone Number:	3235625744	Fax Number:	3235620557
Email:	carlos.fernandez@maywoodpolice.org		
Signature (Typed Name) of Authorized Representative:	Carlos Fernandez	Date Signed:	4/13/2009

Application for Federal Assistance SF-424		Version 02
		OMB Number: 4040-0004
		Expiration Date: 01/31/2009
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	
4/13/2009	CA01602	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Hanford, City of		
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:
946000345		959218262
d. Address:		
Street 1:	425 N. Irwin Street	
Street 2:		
City:	Hanford	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	93230	
e. Organizational Unit:		
Department Name:	Division Name:	
Hanford Police Department	Patrol	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		
First Name:	Stephanie	
Middle Name:	M.	
Last Name:	Reese	
Suffix:		
Title:	Senior Officer	
Organizational Affiliation:	Hanford Police Dept.	
Telephone Number:	5595852540	Fax Number: 5595854748
Email:	sreese@ci.hanford.ca.us	

RECEIVED

APR 13 2009

STATE CLEARING HOUSE

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Hanford, Kings County, California

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

Problem Oriented Policing Project

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 20

b. Program/Project: 20

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

## 18. Estimated Funding (\$):

a. Federal 476762

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 476762

## 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 4/13/2009 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 216, Section 1001)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: First Name: Darrell

Middle Name: L.

Last Name: Smith

Suffix:

Title: Captain

Telephone Number: 5595852540

Fax Number: 5595854748

Email: dsmith@ci.hanford.ca.us

Signature (Typed Name) of Authorized Representative: Darrell L. Smith

Date Signed: 4/13/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            APR 13 2009  <b>STATE CLEARING HOUSE</b> </div>
6. Date Received by State:	7. State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: Alwater, City of		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:
9460021854		0049640113
d. Address:		
* Street1:	750 E Bellevue Road	
Street2:		
* City:	Alwater	
County:		
* State:	CA	
Province:		
* Country:	United States	
* Zip / Postal Code:	95301	
e. Organizational Unit:		
Department Name:		Division Name:
Alwater Police Department		Public Safety Division
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	Richard
Middle Name:		
* Last Name:	Hawthorne	
Suffix:		
Title:	Police Chief	
Organizational Affiliation:		
City of Alwater		
* Telephone Number:	(206) 357-6290	Fax Number: (209) 358-6268
* Email:	rhawthorne@alwater.org	

**Application for Federal Assistance SF-424**

Version 02

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

B. Municipal

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Office of Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

1167101

CFDA Title:

Public Safety Partnership And Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-CHRP-2009-1

\* Title:

CHRP

**13. Competition Identification Number:**

Title:

COPS Hiring Recovery Program

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

City of Atwater, County of Merced, State of California

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

Atwater COPS Hiring Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



**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.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received:	4. Applicant Identifier:	<b>RECEIVED</b> APR 13 2009
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
State Use Only:		STATE CLEARING HOUSE
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: <u>CITY OF EL PASO de ROBLES</u>		
*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-6000802</u>		*c. Organizational DUNS: <u>005242438</u>
d. Address:		
*Street 1: <u>900 PARK ST.</u>		
Street 2: _____		
*City: <u>PASO ROBLES</u>		
County: _____		
*State: <u>CA</u>		
Province: _____		
*Country: <u>USA</u>		
*Zip / Postal Code: <u>93446</u>		
e. Organizational Unit:		
Department Name: <u>PASO ROBLES POLICE DEPT.</u>		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>MR.</u>	*First Name: <u>ROBERT</u>	
Middle Name: <u>CLARK</u>		
*Last Name: <u>BURTON</u>		
Suffix: _____		
Title: <u>POLICE CAPTAIN</u>		
Organizational Affiliation: <u>PASO ROBLES POLICE DEPT.</u>		
*Telephone Number: <u>805-227-7481</u>	Fax Number: <u>805-237-4138</u>	
*Email: <u>rburton@arcity.com</u>		

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

\*10 Name of Federal Agency:

*DEPT. OF JUSTICE*

11. Catalog of Federal Domestic Assistance Number:

*16.710*

CFDA Title:  
\_\_\_\_\_

\*12 Funding Opportunity Number:

\_\_\_\_\_

\*Title:  
\_\_\_\_\_

13. Competition Identification Number:

\_\_\_\_\_

Title:  
\_\_\_\_\_

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

*CITY OF EL PASO de TERRELLS*

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

*COPS HIRING RECOVERY PROGRAM*

16. Congressional Districts Of:

\*a. Applicant: CA-022 \*b. Program/Project: CA-022

17. Proposed Project:

\*a. Start Date: 10/01/2009 \*b. End Date: 9/30/2012

18. Estimated Funding (\$): 1,288,088.00

\*a. Federal 1,288,088.00  
 \*b. Applicant \_\_\_\_\_  
 \*c. State \_\_\_\_\_  
 \*d. Local \_\_\_\_\_  
 \*e. Other \_\_\_\_\_  
 \*f. Program Income \_\_\_\_\_  
 \*g. TOTAL 1,288,088.00

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 4/13/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

\*\* I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be found at the end of the application.

Authorized Representative:

Prefix: MS. \*First Name: LISA  
 Middle Name: TRAE  
 \*Last Name: SOLOMON  
 Suffix: \_\_\_\_\_

\*Title: CHIEF OF POLICE

\*Telephone Number: 805-227-7520

Fax Number: 805-237-4138

* Email: <i>LSolomon@prcity.com</i>	
*Signature (Typed Name) of Authorized Representative: <i>LISA R. Soloman</i>	*Date Signed: <i>4/13/2009</i>

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

<p><b>*Applicant Federal Debt Delinquency Explanation</b></p> <p>The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.</p>
---

**Application for Federal Assistance SF-424**

Version 02  
 OMB Number: 4040-0004  
 Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:	<div style="border: 2px solid black; padding: 5px;"> <p><b>RECEIVED</b></p> <p>APR 13 2009</p> <p>STATE CLEARING HOUSE</p> </div>
3/23/2009	CA05801	

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Marysville Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946000368	106634731

**d. Address:**

Street 1:	316 6th Street
Street 2:	
City:	Marysville
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95901

**e. Organizational Unit:**

Department Name:	Division Name:
Police Department	Mission Support Division

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

Prefix:	Mr.		
First Name:	John		
Middle Name:	K.		
Last Name:	Osborn		
Suffix:			
Title:	Sergeant II		
Organizational Affiliation:	Marysville Police Department		
Telephone Number:	5307493952	Fax Number:	5307493990
Email:	josbourn@marysvillepd.org		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Marysville

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

Traffic Enforcement And Management (TEAM) Marysville

**16. Congressional Districts Of:**

a. Applicant: CA-02

b. Program/Project: CA-02

**17. Proposed Project:**

a. Start Date: 1/1/2010

b. End Date: 12/31/2013

**18. Estimated Funding (\$):**

a. Federal 845500

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 845500

**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 4/13/2009 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).**Authorized Representative:**

Prefix: Mr

First Name: John

Middle Name: K.

Last Name: Osbourn

Suffix:

Title: Sergeant II

Telephone Number: 5307493952

Fax Number: 5307493990

Email: josbourn@marysvillepd.org

Signature (Typed Name) of Authorized Representative: John Osbourn

Date Signed: 4/13/2009

Application for Federal Assistance SF-424

Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:	<b>RECEIVED</b> APR 13 2009 STATE CLEARING HOUSE
3/16/2009	CA05400	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Tulare County Sheriff's Department		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
946000545	038431792	

**d. Address:**

Street 1:	2404 W. Burrel Ave.
Street 2:	
City:	Visalia
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	93291

**e. Organizational Unit:**

Department Name:	Division Name:
Tulare County Sheriff's Department	

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

Prefix:	Mr.	
First Name:	Michael	
Middle Name:		
Last Name:	Bowen	
Suffix:		
Title:	Grants Specialist	
Organizational Affiliation:		
Telephone Number:	5597336229	Fax Number:
Email:	MBowen@co.tulare.ca.us	

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Tulare County, California

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

Tulare County Rural CBO Program

## 16. Congressional Districts Of:

a. Applicant: 21

b. Program/Project: 21

## 17. Proposed Project:

a. Start Date: 10/1/2009

b. End Date: 9/30/2012

## 18. Estimated Funding (\$):

a. Federal 2767068

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 2767068

## 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 4/10/2009 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)

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 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj????](http://www.cops.usdoj????).

## Authorized Representative:

Prefix: Mr.

First Name: Phillip

Middle Name:

Last Name: Cox

Suffix:

Title: Chairman, Tulare County Board of Supervisors

Telephone Number: 5596365000

Fax Number:

Email: MBowen@co.tulare.ca.us

Signature (Typed Name) of Authorized Representative: Phillip Cox

Date Signed: 4/7/2009

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 4/10/09	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

Legal Name: Mountain Gate Community Services District		Organizational Unit: Department:	
Organizational DUNS: 023864283	<b>RECEIVED</b>  APR 13 2009  STATE CLEARING HOUSE	Division:	
Address: Street: 14508 Wonderland Blvd		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Redding		Prefix: Mr.	First Name: Robert
County: Siskiyou		Middle Name Kenneth	
State: CA	Zip Code 96003	Last Name Marianne	
Country: USA	Suffix:		
		Email: mgcsd@shasta.com	

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-6050023

Phone Number (give area code) 530-275-3002	Fax Number (give area code) 530-275-3043
---	---

**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)  
 Special District  
 Other (specify) \_\_\_\_\_

**9. NAME OF FEDERAL AGENCY:**  
 USDA, Rural Development

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 TITLE (Name of Program): RUS Grant/Loan Program  
 10-160

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 1. Replace approximately 2,200 feet of 12-inch raw water main.  
 2. Construct a new Lake Booster Pump Station with two split-case pumps each capable of delivering 1,400 GPM at 225 feet of Total Dynamic Head with 125 HP motors with adjustable speed drives.  
 3. Demolition of the existing Lake Booster Pump Station after 5 years of successful service.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 Community of Mountain Gate in Shasta County, CA

**13. PROPOSED PROJECT**  
 Start Date: 2009    Ending Date: 2010

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant District 2 - Wally Herger    b. Project District 2 - Wally Herger

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 793,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 200,000 <sup>00</sup>	DATE:	
c. State	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 0 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 993,000 <sup>00</sup>		

**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 Robert	Middle Name Kenneth
Last Name Marianne		Suffix
b. Title General Manager		c. Telephone Number (give area code) 530-275-3002
d. Signature of Authorized Representative 		e. Date Signed 4-9-2009

Application for Federal Assistance SF-424		Version 02	
		OMB Number: 4040-0004	
		Expiration Date: 01/31/2009	
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New		
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision		
3. Date Received :	4. Applicant Identifier:		
3/25/2009	CA03903		
5a. Federal Entity Identifier:	5a. Federal Award Identifier:		
<b>State Use Only:</b>			
6. Date Received by State:	7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>			
a. Legal Name: Manteca Police Department			
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:	
946000366		004952149	
d. Address:			
Street 1:	1001 W. Center St.		
Street 2:			
City:	Manteca		
County:			
State:	CA		
Province:			
Country:			
Zip / Postal Code:	95337		
e. Organizational Unit:			
Department Name:		Division Name:	
City of Manteca		Manteca Police Dept	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:			
First Name:	John		
Middle Name:			
Last Name:	Orcutt		
Suffix:			
Title:	Police Captain		
Organizational Affiliation:			
Telephone Number:	2092398407	Fax Number:	2098252362
Email:	jorcutt@ci.manteca.ca.us		



**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Manteca

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

COPS Rehiring Project

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 11	b. Program/Project: 11	
<b>17. Proposed Project:</b>		
a. Start Date: 10/1/2009	b. End Date: 9/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	1849175	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	1849175	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/13/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	John
Middle Name:		
Last Name:	Orcutt	
Suffix:		
Title:	Police Captain	
Telephone Number:	2092398407	Fax Number: 2098252362
Email:	jorcutt@ci.manteca.ca.us	
Signature (Typed Name) of Authorized Representative:	John A. Orcutt	Date Signed: 3/27/2009

Application for Federal Assistance SF-424		Version 02 OMB Number: 4040-0004 Expiration Date: 01/31/2009	
1. Type of Submission:		2. Type of Application:	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
3. Date Received :		4. Applicant Identifier:	
3/17/2009		CA01502	
5a. Federal Entity Identifier:		5a. Federal Award Identifier:	
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>			
a. Legal Name: Bakersfield Police Department			
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:	
956000672		0638109720000	
d. Address:			
Street 1:	1601 Truxtun Ave		
Street 2:	P.O. BOX 59		
City:	Bakersfield		
County:			
State:	CA		
Province:			
Country:			
Zip / Postal Code:	93301		
e. Organizational Unit:			
Department Name:		Division Name:	
Bakersfield Police Department		Operations	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:			
First Name:	Joe		
Middle Name:			
Last Name:	Bianco		
Suffix:			
Title:	Lieutenant		
Organizational Affiliation:			
Telephone Number:	6613263153	Fax Number:	6618522156
Email:	Jbianco@bakersfieldpd.us		

RECEIVED

APR 13 2009

STATE CLEARING HOUSE

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
Other (Specify):	
<b>10 Name of Federal Agency:</b> <b>Office of Community Oriented Policing Services</b>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> CFDA # = 16.710 CFDA Title: Public Safety Partnership And Community Policing Grants	
<b>12 Funding Opportunity Number:</b> COPS-CHRP-2009-1 Title: CHRP	
<b>13. Competition Identification Number:</b> Title: COPS Hiring Recovery Program	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Bakersfield, Metropolitan Kern County, California	
<b>15. Descriptive Title of Applicant's Project:</b> Reinstate the Directed Policing Unit and the School Resource Officer Unit.	

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 22	b. Program/Project: CA-022	
<b>17. Proposed Project:</b>		
a. Start Date: 1/1/2010	b. End Date: 12/31/2014	
<b>18. Estimated Funding (\$):</b>		
a. Federal	5955440	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	5955440	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/14/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Joe
Middle Name:		
Last Name:	Bianco	
Suffix:		
Title:	Lieutenant	
Telephone Number:	6613263153	Fax Number: 6618522156
Email:	Jbianco@bakersfieldpd.us	
Signature (Typed Name) of Authorized Representative:	Joe Bianco	Date Signed: 4/8/2009

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: TBA	4. Applicant Identifier: CA 04104	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                      APR 13 2009                      STATE CLEARING HOUSE                 </div>
5a. Federal Entity Identifier: N/A	*5b. Federal Award Identifier: N/A	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: CITY OF BURLINGAME		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94600030-		*c. Organizational DUNS: 083859579
<b>d. Address:</b>		
*Street 1: 501 FIRMROSE RD		
Street 2: _____		
*City: BURLINGAME		
County: _____		
*State: CA		
Province: _____		
*Country: USA		
*Zip / Postal Code: 94010		
<b>e. Organizational Unit:</b>		
Department Name: BURLINGAME POLICE DEPT.		Division Name: N/A
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____	*First Name: MICHAEL	
Middle Name: _____		
*Last Name: MATTEUCCI		
Suffix: _____		
Title: POLICE CAPTAIN		
Organizational Affiliation: N/A		
*Telephone Number: (650) 7... 4143		Fax Number: (650) 697-9210
*Email: MATTEUCCI@BURLINGAMEPOLICE.ORG		

Application for Federal Assistance SF-424

Vers on 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

\*10 Name of Federal Agency:

OFFICE OF COMMUNITY ORIENTED POLICING SERVICES

11. Catalog of Federal Domestic Assistance Number: 16.710

CFDA Title:

PUBLIC SAFETY PARTNERSHIP AND COMMUNITY POLICING GRANTS

\*12 Funding Opportunity Number: COPS-CHRP-2009-1

\*Title: CHRP

13. Competition Identification Number: N/A

Title: COPS HIRING RECOVERY PROGRAM

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

CITY OF BURLINGAME

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

HIRING OFFICERS LOST TO BUDGET CUTS

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: <u>CA-012</u>	*b. Program/Project: <u>CHRP</u>	
<b>17. Proposed Project:</b>		
*a. Start Date: <u>9/1/2009</u>	*b. End Date: <u>8/31/2012</u>	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	<u>1,113,297</u>	
*b. Applicant	<u>0</u>	
*c. State	<u>0</u>	
*d. Local	<u>0</u>	
*e. Other	<u>0</u>	
*f. Program Income	<u>0</u>	
*g. TOTAL	<u>1,113,297</u>	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>4/13/09</u> . <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <input checked="" type="checkbox"/> ** I AGREE		
** The certifications and assurances as well as grant terms and conditions can be found at the end of the application.		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>JAMES</u>	
Middle Name: _____		
*Last Name: <u>NINTELL</u>		
Suffix: _____		
*Title: <u>CITY MANAGER</u>		
*Telephone Number: <u>(650) 593-7204</u>	Fax Number: _____	

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)				
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____				
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation						
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision						
3. Date Received :		4. Applicant Identifier:		<table border="1"> <tr> <td style="text-align: center; font-size: 1.5em;"><b>RECEIVED</b></td> </tr> <tr> <td style="text-align: center;">APR 13 2009</td> </tr> <tr> <td style="text-align: center;">STATE CLEARING HOUSE</td> </tr> </table>		<b>RECEIVED</b>	APR 13 2009	STATE CLEARING HOUSE
<b>RECEIVED</b>								
APR 13 2009								
STATE CLEARING HOUSE								
3/25/2009		CA01201						
5a. Federal Entity Identifier:		5a. Federal Award Identifier:						
State Use Only:								
6. Date Received by State:		7. State Application Identifier:						
<b>8. APPLICANT INFORMATION:</b>								
a. Legal Name: Arcata, City of								
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:					
942186507			004940821					
d. Address:								
Street 1:		736 F Street						
Street 2:								
City:		Arcata						
County:								
State:		CA						
Province:								
Country:								
Zip / Postal Code:		95521						
e. Organizational Unit:								
Department Name:			Division Name:					
Arcata Police Dept.								
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix:								
First Name:		Gillian						
Middle Name:								
Last Name:		Wadsworth						
Suffix:								
Title:		LCSW						
Organizational Affiliation:								
Telephone Number:		7078252508		Fax Number: 7078252582				
Email:		gwadsworth@arcatapd.org						

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Arcata

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

APD Community-Based Officer Positions

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: First

b. Program/Project: CHRP

## 17. Proposed Project:

a. Start Date: 9/1/2009

b. End Date: 9/1/2012

## 18. Estimated Funding (\$):

a. Federal	507122
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	507122

## 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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: First Name: Randal

Middle Name:

Last Name: Mendosa

Suffix:

Title: Chief

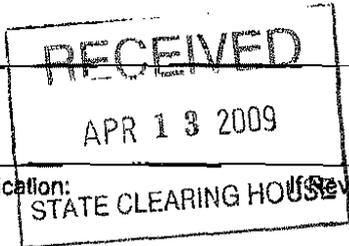
Telephone Number: 7078222428

Fax Number:

Email: rmendosa@arcatapd.org

Signature (Typed Name) of Authorized Representative: Randal Mendosa

Date Signed: 4/7/2009



<b>Application for Federal Assistance SF-424</b>		OM Expires
1. Type of Submission:	2. Type of Application: <i>(If Revision, select appropriate letter)</i>	
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	
3/18/2009	CA03315	
5a. Federal Entity Identifier:		5a. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Corona, City of		
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:
956000697		088513155
<b>d. Address:</b>		
Street 1:	400 S. Vicentia Avenue	
Street 2:		
City:	Corona	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	92882	
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
City of Corona Police Department		Police Department
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	Ms.	
First Name:	Sharon	
Middle Name:		
Last Name:	McBride	
Suffix:		
Title:	Accounting Grant Specialist	

**COPS ONLINE**

Contact || [COPS Home](#)



14 < 2 of 31 > >>

**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

CHRP Print

Page 2 of 3

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

a. Applicant: 44 b. Program/Project: 44

**17. Proposed Project:**

a. Start Date: 10/1/2009 b. End Date: 9/30/2012

**18. Estimated Funding (\$):**

a. Federal	1111686
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	1111686

**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
- 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 accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 18, Section 1001)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate government application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all applicable compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certification applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attachments are accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: Mr. First Name: Brady

Middle Name:

Last Name: Robbins

Suffix:

Title: City Manager

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received: 03-18-09		4. Applicant Identifier: CA 01970
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: STATE CLEARING HOUSE
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: South Pasadena Police Department		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 956000798		*c. Organizational DUNS: 108170093
d. Address:		
*Street 1: 1422 Mission St		
Street 2: _____		
*City: South Pasadena		
County: _____		
*State: CA		
Province: _____		
*Country: USA		
*Zip / Postal Code: 91030		
e. Organizational Unit:		
Department Name: Police Department		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		*First Name: Tracy
Middle Name: _____		
*Last Name: Perkosky		
Suffix: _____		
Title: Grants Analyst		
Organizational Affiliation: _____		
*Telephone Number: 626-403-7256		Fax Number: _____
*Email: tperkosky@ci.south-pasadena.ca.us		

## Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

## \*10 Name of Federal Agency:

Office of Community Oriented Policing Services

## 11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

## \*12 Funding Opportunity Number:

COPS-CHRP-2009-1

\*Title:

CHRP

## 13. Competition Identification Number:

Title:

COPS Hiring Recovery Program

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

City of South Pasadena

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

South Pasadena COPS Recovery Hiring Grant

## 16. Congressional Districts Of:

\*a. Applicant: CA-029

\*b. Program/Project: CA-029

## 17. Proposed Project:

\*a. Start Date: 12/01/09

\*b. End Date: 11/30/2013

18. Estimated Funding (\$): 297,307

\*a. Federal 297,307

\*b. Applicant \_\_\_\_\_

\*c. State \_\_\_\_\_

\*d. Local \_\_\_\_\_

\*e. Other \_\_\_\_\_

\*f. Program Income \_\_\_\_\_

\*g. TOTAL 297,307

## \*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 4/13/09
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

\*\* I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be found at the end of the application.

## Authorized Representative:

Prefix: \_\_\_\_\_

\*First Name: Daniel

Middle Name: \_\_\_\_\_

\*Last Name: Watson

Suffix: \_\_\_\_\_

\*Title: Chief of Police\*Telephone Number: 626-403-9272

Fax Number: \_\_\_\_\_

**Application for Federal Assistance SF-424**

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify) _____	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
4/9/2009		CA01902			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:		<b>RECEIVED</b>  APR 13 2009  STATE CLEARING HOUSE	
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Arcadia Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
956000667			082197278		
<b>d. Address:</b>					
Street 1:		250 W. Huntington Drive			
Street 2:					
City:		Arcadia			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		91007			
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
Police Department					
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:					
First Name:		Nancy			
Middle Name:					
Last Name:		Chik			
Suffix:					
Title:		Sr. Management Analyst			
Organizational Affiliation:		Arcadia Police Department			
Telephone Number:		6265745136		Fax Number: 6265745177	
Email:		nchik@ci.arcadia.ca.us			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Arcadia, California

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

Hire police officers to implement a Community Policing Special Problems and Enforcement Unit.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: CA-026

b. Program/Project: CA-026

17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

18. Estimated Funding (\$):

- a. Federal 956643
- b. Applicant
- c. State
- d. Local
- e. Other
- f. Program Income
- g. TOTAL 956643

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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/???](http://www.cops.usdoj/???).

Authorized Representative:

Prefix: First Name: Robert

Middle Name: P.

Last Name: Sanderson

Suffix:

Title: Chief of Police

Telephone Number: 6265745178 Fax Number: 6265745177

Email: rsanderson@ci.arcadia.ca.us

Signature (Typed Name) of Authorized Representative: Robert P. Sanderson Date Signed: 4/13/2009

**COPS ONLINE**Contact | [COPS Home](#)

1 of 31

**Application for Federal Assistance SF-424**Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	Other (Specify) _____		
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Revision				
<input type="checkbox"/> Changed/Corrected Application					
3. Date Received:		4. Applicant Identifier:		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>APR 13 2009</p> <p>STATE CLEARING HOUSE</p> </div>	
4/3/2009		CA0210B			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: San Anselmo Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000413			080120041		
<b>d. Address:</b>					
Street 1:		525 San Anselmo Avenue			
Street 2:					
City:		San Anselmo			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		94960			
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
San Anselmo Police Department					
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:					
First Name:		Nicholes			
Middle Name:		Joseph			
Last Name:		Valeri			
Suffix:					
Title:		Captain			
Organizational Affiliation: Police Administrator					
Telephone Number:		4152584610		Fax Number: 4154595074	
Email:		nvaleri@sananselmopd.org			



Contact | COPS Home



14 2 of 31

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

Office of Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Town of San Anselmo

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

One Community, One Goal

Vertical column of small text on the right side of the page, likely a page number or index.



Contact | COPS Home

14 4 3 of 31 > <

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant:	6th	b. Program/Project:
		6th
<b>17. Proposed Project:</b>		
a. Start Date:	8/1/2009	b. End Date:
		8/1/2013
<b>18. Estimated Funding (\$):</b>		
a. Federal	126220	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	126220	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/9/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
<p>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 28, Section 4601)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p>		
<input checked="" type="checkbox"/>	I AGREE	
** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj.gov/">www.cops.usdoj.gov/</a>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Nicholas
Middle Name:	Joseph	
Last Name:	Valeri	
Suffix:		
Title:	Captain	
Telephone Number:	4152584609	Fax Number:
		4152584667
Email:	nvaleri@sananselmopd.org	
Signature (Typed Name) of Authorized Representative:	Nicholas J. Valeri	Date Signed:
		4/9/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify) _____	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received:		4. Applicant Identifier:		<b>RECEIVED</b>  APR 13 2009  STATE CLEARING HOUSE	
4/9/2009		CA0340C			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
<b>B. APPLICANT INFORMATION:</b>					
a. Legal Name: CO DEPT OF PARKS & REC PARK RANGERS SACR					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000529			165209805		
d. Address:					
Street 1:		3711 Branch Center Road			
Street 2:					
City:		Sacramento			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		95827			
e. Organizational Unit:					
Department Name:			Division Name:		
Regional Parks			Park Ranger		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:					
First Name:		Liz			
Middle Name:					
Last Name:		Bellase			
Suffix:					
Title:		Administrative Services Officer II			
Organizational Affiliation:					
Telephone Number:			Fax Number:		
9168755925					
Email:		bellase@saccounty.net			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

County of Sacramento

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

Sacramento County Park Ranger Law Enforcement

<b>Application for Federal Assistance SF-424</b>	Version 02
--	------------

**16. Congressional Districts Of:**

a. Applicant: 3, 5

b. Program/Project: 3, 5

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 3486312

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 3486312

**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 4/13/2009 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).**Authorized Representative:**

Prefix: First Name: Janet

Middle Name:

Last Name: Baker

Suffix:

Title: Director

Telephone Number: 9168756132

Fax Number:

Email: bakerj@saccounty.net

Signature (Typed Name) of Authorized Representative: Janet R. Baker

Date Signed: 4/13/2009

<b>Application for Federal Assistance SF-424</b>		OMB Num Expiration D
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	
3/31/2009	CA0190B	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Los Angeles Unified School District Police Dept.		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
956001908	789260572	
<b>d. Address:</b>		
Street 1:	1330 West Pico Blvd.	
Street 2:		
City:	Los Angeles	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	90015	
<b>e. Organizational Unit:</b>		

**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Los Angeles City, Los Angeles County, California

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

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

a. Applicant: 27, 28

b. Program/Project: 30-37

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 10/1/2012

**18. Estimated Funding (\$):**

a. Federal	10757640
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	10757640

**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 4/1/2009
- 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, 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 that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Se

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applic

*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*Other (Specify) _____			
3. Date Received: 03/25/2009		4. Applicant Identifier: CA03605	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">APR 14 2009</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>			
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>			
*a. Legal Name: <u>Montclair Police Department</u>			
*b. Employer/Taxpayer Identification Number (EIN/TIN): 956005731		*c. Organizational DUNS: 084976919	
*d. Address:			
*Street 1: <u>4870 Arrow Highway</u>			
Street 2: _____			
*City: <u>Montclair</u>			
County: <u>San Bernardino</u>			
*State: <u>California</u>			
Province: _____			
*Country: _____			
*Zip / Postal Code <u>91763</u>			
*e. Organizational Unit:			
Department Name: <u>Montclair Police Department</u>		Division Name: <u>Administration</u>	
*f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: _____		*First Name: <u>Trudy</u>	
Middle Name: _____			
*Last Name: <u>Burson</u>			
Suffix: _____			
Title: <u>Administrative Aide</u>			
Organizational Affiliation:			
*Telephone Number: <u>909-448-3609</u>		Fax Number: <u>909-621-4413</u>	
*Email: <u>tburson@ci.montclair.ca.us</u>			

## Application for Federal Assistance SF-424

Version 02

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

City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Office of Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

CFDA Title:

Public Safety Partnership And Community Policing Grants

**\*12 Funding Opportunity Number:**

COPS-CHRP-2009-1

\*Title: CHRP

**13. Competition Identification Number:**

Title:

COPS Hiring Recovery Program

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

City of Montclair, Montclair Police Department, Middle and Elementary Schools

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

Montclair School Resource Officer Retention Program

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 26th	*b. Program/Project: CA-026	
<b>17. Proposed Project</b>		
*a. Start Date: 10/01/2009	*b. End Date: 10/01/2012	
<b>18. Estimated Funding (\$): 539,836</b>		
*a. Federal	\$539,836	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$539,836	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>04/14/2009</u> <input type="checkbox"/> b. Program is subject to E. O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be found at the end of the application.</p>		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Keith</u>	
Middle Name: _____		
*Last Name: <u>Jones</u>		
Suffix: _____		
*Title: <u>Acting Chief of Police</u>		
*Telephone Number: <u>909-448-3603</u>	Fax Number: <u>909-621-4413</u>	

*Email: <u>kjones@cityofmontclair.org</u>	
*Signature (Typed Name) of Authorized Representative: <u>K. Jones</u>	*Date Signed: <u>04/14/2009</u>

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

**\*Applicant Federal Debt Delinquency Explanation**  
The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4340-0004

Expiration Date: 01/31/2009

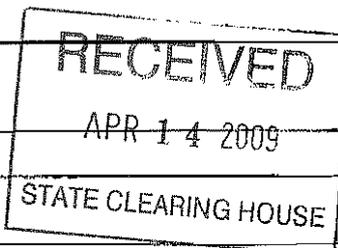
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/16/2009	CA05701

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------

## State Use Only:

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



## 8. APPLICANT INFORMATION:

a. Legal Name: Davis Police Department
--

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946000319	014129926

## d. Address:

Street 1:	2600 5th Street
Street 2:	
City:	Davis
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95618

## e. Organizational Unit:

Department Name:	Division Name:
Davis Police Department	Administration

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

Prefix:	Mr.		
First Name:	Jim		
Middle Name:			
Last Name:	Ivler		
Suffix:			
Title:	Administrative Services Manager		
Organizational Affiliation:			
Telephone Number:	5307475417	Fax Number:	5307533544
Email:	jivler@davispd.org		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Davis CA

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

COPS Hiring Recovery Program

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: CA-001

b. Program/Project: CA-001

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

## 18. Estimated Funding (\$):

a. Federal	766600
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	766600

## 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 4/15/2009
- 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 21R, Section 1001)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached terms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/???](http://www.cops.usdoj/???)

## Authorized Representative:

Prefix: First Name: Landy

Middle Name:

Last Name: Black

Suffix:

Title: Chief

Telephone Number: 5307475105

Fax Number: 5307533544

Email: lblack@davispd.org

Signature (Typed Name) of Authorized Representative: Landy Black

Date Signed: 4/6/2009

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:		<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">APR 14 2009</p> <p style="font-size: 1.2em; margin: 0;">STATE CLEARING HOUSE</p> </div>	
3/16/2009		CA01975			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: West Covina, City of					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
956000810			071914824		
d. Address:					
Street 1:		1444 W. Garvey Ave.			
Street 2:					
City:		West Covina			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		91790			
e. Organizational Unit:					
Department Name:			Division Name:		
Police Department					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		Mr.			
First Name:		Alex			
Middle Name:					
Last Name:		Houston			
Suffix:					
Title:		Admin. Services Manager			
Organizational Affiliation:					
Telephone Number:		6269398536		Fax Number: 6269398679	
Email:		alex.houston@wcpd.org			

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

West Covina

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

West Covina CHRP 2009

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

a. Applicant: CA32

b. Program/Project: CA32

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 2203474

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 2203474

**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 4/14/2009 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/7777](http://www.cops.usdoj/7777).**Authorized Representative:**

Prefix: Mr.

First Name: Andrew

Middle Name: G.

Last Name: Pasmant

Suffix:

Title: City Manager

Telephone Number: 6269398401

Fax Number:

Email: [andrew.pasmant@westcovina.org](mailto:andrew.pasmant@westcovina.org)

Signature (Typed Name) of Authorized Representative: Andrew Pasmant

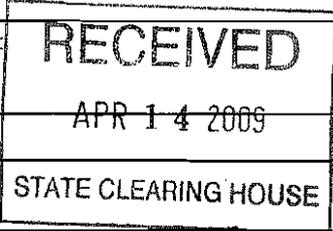
Date Signed: 4/14/2009

**Application for Federal Assistance SF-424**Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/31/2009	CA00113

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



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Union City		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
946036941	004939732	

<b>d. Address:</b>	
Street 1:	34009 Alvarado-Niles Road
Street 2:	
City:	Union City
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	94587

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
Union City Police Department	

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix:	
First Name:	Kevin
Middle Name:	
Last Name:	Finnerty
Suffix:	
Title:	Captain
Organizational Affiliation:	Union City Police Department
Telephone Number:	5106755241
Fax Number:	
Email:	kfinnerty@ci.union-city.ca.us

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Union City, CA

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

Union City Community Policing Initiative

**16. Congressional Districts Of:**

a. Applicant: CA 13

b. Program/Project: CA 13

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal	6817264
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	6817264

**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 4/10/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Greg

Middle Name:

Last Name: Stewart

Suffix:

Title: Chief

Telephone Number: 5106755251 Fax Number:

Email: [gstewart@ci.union-city.ca.us](mailto:gstewart@ci.union-city.ca.us)

Signature (Typed Name) of Authorized Representative: Greg Stewart Date Signed: 4/10/2009

**Application for Federal Assistance SF-424**Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/20/2009	CA00701

5a. Federal Entity Identifier:	5a. Federal Award Identifier:	<b>RECEIVED</b>

<b>State Use Only:</b>		<b>APR 14 2009</b>
6. Date Received by State:	7. State Application Identifier:	<b>STATE CLEARING HOUSE</b>

**8. APPLICANT INFORMATION:**

a. Legal Name: Antioch, City of		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
946000293	081842502	

**d. Address:**

Street 1:	3rd and H Streets
Street 2:	
City:	Antioch
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	94509

**e. Organizational Unit:**

Department Name:	Division Name:
Police Department	

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

Prefix:			
First Name:	Alan		
Middle Name:			
Last Name:	Cantando		
Suffix:			
Title:	Captain		
Organizational Affiliation:	Antioch Police Department		
Telephone Number:	9257796963	Fax Number:	9257796905
Email:	acantando@ci.antioch.ca.us		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Antioch

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

Preserving Community Policing in Antioch

**16. Congressional Districts Of:**

a. Applicant: CA 10

b. Program/Project: CA 10

**17. Proposed Project:**

a. Start Date: 6/1/2009

b. End Date: 5/31/2012

**18. Estimated Funding (\$):**

a. Federal	48707880
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	48707880

**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 4/10/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: James

Middle Name:

Last Name: Hyde

Suffix:

Title: Chief

Telephone Number: 9257796902 Fax Number: 9257796905

Email: [jhyde@ci.antioch.ca.us](mailto:jhyde@ci.antioch.ca.us)

Signature (Typed Name) of Authorized Representative: James Hyde Date Signed: 4/3/2009

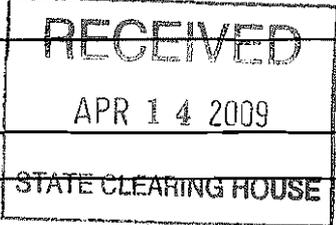
**Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/1/2009	CA00711

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



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: San Pablo Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN): 946000423	c. Organizational DUNS: 603930710

**d. Address:**

Street 1:	13880 San Pablo Avenue
Street 2:	
City:	San Pablo
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	94806

**e. Organizational Unit:**

Department Name: Police Department	Division Name: Services- Records Division
------------------------------------	---

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

Prefix:			
First Name:	Tom		
Middle Name:	L		
Last Name:	Hughes		
Suffix:			
Title:	Sergeant		
Organizational Affiliation:	Police		
Telephone Number:	5102133158	Fax Number:	
Email:	tomh@ci.san-pablo.ca.us		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

San Pablo, CA

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

To Protect and Serve: Meeting the Demands of an Small Uban Department to Provide Adequate Public Safety

**16. Congressional Districts Of:**

a. Applicant: CA 10

b. Program/Project: CA 10

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal	980127
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	980127

**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 4/10/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Joseph

Middle Name: P.

Last Name: Aita

Suffix:

Title: Chief

Telephone Number: 5102153107 Fax Number:

Email: joea@ci.san-pablo.ca.us

Signature (Typed Name) of Authorized Representative: Joseph P. Aita Date Signed: 4/6/2009

**Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

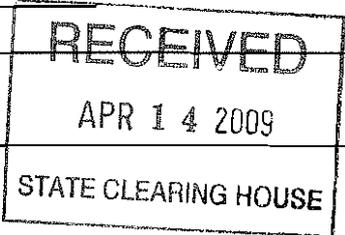
**Application for Federal Assistance SF-424**

Version 02  
 OMB Number: 4040-0004  
 Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/6/2009	CA00714

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



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Martinez Police Department		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
946000367	009234980	

**d. Address:**

Street 1:	525 Henrietta Street
Street 2:	
City:	Martinez
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	94553

**e. Organizational Unit:**

Department Name:	Division Name:
Police Department	Field Services

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

Prefix:			
First Name:	Gary		
Middle Name:	Daniel		
Last Name:	Peterson		
Suffix:			
Title:	Commander		
Organizational Affiliation:	Martinez Police Department		
Telephone Number:	9253723448	Fax Number:	9253721411
Email:	gpeterson@cityofmartinez.org		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Martinez California

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

Community Policing: Continuing the Transformation Process with the Martinez Police Department

**16. Congressional Districts Of:**

a. Applicant: CA 07

b. Program/Project: CA 07

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal	688230
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	688230

**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 4/11/2009
- 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)

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I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Tom

Middle Name: J.

Last Name: Simonetti

Suffix:

Title: Chief

Telephone Number: 9253723446 Fax Number:

Email: [tsimonetti@cityofmartinez.org](mailto:tsimonetti@cityofmartinez.org)

Signature (Typed Name) of Authorized Representative: Tom J. Simonetti Date Signed: 4/6/2009

**Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

**Application for Federal Assistance SF-424**

Version 02  
 OMB Number: 4040-0004  
 Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">APR 14 2009</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>
3/30/2009	CA082ZZ	

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

<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: Yurok Tribe
----------------------------

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
680178020	622970366

**d. Address:**

Street 1:	247 Salmon Avenue
Street 2:	P.O. Box 5
City:	Klamath
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95548

**e. Organizational Unit:**

Department Name:	Division Name:
Yurok Department of Public Safety	Tribal Police

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

Prefix:	Mr.		
First Name:	Dave		
Middle Name:			
Last Name:	Parris		
Suffix:			
Title:	Chief of Police		
Organizational Affiliation:	Yurok Tribe		
Telephone Number:	7074828185	Fax Number:	7074828375
Email:	dparris@yuroktribe.nsn.us		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Yurok Reservation, Del Norte and Humboldt Counties, California

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

Yurok Tribal Police Hiring Project

**16. Congressional Districts Of:**

a. Applicant: CA-001

b. Program/Project: CA-001

**17. Proposed Project:**

a. Start Date: 6/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

- a. Federal 451761
- b. Applicant
- c. State
- d. Local
- e. Other
- f. Program Income
- g. TOTAL 451761

**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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: Mrs. First Name: Maria  
 Middle Name:  
 Last Name: Tripp  
 Suffix:

Title: Yurok Tribal Chair

Telephone Number: 7074821350 Fax Number: 7074821377

Email: mtripp@yuroktribe.nsn.us

Signature (Typed Name) of Authorized Representative: Maria Tripp Date Signed: 4/7/2009

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:		<div style="border: 1px solid black; padding: 5px;"> <p><b>RECEIVED</b></p> <p>APR 14 2009</p> <p><b>STATE CLEARING HOUSE</b></p> </div>	
3/31/2009		CA03002			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Brea Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
956000681			040516791		
d. Address:					
Street 1:		1 Civic Center Circle			
Street 2:					
City:		Brea			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		92821			
e. Organizational Unit:					
Department Name:			Division Name:		
Brea Police Department					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		Mr.			
First Name:		Darrin			
Middle Name:					
Last Name:		Devereux			
Suffix:					
Title:		Lieutenant			
Organizational Affiliation:					
Telephone Number:		7149907625		Fax Number:	
Email:		darrind@cityofbrea.net			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Cities of Brea and Yorba Linda

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

Increase Community Policing Activities

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: CA-042

b. Program/Project: CA-042

## 17. Proposed Project:

a. Start Date: 9/1/2009

b. End Date: 9/1/2012

## 18. Estimated Funding (\$):

a. Federal 1729755

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1729755

## 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 4/14/2009 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)

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 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: First Name: Darrin

Middle Name:

Last Name: Devereux

Suffix:

Title: Lieutenant

Telephone Number: 7149907624

Fax Number:

Email: [darrind@cityofbrea.net](mailto:darrind@cityofbrea.net)

Signature (Typed Name) of Authorized Representative: Darrin Devereux

Date Signed: 3/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:	<b>RECEIVED</b> APR 14 2009 STATE CLEARING HOUSE
4/13/2009	CA00400	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Butte County Sheriff's Department		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
946000506	111411695	

<b>d. Address:</b>	
Street 1:	33 County Center Drive
Street 2:	
City:	Oroville
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95965

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
Butte County Sheriff's Office	Operations

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	Ms.		
First Name:	Becky		
Middle Name:			
Last Name:	Callas		
Suffix:			
Title:	Supervising Analyst		
Organizational Affiliation:			
Telephone Number:	5305382861	Fax Number:	5305382805
Email:	bcallas@buttecounty.net		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Butte County, California

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

Butte County Sheriff's Hiring Recovery Program (CHRP)

**16. Congressional Districts Of:**

a. Applicant: 2nd

b. Program/Project: 2nd

**17. Proposed Project:**

a. Start Date: 10/1/2009

b. End Date: 9/30/2012

**18. Estimated Funding (\$):**

a. Federal	1047388
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	1047388

**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 4/14/2009
- 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)

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I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: Mr. First Name: Perry

Middle Name: L.

Last Name: Reniff

Suffix:

Title: Sheriff

Telephone Number: 5305386759 Fax Number: 5305382805

Email: [preniff@buttecounty.net](mailto:preniff@buttecounty.net)

Signature (Typed Name) of Authorized Representative: Perry L. Reniff, Sheriff Date Signed: 4/13/2009

Application for Federal Assistance SF-424		Version 02
		OMB Number: 4040-0004
		Expiration Date: 01/31/2009
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	Other (Specify) <b>RECEIVED</b> APR 14 2009 STATE CLEARING HOUSE
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	
3/16/2009	CA05403	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Farmersville Police Department		
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:
946050396		143406010
<b>d. Address:</b>		
Street 1:	909 W. Visalia Rd	
Street 2:		
City:	Farmersville	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	93223	
<b>e. Organizational Unit:</b>		
Department Name:	Division Name:	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:		
First Name:	Mario	
Middle Name:		
Last Name:	Krstic	
Suffix:		
Title:	Chief of Police	
Organizational Affiliation:	Agency Head	
Telephone Number:	5597471243	Fax Number: 5597473963
Email:	mkrstic@farmersvillepd.com	

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Farmersville

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

Police Officer Hiring and Retention Project

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 21

b. Program/Project: 21

## 17. Proposed Project:

a. Start Date: 10/1/2009

b. End Date: 9/30/2013

## 18. Estimated Funding (\$):

a. Federal 1455414

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1455414

## 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 4/14/2009
- 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)

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I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: Mr. First Name: Mario

Middle Name:

Last Name: Krstic

Suffix:

Title: Chief of Police

Telephone Number: 5597471243

Fax Number: 5597473963

Email: mkrstic@farmersvillepd.com

Signature (Typed Name) of Authorized Representative: Mario Krstic

Date Signed: 4/1/2009

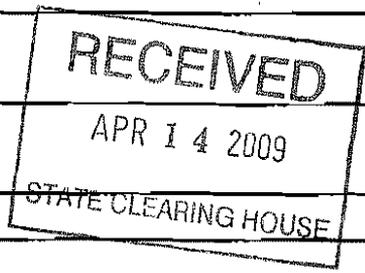
Application for Federal Assistance SF-424

Version 02  
 OMB Number: 4040-0004  
 Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received : 4/6/2009	4. Applicant Identifier: CA04502
--------------------------------	-------------------------------------

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Redding, City of		
b. Employer/Taxpayer Identification Number (EIN/TIN): 946000401	c. Organizational DUNS: 188924823	

**d. Address:**

Street 1:	1313 California Street
Street 2:	
City:	Redding
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	96001

**e. Organizational Unit:**

Department Name: Police	Division Name: Administration
----------------------------	----------------------------------

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

Prefix:			
First Name:	Janet		
Middle Name:	L		
Last Name:	Crawford		
Suffix:			
Title:	Management Analyst		
Organizational Affiliation:	City of Redding		
Telephone Number:	5302457157	Fax Number:	5302254568
Email:	jcrawford@reddingpolice.org		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Redding

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

Redding Police Recovery Program

**16. Congressional Districts Of:**

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

**17. Proposed Project:**

a. Start Date: 10/1/2009 b. End Date: 9/30/2012

**18. Estimated Funding (\$):**

a. Federal 1300000  
 b. Applicant  
 c. State  
 d. Local  
 e. Other  
 f. Program Income  
 g. TOTAL 1300000

**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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Peter  
 Middle Name: T  
 Last Name: Hansen  
 Suffix:

Title: Chief of Police

Telephone Number: 5302254211 Fax Number: 5302254568

Email: chiefofpolice@reddingpolice.org

Signature (Typed Name) of Authorized Representative: Peter T. Hansen Date Signed: 4/14/2009

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

**Application for Federal Assistance SF-424** Version 02

<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>
--	--	--

<p>* 3. Date Received:</p> <input type="text"/> <p><small>Completed by Grants.gov upon submission.</small></p>	<p>4. Applicant Identifier:</p> <input type="text"/>
--	--

<p>5a. Federal Entity Identifier:</p> <input type="text"/>	<p>* 5b. Federal Award Identifier:</p> <input type="text"/>
--	---

**RECEIVED**

APR 14 2009

STATE CLEARING HOUSE

State Use Only:

<p>6. Date Received by State:</p> <input type="text"/>	<p>7. State Application Identifier:</p> <input type="text"/>	
--	--	--

**8. APPLICANT INFORMATION:**

<p>* a. Legal Name: <input type="text" value="South Coast Air Quality Management District"/></p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="953099419"/>	<p>* c. Organizational DUNS:</p> <input type="text" value="025986159"/>

**d. Address:**

* Street1:	<input type="text" value="21865 Copley Drive"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Diamond Bar"/>
County:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="91765"/>

**e. Organizational Unit:**

<p>Department Name:</p> <input type="text"/>	<p>Division Name:</p> <input type="text"/>
--	--

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

Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Mary"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Leonard"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Financial Analyst"/>		
Organizational Affiliation:	<input type="text"/>		
* Telephone Number:	<input type="text" value="909-396-2760"/>	Fax Number:	<input type="text" value="909-396-2755"/>
* Email:	<input type="text" value="mleonard@sqmd.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:**

Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66.039

**CFDA Title:**

NATIONAL CLEAN DIESEL FUNDING ASSISTANCE PROGRAM

**\* 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-08-06

**\* Title:**

Clean Diesel Emerging Technologies Program

**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:**

Retrofit of Heavy-Duty Diesel Trucks with Johnson Matchey Selective Catalytic Regenerating Technology

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:  \* b. Program/Project:

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

**17. Proposed Project:**  
\* a. Start Date:  \* b. End Date:

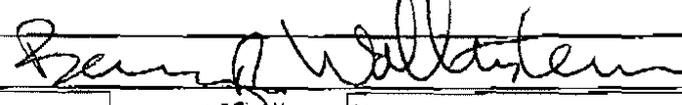
**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="900,000.00"/>
* b. Applicant	<input type="text" value="300,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="558,614.00"/>
* f. Program income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,758,614.00"/>

\* 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   
 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:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**APPROVED AS TO FORM**  
**KURT R. WIESE, GENERAL COUNSEL**  
 By:   
 Date:

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify) _____	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received:		4. Applicant Identifier:			
4/2/2009		CA02301			
5a. Federal Entity Identifier:			5a. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Ft. Bragg Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000335			089683569		
d. Address:					
Street 1:		416 N Franklin Street			
Street 2:					
City:		Fort Bragg			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		95437			
e. Organizational Unit:					
Department Name:			Division Name:		
Fort Bragg Police Department					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:					
First Name:		Jennifer			
Middle Name:					
Last Name:		Owen			
Suffix:					
Title:		Housing & Econ Devel Coordinator			
Organizational Affiliation:		City of Fort Bragg			
Telephone Number:		7079612823		Fax Number: 7079612802	
Email:		jowen@fortbragg.com			



**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type.

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Fort Bragg

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

School Resource Officer Job Retention

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 1

b. Program/Project: 1

## 17. Proposed Project:

a. Start Date: 4/1/2010

b. End Date: 3/31/2013

## 18. Estimated Funding (\$):

a. Federal 266570

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 266570

## 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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: First Name: Linda

Middle Name:

Last Name: Ruffing

Suffix:

Title: City Manager

Telephone Number: 7079612823 Fax Number: 7079612802

Email: lruffing@fortbragg.com

Signature (Typed Name) of Authorized Representative: Linda Ruffing Date Signed: 4/14/2009

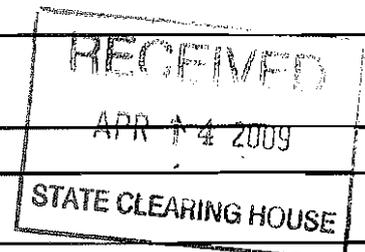
**Application for Federal Assistance SF-424**

Version 02  
 OMB Number: 4040-0004  
 Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/31/2009	CA02106

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



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: Novato Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946050061	004948063

**d. Address:**

Street 1:	75 Rowland Way #200
Street 2:	
City:	Novato
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	94945

**e. Organizational Unit:**

Department Name:	Division Name:
Novato Police Department	

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

Prefix:			
First Name:	Jennifer		
Middle Name:			
Last Name:	Tejada		
Suffix:			
Title:	Services Captain		
Organizational Affiliation:	Municipal government		
Telephone Number:	4158997002	Fax Number:	4158985344
Email:	jtejada@ci.novato.ca.us		

CITY OF NOVATO

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City

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

Community Police Services

*CITY OF NOVA TO*

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: CA-006

b. Program/Project: CA-006

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

## 18. Estimated Funding (\$):

a. Federal 1303464

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1303464

## 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 4/13/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/???](http://www.cops.usdoj/???).

## Authorized Representative:

Prefix: First Name: Joseph

Middle Name:

Last Name: Kreins

Suffix:

Title: Chief of Police

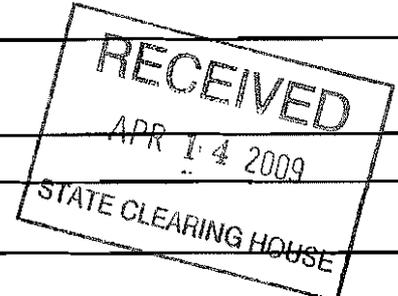
Telephone Number: 4158997001 Fax Number: 4158985344

Email: jkreins@ci.novato.ca.us

Signature (Typed Name) of Authorized Representative: Joseph Kreins Date Signed: 4/7/2009

CITY OF NOVATO

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
4/2/2009		CA01944			
5a. Federal Entity Identifier:			5a. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Manhattan Beach Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
956000742			944354539		
d. Address:					
Street 1:		420 15th Street			
Street 2:					
City:		Manhattan Beach			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		90266			
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:		Julie			
Middle Name:					
Last Name:		Dahlgren			
Suffix:					
Title:		Management Analyst			
Organizational Affiliation:					
Telephone Number:		3108025118		Fax Number:	
Email:		jdahlgren@citymb.info			



**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Manhattan Beach

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

Funding Request for One Sworn Police Officer to Fill Unfunded Vacancy

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

a. Applicant: 36

b. Program/Project: 36

17. Proposed Project:

a. Start Date: 9/1/2009

b. End Date: 8/31/2012

18. Estimated Funding (\$):

a. Federal 372336

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 372336

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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: First Name: Julie

Middle Name:

Last Name: Dahlgren

Suffix:

Title: Management Analyst

Telephone Number: 3108025118

Fax Number:

Email: jdahlgren@citymb.info

Signature (Typed Name) of Authorized Representative: Julie Dahlgren

Date Signed: 4/10/2009

4/14/2009

**Application for Federal Assistance SF-424**Version:  
OMB Number: 4040-00  
Expiration Date: 01/31/20

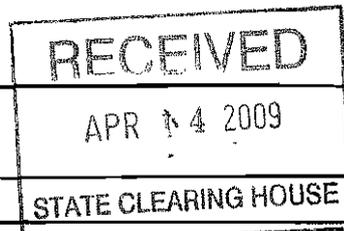
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/2/2009	CA05806

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: YUBA COLLEGE POLICE DEPARTMENT MARYSVILL

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
680447767	801231551

**d. Address:**

Street 1: 2088 North Beale Road  
 Street 2:  
 City: Marysville  
 County:  
 State: CA  
 Province:  
 Country:  
 Zip / Postal Code: 95901

**e. Organizational Unit:**

Department Name:	Division Name:
Yuba Community College District	Police Department

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

Prefix:  
 First Name: Preet  
 Middle Name:  
 Last Name: Cheema  
 Suffix:  
 Title: Administrative Secretary  
 Organizational Affiliation:  
 Telephone Number: 5307416771 Fax Number: 5307414258  
 Email: gcheema@yccd.edu

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Yuba Community College District which includes 3 campus, Marysville Campus-Yuba County, Woodland Campus-Yolo County, and Clearlake Campus-Lake County. 2009/2015, future Learning Center and District offices in Yuba City-Sutter County and Learning Center in Williams-Colusa County.

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

08/09 fiscal year budget one additional sworn police officer was approved. However, due to a 1.2 million deficit the approval was postponed indefinitely. In 08/09 the student enrollment had increased by 7.5% approximately 2000 additional students.

**Application for Federal Assistance SF-424**

Version

**16. Congressional Districts Of:**

a. Applicant: 2

b. Program/Project: COPS

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal	317068
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	317068

**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 7/1/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Preet

Middle Name:

Last Name: Cheema

Suffix:

Title: Administrative Secretary I

Telephone Number: 5307416771 Fax Number:

Email: gcheema@yccd.edu

Signature (Typed Name) of Authorized Representative: Preet Cheema

Date Signed: 4/14/2009

Application for Federal Assistance SF-424

Version 02  
 OMB Number: 4040-0004  
 Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/13/2009	CA03013

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



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: LOS ALAMITOS PD	
b. Employer/Taxpayer Identification Number (EIN/TIN): 952133135	c. Organizational DUNS: 969632710

d. Address:

Street 1:	3191 Katella Avenue
Street 2:	
City:	Los Alamitos
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	90720

e. Organizational Unit:

Department Name:	Division Name:
Police Department	

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

Prefix:			
First Name:	Cassandra		
Middle Name:			
Last Name:	Palmer		
Suffix:			
Title:	Support Services Manager		
Organizational Affiliation:			
Telephone Number:	5624312255	Fax Number:	5624316499
Email:	cpalmer@ci.los-alamitos.ca.us		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Los Alamitos

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

Officer Reinstatement Project

**16. Congressional Districts Of:**

a. Applicant: CA-040

b. Program/Project: CA-040

**17. Proposed Project:**

a. Start Date: 11/1/2009

b. End Date: 10/31/2011

**18. Estimated Funding (\$):**

a. Federal	224482
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	224482

**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 4/13/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Todd

Middle Name:

Last Name: Mattern

Suffix:

Title: Chief of Police

Telephone Number: 5624312255 Fax Number: 5624316499

Email: [tmattern@ci.los-alamitos.ca.us](mailto:tmattern@ci.los-alamitos.ca.us)

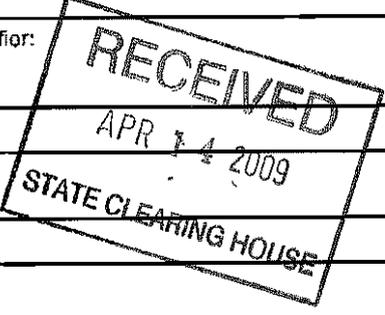
Signature (Typed Name) of Authorized Representative: Todd Mattern Date Signed: 4/13/2009

**Application for Federal Assistance SF-424**

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		_____	
3. Date Received :		4. Applicant Identifier:			
4/13/2009		CA00303			
5a. Federal Entity Identifier:			5a. Federal Award Identifier:		
					
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>B. APPLICANT INFORMATION:</b>					
a. Legal Name: Jackson Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000350			004939906		
d. Address:					
Street 1:		33-D Broadway			
Street 2:					
City:		Jackson			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		95642			
e. Organizational Unit:					
Department Name:			Division Name:		
Jackson Police Department					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:					
First Name:		Scott			
Middle Name:					
Last Name:		Morrison			
Suffix:					
Title:		Police Chief			
Organizational Affiliation:		Jackson Police Department			
Telephone Number:		2092231771		Fax Number: 2092233403	
Email:		smorrison@ci.jackson.ca.us			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Jackson

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

City of Jackson CHRP Officer

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: Third	b. Program/Project: Third	
<b>17. Proposed Project:</b>		
a. Start Date: 10/1/2009	b. End Date: 9/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	312598	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	312598	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on 4/14/2009	
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, disbarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Scott
Middle Name:		
Last Name:	Morrison	
Suffix:		
Title:	Police Chief	
Telephone Number:	2092231771	Fax Number: 2092233403
Email:	smorrison@ci.jackson.ca.us	
Signature (Typed Name) of Authorized Representative:	Scott Morrison	Date Signed: 4/13/2009

COPS

Contact COPS Home



1 of 31

Application for Federal Assistance SF-424

RECEIVED

APR 14 2009

STATE CLEARING HOUSE

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/17/2009	CA01700

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

State Use Only:

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

8. APPLICANT INFORMATION:

a. Legal Name: Lake County Sheriff's Department

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946000825	113350339

d. Address:

Street 1: 1220 Martin Street  
 Street 2:  
 City: Lakeport  
 County:  
 State: CA  
 Province:  
 Country:  
 Zip / Postal Code: 95453

e. Organizational Unit:

Department Name:	Division Name:

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
a. Applicant: 1	b. Program/Project: CA-001
<b>17. Proposed Project:</b>	
a. Start Date: 7/1/2009	b. End Date: 6/30/2013
<b>18. Estimated Funding (\$):</b>	
a. Federal	73600
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	73600
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	4
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 18, Section 1001)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate government application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the terms and conditions of the grant award.</p>	

**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: City of Arroyo Grande, CA		Organizational Unit: Department: Police Department	
Organizational DUNS: 077252575		Division:	
Address: Street: 200 N. Halcyon Rd		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Arroyo Grande		Prefix:	First Name: Steven
County:		Middle Name	
State: California		Last Name Annibali	
Zip Code 93420		Suffix:	
Country: USA		Email: sannibali@arroyogrande.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000668		Phone Number (give area code) 805-473-5120	Fax Number (give area code) 805-473-2198
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): COPS Hiring Recovery Program (CHRP) 16-710		9. NAME OF FEDERAL AGENCY: Department of Justice	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arroyo Grande, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Arroyo Grande COPS Hiring Recovery Program	
13. PROPOSED PROJECT Start Date: 07/01/2009    Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22nd    b. Project 22nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 326,245 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 14, 2009	
b. Applicant	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 326,245 <sup>00</sup>		
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 Steve	Middle Name	
Last Name Adams	Suffix		
b. Title City Manager	c. Telephone Number (give area code) 805-473-5404		
d. Signature of Authorized Representative	e. Date Signed April 14, 2009		

Application for Federal Assistance SF-424		Version 02
		OMB Number: 4040-0004 Expiration Date: 01/31/2009
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received:	4. Applicant Identifier:	
4/8/2009	CA224ZZ	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	
		<b>RECEIVED</b> APR 14 2009 STATE CLEARING HOUSE
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>		
a. Legal Name: Huntington Beach Union High School District		
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:
956001644		079545703
d. Address:		
Street 1:	5832 Bolsa Avenue	
Street 2:		
City:	Huntington Beach	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	92649	
e. Organizational Unit:		
Department Name:	Division Name:	
Huntington Beach Union High School District	Police Department	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr	
First Name:	Byron	
Middle Name:	Scott	
Last Name:	Atkinson	
Suffix:		
Title:	Chief of Police	
Organizational Affiliation:		
Telephone Number:	7145367521	Fax Number: 7145360476
Email:	satkinson@hbuhsd.org	

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16 710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Huntington Beach, Fountain Valley, Westminster, County of Orange

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

(CHRP) Retention of Officers scheduled for lay-off

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

a. Applicant: 40,46 b. Program/Project: Same

**17. Proposed Project:**

a. Start Date: 7/1/2009 b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

- a. Federal 1641675
- b. Applicant
- c. State
- d. Local
- e. Other
- f. Program Income
- g. TOTAL 1641675

**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 4/13/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: Dr First Name: Van

Middle Name: W

Last Name: Riley

Suffix: Ph.D.

Title: Superintendent

Telephone Number: 7149037000 Fax Number: 7148925750

Email: vriley@hbuhd.org

Signature (Typed Name) of Authorized Representative: Van W Riley Date Signed: 4/8/2009

## Application for Federal Assistance SF-424

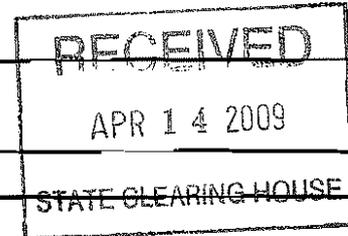
Version 02

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

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/16/2009	CA03610

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: San Bernardino Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
956000772	063829779

<b>d. Address:</b>	
Street 1:	710 N. "D" Street
Street 2:	PO Box 1559
City:	San Bernardino
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	92402

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
San Bernardino Police Department	Patrol

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

Prefix:	Mr.		
First Name:	Theodis		
Middle Name:			
Last Name:	Henson		
Suffix:			
Title:	Captain		
Organizational Affiliation:	San Bernardino Police Department		
Telephone Number:	9093845609	Fax Number:	9093884950
Email:	henson_th@sbcity.org		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of San Bernardino

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

Enhancing Community Policing in San Bernardino

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 43

b. Program/Project: 41/43

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/20/2012

## 18. Estimated Funding (\$):

a. Federal	7458858
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	7458858

## 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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: Mr. First Name: Theodis  
 Middle Name:  
 Last Name: Henson  
 Suffix:

Title: Police Captain

Telephone Number: 9093845609

Fax Number: 9093894950

Email: henson\_th@sbcity.org

Signature (Typed Name) of Authorized Representative: Theodis Henson

Date Signed: 4/14/2009

## Application for Federal Assistance SF-424

Version 02

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

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/10/2009	CA01206

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------

RECEIVED

## State Use Only:

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

APR 14 2009

## 8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

a. Legal Name: Trinidad Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN):  
946036490c. Organizational DUNS:  
829976104

## d. Address:

Street 1: 463 Trinity Street  
 Street 2: PO Box 390  
 City: Trinidad  
 County:  
 State: CA  
 Province:  
 Country:  
 Zip / Postal Code: 95570

## e. Organizational Unit:

Department Name:	Division Name:
Trinidad Police Department	

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

Prefix:  
 First Name: Kenneth  
 Middle Name: John  
 Last Name: Thrailkill  
 Suffix:

Title: Chief of Police

Organizational Affiliation: Law Enforcement

Telephone Number: 7076770133

Fax Number: 7076770217

Email: kthrailkill@trinidadpd.org

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Trinidad, Humboldt County, State of California

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

Trinidad Police Department Hiring Grant

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

a. Applicant: CA01

b. Program/Project: CA01

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 181640

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 181640

**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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: Mr. First Name: Kenneth

Middle Name: John

Last Name: Thrailkill

Suffix:

Title: Chief of Police

Telephone Number: 7076770133

Fax Number: 7076770217

Email: kthrailkill@trinidadpd.org

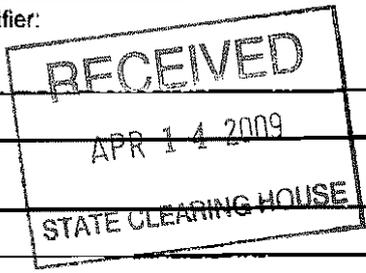
Signature (Typed Name) of Authorized Representative: Kenneth J. Thrailkill

Date Signed: 4/14/2009

## Application for Federal Assistance SF-424

Version 02

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

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
4/1/2009		CA00709			
5a. Federal Entity Identifier:		5a. Federal Award Identifier:			
					
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Pleasant Hill Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
941527260			100852966		
d. Address:					
Street 1:		330 Civic Drive			
Street 2:					
City:		Pleasant Hill			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		94523			
e. Organizational Unit:					
Department Name:			Division Name:		
Police Department					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		Lieutenant			
First Name:		Daniel			
Middle Name:		Morgan			
Last Name:		Connelly			
Suffix:					
Title:		Lieutenant			
Organizational Affiliation:		Patrol Commander			
Telephone Number:		9252884643		Fax Number: 9256717329	
Email:		dconnelly@ci.pleasant-hill.ca.us			

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Pleasant Hill

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

COPS Hiring Recovery Program

**16. Congressional Districts Of:**

a. Applicant: CA 10

b. Program/Project: CA 10

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 373547

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 373547

**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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix:

First Name: Daniel

Middle Name: Morgan

Last Name: Connelly

Suffix:

Title: Lieutenant

Telephone Number: 9252884643

Fax Number: 9252884654

Email: dconnelly@ci.pleasant-hill.ca.us

Signature (Typed Name) of Authorized Representative: Daniel M. Connelly

Date Signed: 4/14/2009

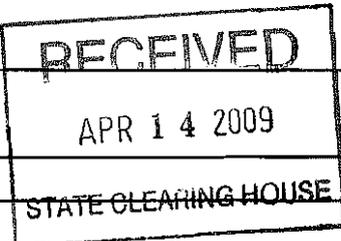
Application for Federal Assistance SF-424

Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1 Type of Submission:	2 Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3 Date Received :	4 Applicant Identifier:
3/17/2009	CA03105

5a Federal Entity Identifier:	5a. Federal Award Identifier:
-------------------------------	-------------------------------



<b>State Use Only:</b>	
6 Date Received by State:	7 State Application Identifier:

**8. APPLICANT INFORMATION:**

a Legal Name: City of Roseville
---------------------------------

b. Employer/Taxpayer Identification Number (EIN/TIN):	c Organizational DUNS:
946000409	076119643

**d. Address:**

Street 1:	311 Vernon St
Street 2:	
City:	Roseville
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95678

**e. Organizational Unit:**

Department Name:	Division Name:
Police	

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

Prefix:	Mrs.
First Name:	Dee Dee
Middle Name:	M
Last Name:	Gunther
Suffix:	

Title:	Administrative Analyst
--------	------------------------

Organizational Affiliation:
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Telephone Number:	9167745015	Fax Number:	9167745019
-------------------	------------	-------------	------------

Email:	ddgunther@roseville ca us
--------	---------------------------

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16 710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Roseville

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

Roseville, CA Police Hiring Recovery

**16. Congressional Districts Of:**

a Applicant: Fourth

b. Program/Project: Fourth

**17. Proposed Project:**

a Start Date: 7/1/2009

b. End Date: 12/31/2012

**18. Estimated Funding (\$):**

a. Federal 1264212

b Applicant

c State

d Local

e Other

f. Program Income

g TOTAL 1264212

**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 4/9/2009 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj.gov](http://www.cops.usdoj.gov)**Authorized Representative:**

Prefix: Mr. First Name: Craig

Middle Name:

Last Name: Robinson

Suffix:

Title: City Manager

Telephone Number: 9167745362 Fax Number: 9167745485

Email: citymanager@roseville.ca.us

Signature (Typed Name) of Authorized Representative: W. Craig Robinson Date Signed: 4/2/2009

**Application for Federal Assistance SF-424**Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/13/2009	CA04211

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Allan Hancock Joint Community College District

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
521692042	620874305

**d. Address:**

Street 1: 800 South College Drive  
 Street 2:  
 City: Santa Maria  
 County:  
 State: CA  
 Province:  
 Country:  
 Zip / Postal Code: 93454

**e. Organizational Unit:**

Department Name:	Division Name:
Public Safety	

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

Prefix: Dr.  
 First Name: Suzanne  
 Middle Name:  
 Last Name: Valery  
 Suffix: Ed.D.

Title: Director, Institutional Grants

Organizational Affiliation: Allan Hancock College

Telephone Number:	8059226966	Fax Number:	8053499697
-------------------	------------	-------------	------------

Email: svalery@hancockcollege.edu

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

California cities including Santa Maria, Lompoc, Santa Ynez

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

Added Safety on Campus

**16. Congressional Districts Of:**

a. Applicant: 23

b. Program/Project: 23

**17. Proposed Project:**

a. Start Date: 10/1/2009

b. End Date: 9/30/2012

**18. Estimated Funding (\$):**

a. Federal 217866

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 217866

**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 4/14/2009 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).**Authorized Representative:**

Prefix: Dr.

First Name: Jose

Middle Name: M.

Last Name: Ortiz

Suffix: Ed.D.

Title: President / District Superintendent

Telephone Number: 8059226966

Fax Number: 8053479896

Email: jortiz@hancockcollege.edu

Signature (Typed Name) of Authorized Representative: Jose M. Ortiz, Ed.D.

Date Signed: 4/13/2009

COPS

COPS



1 of 31

RECEIVED  
APR 14 2009  
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate:
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received: 4/8/2009	4. Applicant Identifier: CA22AZZ
-------------------------------	-------------------------------------

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: Huntington Beach Union High School District

b. Employer/Taxpayer Identification Number (EIN/TIN): 956001644	c. Organizational DUNS: 079545703
--	--------------------------------------

d. Address:

Street 1: 5832 Bolsa Avenue  
 Street 2:  
 City: Huntington Beach  
 County:  
 State: CA  
 Province:  
 Country:  
 Zip / Postal Code: 92649

**COPS**

**COPS**

14 3 of 31

**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

COPS

COPS

3 of 31

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

a. Applicant: 40,46

b. Program/Project: Same

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal	1641675
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	1641675

**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
- 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

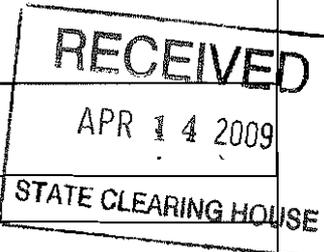
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements here accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I act that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate go application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, cert applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any at accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy avail government.

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____

3. Date Received :	4. Applicant Identifier:
4/7/2009	CA00712

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



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: Walnut Creek, City of
--------------------------------------

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946000450	783250533

<b>d. Address:</b>
Street 1: 1666 North Main Street
Street 2:
City: Walnut Creek
County:
State: CA
Province:
Country:
Zip / Postal Code: 94596

<b>e. Organizational Unit:</b>	
Department Name: Walnut Creek Police Department	Division Name:

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

Prefix:	
First Name: Steve	
Middle Name:	
Last Name: Skinner	
Suffix:	
Title: Lieutenant	
Organizational Affiliation: Police Department	
Telephone Number: 9259435883	Fax Number:
Email: skinner@walnutcreekpd.com	

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Walnut Creek, California

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

Using Community Policing to Respond to Growing and Evolving Needs

**16. Congressional Districts Of:**

a. Applicant: CA 10

b. Program/Project: CA 10

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 1125762

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1125762

**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 4/13/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Joel

Middle Name: H

Last Name: Bryden

Suffix:

Title: Chief

Telephone Number: 9259435800

Fax Number:

Email: bryden@ci.walnut-creek.ca.us

Signature (Typed Name) of Authorized Representative: Joel H. Bryden

Date Signed: 4/9/2009

**Application for Federal Assistance SF-424**

Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/20/2009	CA00724

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: San Ramon Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN): 942907633	c. Organizational DUNS: 115086639

**d. Address:**

Street 1:	2222 Camino Ramon
Street 2:	
City:	San Ramon
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	94583



**e. Organizational Unit:**

Department Name:	Division Name:
San Ramon Police Dept.	

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

Prefix:			
First Name:	Joe		
Middle Name:			
Last Name:	Gorton		
Suffix:			
Title:	Captain		
Organizational Affiliation:	Police		
Telephone Number:	9259732711	Fax Number:	
Email:	jgorton@sanramon.ca.gov		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

San Ramon California

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

Targeted Community Policing

**16. Congressional Districts Of:**

a. Applicant: CA 11

b. Program/Project: CA 11

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 2295252

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 2295252

**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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Scott

Middle Name:

Last Name: Holder

Suffix:

Title: Chief

Telephone Number: 9259732701

Fax Number:

Email: sholde@sanramon.ca.gov

Signature (Typed Name) of Authorized Representative: Scott Holder

Date Signed: 4/13/2009



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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

County of Del Norte

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

Del Norte County Sheriff's Office: Retention and Law Enforcement Enhancement Project

**16. Congressional Districts Of:**

a. Applicant: CA-001

b. Program/Project: CA-001

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2013

**18. Estimated Funding (\$):**

a. Federal 231772

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 231772

**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 4/14/2009 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).**Authorized Representative:**

Prefix: First Name: Dean

Middle Name: Daniel

Last Name: Wilson

Suffix:

Title: Sheriff/ Coroner

Telephone Number: 7074644191 Fax Number:

Email: [dwilson@co.del-norte.ca.us](mailto:dwilson@co.del-norte.ca.us)

Signature (Typed Name) of Authorized Representative: Dean D. Wilson

Date Signed: 4/13/2009

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

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:

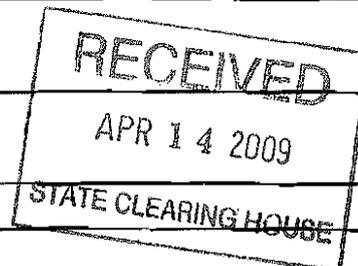
4/14/2009

4. Applicant Identifier:

CA03710

5a. Federal Entity Identifier:

5a. Federal Award Identifier:



## State Use Only:

6. Date Received by State:

7. State Application Identifier:

## B. APPLICANT INFORMATION:

a. Legal Name: Oceanside Police Department

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

951688570

c. Organizational DUNS:

073370678

## d. Address:

Street 1: 3855 Mission Avenue

Street 2:

City: Oceanside

County:

State: CA

Province:

Country:

Zip / Postal Code: 92058

## e. Organizational Unit:

Department Name:

Oceanside Police

Division Name:

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

Prefix: Lieutenant

First Name: Fred

Middle Name:

Last Name: Armijo

Suffix:

Title: Lieutenant

Organizational Affiliation: Administration Lieutenant

Telephone Number: 7604354797

Fax Number:

7604354470

Email: FArmijo@ci.oceanside.ca.us

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16,710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Oceanside

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

COPS CHRP

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 49	b. Program/Project: 49	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 6/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	877104	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	877104	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/14/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj.gov/7777">www.cops.usdoj.gov/7777</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Fred
Middle Name:		
Last Name:	Armijo	
Suffix:		
Title:	Lieutenant	
Telephone Number:	7604354797	Fax Number: 7604354470
Email:	FArmijo@ci.oceanside.ca.us	
Signature (Typed Name) of Authorized Representative:	Fred Armijo	Date Signed: 4/14/2009

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received:	4. Applicant Identifier:
4/2/2009	CA01905

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

RECEIVED

APR 14 2009

STATE CLEARING HOUSE

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Azusa Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
956000674	040371361

**d. Address:**

Street 1:	725 N ALAMEDA AVE
Street 2:	
City:	AZUSA
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	91702

**e. Organizational Unit:**

Department Name:	Division Name:
Azusa Police Department	

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

Prefix:			
First Name:	Cynthia		
Middle Name:			
Last Name:	Haebe		
Suffix:			
Title:	Administrative Assistant		
Organizational Affiliation:			
Telephone Number:	6268123254	Fax Number:	6268125185
Email:	CHAEBE@ci.azusa.ca.us		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Azusa

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

Funding for One Police Officer

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 32nd	b. Program/Project:	32nd
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date:	7/1/2013
<b>18. Estimated Funding (\$):</b>		
a. Federal	414389	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	414389	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	4/2/2009
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	CYNTHIA
Middle Name:		
Last Name:		HAEBE
Suffix:		
Title:	ADMINISTRATIVE ASSISTANT	
Telephone Number:	6266123254	Fax Number: 6268125185
Email:	chaebe@ci.azusa.ca.us	
Signature (Typed Name) of Authorized Representative:	Cynthia Haebe	Date Signed: 4/2/2009

Application for Federal Assistance SF-424		Version 02
		OMB Number: 4040-0004 Expiration Date: 01/31/2009
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	<b>RECEIVED</b> <b>APR 14 2009</b> <b>STATE CLEARING HOUSE</b>
3/18/2009	CA04109	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Menlo Park Police Department		
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:
946000370		958191975
d. Address:		
Street 1:	701 Laurel Street	
Street 2:		
City:	Menlo Park	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	94025	
e. Organizational Unit:		
Department Name:	Division Name:	
Police Department		
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		
First Name:	Susan	
Middle Name:	L	
Last Name:	Tsai	
Suffix:		
Title:	Management Analyst	
Organizational Affiliation:		
Telephone Number:	6503306309	Fax Number: 6503271682
Email:	sltsai@menlopark.org	

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Menlo Park, California

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

Community Liaison Officer

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: CA-14	b. Program/Project: CA-14	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 6/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	531603	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	531603	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/14/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the CDPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Susan
Middle Name:		
Last Name:	Tsai	
Suffix:		
Title:	Management Analyst	
Telephone Number:	6503306309	Fax Number: 6503271682
Email:	sitsai@menlopark.org	
Signature (Typed Name) of Authorized Representative:	SUSAN L. TSAI	Date Signed: 4/14/2009

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

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 :

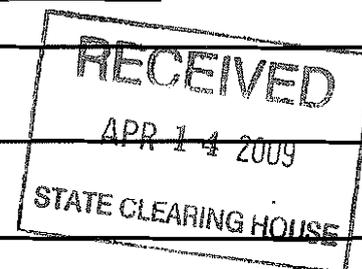
4. Applicant Identifier:

3/27/2009

CA03404

5a. Federal Entity Identifier:

5a. Federal Award Identifier:



## State Use Only:

6. Date Received by State:

7. State Application Identifier:

## 8. APPLICANT INFORMATION:

a. Legal Name: Sacramento Police Department

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

c. Organizational DUNS:

946000410

140145660

## d. Address:

Street 1: 5770 Freeport Blvd.

Street 2: Suite 100

City: Sacramento

County:

State: CA

Province:

Country:

Zip / Postal Code: 95822

## e. Organizational Unit:

Department Name:

Division Name:

Office of the Chief

Fiscal Division

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

Prefix:

First Name: Katherine

Middle Name: Marie

Last Name: Lester

Suffix:

Title: Lieutenant

Organizational Affiliation: Compliance and Auditing Division

Telephone Number: 9168080800

Fax Number:

9168080818

Email: klester@pd.cityofsacramento.org

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Sacramento

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

FY2009 COPS Hiring Recovery Grant Program

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: Matsui

b. Program/Project: Matsui

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 7/1/2012

## 18. Estimated Funding (\$):

a. Federal 21839680

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 21839680

## 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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/???](http://www.cops.usdoj/???).

## Authorized Representative:

Prefix: First Name: Katherine

Middle Name: Marie

Last Name: Lester

Suffix:

Title: Lieutenant

Telephone Number: 9168080800

Fax Number: 9168080818

Email: klester@pd.cityofsacramento.org

Signature (Typed Name) of Authorized Representative: Katherine M. Lester

Date Signed: 3/27/2009

## Application for Federal Assistance SF-424

Version 02

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

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:	<b>RECEIVED</b>
4/7/2009	CA04905	

5a. Federal Entity Identifier:	5a. Federal Award Identifier:	APR 14 2009
--------------------------------	-------------------------------	-------------

State Use Only: STATE CLEARING HOUSE

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Santa Rosa, City of		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
946000428	071879464	

**d. Address:**

Street 1:	100 Santa Rosa Avenue
Street 2:	
City:	Santa Rosa
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95404

**e. Organizational Unit:**

Department Name:	Division Name:
Santa Rosa Police Department	Field Services Division

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

Prefix:	Ms.		
First Name:	Michelle		
Middle Name:			
Last Name:	Comerford		
Suffix:			
Title:	Research & Program Coordinator		
Organizational Affiliation:	Admininstration		
Telephone Number:	7075433561	Fax Number:	7075433557
Email:	mcomerford@srcity.org		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Santa Rosa

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

Hiring program to fill 8 (eight) officer vacancies that are no longer funded in the City's budget.

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

a. Applicant: CA-006

b. Program/Project: CA-006

**17. Proposed Project:**

a. Start Date: 10/1/2009

b. End Date: 9/30/2012

**18. Estimated Funding (\$):**

a. Federal 3317928

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 3317928

**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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Thomas

Middle Name: E.

Last Name: Schwedhelm

Suffix:

Title: Chief of Police

Telephone Number: 7075433550 Fax Number: 7075433577

Email: tschwedhelm@srcity.org

Signature (Typed Name) of Authorized Representative: Thomas Schwedhelm Date Signed: 4/7/2009

Application for Federal Assistance SF-424		Version 02 OMB Number: 4040-0004 Expiration Date: 01/31/2009	
1. Type of Submission:		2. Type of Application:	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		If Revision, select appropriate letter(s) Other (Specify) _____	
3. Date Received : 4/10/2009		4. Applicant Identifier: CA04019	
5a. Federal Entity Identifier:		5a. Federal Award Identifier:	
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>			
a. Legal Name: CUESTA COLLEGE POLICE DEPARTMENT			
b. Employer/Taxpayer Identification Number (EIN/TIN): 522018681		c. Organizational DUNS: 120401559	
d. Address:			
Street 1: P.O. Box 8106		Street 2:	
City: San Luis Obispo		County:	
State: CA		Province:	
Country:		Zip / Postal Code: 93403	
e. Organizational Unit:			
Department Name: Campus Police		Division Name: Public Safety	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:			
First Name: Bart		Middle Name:	
Last Name: Topham		Suffix:	
Title: Director/Chief of Police		Organizational Affiliation: Cuesta College	
Telephone Number: 8055463205		Fax Number: 8055463954	
Email: barton_topham@cuesta.edu			

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APR 14 2009

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Cities of Paso Robles, Atascadero, Templeton, Santa Margarita, San Miguel, County of San Luis Obispo, State of California

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

To fund and hire one new officer for the Cuesta College North County Campus where no current position exists and to fill an existing vacancy no longer funded in the budget due to local budget cuts.

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 023	b. Program/Project: 023	
<b>17. Proposed Project:</b>		
a. Start Date: 10/1/2009	b. End Date: 9/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	162858	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	162858	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/14/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Bart
Middle Name:		
Last Name:	Topham	
Suffix:		
Title:	Director of Public Safety/Chief of Police	
Telephone Number:	8055463205	Fax Number: 8055463954
Email:	barton_topham@cuesta.edu	
Signature (Typed Name) of Authorized Representative:	Bart Topham	Date Signed: 4/14/2009

**Application for Federal Assistance SF-424**

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:

 Preapplication Application Changed/Corrected Application

2. Type of Application:

 New Continuation Revision

If Revision, select appropriate letter(s)

Other (Specify)  
\_\_\_\_\_

3. Date Received:

4/13/2009

4. Applicant Identifier:

CA215ZZ

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

**RECEIVED**

APR 14 2009

STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: University of California Police - San Diego

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

956006144

c. Organizational DUNS:

804355790

**d. Address:**

Street 1: 9500 Gilman Drive #0017

Street 2:

City: La Jolla

County:

State: CA

Province:

Country:

Zip / Postal Code: 92093

**e. Organizational Unit:**

Department Name:

Police

Division Name:

VC Business Affairs

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

Prefix:

First Name: David

Middle Name: Scott

Last Name: Rose

Suffix:

Title: Lieutenant

Organizational Affiliation: Police Lieutenant

Telephone Number: 8585344358

Fax Number:

8585346192

Email: drose@ucsd.edu

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

University of California, San Diego Campus

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

U.C. San Diego Police Department's CHRP Application

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: CA-053	b. Program/Project: CA-053	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 6/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	584502	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	584502	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 4/14/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Pamela
Middle Name:	Joyce	
Last Name:	Alexander	
Suffix:		
Title:	Assistant Director	
Telephone Number:	8585340240	Fax Number: 8585340280
Email:	pjalexander@ucsd.edu	
Signature (Typed Name) of Authorized Representative:	PJAlexander	Date Signed: 4/14/2009

<b>Application for Federal Assistance SF-424</b>		Version 02 OMB Number: 4040-0004 Expiration Date: 01/31/2009
1. Type of Submission:                      2. Type of Application:                      If Revision, select appropriate letter(s)		
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Application <input type="checkbox"/> Continuation <input type="checkbox"/> Changed/Corrected Application <input type="checkbox"/> Revision		
3. Date Received :                      4. Applicant Identifier: 4/14/2009                      CA03728		
5a. Federal Entity Identifier:                      5a. Federal Award Identifier:		
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b>                      APR 14 2009                      STATE CLEARING HOUSE                 </div>		
<b>State Use Only:</b>		
6. Date Received by State:                      7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: San Diego Community College District		
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:
952644299		073357048
d. Address:		
Street 1:                      1536 Frazee Road Street 2: City:                      San Diego County: State:                      CA Province: Country: Zip / Postal Code:                      92108		
e. Organizational Unit:		
Department Name:		Division Name:
District Police Department		
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		
First Name:                      Charles		
Middle Name:		
Last Name:                      Hogquist		
Suffix:		
Title:                      Chief of Police		
Organizational Affiliation:		
Telephone Number:                      6193886411		Fax Number:                      6193886474
Email:                      chogquis@sdccd.edu		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

San Diego Community College District, City of San Diego, County of San Diego, State of California

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

FY 2009 COPS Hiring Recovery Program (CHRP): Funding request for the hiring and retention of 3 Police Officers.



## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	
3/16/2009	CA01015	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	

RECEIVED  
APR 14 2009  
STATE CLEARING HOUSE

## State Use Only:

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

## B. APPLICANT INFORMATION:

a. Legal Name: Selma, City of	
b. Employer/Taxpayer Identification Number (EIN/TIN): 946000431	c. Organizational DUNS: 004940805

## d. Address:

Street 1:	1710 Tucker Street
Street 2:	
City:	Selma
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	93662

## e. Organizational Unit:

Department Name:	Division Name:
Police	

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

Prefix:	Mrs.		
First Name:	Roseann		
Middle Name:			
Last Name:	Galvan		
Suffix:			
Title:	Administrative Analyst		
Organizational Affiliation:	City of Selma		
Telephone Number:	5598912200	Fax Number:	5598961068
Email:	roseann@cityofselma.com		

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**Type of Applicant 2: *Select Applicant Type:*Type of Applicant 3: *Select Applicant Type:*

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Selma, CA

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

COPS Hiring Program

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
a. Applicant: 20	b. Program/Project: 20	
<b>17. Proposed Project:</b>		
a. Start Date: 7/1/2009	b. End Date: 9/30/2012	
<b>18. Estimated Funding (\$):</b>		
a. Federal	1076835	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	1076835	
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on 4/14/2009	
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E. O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<p>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 21B, Section 1001)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/????">www.cops.usdoj/????</a>.</p>		
<b>Authorized Representative:</b>		
Prefix:	First Name:	Roseann
Middle Name:		
Last Name:	Galvan	
Suffix:		
Title:	Administrative Analyst	
Telephone Number: 5598912200	Fax Number:	5598961068
Email:	roseann@cityofselma.com	
Signature (Typed Name) of Authorized Representative:	D-B Heusser	Date Signed: 3/26/2009

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: <div style="border: 1px solid black; padding: 5px; text-align: center;">             RECEIVED              APR 14 2009              STATE CLEARING HOUSE           </div>
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Anaheim, City of		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000666		*c. Organizational DUNS: 61-366-2766
<b>d. Address:</b>		
*Street 1:	<u>200 South Anaheim Boulevard</u>	
Street 2:	_____	
*City:	<u>Anaheim</u>	
County:	<u>Orange County</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>United States of America</u>	
*Zip / Postal Code	<u>92805</u>	
<b>e. Organizational Unit:</b>		
Department Name: Anaheim Police Department		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<u>Ms</u>	*First Name: <u>Krisztov</u>
Middle Name:	<u>Sophia Rosalle</u>	
*Last Name:	<u>Nagy</u>	
Suffix:	_____	
Title:	<u>Police Grants Coordinator</u>	
Organizational Affiliation:		
*Telephone Number: (714) 765-1553		Fax Number: (714) 765-1554
*Email: <u>knagy@anaheim.net</u>		

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>*9. Type of Applicant 1: Select Applicant Type:</b> C. City or Township Government  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> U. S. Department of Justice (Community Orientated Policing Service)	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 16.710 _____  CFDA Title: <u>Public Safety Partnership &amp; Community Policing Grants</u> _____	
<b>*12 Funding Opportunity Number:</b> _____  *Title: _____	
<b>13. Competition Identification Number:</b> _____  Title: _____	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> City of Anaheim	
<b>*15. Descriptive Title of Applicant's Project:</b> Community Orientated Policing Service (COPS) Hiring Recovery Program	

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-040, CA-042, CA-047

\*b. Program/Project: CHRP

**17. Proposed Project:**

\*a. Start Date: 10-1-2009

\*b. End Date: 9-30-2012

**18. Estimated Funding (\$):**

*a. Federal	_____	9,603,234
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	

**\*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 4-14-2009
- 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: John

Middle Name: \_\_\_\_\_

\*Last Name: Welter

Suffix: \_\_\_\_\_

\*Title: Chief of Police

\*Telephone Number: (714) 765-1986

Fax Number: (714) 765-1690

\* Email: jwelter@anaheim.net

\*Signature of Authorized Representative: John Welter

\*Date Signed: 4-14-2009

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

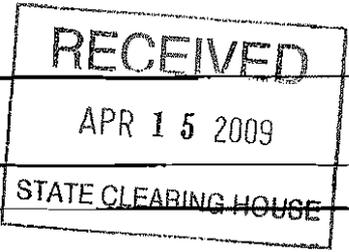
Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/24/2009	CA01972

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

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



**8. APPLICANT INFORMATION:**

a. Legal Name: Torrance Police Department	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
956000803	034566522

<b>d. Address:</b>	
Street 1:	3300 Civic Center Drive
Street 2:	
City:	Torrance
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	90503

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
Torrance Police Department	Research & Training

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

Prefix:			
First Name:	Laurie		
Middle Name:			
Last Name:	Anderson		
Suffix:			
Title:	Business Manager		
Organizational Affiliation:	Employee		
Telephone Number:	3106185676	Fax Number:	3106185635
Email:	landerson@torrnet.com		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Torrance

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

2009 Hiring/Retention Project

**16. Congressional Districts Of:**

a. Applicant: CA36

b. Program/Project: CA36

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 873662  
 b. Applicant  
 c. State  
 d. Local  
 e. Other  
 f. Program Income  
 g. TOTAL 873662

**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 4/14/2009  
 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: Mr. First Name: LeRoy  
 Middle Name: J.  
 Last Name: Jackson  
 Suffix:

Title: City Manager

Telephone Number: 3106185880 Fax Number:

Email: ljackson@torrnet.com

Signature (Typed Name) of Authorized Representative: LeRoy J. Jackson Date Signed: 4/14/2009

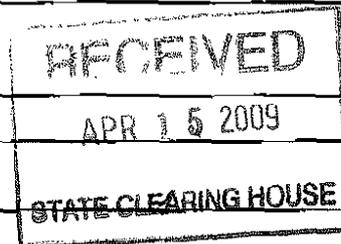
## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
3/30/2009		CA02707			
5a. Federal Entity Identifier:			5a. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Pacific Grove Police Department					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000388			069117844		
d. Address:					
Street 1:		580 Pine Avenue			
Street 2:					
City:		Pacific Grove			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		93950			
e. Organizational Unit:					
Department Name:			Division Name:		
Pacific Grove Police Department					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:					
First Name:		Darius			
Middle Name:					
Last Name:		Engles			
Suffix:					
Title:		Chief of Police			
Organizational Affiliation:		Pacific Grove Police Department			
Telephone Number:		8316483143		Fax Number: 8316483163	
Email:		denles@ci.pg.ca.us			



Application for Federal Assistance SF-424	Version 02
<p><b>9. Type of Applicant 1: Select Applicant Type:</b></p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>Other (Specify):</p>	
<p><b>10 Name of Federal Agency:</b></p> <p style="text-align: center;"><b>Office of Community Oriented Policing Services</b></p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b></p> <p>CFDA # = 16.710</p> <p>CFDA Title: Public Safety Partnership And Community Policing Grants</p>	
<p><b>12 Funding Opportunity Number:</b></p> <p>COPS-CHRP-2009-1</p> <p>Title: CHRP</p>	
<p><b>13. Competition Identification Number:</b></p> <p>Title: COPS Hiring Recovery Program</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b></p> <p>City of Pacific Grove, CA</p>	
<p><b>15. Descriptive Title of Applicant's Project:</b></p> <p>Pacific Grove CA COPS Hiring Recovery Program</p>	

## Application for Federal Assistance SF-424

Version 02

**16. Congressional Districts Of:**

a. Applicant: 17th

b. Program/Project: 17th

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal 738274  
 b. Applicant  
 c. State  
 d. Local  
 e. Other  
 f. Program Income  
 g. TOTAL 738274

**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 4/14/2009  
 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/???](http://www.cops.usdoj/???).

**Authorized Representative:**

Prefix: First Name: Darius

Middle Name:

Last Name: Engles

Suffix:

Title: Chief of Police

Telephone Number: 8316483143

Fax Number: 8316483163

Email: dengles@ci.pg.ca.us

Signature (Typed Name) of Authorized Representative: Darius Engles

Date Signed: 4/10/2009

Application for Federal Assistance SF-424		Version 02
		OMB Number: 4040-0004 Expiration Date: 01/31/2009
1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received :	4. Applicant Identifier:	
4/14/2009	CA00101	
5a. Federal Entity Identifier:	5a. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
a. Legal Name: Alameda Police Department		
b. Employer/Taxpayer Identification Number (EIN/TIN):		c. Organizational DUNS:
946000288		073928111
d. Address:		
Street 1:	1555 Oak Street	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>APR 15 2009</p> <p>STATE CLEARING HOUSE</p> </div>
Street 2:		
City:	Alameda	
County:		
State:	CA	
Province:		
Country:		
Zip / Postal Code:	94501	
e. Organizational Unit:		
Department Name:	City of Alameda Police Department	Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Captain	
First Name:	Mike	
Middle Name:		
Last Name:	Noonan	
Suffix:		
Title:	Captain	
Organizational Affiliation:	Bureau of Services	
Telephone Number:	5103378400	Fax Number: 5105235322
Email:	mnoonan@ci.alameda.ca.us	

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>9. Type of Applicant 1: Select Applicant Type:</b>  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  Other (Specify):	
<b>10 Name of Federal Agency:</b>  <b>Office of Community Oriented Policing Services</b>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> CFDA # = 16.710 CFDA Title: Public Safety Partnership And Community Policing Grants	
<b>12 Funding Opportunity Number:</b> COPS-CHRP-2009-1 Title: CHRP	
<b>13. Competition Identification Number:</b>  Title: COPS Hiring Recovery Program	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> City of Alameda Police Department	
<b>15. Descriptive Title of Applicant's Project:</b> Community Policing School Resource Officer/Foot Patrol	

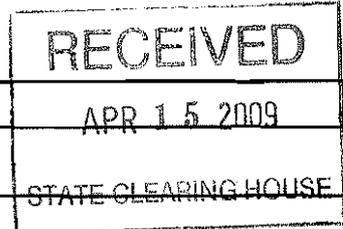
Application for Federal Assistance SF-424		Version 02	
<b>16. Congressional Districts Of:</b>			
a. Applicant:	11th	b. Program/Project:	11th
<b>17. Proposed Project:</b>			
a. Start Date:	7/1/2009	b. End Date:	6/30/2012
<b>18. Estimated Funding (\$):</b>			
a. Federal	1360035		
b. Applicant			
c. State			
d. Local			
e. Other			
f. Program Income			
g. TOTAL	1360035		
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>			
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on			
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.			
<input type="checkbox"/> c. Program is not covered by E. O. 12372			
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at <a href="http://www.cops.usdoj/7777">www.cops.usdoj/7777</a>.</p>			
<b>Authorized Representative:</b>			
Prefix:	Captain	First Name:	Mike
Middle Name:			
Last Name:	Noonan		
Suffix:			
Title:	Captain		
Telephone Number:	5103378400	Fax Number:	5105235322
Email:	mnoonan@ci.alameda.ca.us		
Signature (Typed Name) of Authorized Representative:	Michael Noonan	Date Signed:	4/14/2009

**Application for Federal Assistance SF-424**Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/13/2009	CA02400

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



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: Merced County Sheriff's Department		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
956000521	078767951	

<b>d. Address:</b>	
Street 1:	2222 M Street
Street 2:	
City:	Merced
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95340

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
Merced County Sheriff	

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	Mr.		
First Name:	Richard		
Middle Name:	W.		
Last Name:	St.Marie		
Suffix:			
Title:	Sheriff's Director of Admin Services		
Organizational Affiliation:			
Telephone Number:	2093857343	Fax Number:	2093857696
Email:	rst.marie@co.merced.ca.us		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Merced County, California

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

Merced County C.O.P.S. Program

**16. Congressional Districts Of:**

a. Applicant: 18th

b. Program/Project: 18th

**17. Proposed Project:**

a. Start Date: 9/1/2009

b. End Date: 8/31/2012

**18. Estimated Funding (\$):**

a. Federal 1407690

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1407690

**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 4/15/2009 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

 I AGREE\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).**Authorized Representative:**

Prefix: Mr.

First Name: Mark

Middle Name: N.

Last Name: Pazin

Suffix:

Title: Sheriff

Telephone Number: 2093857451

Fax Number: 2093857696

Email: mpazin@co.merced.ca.us

Signature (Typed Name) of Authorized Representative: Mark N. Pazin

Date Signed: 4/13/2009

**Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

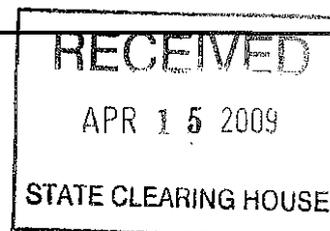
\*a. Legal Name: Monterey County Vintners and Growers Association

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
94-2323441

\*c. Organizational DUNS:  
92-8418482

**d. Address:**

\*Street 1: PO Box 1793  
Street 2: \_\_\_\_\_  
\*City: Monterey  
County: \_\_\_\_\_  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: US  
\*Zip / Postal Code 93942



**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Ms. \*First Name: Rhonda  
Middle Name: Paulette  
\*Last Name: Motil  
Suffix: \_\_\_\_\_

Title: Executive Director

Organizational Affiliation:  
Monterey County Vintners and Growers Association

\*Telephone Number: 831.375.9400

Fax Number: 831.375.1116

\*Email: rmotil@montereywines.org

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

501c6

**\*10 Name of Federal Agency:**

**USDA - Rural Business Cooperative Service**

**11. Catalog of Federal Domestic Assistance Number:**

10.769

CFDA Title:

Rural Business Enterprise Grant

**\*12 Funding Opportunity Number:**

\_\_\_\_\_  
  
\*Title:  
  
\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_  
  
Title:  
  
\_\_\_\_\_

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

The rural areas of Monterey County, California that include King City, Gonzales, Greenfield, Soledad, Chualar, and San Lucas.

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

Bringing Business to the Roads Less Traveled

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-017

\*b. Program/Project: CA-017

**17. Proposed Project:**

\*a. Start Date: June 1, 2009

\*b. End Date: May 31, 2010

**18. Estimated Funding (\$):**

*a. Federal	_____	\$98,500
*b. Applicant	_____	\$68,425
*c. State	_____	
*d. Local	_____	
*e. Other	_____	\$31,293
*f. Program Income	_____	
*g. TOTAL	_____	\$198,218

**\*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 April 14, 2009
- 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: Ms.      \*First Name: Rhonda

Middle Name: Paulette

\*Last Name: Motil

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 831.375.9400

Fax Number: 831.375.1116

\* Email: rmotil@montereywines.org

\*Signature of Authorized Representative: *Rhonda Roseberry Motil*

\*Date Signed: 4/13/09

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: <u>Cloverdale Fire Protection District</u> Organizational DUNS: <u>933855835</u>		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Address: Street: <u>116 Broad St</u> City: <u>Cloverdale</u> County: <u>Sonoma</u> State: <u>CA</u> Zip Code <u>95425</u> Country: <u>USA</u>		Organizational Unit: Department: Division:		RECEIVED APR 15 2009 STATE CLEARING HOUSE	
8. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>08-0300000</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: <u>Brian</u> Middle Name: Last Name: <u>Elliott</u> Suffix:		Email: <u>cfdcchief@comcast.net</u> Phone Number (give area code): <u>707-894-3545</u> Fax Number (give area code): <u>707-894-2014</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>G. Special District</u> Other (specify) <u>Fire District</u>		9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <u>County</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Equipment for new fire station Headquarters</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>County</u>		13. PROPOSED PROJECT Start Date: Ending Date: <u>8-9-09</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix: First Name: <u>Brian</u> Middle Name: <u>Frank</u> Last Name: <u>Elliott</u> Suffix:		b. Title: <u>Fire Chief</u> c. Telephone Number (give area code): <u>707-480-1239</u> e. Date Signed: <u>3/20/09</u>		d. Signature of Authorized Representative: <u>[Signature]</u> Fire Chief	

**Application for Federal Assistance SF-424**

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify) _____	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :		4. Applicant Identifier:			
3/16/2009		CA04310			
5a. Federal Entity Identifier:			5a. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   APR 15 2009   STATE CLEARING HOUSE </div>	
<b>B. APPLICANT INFORMATION:</b>					
a. Legal Name: Morgan Hill					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000377			076321504		
<b>d. Address:</b>					
Street 1:		17555 Peak Ave			
Street 2:					
City:		Morgan Hill			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		95037			
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
Police Department					
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:		Mr.			
First Name:		David			
Middle Name:		L			
Last Name:		Swing			
Suffix:					
Title:		Commander			
Organizational Affiliation:		Police Commander			
Telephone Number:		4087767314		Fax Number: 4087767329	
Email:		david.swing@morganhill.ca.gov			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Morgan Hill

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

Sustain Community Policing Programs

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

a. Applicant: 11

b. Program/Project: 11

## 17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2011

## 18. Estimated Funding (\$):

a. Federal	2566505
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	2566505

## 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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: Mr. First Name: J.

Middle Name: Edward

Last Name: Tewes

Suffix:

Title: City Manager

Telephone Number: 4087797271 Fax Number:

Email: ed.tewes@morganhill.ca.gov

Signature (Typed Name) of Authorized Representative: J. Edward Tewes

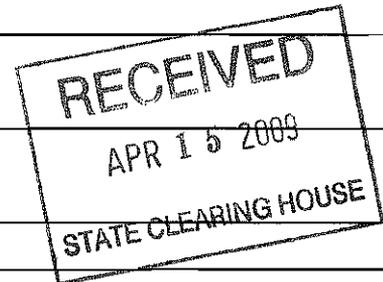
Date Signed: 4/13/2009

**Application for Federal Assistance SF-424**Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/17/2009	CA02710

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Seaside Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946022439	092618891

**d. Address:**

Street 1:	440 Harcourt Ave.
Street 2:	
City:	Seaside
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	93955

**e. Organizational Unit:**

Department Name:	Division Name:
Seaside Police Department	

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

Prefix:	Mr.
First Name:	Louis
Middle Name:	Jerald
Last Name:	Lumpkin
Suffix:	Jr.

Title: Deputy Chief

Organizational Affiliation: Seaside Police Department

Telephone Number:	8318996749	Fax Number:	8318996297
-------------------	------------	-------------	------------

Email: llumpkin@ci.seaside.ca.us

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Seaside, Monterey, California

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

Community Policing Unit/Pro-Active/Bicycle Unit

**16. Congressional Districts Of:**

a. Applicant: CA-017

b. Program/Project: CA-017

**17. Proposed Project:**

a. Start Date: 7/1/2010

b. End Date: 7/1/2014

**18. Estimated Funding (\$):**

a. Federal	1561068
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	1561068

**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
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: Mr. First Name: Louis

Middle Name: Jerald

Last Name: Lumpkin

Suffix: JR.

Title: Deputy Chief

Telephone Number: 8318996749 Fax Number: 8318996297

Email: llumpkin@ci.seaside.ca.us

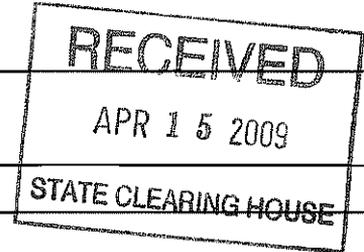
Signature (Typed Name) of Authorized Representative: Louis J Lumpkin Jr. Date Signed: 3/24/2009

**Application for Federal Assistance SF-424**Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/14/2009	CA04804

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

a. Legal Name: Rio Vista Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946000404	004952826

**d. Address:**

Street 1:	50 Poppy House Road
Street 2:	
City:	Rio Vista
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	94571

**e. Organizational Unit:**

Department Name:	Division Name:
Rio Vista Police Department	Administration

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

Prefix:	
First Name:	William
Middle Name:	V.
Last Name:	Bowen
Suffix:	

Title:	Chief of Police
--------	-----------------

Organizational Affiliation:	Law Enforcement
-----------------------------	-----------------

Telephone Number:	7073746366	Fax Number:	7073746217
-------------------	------------	-------------	------------

Email:	wbowen@ci.rio-vista.ca.us
--------	---------------------------

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Rio Vista

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

Hiring New Officers for positions that are no longer funded

**16. Congressional Districts Of:**

a. Applicant: 10th

b. Program/Project: 10th

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal	1808705
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	1808705

**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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: William

Middle Name: V.

Last Name: Bowen

Suffix:

Title: Chief of Police

Telephone Number: 7073746366 Fax Number: 7073746217

Email: wbowen@ci.rio-vista.ca.us

Signature (Typed Name) of Authorized Representative: William V. Bowen Date Signed: 4/14/2009

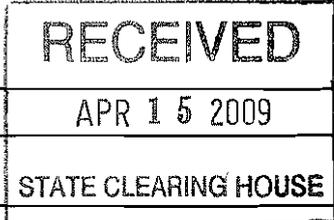
**Application for Federal Assistance SF-424**

Version 02  
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/13/2009	CA215ZZ

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

a. Legal Name: University of California Police - San Diego		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
956006144	804355790	

<b>d. Address:</b>	
Street 1:	9500 Gilman Drive #0017
Street 2:	
City:	La Jolla
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	92093

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
Police	VC Business Affairs

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:			
First Name:	David		
Middle Name:	Scott		
Last Name:	Rose		
Suffix:			
Title:	Lieutenant		
Organizational Affiliation:	Police Lieutenant		
Telephone Number:	8585344358	Fax Number:	8585346192
Email:	drose@ucsd.edu		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

University of California, San Diego Campus

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

U.C. San Diego Police Department's CHRP Application

**16. Congressional Districts Of:**

a. Applicant: CA-053

b. Program/Project: CA-053

**17. Proposed Project:**

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

**18. Estimated Funding (\$):**

a. Federal	584502
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	584502

**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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Pamela

Middle Name: Joyce

Last Name: Alexander

Suffix:

Title: Assistant Director

Telephone Number: 8585340240 Fax Number: 8585340280

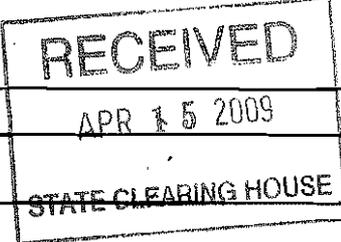
Email: pjalexander@ucsd.edu

Signature (Typed Name) of Authorized Representative: PJAlexander Date Signed: 4/14/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
4/14/2009	CA01973

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------



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

**B. APPLICANT INFORMATION:**

a. Legal Name: Vernon Police Department
---

b. Employer/Taxpayer Identification Number (EIN/TIN): 956000808	c. Organizational DUNS: 060883022
--	--------------------------------------

**d. Address:**

Street 1:	4305 Santa Fe Ave
Street 2:	
City:	Vernon
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	90058

**e. Organizational Unit:**

Department Name: Vernon Police Department	Division Name: Patrol Division
--	-----------------------------------

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

Prefix:			
First Name:	Daniel		
Middle Name:			
Last Name:	Calleros		
Suffix:			
Title:	Captain		
Organizational Affiliation:	Police Department		
Telephone Number:	3235875171	Fax Number:	3238261484
Email:	dcalleros@covpd.org		

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:**

**Office of Community Oriented Policing Services**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

City of Vernon

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

Vernon Community Oriented Policing Program

**16. Congressional Districts Of:**

a. Applicant: 33rd

b. Program/Project: 33rd

**17. Proposed Project:**

a. Start Date: 7/1/2010

b. End Date: 6/30/2013

**18. Estimated Funding (\$):**

a. Federal 1556632

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1556632

**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 4/16/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

**Authorized Representative:**

Prefix: First Name: Daniel

Middle Name:

Last Name: Calleors

Suffix:

Title: Captain

Telephone Number: 3235875171

Fax Number: 3238261484

Email: dcalleros@covpd.org

Signature (Typed Name) of Authorized Representative: Daniel Calleros

Date Signed: 4/14/2009

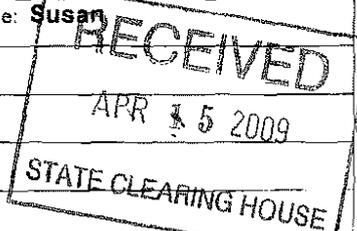
(Certified Current 5/10/07)

### APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED <b>April 1, 2009</b>	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: <b>County of San Joaquin</b>	Organizational Unit: Department: <b>Department of Aviation</b>
Organizational DUNS: <b>08722 6056</b>	Division:
Address: Street: <b>5000 South Airport Way, Suite 202</b>	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: <b>Stockton</b>	Prefix: <b>Ms.</b> First Name: <b>Susan</b>
County: <b>San Joaquin</b>	Middle Name: <b>L.</b>
State: <b>California</b> Zip Code: <b>95206</b>	Last Name: <b>Palmeri</b>
Country: <b>USA</b>	Suffix:
	Email: <b>spalmeri@sjgov.org</b>



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

9	4	-	6	0	0	0	5	3	1
---	---	---	---	---	---	---	---	---	---

Phone number (give area code): **(209) 468-4700** FAX number (give area code): **(209) 468-4730**

**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)

Other (specify) **County**

**9. NAME OF FEDERAL AGENCY**  
**Federal Aviation Administration**

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

TITLE: **Airport improvement Program**

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
**Stockton Metropolitan Airport, Stockton, San Joaquin County, California Engineering Design Projects:**

1. Overlay T/W J Including 2 lighted Signs on T/W B at T/W J
2. Engineering Design, Projects 3 and 4
3. Passenger Hold Room Expansion in Terminal - Phase 2 (1,500 sf)

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

**13. PROPOSED PROJECT**

Start Date <b>2009</b>	Ending Date <b>2009</b>
---------------------------	----------------------------

**14. CONGRESSIONAL DISTRICTS OF**

a. Applicant <b>11</b>	b. Project <b>1 &amp; 2</b>
---------------------------	--------------------------------

**15. ESTIMATED FUNDING**

a. Federal	\$	<b>475,000</b>	.00
b. Applicant	\$	<b>25,000</b>	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	<b>500,000</b>	.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 1, 2009**

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

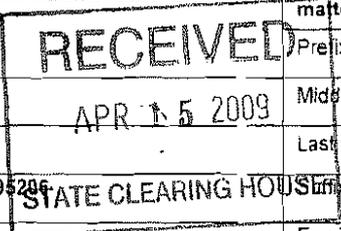
Prefix <b>Supervisor</b>	First Name <b>Leroy</b>	Middle Name
Last Name <b>Ornellas</b>	Suffix	
b. Title <b>Chairman, Board of Supervisors</b>	c. Telephone number (give area code) <b>(209) 468-2350</b>	
d. Signature of Authorized Representative	e. Date Signed <b>April 14, 2009</b>	

(Certified Current 5/10/07)

### APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION	
Legal Name: <b>County of San Joaquin</b>	Organizational Unit: Department: <b>Department of Aviation</b>
Organizational DUNS: <b>08722 6056</b>	Division:
Address: Street: <b>5000 South Airport Way, Suite 202</b>	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: <b>Stockton</b>	Prefix: <b>Ms.</b> First Name: <b>Susan</b>
County: <b>San Joaquin</b>	Middle Name: <b>L.</b>
State: <b>California</b> Zip Code: <b>95206</b>	Last Name: <b>Palmeri</b>
Country: <b>USA</b>	Email: <b>spalmeri@sjgov.org</b>



6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>9 4 - 6 0 0 0 5 3 1</b>	Phone number (give area code): <b>(209) 468-4700</b>	FAX number (give area code): <b>(209) 468-4730</b>
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/>
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)	Other (specify) <b>County</b>

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>2 0 - 1 0 6</b>	9. NAME OF FEDERAL AGENCY <b>Federal Aviation Administration</b>
---	---

TITLE: <b>Airport Improvement Program</b>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Stockton Metropolitan Airport, Stockton, San Joaquin County, California Engineering Design Project: Construct Taxiway D and Associated Cross Taxiways (75' x 8,850')</b>
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>San Joaquin County, California</b>	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF
Start Date: <b>2009</b> Ending Date: <b>2009</b>	a. Applicant: <b>11</b> b. Project: <b>15</b>

15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
a. Federal \$ <b>551,000.00</b>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ <b>29,000.00</b>	DATE: <b>March 19, 2009</b>
c. State \$ <b>.00</b>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$ <b>.00</b>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$ <b>.00</b>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$ <b>.00</b>	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No
g. TOTAL \$ <b>580,000.00</b>	

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 <b>Supervisor</b> First Name <b>Leroy</b>	Middle Name
	Last Name <b>Ornellas</b>	Suffix
	b. Title <b>Chairman, Board of Supervisors</b>	c. Telephone number (give area code) <b>(209) 468-2350</b>
d. Signature of Authorized Representative		e. Date Signed <b>April 14, 2009</b>

## Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		Other (Specify) _____	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
3. Date Received :			4. Applicant Identifier:		
3/24/2009			CA01005		
5a. Federal Entity Identifier:			5a. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
a. Legal Name: Fresno, City of					
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:		
946000338			071887855		
d. Address:					
Street 1:		2600 Fresno Street			
Street 2:					
City:		Fresno			
County:					
State:		CA			
Province:					
Country:					
Zip / Postal Code:		93721			
e. Organizational Unit:					
Department Name:			Division Name:		
Police			Grants unit		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:					
First Name:		Judy			
Middle Name:					
Last Name:		Garcia			
Suffix:					
Title:		Grants Administrator			
Organizational Affiliation:					
Telephone Number:		5596212053		Fax Number: 5594571085	
Email:		judy.garcia@fresno.gov			

RECEIVED

APR 15 2009

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

**10 Name of Federal Agency:****Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

**12 Funding Opportunity Number:**

COPS-CHRP-2009-1

Title: CHRP

**13. Competition Identification Number:**

Title: COPS Hiring Recovery Program

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

Fresno City

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

COPS Hiring Recovery Program

## Application for Federal Assistance SF-424

Vers on 02

## 16. Congressional Districts Of:

a. Applicant: 20,21

b. Program/Project: 20,21

## 17. Proposed Project:

a. Start Date: 9/1/2009

b. End Date: 8/31/2012

## 18. Estimated Funding (\$):

a. Federal 13730475

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 13730475

## 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 4/14/2009
- 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

\*\* The certifications and assurances as well as grant terms and conditions can be reviewed at [www.cops.usdoj/????](http://www.cops.usdoj/????).

## Authorized Representative:

Prefix: Mr. First Name: Andrew

Middle Name:

Last Name: Souza

Suffix:

Title: City Manager

Telephone Number: 5596217788

Fax Number: 5594571085

Email: andy.souza@fresno.gov

Signature (Typed Name) of Authorized Representative: Andy Souza

Date Signed: 4/14/2009

### APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

<b>* 1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		<b>* 1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)		<b>* 1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		<b>* 2. Date Received:</b> Completed by Grants.gov upon submission.		<b>STATE USE ONLY:</b>	
		<b>3. Applicant Identifier:</b>		<b>5. Date Received by State:</b>	
		<b>4a. Federal Entity Identifier:</b>		<b>6. State Application Identifier:</b>	
		<b>4b. Federal Award Identifier:</b>		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="font-size: 18px; font-weight: bold;">APR 15 2009</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold;">STATE CLEARING HOUSE</div>	
<b>1.c. Consolidated Application/Plan/Funding Request?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">Explanation</span>					
<b>7. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> California Department of Veterans Affairs					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0182830			<b>* c. Organizational DUNS:</b> 190658153		
<b>d. Address:</b>					
<b>* Street1:</b> 1227 O Street			<b>Street2:</b> Suite 402E		
<b>* City:</b> Sacramento			<b>County:</b> Sacramento		
<b>* State:</b> CA: California			<b>Province:</b>		
<b>* Country:</b> USA: UNITED STATES			<b>* Zip / Postal Code:</b> 95814-5840		
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Administrative Services			<b>Division Name:</b> Capital Assets and Facilities		
<b>f. Name and contact information of person to be contacted on matters involving this submission:</b>					
<b>Prefix:</b> Mr.		<b>* First Name:</b> David		<b>Middle Name:</b>	
<b>* Last Name:</b> Gerard			<b>Suffix:</b>		
<b>Title:</b> Assistant Deputy Secretary					
<b>Organizational Affiliation:</b> Capital Assets and Facilities Maintenance Division					
<b>* Telephone Number:</b> 916-653-0204			<b>Fax Number:</b> 916-653-2200		
<b>* Email:</b> david.gerard@cdva.ca.gov					

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

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

A: State Government

**\* Other (specify):**

**b. Additional Description:**

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

Construction of State Home Facilities

**10. Catalog of Federal Domestic Assistance Number:**

64.005

**CFDA Title:**

Grants to States for Construction of State Home Facilities

**11. Areas Affected by Funding:**

State of California, Napa County, City of Yountville

**12. CONGRESSIONAL DISTRICTS OF:**

**\* a. Applicant:**

CA-001

**b. Program/Project:**

CA-005

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

Add Attachment

Delete Attachment

View Attachment

**13. FUNDING PERIOD:**

**a. Start Date:**

10/01/2009

**b. End Date:**

09/30/2010

**14. ESTIMATED FUNDING:**

**\* a. Federal (\$):**

1,548,644.00

**b. Match (\$):**

998,456.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 04/15/2009

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

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

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes  No 

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

\*\* I Agree 

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

## Authorized Representative:

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

Organizational Affiliation:

\* Telephone Number:

\* Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

Attach supporting documents as specified in agency instructions.