

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1-15, 2010**. 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**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	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: Rancho Tehama Association		Organizational Unit: Department:		
Organizational DUNS: 884008418		Division:		
Address: Street: 1750 Humboldt Rd		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Chico		Prefix: Mr.	First Name: Aaron	
County: Butte		Middle Name		
State: California		Last Name Cotter		
Zip Code 95928-8104	Suffix:			
Country: USA		Email: acotter@cecusa.net		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2640250		Phone Number (give area code) 530-751-0952		Fax Number (give area code) 530-751-0953
<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) O. Not for Profit Organization Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-780		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development - Community Facilities		
TITLE (Name of Program): Community Facilities Loans and Grants		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> New construction of bridge to replace a temporary-solution bridge installed in 1983 to address health and safety issues and bring the structure up to current safety standards.		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Rancho Tehama Census-Designated Area, Tehama County, CA		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 2 b. Project 2		
<b>13. PROPOSED PROJECT</b> Start Date: June, 2011 Ending Date: October, 2011		<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: 4/1/10 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<b>15. ESTIMATED FUNDING:</b>		<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		
a. Federal	\$	738,000		
b. Applicant	\$			
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$	738,000		
<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 Mr.	First Name Bill		Middle Name	
Last Name Weston			Suffix	
b. Title Association President			c. Telephone Number (give area code) 530-894-0404	
d. Signature of Authorized Representative			e. Date Signed	

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	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: BRIDGEPORT PUBLIC UTILITY DISTRICT	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">APR 01 2010</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	<b>Organizational Unit:</b> Department: N/A
Organizational DUNS: 61780413		Division: N/A
Address: Street: 233 TWIN LAKES ROAD		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Stephanie
City: BRIDGEPORT		Middle Name A.
County: MONO	Last Name Hicks	
State: CALIFORNIA	Zip Code 93517	Suffix:
Country: UNITED STATES	Email: shicks@roanderson.com	

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

7	7	-	0	0	5	3	9	0	1
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<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G Other (specify)
<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>9. NAME OF FEDERAL AGENCY:</b> USDA RURAL DEVELOPMENT

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): WATER AND WASTEWATER DISPOSAL LOAN & GRANT PROGRAM 10-760	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> ARSENIC MITIGATION/COMPLIANCE PROJECT
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> BRIDGEPORT	

<b>13. PROPOSED PROJECT</b> Start Date: May 1, 2010	Ending Date: October 31, 2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 25	b. Project 25
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 2,560,846	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 29, 2010
b. Applicant \$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 2,560,846	

**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.**

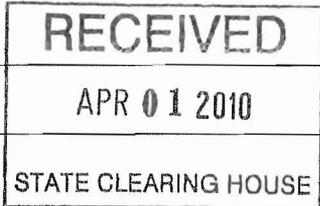
**a. Authorized Representative**

Prefix	First Name Jan	Middle Name
Last Name Huggans	Suffix	
b. Title Chairman of the Board	c. Telephone Number (give area code) (760) 932-7251	
d. Signature of Authorized Representative <i>Jan Huggans</i>	e. Date Signed	

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



**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Los Angeles Harbor Department (Port of Los Angeles)	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000735	*c. Organizational DUNS: 13-833-2565
<b>d. Address:</b>	
*Street1: 425 South Palos Verdes Street	
Street 2:	
*City: San Pedro	
County: Los Angeles	
*State: California	
Province:	
Country:	
*Zip/ Postal Code: 90731	

<b>e. Organizational Unit:</b>	
Department Name: City of Los Angeles Harbor Department	Division Name: Environmental Management Division

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: Mr.	First Name: Kevin
Middle Name:	
*Last Name: Maggay	
Suffix:	
Title: Environmental Specialist	
Organizational Affiliation:	

*Telephone Number: 310-732-3947	Fax Number: 310-547-4643
*Email: kmaggay@portla.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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

Clean Diesel Emerging Technologies Funding Assistance Program FY 2009/2010

\*12. Funding Opportunity Number:

\*Title:

EPA-OAR-OTAQ-09-12

National Clean Diesel Funding Assistance Program FY 2009/2010

13. Competition Identification Number:

Title:

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

Wilmington, San Pedro, Long Beach, Los Angeles County, California, South Coast Air Basin

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

Port of Los Angeles/EcoCrane Emerging Technologies Project

**Attach supporting documents as specified in agency instructions.**

### Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-046

\*b. Program/Project: CA-046

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

17. Proposed Project:

\*a. Start Date: 1/1/2010

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

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

*a. Federal	\$731,298.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$731,298.00

#### \*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: Dr. \*First Name: Geraldine

Middle Name:

\*Last Name: Knatz

Suffix:

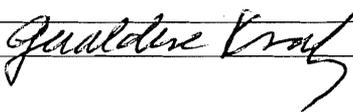
\*Title: Executive Director

\*Telephone Number: 310-732-3456

Fax Number: 310-547-4643

\*Email: gknatz@portla.org

\*Signature of Authorized Representative:



Date Signed: 3/18/10

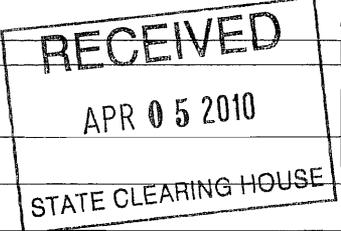
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name: BRIDGEPORT PUBLIC UTILITY DISTRICT		<b>Organizational Unit:</b> Department: N/A	
Organizational DUNS: 61780413		Division: N/A	
<b>Address:</b> Street: 233 TWIN LAKES ROAD		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: BRIDGEPORT		Prefix:	First Name: Stephanie
County: MONO		Middle Name A.	
State: CALIFORNIA		Last Name Hicks	
Zip Code: 93517	Suffix:		
Country: UNITED STATES		Email: shicks@roanderson.com	



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

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> 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) G Other (specify)
<b>9. NAME OF FEDERAL AGENCY:</b> USDA RURAL DEVELOPMENT	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): WATER AND WASTEWATER DISPOSAL LOAN & GRANT PROGRAM 1 0 - 7 6 0	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> ARSENIC MITIGATION/COMPLIANCE PROJECT
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> BRIDGEPORT	

<b>13. PROPOSED PROJECT</b> Start Date: May 1, 2010	Ending Date: October 31, 2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 25	b. Project 25
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 2,560,846 <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: March 29, 2010
b. Applicant \$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ <sup>00</sup>	
g. TOTAL \$ 2,560,846 <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 Jan
Middle Name	
Last Name Huggans	
Suffix	
<b>b. Title</b> Chairman of the Board	<b>c. Telephone Number (give area code)</b> (760) 932-7251
<b>d. Signature of Authorized Representative</b> <i>Jan Huggans</i>	<b>e. Date Signed</b>

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 4/7/10	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 checked="" type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> Let's Live Local		<b>Organizational Unit:</b> Department:	
<b>Organizational DUNS:</b> 829435630		Division:	
<b>Address:</b> Street: 2614 Teakwood Court City: Pine Mountain Club County: Kern		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Sarah	
State: CA		Middle Name Anne	
Zip Code 93222		Last Name Edwards	
Country: USA		Suffix: PhD	
		Email: sedwards@frazmtn.com	



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 2 6 - 3 8 2 7 0 5 9	Phone Number (give area code) 661 242-2624	Fax Number (give area code) 661 242-1692
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<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) Other (specify)
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 1 0 - 7 6 9	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Agriculture
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Pine Mountain Club and adjacent	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Technical assistance for rural economic development

<b>13. PROPOSED PROJECT</b> Start Date: October, 2010	Ending Date: August, 2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 20th	b. Project 20th
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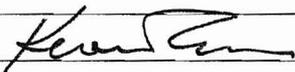
<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 49,250.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 36,338.00	DATE:
c. State \$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
f. Program Income \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 88,588.00	

**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.**

<b>a. Authorized Representative</b>		
Prefix	First Name Sarah	Middle Name Anne
Last Name Edwards	Suffix PhD	
b. Title Director	c. Telephone Number (give area code) 661 242-2624	
d. Signature of Authorized Representative	e. Date Signed	

Previous Edition Usable  
Authorized for Local Reoroduction

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	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: Mariposa County			Organizational Unit: Department:	
Organizational DUNS: 071859607			Division: Economic Development Office	
Address: Street: P.O. Box 784 City: Mariposa County: Mariposa State: CA Zip Code: 95336			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Marilyn Middle Name: Last Name: Lidyoff Suffix:	
Country: USA			Email: mlidyoff@mariposacounty.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000880			Phone Number (give area code) (209) 966-4303	Fax Number (give area code) (209) 966-6168
<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) County Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Mariposa County RLF 10-769			<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Grant funds will be used to capitalize a Revolving Loan Fund project in the rural community of the town of Mariposa with a population under 5,000.	
<b>13. PROPOSED PROJECT</b> Start Date: 10/1/2010 Ending Date: 9/30/2011			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 19 b. Project 19	
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$	99,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/23/10	
b. Applicant In Kind Services	\$	4,000.00	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	\$	103,000.00		
<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>				
a. Authorized Representative				
Prefix: Mr.	First Name Kevin		Middle Name	
Last Name Cann			Suffix	
b. Title Chairman of the Board of Supervisors			c. Telephone Number (give area code) (209) 966-3222	
d. Signature of Authorized Representative 			e. Date Signed 3/26/10	

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 103

1 TYPE OF SUBMISSION Application		2 DATE SUBMITTED <i>3/1/2010</i>	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3 DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4 DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**RECEIVED**  
APR - 7 2010  
**STATE CLEARING HOUSE**

5 APPLICANT INFORMATION		Organizational Unit
Legal Name <i>Fiddletown Community Service Dist.</i>		Department
Organizational DUNS <i>833254969</i>		Division
Address		Name and telephone number of person involving this application (give area code)
Street <i>P.O. Box 35</i>		Prefix <i>Mr.</i> First Name <i>Bill</i>
City <i>Fiddletown</i>		Middle Name
Country <i>Amdor</i>		Last Name <i>Easton</i>
State <i>CA</i>	Zip Code <i>95629-0035</i>	Suffix
Country <i>United States</i>		Email <i>terouge@volcano.net</i>

6 EMPLOYER IDENTIFICATION NUMBER (EIN) <i>942173057</i>	Phone Number (give area code) <i>209-245-3117</i>	Fax Number (give area code) <i>209-245-5441</i>
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8 TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <small>   Revision: enter appropriate letter(s) in box(es)    See back of form for description of letters</small>	7. TYPE OF APPLICANT (See back of form for Application Types) <i>6</i> Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY <i>USDA Rural Development</i>

10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <i>10-760</i>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT <i>Water Storage Improvement and Water Filtration</i>
TITLE (Name of Program) <i>WATER AND WASTEWATER GRANT PROGRAM</i>	
12 AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) <i>FCSD Users - Fiddletown, CA</i>	

13 PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF
Start Date <i>6/1/2010</i> Ending Date <i>12/1/2010</i>	a. Applicant <i>3rd</i> b. Project <i>3rd</i>

15 ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ <i>380,000</i>	a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE
b. Applicant \$ <del>500,000</del>	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
c. State \$ <i>0</i>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ <i>0</i>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ <i>0</i>	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No
f. Program Income \$ <i>0</i>	
g. TOTAL \$ <i>380,000</i>	

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.

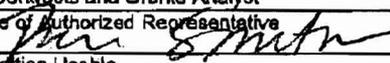
a. Authorized Representative		Middle Name	
Prefix <i>Mr.</i>	First Name <i>Bill</i>		
Last Name <i>Easton</i>		Suffix	
b. Title <i>Board Chairman</i>		c. Telephone Number (give area code) <i>209-245-3117</i>	
Signature of Authorized Representative <i>[Signature]</i>		d. Date Signed <i>2/26/2010</i>	

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**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

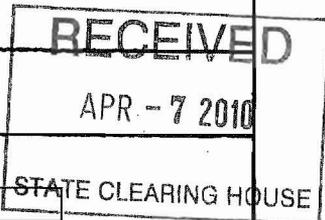
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 2/20/2010	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: The Regents of the University of California		Organizational Unit: Department: Cooperative Extension - Sonoma County and Napa County	
Organizational DUNS: 60-459-1925		Division: Division of Agriculture and Natural Resources	
Address: Street: ANR Office of Contracts & Grants, ANR Building		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Lucia	
City: Davis		Middle Name: Graciela	
County: Yolo		Last Name: Varela	
State: CA	Zip Code: 95620	Suffix:	
Country: USA		Email: lgvarela@ucdavis.edu	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6036494		Phone Number (give area code) 707 565 2621	Fax Number (give area code) 707 565 2623
<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) 1 - State Controlled Institution of Higher Learning Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Plant and Animal Disease, Pest Control and Animal Care		<b>9. NAME OF FEDERAL AGENCY:</b> USDA APHIS PPQ	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Oakville, Napa County, California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Monitoring and Control of European Grapevine Moth, Lobesia botrana	
<b>13. PROPOSED PROJECT</b> Start Date: 02/20/2010 Ending Date: 12/31/2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-009 b. Project CA-001	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 48,451.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/07/2010	
b. Applicant	\$ .00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .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	<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>	
g. TOTAL	\$ 48,451.00	a. Authorized Representative	
		Prefix: First Name Bernadine	Middle Name
		Last Name Smith	Suffix
b. Title Principal Contracts and Grants Analyst		c. Telephone Number (give area code) 530.754.3944	
d. Signature of Authorized Representative 		e. Date Signed 4/7/10	

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**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> 04/03/2009	<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> Elkhorn Slough Foundation		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-2823247	<b>* c. Organizational DUNS:</b> 150823524	

**d. Address:**

<b>* Street1:</b>	1698 Elkhorn Road
<b>Street2:</b>	_____
<b>* City:</b>	Watsonville
<b>County:</b>	_____
<b>* State:</b>	CA: California
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	95076

**e. Organizational Unit:**

<b>Department Name:</b> _____	<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>	Bryan
<b>Middle Name:</b>	_____		
<b>* Last Name:</b>	Largay		
<b>Suffix:</b>	_____		

<b>Title:</b> Tidal Wetland Project Director
--

<b>Organizational Affiliation:</b> Elkhorn Slough National Estuarine Research Reserve
--

<b>* Telephone Number:</b> 831-728-2822 x308	<b>Fax Number:</b> 831-728-1056
--	---------------------------------

<b>* Email:</b> bryan@elkhornslough.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-2009-2001709

**\* 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, California  
Santa Cruz County, California  
San Benito County, California  
Elkhorn Slough Estuary  
Monterey Bay

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

Recovery Act - Putting People to Work Restoring Ecosystem Resilience in Elkhorn Slough while Protecting Critical Coastal Infrastructure.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<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-017"/>	* b. Program/Project <input type="text" value="CA-017"/>
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="06/30/2011"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="3,940,734.00"/>	
* 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="3,940,734.00"/>	
<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 type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" 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" value="Ms."/>	* First Name: <input type="text" value="Monique"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Fountain"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Tidal Wetland Project Manager"/>	
* Telephone Number:	<input type="text" value="831-728-5939"/>	Fax Number: <input type="text" value="831-728-1056"/>
* Email:	<input type="text" value="monique@elkhornslough.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Monique Fountain"/>	* Date Signed: <input type="text" value="04/06/2009"/>

**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>	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<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: Second Harvest Food Bank Santa Cruz County	<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: 1.1em;">APR 08 2010</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.1em;">STATE CLEARING HOUSE</div>	<b>Organizational Unit:</b> Department: Rural Development
Organizational DUNS: 602285369		Division: Community Facilities
<b>Address:</b> Street: 800 Ohlone Parkway		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr.
City: Watsonville		First Name: Willy
County: Santa Cruz	Middle Name	Last Name Elliott-McCrea
State: CA	Zip Code 95076	Suffix:

Country: United States of America	Email: willy@thefoodbank.org
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 7 7 - 0 3 2 6 6 8 5	Phone Number (give area code) (831) 722-7110 x 211
	Fax Number (give area code) (831) 722-0435

<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"/> Not for Profit Organization Other (specify)
	<b>9. NAME OF FEDERAL AGENCY:</b> United States Department of Agriculture

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 0 - 7 6 8	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Second Harvest Northside Expansion Project: Receiving Dock and Repack Room for Increased Fresh Produce Distribution to Low-Income Residents
TITLE (Name of Program): Rural Development Community Facilities Loans and Grants	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Watsonville	

<b>13. PROPOSED PROJECT</b> Start Date: 6/1/10	Ending Date: 9/30/10	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 17	b. Project 17
--	-------------------------	--	------------------

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal Rural Development \$ 2,100,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant Income+Depreciation \$ 300,000.00	DATE:
c. State \$ .00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
f. Program Income \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 2,400,000.00	

**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.**

<b>a. Authorized Representative</b>		
Prefix Mr.	First Name Willy	Middle Name
Last Name Elliott-McCrea		Suffix
b. Title Chief Executive Officer		c. Telephone Number (give area code) (831) 722-7110 x 211
d. Signature of Authorized Representative		e. Date Signed

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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> 04/08/2010	<b>4. Applicant Identifier:</b> _____		
<b>5a. Federal Entity Identifier:</b> _____		<b>* 5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>			
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____	
<b>B. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> California State University, Fresno Foundation			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 946003272		<b>* c. Organizational DUNS:</b> 150837003	
<b>d. Address:</b>			
<b>* Street1:</b>	4910 N. Chestnut Ave		
<b>Street2:</b>	_____		
<b>* City:</b>	Fresno		
<b>County:</b>	_____		
<b>* State:</b>	CA: California		
<b>Province:</b>	_____		
<b>* Country:</b>	USA: UNITED STATES		
<b>* Zip / Postal Code:</b>	93726-1852		
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> _____		<b>Division Name:</b> _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b>	Dr.	<b>* First Name:</b>	Lubo
<b>Middle Name:</b>	_____		
<b>* Last Name:</b>	Liu		
<b>Suffix:</b>	_____		
<b>Title:</b>	Assistant Professor		
<b>Organizational Affiliation:</b> College of Engineering, Dept of Civil and Geomatics Engineer			
<b>* Telephone Number:</b> 5592785634		<b>Fax Number:</b> 5592787003	
<b>* Email:</b> mkiametian@csufresno.edu			

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

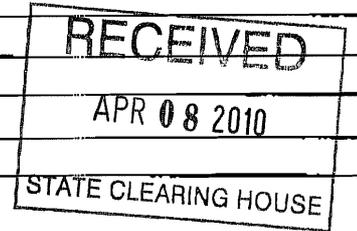
H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

\* Other (specify):



\* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.463

CFDA Title:

Water Quality Cooperative Agreements

\* 12. Funding Opportunity Number:

EPA-R9-WTR3-10-003

\* Title:

Sacramento-San Joaquin Bay Delta Water Quality Cooperative Agreements

13. Competition Identification Number:

Title:

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

State of CA

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

Modeling the Transport and Fate of Fecal Coliform Bacteria and Pesticides in San Joaquin Watershed

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="179,717.00"/>
* b. Applicant	<input type="text" value="15,628.00"/>
* 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="195,345.00"/>

\* 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 checked="" type="checkbox"/> Preapplication <input 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"/>		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
<b>State Use Only:</b> 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="County of Shasta"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000535"/>		* c. Organizational DUNS: <input type="text" value="784719940"/>
<b>d. Address:</b>		
* Street 1: <input type="text" value="1450 Court Street, Suite 108"/> Street 2: <input type="text"/> * City: <input type="text" value="Redding"/> County: <input type="text" value="Shasta"/> * State: <input type="text" value="CA"/> Province: <input type="text"/> * Country: <input type="text" value="USA: UNITED STATES"/> * Zip / Postal Code: <input type="text" value="96001"/>		
<b>e. Organizational Unit:</b>		
Department Name: <input type="text" value="Housing and Community Action Programs"/>		Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/> * First Name: <input type="text" value="Richard"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Kuhns"/> Suffix: <input type="text" value="Psy.D."/>		
Title: <input type="text" value="Director"/>		
Organizational Affiliation: <input type="text" value="County of Shasta"/>		
* Telephone Number: <input type="text" value="(530) 225-5160"/>		Fax Number: <input type="text" value="(530) 225-5178"/>
* Email: <input type="text" value="rkuhns@co.shasta.ca.us"/>		

RECEIVED

APR 12 2010

STATE CLEARING HOUSE

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"/>	
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="NGMS Agency USDA Rural Development"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <input type="text" value="10.769"/> CFDA Title: <input type="text" value="Rural Business Enterprise Grants"/>	
<b>* 12. Funding Opportunity Number:</b> <input type="text" value="MBL-SF424 FAMILY-ALL FORMS"/> * Title: <input type="text" value="MBL-SF424 FAMILY - ALL FORMS"/>	
<b>13. Competition Identification Number:</b> <input type="text"/> Title: <input type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> <input type="text" value="County of Shasta, California"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b> <input type="text" value="Business Loan Program Feasibility and Market Analysis Report"/>	
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

**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="\$65,000.00"/>
* b. Applicant	<input type="text" value="\$3,668.00"/>
* 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="\$68,668.00"/>

**\* 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:

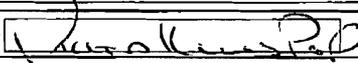
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  Date Signed:

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 04/8/2010	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 <input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Farm Conference	<b>Organizational Unit:</b> Department:
Organizational DUNS: 054773432	Division:
<b>Address:</b> Street: PO Box 73614	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Allen
City: Davis	Middle Name Joseph
County:	Last Name Moy
State: CA	Suffix:
Zip Code 95617	Email: allenmoy@pcfma.com



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
6 8 - 0 0 7 9 9 2 2

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 O. Not for profit Organization  
 Other (specify)

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

**9. NAME OF FEDERAL AGENCY:**  
USDA

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
1 0 - 7 6 9

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
2011 California Small Farm Conference Outreach Project

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
CA:Fresno, Merced, Monterey, San Benito, Santa Cruz and Stanislaus

**13. PROPOSED PROJECT**  
Start Date: May 1, 2010    Ending Date: April 30, 2011

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 01    b. Project 49,50,51,52,53,20,21,22,41,45

**15. ESTIMATED FUNDING:**

a. Federal	\$	91,800 <sup>00</sup>
b. Applicant	\$	<sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other Fundraising underway	\$	8,500 <sup>00</sup>
f. Program Income	\$	21,000 <sup>00</sup>
g. TOTAL	\$	121,300 <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: April 6, 2010  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

**a. Authorized Representative**

Prefix Mr.	First Name Allen	Middle Name Joseph
Last Name Moy		Suffix
b. Title Treasurer		c. Telephone Number (give area code) 925-825-9090
d. Signature of Authorized Representative		e. Date Signed 04/08/2010

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED **3-30-10**

Applicant Identifier

1. TYPE OF SUBMISSION:  
Application  
 Construction  
 Non-Construction

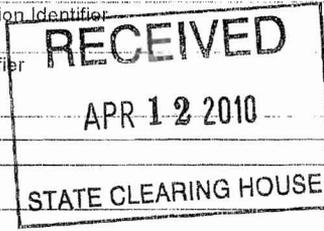
Pre-application  
 Construction  
 Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier



5. APPLICANT INFORMATION

Legal Name: **JACUMBA COMMUNITY SERVICE DISTRICT**

Organizational Unit: \_\_\_\_\_  
Department: \_\_\_\_\_

Organizational DUNS: \_\_\_\_\_

Address: **MAILING: 1266 RAIL ROAD ST. P.O. BOX 425 JACUMBA, CA 91934**

City: **JACUMBA** Middle Name: **ALFRED**  
County: **SANDIEGO** Last Name: **LINDENMEYER**

State: **CA** Zip Code: **91934** Suffix: \_\_\_\_\_

Country: **USA** Email: **Jacumbawater@att.net**

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

Phone Number (give area code): **(619) 766-4359** Fax Number (give area code): **(619) 766-9061**

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) \_\_\_\_\_

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
TITLE (Name of Program): **Water and Waste Disposal Loan & Grant Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
**DOMESTIC WATER MANGANESE REMOVAL SYSTEM AND SOLAR PANELS FOR PUMPHOUSE LIGHTING & ELECTRIC CONTROL PANELS**

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

14. CONGRESSIONAL DISTRICTS OF:  
a. Applicant: **DISTRICT #51** b. Project: **DISTRICT #51**

13. PROPOSED PROJECT  
Start Date: **1-11** Ending Date: **10-11**

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ <b>330,000</b>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>3-30-10</b>
b. Applicant \$ _____	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ _____	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ _____	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ _____	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ _____	
g. TOTAL \$ <b>330,000</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 \_\_\_\_\_ First Name: **TOM** Middle Name: **ALFRED**  
Last Name: **LINDENMEYER** Suffix: \_\_\_\_\_

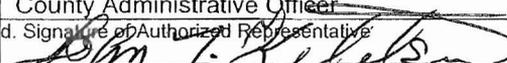
b. Title: **GENERAL MANAGER** c. Telephone Number (give area code): **(619) 766-4359**

d. Signature of Authorized Representative: *[Signature]* e. Date Signed: **3-30-10**



**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED April 12, 2010	Applicant Identifier	
3. DATE RECEIVED BY STATE			State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier		
5. APPLICANT INFORMATION					
Legal Name: County of Lassen			Organizational Unit: Department: Department of Economic Development		
Organizational DUNS: 105917988			Division:		
Address: Street: 707 Nevada Street, Suite 1			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Susanville		County: Lassen	State: California	Zip Code: 96130	Country: United States
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000517			Phone Number (give area code) (530) 251-8309		Fax Number (give area code) (530) 257-6599
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) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grants			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lassen County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Economic Development Department is proposing to use RBEG funds for the development of a food, produce, and other local products networking site, entitled Lassen Local. This site allows for local entrepreneurs to market their locally made or grown products.		
13. PROPOSED PROJECT Start Date: Contract Award			14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 4		
Ending Date: Contract Expiration			b. Project District 4		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	14,480.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	4,452.72	DATE: April 12, 2010		
c. State	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	18,932.72	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 John		Middle Name T.	
Last Name Ketelsen				Suffix	
b. Title County Administrative Officer				c. Telephone Number (give area code) (530) 251-8333	
d. Signature of Authorized Representative 				e. Date Signed April 9, 2010	

**RECEIVED**  
  
**APR 14 2010**  
  
**STATE CLEARING HOUSE**

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



# Metro

April 7, 2010

Mr. Lee Grissom  
Director, Office of Planning & Research  
Governor's Office  
State of California  
1400 Tenth Street  
Sacramento, CA 95814

Attention: Grants Coordinator

## Request for Circulation of Proposal

Dear Mr. Grissom:

In compliance with Federal Executive Order 12372, the Los Angeles County Metropolitan Transportation Authority (LACMTA) hereby submits to the State Office of Planning and Research a copy of the grant application for the following Federal Transit Administration (FTA) grant number:

- Grant number CA-90-Y717-01 for Capital Assistance submitted to the FTA under Title 49 U.S.C. § 5307, the Urbanized Area Formula Program.

Please circulate the enclosed to the appropriate state and local agencies as required by Executive Order 12372. Additionally, please inform us of any agency reviews and/or comments on the application so we may respond accordingly to comply with any applicable state processes.

Should you have any questions or need additional information, please contact Nela De Castro at (213) 922-6166. Thank you for your assistance.

Sincerely,

GLADYS LOWE  
Director  
Regional Program Management

Enclosure

**DOT****FTA**

U.S. Department of Transportation

Federal Transit Administration

**Application**

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-Y717-01
Budget Number:	2 - Budget Pending Approval
Project Information:	Prev Maint/Bus Acq/TE-1% project

**Part 1: Recipient Information**

Project Number:	CA-90-Y717-01
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

**Union Information**

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020 0000
Contact Name:	Ernest Waters
Telephone:	(213) 487-9887
Facsimile:	(213) 487-7875
E-mail:	l3634@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3888 Cherry Avenue
Address 2:	

Recipient ID: 5566  
 Union Name: AFSCME  
 Address 1: 514 Shatto Place, 3rd Floor  
 Address 2:  
 City: LOS ANGELES, CA 90020  
 Contact Name: MARSHA STEINBERG  
 Telephone: (213) 487-9887  
 Facsimile: (213) 487-9822  
 E-mail: marsha@afscme36.org  
 Website:

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3888 CHERRY AVENUE
Address 2:	
City:	LONG BEACH, CA 90807
Contact Name:	CHESTER MORDASINI
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	CMordasini@teamsters911.com
Website:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3888 CHERRY AVENUE
Address 2:	
City:	LONG BEACH, CA 90807
Contact Name:	JOSE MONJARAS
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	JMonjaras@teamsters911.com
Website:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3888 CHERRY AVENUE
Address 2:	
City:	LONG BEACH, CA 90807
Contact Name:	KEN GREEN
Telephone:	(562) 595-4518

## Address 2:

City: LOS ANGELES, CA 90012  
 Contact Name: LA VETTE WADE  
 Telephone: (213) 922-7324  
 Facsimile: (213) 922-7088  
 E-mail: olivianr1315@msn.com  
 Website:

Recipient ID: 5566  
 Union Name: UNITED TRANSPORTATION UNION  
 Address 1: LOCAL 1608 (DIV. 8)  
 Address 2: 15999 CYPRESS AVENUE  
 City: IRWINDALE, CA 91706  
 Contact Name: AARON MONTGOMERY  
 Telephone: (626) 962-9980  
 Facsimile: (626) 962-8079  
 E-mail: UTUjaw@earthlink.net  
 Website:

Recipient ID: 5566  
 Union Name: UNITED TRANSPORTATION UNION  
 Address 1: LOCAL 1564 (DIV. 5, 12, 18)  
 Address 2: 15999 CYPRESS AVENUE  
 City: IRWINDALE, CA 90706  
 Contact Name: BENJAMIN COOPER  
 Telephone: (626) 962-9980  
 Facsimile: (626) 962-8079  
 E-mail: UTUjaw@earthlink.net  
 Website:

Recipient ID: 5566  
 Union Name: UNITED TRANSPORTATION UNION  
 Address 1: 1849 SAWTELLE BOULEVARD  
 Address 2: SUITE 500  
 City: LOS ANGELES, CA 90025  
 Contact Name: LAWRENCE DRASIN  
 Telephone: (310) 473-2355  
 Facsimile:  
 E-mail: Drasinlaw@aol.com  
 Website:

Telephone: (323) 222-1277  
 Facsimile: (323) 222-1335  
 E-mail: ASoto@atu1277.com  
 Website:

Recipient ID: 5566  
 Union Name: AMALGAMATED TRANSIT UNION  
 Address 1: 44 MONTGOMERY ST.  
 Address 2: SUITE 2080  
 City: SAN FRANCISCO, CA 94104  
 Contact Name: WILLIAM FLYNN  
 Telephone: (415) 677-9440  
 Facsimile:  
 E-mail: JDunworth@Neyhartlaw.com  
 Website:

Recipient ID: 5566  
 Union Name: AMALGAMATED TRANSIT UNION  
 Address 1: 1744 N. MAIN STREET  
 Address 2:  
 City: LOS ANGELES, CA 90031 1315  
 Contact Name: JIM LINDSAY  
 Telephone: (323) 222-1277  
 Facsimile: (323) 222-1335  
 E-mail: JLindsay@atu1277.com  
 Website:

Recipient ID: 5566  
 Union Name: AMALGAMATED TRANSIT UNION  
 Address 1: 1744 NO. MAIN STREET  
 Address 2:  
 City: LOS ANGELES, CA 90031 1315  
 Contact Name: ARTURO AGUILAR  
 Telephone: (323) 222-1277  
 Facsimile: (323) 222-1335  
 E-mail: AAguilar@atu1277.com  
 Website:

Recipient ID: 5566  
 Union Name: AMALGAMATED TRANSIT UNION

Website:

**Part 2: Project Information**

Project Type:	Grant	Gross Project Cost:	\$55,751,624
Project Number:	CA-90-Y717-01	Adjustment Amt:	\$930,046
Project Description:	Prev Maint/Bus Acq/TE-1% project	Total Eligible Cost:	\$54,821,578
Recipient Type:	Transit Authority	Total FTA Amt:	\$43,857,262
FTA Project Mgr:	Ray Tellis - 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe - 213.922.2459	Total Local Amt:	\$10,964,316
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0

Fed Dom Asst. #:	20507
Sec. of Statute:	5307-2
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2009 - Jun. 30, 2011
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Mar. 25, 2010
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan):	Feb. 01, 2010
Program Page:	44
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

**Urbanized Areas**

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

**Congressional Districts**

State ID	District Code	District Official

Funds requested in this application are included in the FY2008 Transportation Improvement Program.

Transportation Development Act, Measure R Transit Capital 35%, Proposition A 35% and/or Proposition C 40% Discretionary funds will be used to match the federal funds. These funds are in the approved LACMTA Annual Budget.

The required FTA FY2010 Certifications and Assurances have been electronically filed in TEAM on November 10, 2009.

There are no pending Civil Rights issues affecting this grant application.

For information regarding the labor union list, please refer to the labor union section under our recipient profile in TEAM.

All DOL checklist items have been addressed within this application.

#### OTHER TRANSIT PROVIDERS

The following municipal operators/transit providers also operate fixed-route public transit service within the LACMTA's general service area:

City of Commerce Transit  
Culver City Municipal Transit  
Foothill Transit  
Gardena Transit  
La Mirada Transit  
Long Beach Municipal Transit  
Los Angeles DOT  
Montebello Municipal Transit  
Norwalk Transit  
Santa Monica Big Blue Bus  
Torrance Transit

-----  
The Los Angeles County Metropolitan Transportation Authority (Metro) hereby submits grant application CA-90-Y717 requesting \$38,005,981 of Section 5307 funds. These funds include \$37,599,037 of FY2009 Section 5307 funds and \$406,944 of TE-1% allocation of FY08 Section 5307 funds.

These Section 5307 funds are being requested for bus acquisition, preventive maintenance activities for revenue vehicles and related bus operations preventive maintenance, and transit enhancement activities project.

The amount of \$930,046 shown under the Adjustment Amount field of the Project Information/Control Totals section represents a like-kind exchange approval from past vehicle dispositions. This amount will be applied to the purchase of up to two 45-foot lightweight composite, CNG fueled, ADA accessible transit replacement buses (\$768,272 federal & \$161,774 local). The FTA have approved Metro's requests to use the Like-Kind Exchange Policy for the buses that were removed before the end of their useful life due to accidents, needed major repair work, or retired early.

Formed in 1993, Metro serves as the transportation planner, coordinator, designer, builder and regional public transportation operator for Los Angeles County, California. More than 9 million people, nearly one-third of California's residents, live within Metro's service area. Metro fixed-route transit service is provided with 161 directly operated bus routes, 24 contractor-operated bus routes, 2 heavy rail lines, and 3 light rail lines with 11 bus divisions and 4 rail divisions. In all, Metro has 17 operating divisions, 65 rail stations, 9 support locations, 7 customer service centers, 4 transit terminals, and 28 park-and-ride facilities. Metro bus system provides service to 1.2 million passengers daily. The entire fleet is wheelchair accessible and over 80% of the fleet is powered by compressed natural gas (CNG). Metro's rail system provides service to over 225,000 passengers daily.

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Funds requested in this application are included in the Transportation Improvement Program approved by the FTA and FHWA on February 2, 2009.

Traffic Congestion Relief Program (TCRP), Prop 1B PTMISEA (Public Transportation Modernization, Improvement, and Service Enhancement Account), Transportation Development Act, Proposition A 35% and/or Proposition C 40% Discretionary funds will

11.12.01 LA963542 REPLACEMENT 45-FT COMPOSITE BUSES	8	\$4,828,000.00	\$5,816,867.00
--	---	----------------	----------------

SCOPE

119-00 TRANSIT ENHANCEMENTS (BUS)	0	\$406,944.00	\$508,680.00
--------------------------------------	---	--------------	--------------

ACTIVITY

11.92.02 LA0D337 PURCHASE BUS SHELTERS, PED. ACCESS IMPRVMNTS - TE-1%	0	\$406,944.00	\$508,680.00
---	---	--------------	--------------

**Estimated Total Eligible Cost: \$102,110,922.00**

**Federal Share: \$81,863,243.00**

**Local Share: \$20,247,679.00**

Extended Budget Descriptions

11.7A.00	LA963543 PREVENTIVE MAINTENANCE - OPERATIONS	0	\$66,350,789.00	\$82,938,487.00
----------	--	---	-----------------	-----------------

Amendment #1: This amendment will increase the federal share by \$33,579,752 (\$8,394,938 local share) to fully fund LACMTA's fiscal year 2010 preventive maintenance activities.

\$33,518,243 will come from FY2010 Section 5307 under UZA#2 (LA UZA) and \$61,509 will come from FY2009 Section 5307 from four UZAs as discussed below.

Consistent with the Vanpool Interagency Agreement signed by the Regional Transportation Planning Agencies (RTPA's: LACMTA, OCTA, RCTC, and SANBAG) and concurred by SCAG, the State of California, and FTA, we are requesting the obligation of the FY 2009 revenues generated by the LACMTA vanpool program as follows:

UZA 25 - Riv-San Bernardino - \$50,554  
 UZA 68 -Mission Viejo - \$ 6,358  
 UZA 131 -Temecula-Murrieta - \$ 3,556  
 UZA 150 Vic-Hesp-Apple Vly - \$ 1,042  
 Total \$61,509

These revenues were calculated using the NTD audited data and the bus revenue miles and bus incentive unit values published by FTA with the FY2009 Apportionments. The RTPAs had confirmed the calculated amounts corresponding to their UZAs.

The federal funds will be matched with TDA Article 4, Prop A Discretionary, and/or Prop C 40% Discretionary funds.

-----  
 This line item will be used to fund a portion of preventive maintenance activities for Metro fiscal year 2010, from July 1, 2009 through June 30, 2010.

These funds will fund vehicle and non-vehicle maintenance activities. This will include replacement of engines, bus painting, body repair, rebuilding parts, wheelchair maintenance, seats replacement, window guard replacement, fare collection and counting maintenance, graffiti removal and various routine preventive maintenance activities.

The federal funds will be matched with TDA Article 4, Prop A Discretionary, and/or Prop C 40% Discretionary funds.

<b>11.92.02</b>	IMPRVMNTS - TE-1%	0	\$2,973,332.00	\$3,716,665.00
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Federal assistance of \$2,973,332 will be added to fund transit enhancement activities once the full FY2010 Appropriations become available.

**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 12, 2010	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<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: Yuba-Sutter Economic Development Corporation	<b>Organizational Unit:</b> Department:
Organizational DUNS: 120321596	Division:
<b>Address:</b> Street: 1227 Bridge Street, Suite C City: Yuba City County: Sutter State: California Zip Code: 95991	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: Dana Middle Name: Last Name: Garcia Suffix:
Country: U.S.	Email: dgarcia@ysedc.org

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 6 8 - 0 3 4 2 1 4 5	Phone Number (give area code) 530-751-8555 x 105	Fax Number (give area code) 530-751-8515
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<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) O. Not for profit Other (specify) Economic Development District
---	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 0 - 7 6 9 TITLE (Name of Program): Section 209 Economic Adjustment Assistance	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Business Expansion and Recruitment Program, BEAR Essentials
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Yuba and Sutter counties; cities of Marysville, Yuba City, Live Oak and Wheatland
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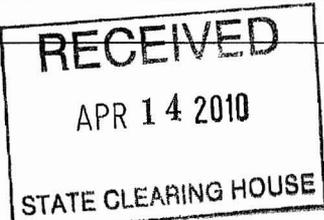
<b>13. PROPOSED PROJECT</b> Start Date: June 1, 2010 Ending Date: May 31, 2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 2 b. Project District 2
--	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 45,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 12, 2010
b. Applicant \$ 52,500.00	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 \$ 97,500.00	

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

<b>a. Authorized Representative</b>		
Prefix Ms.	First Name Brynda	Middle Name
Last Name Stranix		Suffix
<b>b. Title</b> President/Chief Operating Officer		<b>c. Telephone Number (give area code)</b> 530-751-8555 x 103
<b>d. Signature of Authorized Representative</b> <i>Brynda Stranix</i>		<b>e. Date Signed</b> April 12, 2010

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Authorized for Local Reproduction





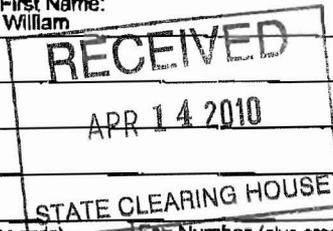
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> April 14, 2010	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b> April 14, 2010	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: County of Madera	<b>Organizational Unit:</b> Department: Resource Management Agency
Organizational DUNS: 004939377	Division: General Services
<b>Address:</b> Street: 2037 W. Cleveland Avenue	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr.
City: Madera	First Name: William
County: Madera	Middle Name: Lorne
State: California	Last Name: Hayter
Zip Code: 93637	Suffix:
Country:	Email: kawih@aol.com



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-6000518

**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:**  
10-766

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Conversion/rehabilitation of fire station annex to Oakhurst Library into Children's Activity Center and Community Meeting Room and upgrade bathrooms to ADA compliance in main library building.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Unincorporated Community of Oakhurst

**13. PROPOSED PROJECT**  
Start Date: July 2010 Ending Date: March 2011

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant: 19th - Radonovich b. Project: 19th - Radonovich

**15. ESTIMATED FUNDING:**

a. Federal	\$	200,000.00
b. Applicant	\$	70,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	270,000.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
a. Yes  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: April 14, 2010  
b. No  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
 Yes if "Yes" attach an explanation.  No

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

**a. Authorized Representative**

Prefix: Mr.	First Name: Ray	Middle Name:
Last Name: Beach	Suffix:	
b. Title: Director, Madera County Resource Management Agency		c. Telephone Number (give area code): (559) 681-8333
d. Signature of Authorized Representative		e. Date Signed: April 14, 2010

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 4-13-2010	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: Garberville Town Square, Inc.

Organizational DUNS:

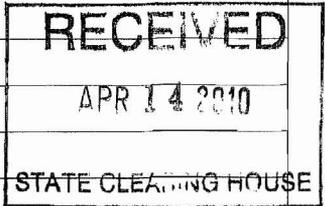
Address: Street: P.O. Box 172  
City: Garberville  
County: Humboldt  
State: California Zip Code: 95542  
Country:

Organizational Unit:  
Department:  
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)  
Prefix: Mr. First Name: David  
Middle Name:  
Last Name: Dickinson  
Suffix:

Email: david@woodyend.net

Phone Number (give area code): 707.825.7001  
Fax Number (give area code):



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
02-0688329

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

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 (not for profit organization)  
 Other (specify):

**9. NAME OF FEDERAL AGENCY:**  
USDA

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
10-766

TITLE (Name of Program): Community Facilities Grant Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Garberville Town Square, a Permanent Home for the Southern Humboldt Farmers' Market

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Garberville, Redway, and Humboldt County, CA

**13. PROPOSED PROJECT**  
Start Date: 06-01-2010 Ending Date: 12-31-2011

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant CA-01 b. Project CA-01

**15. ESTIMATED FUNDING:**

a. Federal	\$	182,291 <sup>00</sup>
b. Applicant	\$	54,481 <sup>00</sup>
c. State	\$	0 <sup>00</sup>
d. Local	\$	50,250 <sup>00</sup>
e. Other	\$	0 <sup>00</sup>
f. Program Income	\$	0 <sup>00</sup>
g. TOTAL	\$	287,022 <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: 4-14-2010  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix: Mr. First Name: John Middle Name:  
Last Name: Schmidt Suffix:

b. Title: Board President  
c. Telephone Number (give area code): 707.923.3272

d. Signature of Authorized Representative: e. Date Signed:

**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	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name:	<b>Organizational Unit:</b>
City of San Joaquin	Department:
Organizational DUNS: 004940706	Division:
<b>Address:</b>	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>
Street: 21900 Colorado Ave./P.O. Box 758	Prefix: First Name: Cruz
City: San Joaquin	Middle Name: W.
County: Fresno	Last Name: Ramos
State: CA Zip Code: 93660	Suffix:
Country: USA	Email: cruzramos@kermantel.net



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000418	Phone Number (give area code) (559) 693-4311	Fax Number (give area code) (559) 693-2193
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<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" Other (specify)
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Green Job Training & Business Assistance 10-679	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Cities of San Joaquin and Firebaugh green job training and business assistance.
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of San Joaquin & City of Firebaugh	

<b>13. PROPOSED PROJECT</b> Start Date: 01/01/2011 Ending Date: 12/31/2010	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-20 b. Project CA-20
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 99,750.00	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 \$ 100,000.00	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 type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 199,750.00	

**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.**

<b>a. Authorized Representative</b>		
Prefix	First Name Cruz	Middle Name W.
Last Name Ramos	Suffix	
b. Title City Manager	c. Telephone Number (give area code) (559) 693-4311	
d. Signature of Authorized Representative <i>Cruz W. Ramos</i>	e. Date Signed 4-12-10	

**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:
--------------------------------	--------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

*a. Legal Name: California Coastal Rural Development Corporation	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-0276025	*c. Organizational DUNS: 151608585

**d. Address:**

*Street 1:	<u>221 Main Street, Suite 301</u>
Street 2:	_____
*City:	<u>Salinas</u>
County:	<u>Montey</u>
*State:	<u>California</u>
Province:	_____
*Country:	_____
*Zip / Postal Code	<u>93901</u>



**e. Organizational Unit:**

Department Name:	Division Name:
------------------	----------------

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

Prefix: <u>Mr.</u>	*First Name: <u>Samuel</u>
Middle Name: _____	
*Last Name: <u>Hale</u>	
Suffix: _____	

Title: <u>Board Chair</u>
---------------------------

Organizational Affiliation:
-----------------------------

*Telephone Number: 831-424-1099 Ext 205	Fax Number: 831-424-1094
---	--------------------------

*Email: samuel_hale@calcoastal.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:

S. Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

R. Small Business

\*Other (Specify)

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

Community Development Financial Institutions

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

\_\_\_\_\_

CFDA Title:

\_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

Rural Business Enterprise Grants \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

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

Growing by the numbers: A pilot project to improve small farmer' financial and operational management.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 17,23

\*b. Program/Project: 17,23

**17. Proposed Project:**

\*a. Start Date: 7/1/10

\*b. End Date: 6/30/11

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

*a. Federal	_____	98,391
*b. Applicant	_____	36,820
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	135,211

**\*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: Samuel

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

\*Last Name: Hale

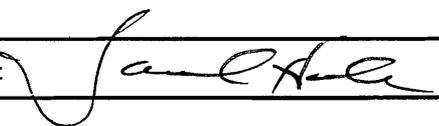
Suffix: \_\_\_\_\_

\*Title: Board Chair

\*Telephone Number: 831-424-1099

Fax Number: 831-424-1094

\* Email: samuel\_hale@calcoastal.org

\*Signature of Authorized Representative: 

\*Date Signed: 4/12/10