

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1- 15, 2011**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*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:		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">APR - 1 2011</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>	
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: Rose Foundation for Communities and the Environment					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3179772			*c. Organizational DUNS: 960436855		
d. Address:					
*Street 1: 6008 College Avenue, Suite 10					
Street 2:					
*City: Oakland					
County: CA					
*State: 94618					
Province:					
Country: United States				*Zip/ Postal Code: 94618	
e. Organizational Unit:					
Department Name: New Voices Are Rising			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Robyn			
Middle Name:					
*Last Name: Herr					
Suffix:					
Title: Development and Communications Coordinator					
Organizational Affiliation:					
*Telephone Number: 510-658-0702 x304			Fax Number: 510-658-0732		
*Email: rherr@rosefdn.org					

Application for Federal Assistance SF-424

Version 02

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

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:
U.S. Environmental Protection Agency, Office of Environmental Justice

11. Catalog of Federal Domestic Assistance Number:
66.604

CFDA Title:
Environmental Justice Small Grants Program

*12. Funding Opportunity Number: **EPA-OECA-OEJ-11-01**

*Title: **Environmental Justice Small Grants Program**

13. Competition Identification Number:

Title:

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

Cities - Oakland, Richmond and Hercules
Counties - Alameda and Contra Costa
States - California

*15. Descriptive Title of Applicant's Project:
New Voices Are Rising - Youth Creating Environmentally Just Communities

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

* 1. Type of Submission:

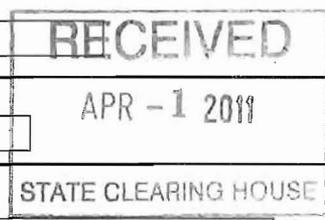
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):



* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Uncommon Good

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

95-4792792

* c. Organizational DUNS:

1265108200000

d. Address:

* Street1:

435 Berkeley Ave.

Street2:

* City:

Claremont

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91711-4508

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

* First Name:

Michael

Middle Name:

* Last Name:

Peel

Suffix:

Title:

Development and Green Jobs Director

Organizational Affiliation:

Uncommon Good

* Telephone Number:

(909) 625-2248

Fax Number:

(909) 625-0342

* Email:

mpeel@uncommongood.org

Application for Federal Assistance SF-424

*** 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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.604

CFDA Title:

Environmental Justice Small Grant Program

*** 12. Funding Opportunity Number:**

EPA-OECA-OEJ-11-01

* Title:

ENVIRONMENTAL JUSTICE SMALL GRANTS PROGRAM

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Partnership for a Greener Northtown

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**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="25,000.00"/>
* b. Applicant	<input type="text" value="12,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="3,000.00"/>
* e. Other	<input type="text" value="10,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="50,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?** a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)** Yes No

If "Yes", provide explanation and attach

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

 ** I AGREE

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

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

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:



5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

International Institute of the Bay Area

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

94-1156554

*** c. Organizational DUNS:**

071877740

d. Address:

*** Street1:**

657 Mission Street, Suite 301

Street2:

*** City:**

San Francisco

County:

San Francisco

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94105

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

*** First Name:**

Sheryl

Middle Name:

*** Last Name:**

Munoz-Bergman

Suffix:

Title:

Program Director

Organizational Affiliation:

*** Telephone Number:**

650-780-7537

Fax Number:

650-556-1645

*** Email:**

smbergman@iibayarea.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:**

Office of Procurement Operations - Grants Division

11. Catalog of Federal Domestic Assistance Number:

97.010

CFDA Title:

Citizenship Education and Training

*** 12. Funding Opportunity Number:**

DHS-11-CIS-010-002

* Title:

FY 2011 Citizenship and Integration Direct Services Grant Program Citizenship Instruction and Naturalization Application Services

13. Competition Identification Number:

DHS-11-CIS-010-002

Title:

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

San Francisco, San Mateo, Alameda and Contra Costa Counties, California

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

Citizenship Instruction and Naturalization Application Services in the San Francisco Bay Area

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="200,000.00"/>
* b. Applicant	<input type="text" value="89,160.00"/>
* 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="289,160.00"/>

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

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

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
RECEIVED				
5. APPLICANT INFORMATION Legal Name: FALL RIVER VALLEY COMMUNITY SERVICES DISTRICT		Organizational Unit: Department:	APR - 4 2011	
Organizational DUNS: 009448804		Division:	STATE CLEARING HOUSE	
Address: Street: P.O. BOX 427		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: FALL RIVER MILLS		Prefix:	First Name: JOHN	
County: SHASTA		Middle Name:	Last Name: VAN DEN BERGH	
State: CA	Zip Code: 96028	Suffix:		
Country: USA		Email: FRITCSA@CITLINK.NET		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1579081		Phone Number (give area code): 805-684-5550	Fax Number (give area code):	
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) G Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WATER & WASTE WATER DISPOSAL LOAN & GRANT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SEE ATTACHED: - DISTRICT INFORMATION - THE KNOCK WELL PROJECT - MAINLINE REPLACEMENTS		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FALL RIVER MILLS & DUNSMITH, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA2 b. Project CA2		
13. PROPOSED PROJECT WELL & MAIN LINE REPLACEMENT Start Date: 8-1-11 Ending Date: 12-1-11		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 500,000 b. Applicant \$ 3,600 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 503,600		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name JOHN		Middle Name	
Last Name VAN DEN BERGH		Suffix		
b. Title GENERAL MANAGER & CORPORATE SECRETARY	c. Telephone Number (give area code) 805-684-5550		e. Date Signed 3-28-11	
d. Signature of Authorized Representative <i>VanDenBerg</i>				

Previous Edition Usable
Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify) _____
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3. Date Received: _____ 4. Applicant Identifier: 1647

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: City of Culver City

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000701
*c. Organizational DUNS: 063833651

d. Address:

*Street 1: 4343 Duquesne Avenue
Street 2: _____
*City: Culver City
County: Los Angeles
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code: 90232-3014

e. Organizational Unit:

Department Name: Transportation
Division Name: Transportation Administration

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

Prefix: Mrs. *First Name: Crystal
Middle Name: Czarnecki
*Last Name: Alexander
Suffix: _____

Title: Sr Mgmt Analyst

Organizational Affiliation: _____

*Telephone Number: 310-253-6543 Fax Number: 310-253-6513

*Email: crystal.alexander@culvercity.org

Application for Federal Assistance SF-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20-507 _____

CFDA Title:

Federal Section 5307 Funds _____

***12 Funding Opportunity Number:**

76 FR 6958 _____

*Title:

Section 5037 SAFETEA-LU _____

13. Competition Identification Number:

n/a _____

Title:

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

City of Culver City

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

Federal Funding for Preventative Maintenance of Bus Fleet; Tire Lease; COP payments for Maintenance, Operations and Administration Facility for Culver CityBus. Project ID CA-90-Y853-00

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 33

*b. Program/Project: 33

17. Proposed Project:

*a. Start Date: 7-1-11

*b. End Date: 6-30-13

18. Estimated Funding (\$):

*a. Federal	\$4,176,895
*b. Applicant	
*c. State	\$835,379
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$5,012,274

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 4-1-11
- 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: Mrs. _____ *First Name: Crystal _____
Middle Name: Czarnecki _____
*Last Name: Alexander _____
Suffix: _____

*Title: Sr Mgmt Analyst

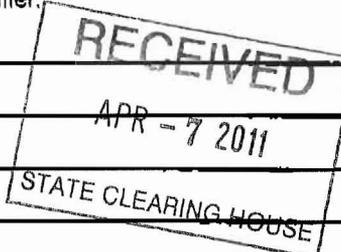
*Telephone Number: 310-253-6543

Fax Number: 310-253-6513

* Email: crystal.alexander@culvercity.org

*Signature of Authorized Representative:

*Date Signed: 4-4-11

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision * If Revision, select appropriate letter(s) A. Increase Award A. Increase Award *Other (Specify) _____
3. Date Received: 04/07/2011		4. Applicant Identifier: CA-04-0104-01
5a. Federal Entity Identifier: 5624		*5b. Federal Award Identifier:
<div style="text-align: right;">  </div>		
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Western Contra Costa Transit Authority		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0162086		*c. Organizational DUNS: 103429301
d. Address:		
*Street 1:	601 Walter ave	
Street 2:	_____	
*City:	Pinole	
County:	_____	
*State:	CA	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	94564	
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr. _____	*First Name: Robert _____
Middle Name:	John _____	
*Last Name:	Thompson _____	
Suffix:	_____	
Title:	Transit Planner	
Organizational Affiliation:		
*Telephone Number: 510-724-3331		Fax Number: 510-724-5551
*Email: rob@westcat.org		

Application for Federal Assistance SF-424

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20500 _____

CFDA Title:

Federal Transit Capital Investment Grants _____

***12 Funding Opportunity Number:**

5309-2 _____

*Title:

Bus and Bus Facilities _____

13. Competition Identification Number:

Title:

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

City of Hercules

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

Interstate 80 is Interstate 80 is the primary commuter route to and through West Contra Costa County. The Metropolitan Transportation Commission's (MTC) 1998 Regional Transportation Plan projected that increased population and employment within West County will result in a 42% increases in congestion and travel time on I-80. The Association of Bay Area Governments (ABAG) forecasts that between 1990 and 2010, commuter trips to Contra Costa will increase 33%.

For the past eight years, the City of Hercules has focused on providing a transportation alternative to I-80. Initially envisioned as a rail station at the terminus of John Muir Parkway (Highway 4), the scope grew to a multimodal Transit Center serving local and regional commuters and residents. The Intermodal Transit Center now includes commuter rail, ferry service, and local/express bus service, as well as bicycle and pedestrian access. Convenient parking will be located on-site.

The Hercules Intermodal Transit Station project is located in the currently undeveloped Waterfront transit-oriented development. The total project site is 42 acres and an Initial Planned Development Plan (IPDP) for the area has been submitted by the developer (Anderson Pacific). The transit uses at the site will include a Capitol Corridor train station, a ferry terminal, bus access, and bicycle/pedestrian access via the Bay Trail and connections. The Waterfront area is located next to San Pablo Bay and will be accessed by John Muir Parkway to the north, Sycamore Avenue to the south, and connecting at the waterfront by Bayfront Boulevard. Additionally, a second "loop" from John Muir Parkway to Transit Loop Drive and the bridge over Refugio Creek will connect buses to the bus staging area, the train station area, and back to Bayfront Boulevard.

The Intermodal Transit Center is at the heart of a Transit Orientated Development (TOD) that will ultimately house 2,5000 dwelling units at a variety of densities; commercial; office; and live-work space. A minimum of 15% of the homes will be available to very low to moderate-income households. Over 700 units are either occupied, in sales, or under construction, and an additional 1,300 units have begun the entitlement process.

Construction of the Intermodal Transit Center is planned to commence in July 2010, with the rail improvements, platform, station building, roadway construction, and bridge construction. These improvements will be complete in 2013. At this time, the ferry terminal is anticipated to begin construction in 2013.

When complete, the TOD will be the largest in California. The approximate cost of the Intermodal transit Center and related infrastructure is \$100M.

This project will enable the completion of the environmental documentation of the Transit Loop that will be integral to connecting bus operations and access to the intermodal terminal. Work will include bus access and drop off, queuing lanes, and pedestrian access to bus transit operations.

The funds from the Federal Earmark will be spent on the environmental work for the Transit Loop that provides bus access and connections to the Intermodal Transit Station. Without these improvements, the buses will not be able to get to the train/ferry station or to stage buses along Transit Loop Drive while waiting for passenger pick ups at the station. Bicycle and pedestrian access along John Muir Parkway will also allow pedestrians and bicyclists to access transit including the buses.

The current zoning is "mixed use" including a range of office, retail, live work, and residential uses. The primary commuter route to and through West Contra Costa County. The Metropolitan Transportation Commission's (MTC) 1998 Regional Transportation Plan projected that increased population and employment within West County will result in a 42% increases in congestion and travel time on I-80. The Association of Bay Area Governments (ABAG) forecasts that between 1990 and 2010, commuter trips to Contra Costa will increase 33%.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-007		*b. Program/Project: CA-007
17. Proposed Project:		
*a. Start Date: 10/01/08		*b. End Date: 03/03/2012
18. Estimated Funding (\$):		
*a. Federal	338580	
*b. Applicant	0	
*c. State	0	
*d. Local	90000	
*e. Other	0	
*f. Program Income	0	
*g. TOTAL	428580	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>04/07/2011</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr _____	*First Name: Robert _____	
Middle Name: John _____		
*Last Name: Thompson _____		
Suffix: _____		
*Title: Manager of Grants		
*Telephone Number: 510-724-331		Fax Number: 510-724-5551
* Email: rob@westcat.org		
*Signature of Authorized Representative:		*Date Signed: 04/04/2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier G1198018
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-XX

5. APPLICANT INFORMATION

Legal Name: State of California		Organizational Unit: Department: CA Dept. of Fish and Game	
Organizational DUNS: 808322358	<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 - 8 2011</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Division: Grants Management Branch	
Address: Street: 1831 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix:	First Name: Pete
County: Sacramento		Middle Name	
State: CA	Zip Code: 95811	Last Name: Marcellana	
Country:	Suffix:		
		Email: pmarcellana@dfg.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 445-4658	Fax Number (give area code) (916) 327-6320
---	---	---

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) A. State Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Sport Fish Restoration Act 15-805	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Region 2 (R2) Stream and Lake Improvement
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service

13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 99
--	---

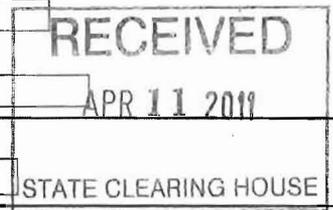
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 331,012	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/08/2011
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 110,338	<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 \$ 441,349	

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: Blaine	Middle Name
Last Name: Nickens	Suffix	
b. Title : Chief, Grants Management Branch	c. Telephone Number (give area code)	
d. Signature of Authorized Representative	e. Date Signed : 4/8/2011	

Application for Federal Assistance SF-424 Version 02

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



* 3. Date Received: _____	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: Central Coast Resource Conservation and Development Council, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 47-0882249	* c. Organizational DUNS: 959661075

d. Address:

* Street 1:	65 South Main Street, Suite 105
Street 2:	_____
* City:	Templeton
County:	San Luis Obispo
* State:	CA
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93465

e. Organizational Unit:

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

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

Prefix: _____	* First Name: Jeff
Middle Name: _____	
* Last Name: Rodriguez	
Suffix: _____	
Title: Project Coordinator	
Organizational Affiliation: USDA NRCS	
* Telephone Number: (805) 434-0396	Fax Number: _____
* Email: jeff.rodriquez@ca.usda.gov	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Non-profit with 501C3 status

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

NGMS Agency USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

RBEG

* 12. Funding Opportunity Number:

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

A Biomass to Bio-energy Feasibility Study for the Monterey Bay Region

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

Santa Cruz County

* 15. Descriptive Title of Applicant's Project:

A Biomass to Bio-energy Feasibility Study for the Monterey Bay Region

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$99,152.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$99,152.00"/>

* 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: *Kathie L Matsuyama* * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

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

RECEIVED

APR 11 2011

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Fresno Area Hispanic Foundation

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

75-3129705

*** c. Organizational DUNS:**

138285791

d. Address:

*** Street1:**

1444 Fulton Street

Street2:

*** City:**

Fresno

County:

Fresno County

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93721

e. Organizational Unit:

Department Name:

Business Development and Training

Division Name:

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

Prefix:

Mrs.

*** First Name:**

Dora C.

Middle Name:

*** Last Name:**

Westerlund

Suffix:

Title:

President/CEO

Organizational Affiliation:

Fresno Area Hispanic Foundation

*** Telephone Number:**

559-222-8705

Fax Number:

559-222-8706

*** Email:**

Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

Non-profit 501c3 Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grants (RBEG)

* 12. Funding Opportunity Number:

MBL-SF424FAMILY-ALLFORMS

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

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

Biola, California 93606

* 15. Descriptive Title of Applicant's Project:

"Technical Assistance Training" Program

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="99,000.00"/>
* b. Applicant	<input type="text" value="20,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="30,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="149,000.00"/>

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

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

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

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

** I AGREE

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

Authorized Representative:

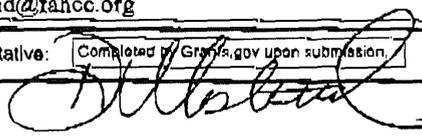
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

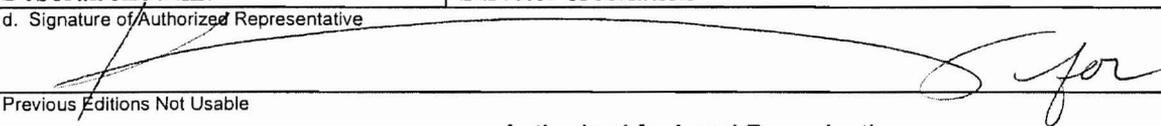
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

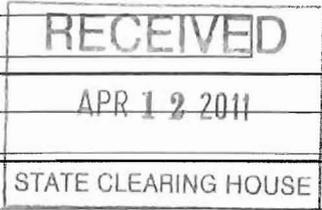


4.10.11

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED April 8, 2011	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Port of Oakland		Organizational Unit: Port of Oakland Acting by and through its Board of Port Commissioners	
Address (give city, county, state, and zip code) 530 Water Street Oakland, CA 94607		Name and telephone number of the person to be contracted on matters involving this application (give area code) Christina Lee (510) 627-1510	
EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2		7. TYPE OF APPLICANT: (enter appropriate letter in box) C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
		9. NAME OF FEDERAL AGENCY Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 . 1 0 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Aircraft Rescue and Firefighting (ARFF) Vehicle Replacement, South Field, OAK	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 07/2011	Ending Date 07/2012	a. Applicant 7	b. Project 4
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	\$ 926,785 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 223,215 .00	DATE: April 8, 2011	
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	\$ 1,150,000 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative Deborah Ale Flint		b. Title Director of Aviation	c. Telephone number (510) 627-1133
d. Signature of Authorized Representative 		e. Date Signed April 8, 2011	

Application for Federal Assistance SF-424

* 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"/>
---	--

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--	--

8. APPLICANT INFORMATION:

*** a. Legal Name:** GREAT NORTHERN CORPORATION

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2562423	* c. Organizational DUNS: 131624751
--	---

d. Address:

* Street1:	780 South Davis Avenue
Street2:	PO Box 20
* City:	Weed
County/Parish:	Siskiyou County
* State:	CA
Province:	
* Country:	
* Zip / Postal Code:	96094

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
---	---

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

Prefix: <input type="text"/>	* First Name: Rod
Middle Name: <input type="text"/>	
* Last Name: Merys	
Suffix: <input type="text"/>	

Title: Economic Development Coordinator

Organizational Affiliation:

* Telephone Number: 530-938-4115 ext 12	Fax Number: 530-938-1040
--	---------------------------------

*** Email:** rmerys@greatnortherncorp.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Private Non-Profit Corporation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

Rural Business Enterprise Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Great Northern Corporation Establishment of a NEW Microenterprise Assistance Revolving Loan Fund

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$99,000.00"/>
* b. Applicant	<input type="text" value="\$55,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$154,000.00"/>

CASH + LEVERAGE

* 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 in attachment.)

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

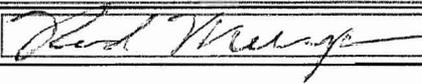
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

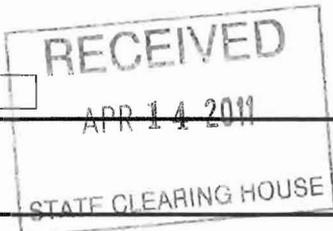
* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

Version 02

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



* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
---	--

5a. Federal Entity Identifier: KWTFradio	* 5b. Federal Award Identifier: <input type="text"/>
---	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. APPLICANT INFORMATION:

* a. Legal Name: Free Mind Media

* b. Employer/Taxpayer Identification Number (EIN/TIN): 84-1684360	* c. Organizational DUNS: 36-089-7610
---	--

d. Address:

* Street1: P.O. Box 5134
Street2: <input type="text"/>
* City: Santa Rosa
County: Sonoma
* State: CA
Province: <input type="text"/>
* Country: USA: United States
* Zip / Postal Code: 95402-5134

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
---------------------------------------	-------------------------------------

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

Prefix: <input type="text"/>	* First Name: Benjamin
Middle Name: J.	
* Last Name: Saari	
Suffix: <input type="text"/>	

Title: Director

Organizational Affiliation: Free Mind Media

* Telephone Number: (707) 758-0197	Fax Number: () - <input type="text"/>
------------------------------------	---------------------------------------

* Email: laidoff@sonic.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

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

Sonoma County, CA
Bodega Bay, Santa Rosa, and Occidental

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

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="72,651"/>
* b. Applicant	<input type="text" value="72,652"/>
* 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="145,303"/>

*** 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 thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 4-9-11	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Paradise Fire Protection District	Organizational Unit: Paradise Fire Protection District
Organizational DUNS: 827644373	Department: Paradise Fire Protection District
Address: Street: 5300 OLD Sherwin Grade	Division: Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Bishop	Prefix: First Name: RECEIVED
County: Mono	Middle Name: Last Name: APR 14 2011
State: CA	Suffix: Email: STATE CLEARING HOUSE
Zip Code: 93514	
Country: USA	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 711-1028005	Phone Number (give area code)	Fax Number (give area code)
---	-------------------------------	-----------------------------

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) G Other (specify)
--	--

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Volunteer Fire Station Expansion for first responders
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County	13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25 b. Project 25
---	---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 120,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4-9-11
b. Applicant \$ 100,000.00	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 \$ 220,000.00	

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

a. Authorized Representative		
Prefix	First Name Craig	Middle Name
Last Name Williams	Suffix	
b. Title Chief	c. Telephone Number (give area code) 760 387-2435	
d. Signature of Authorized Representative Craig Williams	e. Date Signed 4-9-11	

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier T-13-1, Am#2		
5. APPLICANT INFORMATION Legal Name: State of California		Organizational Unit: Department: Fish and Game		
Organizational DUNS: 808322358		Division: Grants Management Branch		
Address: Street: 1812 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Brian		
City: Sacramento		Middle Name		
County: Sacramento		Last Name: Salazar		
State: CA Zip Code: 95811		Suffix:		
Country: USA		Email: bsalazar@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 323-6201		Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" 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) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): State Wildlife Grants 15-634		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tricolored Blackbird - obtaining information necessary to enhance conservation of the species. Time extension only, Amendment #2		
13. PROPOSED PROJECT Start Date: 09/01/2007 Ending Date: 09/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project Statewide		
15. ESTIMATED FUNDING: a. Federal \$ 0.00 b. Applicant \$ c. State \$ 0.00 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/19/2011 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix Mr. First Name Blaine		Middle Name		
Last Name Nickens		Suffix		
b. Title Chief, Grants Management Branch		c. Telephone Number (give area code) (916) 445-9300		
d. Signature of Authorized Representative		e. Date Signed 4/14/2011		

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 APR 14 2011
 STATE CLEARING HOUSE

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**APPLICATION FOR SURPLUS FEDERAL REAL PROPERTY BENEFIT CONVEYANCE
AND BRAC PROGRAMS FOR EMERGENCY MANAGEMENT USE**

O.M.B No. 1660-0080
Expires August 31, 2013

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 4 hours per response. The burden estimate includes the time for reviewing instructions and searching existing data sources, gathering and maintaining the data needed and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington DC, 20472, Paperwork Reduction Project (1660-0080). **NOTE: Send completed form to Federal Emergency Management Agency, Support Services and Facilities Management Division, 500 C Street SW, Washington DC 20472.**

SECTION I - APPLICANT

1. APPLICANT'S NAME Department of Public Safety		2. ORGANIZATION City of Sunnyvale			
3. ADDRESS 700 All America Way	4. CITY Sunnyvale	5. COUNTY Santa Clara	6. STATE CA	7. ZIP CODE 94088	
8. CONGRESSIONAL DISTRICT(S) 14th		9. NAME OF PRINCIPAL POINT OF CONTACT James Bouziane, Deputy Chief Fire Services			
10. TELEPHONE AND FAX NUMBERS 408-242-3660 and 408-730-5713 (FAX)		11. E-MAIL ADDRESS jbouziane@ci.sunnyvale.ca.us			

RECEIVED
APR 15 2011
STATE CLEARING HOUSE

SECTION II - ACQUISITION AUTHORITY

1. Identify the State and local government agency that is authorized by law to enter into contracts with the Federal Government for the conveyance of real property. (Please provide a copy of the State enabling legislation and cite the actual paragraph or portion of the legislation that establishes that authority.)

City of Sunnyvale

2. If the above-authorized agency is not the applicant agency, provide written delegation from the authorized agency to procure the requested property.

N/A

3. Acquisition Authority: Name, title, address, telephone number, and e-mail address of official with legal authority to enter into contracts with the federal government - >		3a. NAME/TITLE Gary Luebbers, City Manager	3b. ADDRESS (Please include city, state, and zip code.) 456 W. Olive Ave., Sunnyvale CA 94088-3707
3c. TELEPHONE NUMBER (408) 730-7480	3d. FAX NUMBER (408) 730-7699	3e. E-MAIL ADDRESS gluebbers@ci.sunnyvale.ca.us	

SECTION III - PROPERTY INFORMATION

1. PROPERTY IDENTIFICATION* (Name, city, and state) Onizuka AFS, Sunnyvale, CA		2. GSA NUMBER (If applicable) OR BASE REALIGNMENT IDENTIFICATION NUMBER Onizuka AFB facility ID - WMSJ/Closure Recommendation #84	
3a. DATE APPLICANT NOTIFIED GSA OR LOCAL REDEVELOPMENT AUTHORITY (LRA) OF INTEREST (Please attach notice.) N/A - LRA (City of Sunnyvale is applicant)	3b. DATE APPLICANT NOTIFIED FEMA (Please attach notice.) N/A - LRA (City of Sunnyvale is applicant)	3c. DATE PROPERTY WILL BE AVAILABLE FOR CONVEYANCE Approximatley 9/2011	

4. DESCRIPTION OF PROPERTY (Attach separate sheet, as necessary.)

- a. Provide a legal description of the subject property and identify all buildings, structures, and current use. Attach metes and bounds survey with aerial photos. Mark property area to be conveyed.
- b. Identify the property's current zoning classification.
- c. Attach or itemize all inventories (personal property) to be conveyed as described in Notice of Availability.

*Attach copy of Determination of Surplus Announcement or BRAC announcement.

SECTION III - PROPERTY INFORMATION - continued

5. ASSIGNED FEDERAL GSA OR OEA PROPERTY SPECIALIST - >	5a. NAME Robert Hertzfeld	5b. REGIONAL OFFICE LOCATION Sacramento Regional Office
5c. TELEPHONE NUMBER (703) 901 - 7628	5d. FAX NUMBER (916) 557-7343	5e. E-MAIL ADDRESS robert.hertzfeld@wso.whs.mil

If you are seeking a determination for property under the Base Realignment and Closure (BRAC) program, please complete items #6 and #7.

6. BRAC ONLY: APPLICANT'S LOCAL REDEVELOPMENT AUTHORITY (Recognized LRA name, address, telephone & contact person; please attach copy of final LRA Plan)
Onizuka Air Force Station Local Redevelopment Authority, Hanson Horn, Director, Community Development Department, City of Sunnyvale, 456 West Olive Avenue, Sunnyvale, CA 94088

7. BRAC ONLY: DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) DETERMINATION (Please attach letter)

SECTION IV - PROJECT INFORMATION

1. PROJECT TITLE

City of Sunnyvale Fire Station #5 Land Acquisition.

2. PROPOSAL Provide a detailed description of the applicant's project and include the following information:

- a. Describe the applicant's mission, problems to be addressed, and how it will benefit from the proposed PBC.
- b. Describe the activities to be conducted (e.g., training), the population the PBC will serve, and the anticipated benefits to that population.
- c. Federal Emergency Management Response and Fire and Rescue Renovation: Describe the State, local or national authority standards or guidelines that will be met in designing, renovating, and operating an emergency management facility and the process and procedural requirements that must be met to assure compliance. Provide detailed description of design, type, and size of structure and interior floor plans.
- d. Provide a schedule for accomplishing renovation/construction and implementing activities after conveyance.

SECTION V - BUDGET

- a. Provide an estimate of the total funds needed to renovate, furnish, and/or remodel requested property or to construct on requested property and the projected cost to maintain it. (Include monthly upkeep, maintenance, utilities, landscaping, telephone, Internet, etc.)
- b. Give source of funds, process to obtain the funds, and projected date of availability of funds.
- c. Provide a timetable for acquiring funds and maintaining funding to sustain requested property.

SECTION VI - INTERGOVERNMENTAL REVIEW

- a. Applicable. Attach a copy of the cover letter addressed to the applicant's State Single Point of Contact (SPOC) for review.
- b. State Single Point of Contact. Attach response from SPOC to above notification.
- c. Not Applicable. Applicant's State does not require an Intergovernmental Review.

SECTION VII - ENVIRONMENTAL IMPACT

NATIONAL ENVIRONMENTAL POLICY ACT: Categorical Exclusion Checklist

All applicants for surplus property for corrections facility, emergency management, or law enforcement purposes or use must complete the attached checklist to comply with 41 U.S.C. 102-75.785(d) which states in part: "Any determination that DOJ or FEMA submits to the disposal agency must provide complete information concerning the correctional facility, law enforcement, or emergency management response use, including:... (d) The environmental impact of the proposed correctional facility, law enforcement, or emergency management response use." Complete attached National Environmental Policy Act Categorical Exclusion Checklist.

SECTION VIII - CERTIFICATIONS

1. Equal Employment Opportunity: Applicant agrees that for receiving federal surplus real property, it will not discriminate upon the basis of race, color, national origin, sex, age, disability, or religion in the use, occupancy, or lease of the property for the period during which the real property is used for the purpose under which the federal financial assistance is extended.
2. Perpetual Use: Applicant understands that the property transfer is pursuant to 40 U.S.C. 553, and agrees that the property will be used and maintained for Federal emergency management response purposes in perpetuity and that in the event the property ceases to be used or maintained for the purposes for which the property was conveyed, all or any portion of the property shall in its then existing condition at the option of the grantor, revert to the grantor.
3. Application Certification: I certify that to the best of my knowledge, the information provided in this application is true and correct and the application has been duly authorized by the governing body of the applicant.

CERTIFYING REPRESENTATIVE SIGNATURE 	DATE 4/12/11	PRINTED NAME James Bouziane	TITLE Deputy Chief, Fire Services
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**NATIONAL ENVIRONMENTAL POLICY ACT (NEPA)
CATEGORICAL EXCLUSION CHECKLIST**

PROPERTY
Onizuka Air Force Station

ADDRESS
1080 Innovation Way

CITY, STATE, AND ZIP CODE
Sunnyvale, CA 94088

STATEMENT	YES	NO	IF "YES" PROVIDE EXPLANATION -
A. Is the renovation/construction likely to be inconsistent with any applicable Federal, State, tribal, or local law, regulation, or standard designed to protect any aspect of the environment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B. Is the renovation/construction likely to have results that are inconsistent with locally desired or designated plans for the project area or its surrounding area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C. Is the renovation/construction likely to change the previous use of the building or property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The area is currently used as a parking lot and the proposed PBC would allow activities for training of personnel and the movement of equipment and apparatus such as fire engines, trucks, and Command vehicles. The proposed use is consistent with the land use classification and zoning for the site.
D. Will the renovation/construction adversely affect an important aspect of the natural environment such as a park, endangered species, or important wildlife habitat?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
E. Will the renovation/construction adversely affect a significant aspect of the socio-cultural environment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F. Is the renovation/construction likely to generate controversy on environmental grounds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
G. Is the renovation/construction likely to result in the use, storage, release and/or disposal of toxic, hazardous, or radioactive materials or in exposure of persons to such materials?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
H. Is the renovation/construction part of an ongoing pattern of renovation/constructions (whether under the control of the GSA or others) that are cumulative and likely to have adverse effects on the human environment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
I. Is the renovation/construction likely to either occur on a structure that is more than 50 years old or include ground disturbance of a previously undisturbed area? If yes, contact your State Historic Preservation Officer (SHPO) to initiate its review process.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attach "No Effect" Letter from SHPO
J. Is the renovation/construction likely to have some other adverse effect on public health and safety or on any other environmental media or resources that are not specifically identified above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
K. Is the renovation/construction either so highly controversial for environmental reasons or is likely to cause major adverse impacts that an environmental impact statement should be initiated rather than an environmental assessment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

SIGNATURE OF CERTIFYING OFFICIAL



DATE

4/22/17

TITLE
Senior Planner

AGENCY
City of Sunnyvale