

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1 - 15, 2012**. 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 - MANDATORY

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: 03/22/2012	
		3. Applicant Identifier: <input type="text"/>		STATE USE ONLY: 5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>					

RECEIVED
 APR 02 2012
 STATE CLEARING HOUSE

7. APPLICANT INFORMATION:

*** a. Legal Name:**
 Los Angeles County Metropolitan Transportation Authority

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**
 95-4401975

*** c. Organizational DUNS:**
 044055523

d. Address:

*** Street1:**
 One Gateway Plaza

Street2:

*** City:**
 Los Angeles

County:

*** State:**
 CA: California

Province:

*** Country:**
 USA: UNITED STATES

*** Zip / Postal Code:**
 90012

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: *** First Name:** Ashad **Middle Name:**

*** Last Name:** Hamideh **Suffix:** PhD

Title: Transportation Planning Manager

Organizational Affiliation:

*** Telephone Number:** 213-922-4299 **Fax Number:**

*** Email:** hamideha@metro.net

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

E: Regional Organization

*** Other (specify):****b. Additional Description:**

Transportation Planning Agency/Transit Operator

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:**12. CONGRESSIONAL DISTRICTS OF:***** a. Applicant:**

CA-031

b. Program/Project:

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

Congressional Districts.pdf

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:**a. Start Date:**

10/01/2012

b. End Date:

06/30/2015

14. ESTIMATED FUNDING:*** a. Federal (\$):**

50,000,000.00

b. Match (\$):

199,900,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?** a. This submission was made available to the State under the Executive Order 12372 Process for review on:

03/22/2012

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

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

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

(

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8

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: <input type="text" value="03/29/2012"/>		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>					

7. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Los Angeles County Metropolitan Transportation Authority"/>		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">APR 02 2012</div>
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-4401975"/>		
		* c. Organizational DUNS: <input type="text" value="044055523"/>

d. Address: Street1: <input type="text" value="One Gateway Plaza"/>		Street2: <input type="text"/>	
* City: <input type="text" value="Los Angeles"/>		County: <input type="text"/>	
* State: <input type="text" value="CA: California"/>		Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code: <input type="text" value="90012"/>	

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 submission:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Ashad"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Hamideh"/>		Suffix: <input type="text" value="PhD"/>
Title: <input type="text" value="Transportation Planning Manager"/>		

Organizational Affiliation: <input type="text"/>	
* Telephone Number: <input type="text" value="213-922-4299"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="hamideha@metro.net"/>	

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-031

b. Program/Project:

CA-028

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/30/2012

b. End Date:

12/21/2014

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

17,600,000.00

b. Match (\$):

4,400,000.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 03/29/2012

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

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

** I Agree

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Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: <input type="text" value="03/29/2012"/>	
		3. Applicant Identifier: <input type="text"/>		STATE USE ONLY: 5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>					

7. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Los Angeles County Metropolitan Transportation Authority"/>		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 0.8em; margin: 0;">APR 02 2012</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div>
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-4401975"/>	* c. Organizational DUNS: <input type="text" value="044055523"/>	

d. Address: * Street1: <input type="text" value="One Gateway Plaza"/>		Street2: <input type="text"/>
* City: <input type="text" value="Los Angeles"/>	County: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="90012"/>	

e. Organizational Unit: Department Name: <input type="text"/>		Division Name: <input type="text"/>
---	--	---

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Prefix: <input type="text"/>	* First Name: <input type="text" value="Ashad"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Hamideh"/>	Suffix: <input type="text" value="PhD"/>	
Title: <input type="text" value="Transportation Planning Manager"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="213-922-4299"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="hamideha@metro.net"/>		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-031

b. Program/Project:

CA-037

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

10/30/2012

b. End Date:

03/30/2014

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

2,000,000.00

b. Match (\$):

500,000.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 03/29/2012

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

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

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.



APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 3/22/12	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Program Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) STATE CLEARING HOUSE	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20-507		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Growing States - PM Rail, CA-90-Y969	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 7/1/12	Ending Date 6/30/13	a. Applicant Districts 26, 28, 32-35, 37, 28	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 3,734,647.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>3/22/12</u>	
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	\$ 933,662.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 4 668 309.00		

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 Typed Name of Authorized Representative GLADYS LOWE	b Title Director Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 	e. Date Signed 3-29-2012	



100

100

100

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OMB Number: 4040-0004
Expiration Date: 04/31/2012**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:			
RECEIVED					
APR 02 2012					
STATE CLEARING HOUSE					
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: City of Corona					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000697			*c. Organizational DUNS: 088513155		
d. Address:					
*Street 1: 400 S. Vicentia Avenue					
Street 2:					
*City: Corona					
County: Riverside					
*State: CA					
Province:					
Country: United States				*Zip/ Postal Code: 92882	
e. Organizational Unit:					
Department Name: Department of Water and Power			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: Pat			
Middle Name:					
*Last Name: Moeder					
Suffix:					
Title: Finance Manager					
Organizational Affiliation:					
City of Corona					
*Telephone Number: 951-250-2415					
Fax Number:					
*Email: pmoeder@ci.corona.ca.us					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U.S. Department of the Interior, Bureau of Reclamation, Lower Colorado Region

11. Catalog of Federal Domestic Assistance Number:

15.530

CFDA Title:

Water Conservation Field Services Program (WCFSP)

*12. Funding Opportunity Number: No. R12SF350001

*Title:

Southern California Area Office
Water Conservation Field Services Program (WCFSP)

13. Competition Identification Number: Not Applicable

Title:

14. Arcas Affected by Project (Citics, Counties, States, etc.):

City of Corona

*15. Descriptive Title of Applicant's Project:

City of Corona: Centralized Irrigation Controllers for Targeted District Schools

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: California's 44th

*a. Applicant: California's 44th

*b. Program/Project: California's 44th

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

17. Proposed Project:

*a. Start Date: October, 2012

*b. End Date: October, 2013

18. Estimated Funding (\$):

*a. Federal	\$50,000.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local	\$50,292.00	*g. TOTAL	\$100,292.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 4/2/12
- 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: Jonathan

Middle Name:

*Last Name: Daly

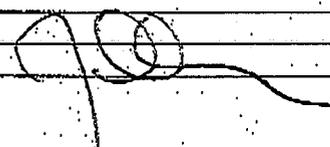
Suffix:

*Title: General Manager

*Telephone Number: 951-736-2477

Fax Number:

*Email: jonathand@ci.corona.ca.us

*Signature of Authorized Representative: 

Date Signed: 3/26/12

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): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	RECEIVED APR 02 2012
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	STATE CLEARING HOUSE
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Holtville		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000-721	* c. Organizational DUNS: 020607158	
d. Address:		
* Street 1: 121 West Fifth Street	Street 2: _____	
* City: Holtville	County: Imperial County	
* State: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92250	
e. Organizational Unit:		
Department Name: City of Holtville	Division Name: City of Holtville	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Justina	
Middle Name: _____	* Last Name: Arce	
Suffix: _____	Title: City Planner	
Organizational Affiliation: The Holt Group, Inc.		
* Telephone Number: (760) 337-3883	Fax Number: (760) 337-5997	
* Email: justina@theholtgroup.net		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

City

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

City of Holtville and immediate vicinity

* 16. Descriptive Title of Applicant's Project:

Please refer to Project Summary Description Attached.

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 51st District

* b. Program/Project 51st District

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

17. Proposed Project:

* a. Start Date: 3/27/2013

* b. End Date: 8/17/2014

18. Estimated Funding (\$):

* a. Federal \$6,230,050 (BECC; USDA)

* b. Applicant \$45,000

* c. State TBD

* d. Local 0

* e. Other N/A

* f. Program Income N/A

* g. TOTAL \$6,275,050.00

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

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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.) Applicant Federal Debt Delinquency 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: Alexander

Middle Name: P.

* Last Name: Meyerhoff

Suffix:

* Title: City Manager, AICP

* Telephone Number: (760) 356-4574

Fax Number: (760) 356-1863

* Email: ameyerhoff@hollville.ca.gov

* Signature of Authorized Representative:

Alexander Meyerhoff

* Date Signed:

11-16-11

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

- Other (Specify)

RECEIVED
APR 02 2012

* 3. Date Received:

3/28/12

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Arroyo Grande

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

95-6000668

* c. Organizational DUNS:

077252575

d. Address:

* Street 1:

300 East Branch Street

Street 2:

* City:

Arroyo Grande

County:

San Luis Obispo

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93420

e. Organizational Unit:

Department Name:

City Manager's Office

Division Name:

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

Prefix:

Mr.

* First Name:

Steven

Middle Name:

Duane

* Last Name:

Adams

Suffix:

Title:

City Manager

Organizational Affiliation:

* Telephone Number:

(805) 473-5400

Fax Number:

(805) 473-0386

* Email:

sadams@arroyogrande.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Municipal

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:

10-766

CFDA Title:

USDA Rural Development Community Facilities Direct Loan and Grant Program

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

City of Arroyo Grande

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

Arroyo Grande Police Station Construction and Fire Station Bond Refinancing

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="\$6,700,000.00"/>
* b. Applicant	<input type="text" value="\$1,600,000.00"/>
* 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="\$8,300,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

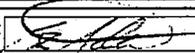
Authorized Representative:

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

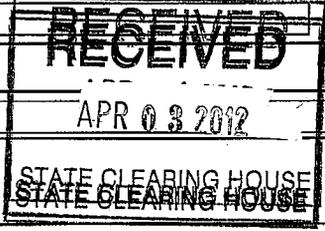
* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____		
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: San Diego Rock Church
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: John Heine		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 330888725		* c. Organizational DUNS: 6249525080000
d. Address:		
* Street1: 2277 Rosecrans St		
Street2: _____		
* City: San Diego		
County/Parish: San Diego		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 92106-000		
e. Organizational Unit:		
Department Name: San Diego Rock Church		Division Name: Safety and Security Div
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		* First Name: John
Middle Name: _____		
* Last Name: Heine		
Suffix: _____		
Title: Security Manager		
Organizational Affiliation: San Diego Rock Church		
* Telephone Number: 619-764-5255		Fax Number: 619-223-3863
* Email: john.heine@therocksandiego.org		



C

C

1997

1998

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:
[Empty text box]

Type of Applicant 3: Select Applicant Type:
[Empty text box]

* Other (specify):
[Empty text box]

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.008

CFDA Title:
Non-Profit Security Program

*** 12. Funding Opportunity Number:**

DHS-12-GPD-008-000-01

* Title:
Fiscal Year (FY) 2012 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

13. Competition Identification Number:

[Empty text box]

Title:
[Empty text box]

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

[Empty text box]

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

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

Rock Church 2012 Security Video Surveillance and Radio Communications Enhancement Project. Grant funds will purchase and install Video Surveillance equipment and portable radio communications.

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="75,000.00"/>
* 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="75,000.00"/>

*** 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

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 29, 2012	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		<input type="checkbox"/> Non-Construction	

5. APPLICANT INFORMATION		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>APR 03 2012</p> <p>STATE CLEARING HOUSE</p> </div>	Legal Name: City of Oroville	Organizational Unit: Department: Public Works
Organizational DUNS: 088123437			Division: Airports	Name and telephone number of person to be contacted on matters involving this application (give area code)
Address: Street: 1735 Montgomery Street			Prefix: Mr.	First Name: Kent
City: Oroville			Middle Name	
County: Butte			Last Name Westover	

State: California	Zip Code 95966	Suffix:	Email: westoverkr@cityoforoville.org
Country: USA		Phone Number (give area code) (530) 538-2498	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-8000387		Fax Number (give area code) 530-538-2428	

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.)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
Other (specify)		8. NAME OF FEDERAL AGENCY: Federal Aviation Administration	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oroville Municipal Airport, Oroville, Butte County, California Environmental Assessment - Drainage Improvements	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oroville, Butte County, California		13. PROPOSED PROJECT Start Date: 2012 Ending Date: 2012	

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st b. Project 1st		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 30, 2012 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	
--	--	---	--

16. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 68,500		
b. Applicant	\$ 5,038		
c. State	\$ 1,462		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL \$ 85,000			

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

a. Authorized Representative		
Prefix Mr.	First Name Richard	Middle Name H.
Last Name Walls		Suffix
b. Title Airport Manager		c. Telephone Number (give area code) (530) 538-2507
d. Signature of Authorized Representative <i>R Walls</i>		e. Date Signed 4/3/12

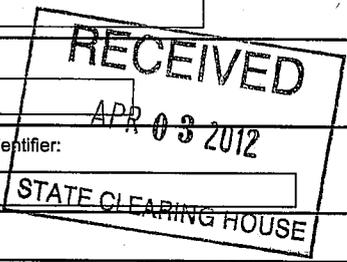
APPLICATION FOR FEDERAL ASSISTANCE

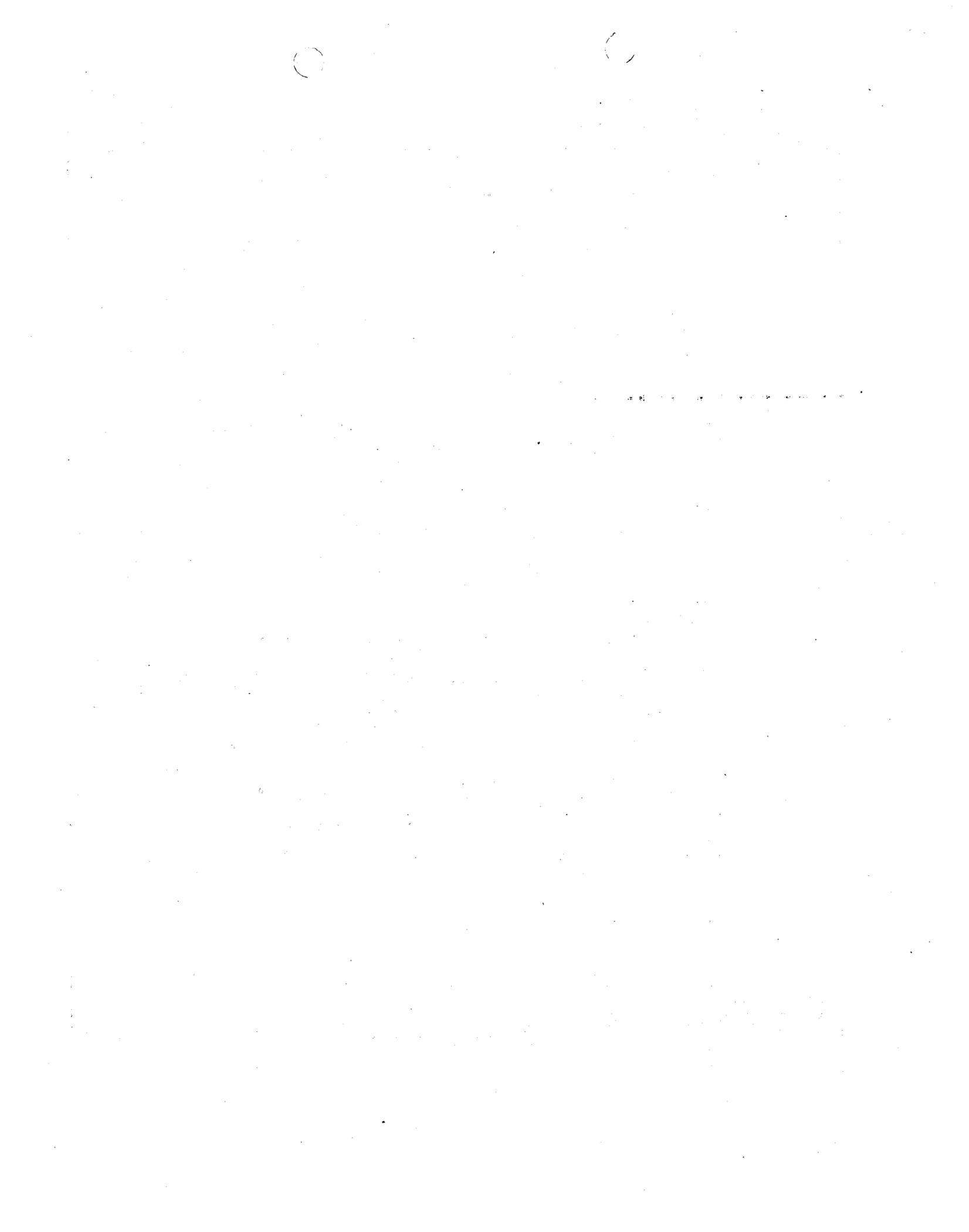
Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 29, 2012	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: City of Oroville		Organizational Unit: Department: Public Works	
Organizational DUNS: 088123437		Division: Airport	
Address: Street: 1735 Montgomery Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Oroville		Prefix: Mr.	First Name: Kent
County: Butte		Middle Name	
State: California		Last Name Westover	
Zip Code: 95965	Suffix:		
Country: USA		Email: westoverkr@cityoforoville.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4]-[8][0][0][3][8][7]			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oroville Municipal Airport, Oroville, Butte County, California Install Supplemental Wind Cone Near RAW 2, 20 & 31 Thresholds Install REIL on Runway 20	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oroville, Butte County, California		8. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
13. PROPOSED PROJECT Start Date: 2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st b. Project 1st	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 168,500 ⁰⁰	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 30, 2012	
b. Applicant	\$ 14,398 ⁰⁰	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 4,162 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 185,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Richard	Middle Name H.	
Last Name Walls		Suffix	
b. Title Airport Manager		c. Telephone Number (give area code) (530) 538-2507	
d. Signature of Authorized Representative <i>R Walls</i>		e. Date Signed 4/3/12	

RECEIVED
 APR 03 2012
 STATE CLEARING HOUSE

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): _____ * 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: Alliance for Workforce Development, Inc.			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0100999		* c. Organizational DUNS: 876235300	
d. Address:			
* Street 1:	P.O. Box 3750		
Street 2:	_____		
* City:	Quincy		
County:	Plumas		
* State:	California		
Province:	_____		
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	95971		
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: Traci		
Middle Name:	_____		
* Last Name:	Holt		
Suffix:	_____		
Title:	Executive Director		
Organizational Affiliation: _____			
* Telephone Number: (530) 283-1606	Fax Number: (530) 283-1199		
* Email: tholt@cen.org			





Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

M. Nonprofit with 501c3 status (other than education)

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:

10.783

CFDA Title:

Rural Business Enterprise Grant

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

10.769

Title:

Rural Business Enterprise Grant

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

The project will serve businesses in the remote rural areas of Northern California, including, Lassen, Modoc, Plumas and Sierra Counties. Communities within the counties are small with most of the communities ranging from 1,000 to less than 5,000 in population.

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

Growing Rural Businesses. Providing very direct, hands-on, business mentoring services along with technical assistance. The service will add capacity and expert to help the company with a growth path.

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="\$75,000.00"/>
* b Applicant	<input type="text" value="\$15,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="\$25,000.00"/>
* f Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$115,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

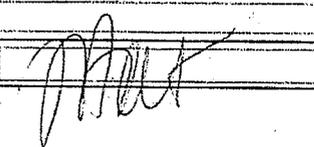
Authorized Representative:

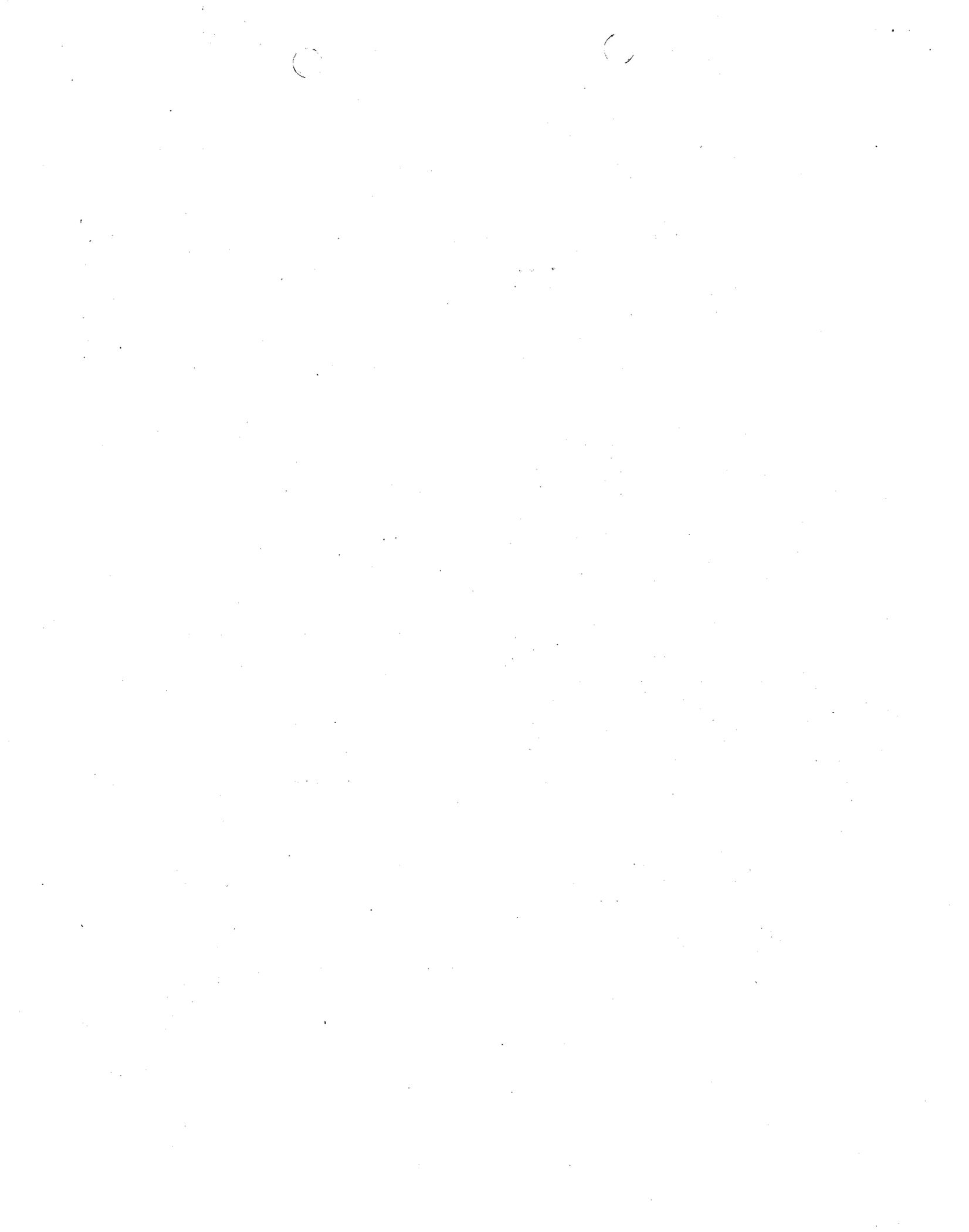
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number Fax Number

* Email:

* Signature of Authorized Representative:  * Date Signed



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input 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

5. APPLICANT INFORMATION

Legal Name: Torres-Martinez Desert Cahuilla Indians	Organizational Unit: Department:
Organizational DUNS: 61716820	Division:
Address: Street: 66725 Martinez Road	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Columba
City: Thermal	
County: Riverside	Last Name Quintero
State: California	Suffix:
Country: USA	Email: cqintero@tmdci-nsn.gov

RECEIVED
 APR 04 2012
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 95-3772517

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

9. NAME OF FEDERAL AGENCY:
 USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-770

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Torres-Martinez Avenue 64 Subdivision Connection to Coachella Valley Water District Community Water System

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Torres-Martinez Indian Tribe, Riverside County, State of California

13. PROPOSED PROJECT

Start Date: TBD	Ending Date: Three Years from Start
--------------------	--

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 45 b. Project: 45

15. ESTIMATED FUNDING:

a. Federal	\$	1,650,000 ⁰⁰
b. Applicant	\$	0 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	0 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	1,650,000 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:
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix	First Name Mary	Middle Name L.
Last Name Resvaloso	Suffix	
b. Title Tribal Chairwoman	c. Telephone Number (give area code) (760) 397-0300, ext. 1205	
d. Signature of Authorized Representative <i>Mary Resvaloso</i>	e. Date Signed 3/26/12	

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application

Recipient ID:	1640
Recipient Name:	GARDENA, CITY OF
Project ID:	CA-95-X204-00
Budget Number:	1 - Budget Pending Approval
Project Information:	LACRD 1-110 HOT Lane Op. Asst.

Part 1: Recipient Information

Project Number:	CA-95-X204-00
Recipient ID:	1640
Recipient Name:	GARDENA, CITY OF
Address:	13999 South Western Avenue , GARDENA, CA 90249 4100
Telephone:	(310) 965-8888
Facsimile:	(310) 538-1989

Union Information

Recipient ID:	1640
Union Name:	GARDENA MUNICIPAL EMPLOYEE ASSOCIATION
Address 1:	100 Oceangate, Suite 1200
Address 2:	
City:	Long Beach, CA 90802 0000
Contact Name:	Fred Quiel
Telephone:	(562) 628-5551
Facsimile:	(760) 631-7780
E-mail:	fgq@mindspring.com
Website:	



Recipient ID:	1640
Union Name:	AFSCME, LOCAL 1117
Address 1:	1618 Gramercy Avenue
Address 2:	

City:	Torrance, CA 90501
Contact Name:	Jeanie Moorman
Telephone:	(131) 094-4911
Facsimile:	(310) 328-5541
E-mail:	jeaniemoorman@yahoo.com
Website:	

Recipient ID:	1640
Union Name:	AMALGAMATED TRANSIT UNION (ATU)
Address 1:	5025 Wisconsin Avenue, N.W.
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	lw@atu.org
Website:	

Recipient ID:	1640
Union Name:	ATU LOCAL #1277
Address 1:	3200 Wilshire Blvd., Suite #11
Address 2:	
City:	Los Angeles, CA 90010 1315
Contact Name:	Neil Silver
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350
E-mail:	nsilver@atulocal1277.com
Website:	

Recipient ID:	1640
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue, NW
Address 2:	
City:	Washington, DC 20001
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110
E-mail:	feedback@teamsters.org
Website:	

Recipient ID:	1640
Union Name:	TEAMSTERS
Address 1:	3202 East Willow Street
Address 2:	
City:	Long Beach, CA 90806
Contact Name:	Office Administrator
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	mjaklevick@teamsters911.com
Website:	

Recipient ID:	1640
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	15999 Cypress Avenue
Address 2:	
City:	Irwindale, CA 91706
Contact Name:	James Williams
Telephone:	(162) 696-2998
Facsimile:	(213) 962-8079
E-mail:	utujaw@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	GMEO-GARDENA MGMT. EMPLOYEE ORGANIZATION
Address 1:	Howard Hugh Center Drive
Address 2:	6701 Center Drive West
City:	Los Angeles, CA 90045
Contact Name:	Vicky Barker
Telephone:	(310) 337-1222
Facsimile:	(310) 337-9494
E-mail:	vbarker@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	AFSCME-AMERICAN FEDERATION STATE, COUNTY & MUNICIPAL EMPLOYEE
Address 1:	234 Loma Drive
Address 2:	
City:	Los Angeles, CA 90026
Contact Name:	Cheryl Parisi
Telephone:	(121) 338-9914

Facsimile:	(213) 484-9629
E-mail:	cparisi@afscme.org
Website:	www.afscme.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 Lynrose Drive
Address 2:	
City:	Anaheim, CA 92804
Contact Name:	Raymond Huffer
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	rhuffer@tcunion.org
Website:	www.tcunion.org

Recipient ID:	1640
Union Name:	TRANSPORTATION COMMUNICATION INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850
Contact Name:	Chris Tully
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369
E-mail:	ctully@tcunion.org
Website:	www.tcunion.org

Recipient ID:	1640
Union Name:	UTU - UNITED TRANSPORTATION UNION
Address 1:	Bus Department
Address 2:	14600 Detroit Avenue
City:	Cleveland, OH 44107 4250
Contact Name:	Roy Arnold
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755
E-mail:	bus@utu.org
Website:	

Recipient ID:	1640
Union Name:	AFSCME-AMERICAN FEDERATION STATE, COUNTY & MUNICIPAL EMPLOYEE
Address 1:	1625 L. Street, NW
Address 2:	

Address 2:	
City:	Washington, DC 20036 5687
Contact Name:	Kerri Korpi
Telephone:	(202) 429-1000
Facsimile:	(202) 429-1293
E-mail:	kkorpi@afscme.org
Website:	www.afscme.org

Recipient ID:	1640
Union Name:	SEIU-SERVICE EMPLOYEE'S INT. UNION
Address 1:	1313 L. Street, NW
Address 2:	
City:	Washington, DC 02005 4101
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3491
E-mail:	sterna@seiu.org
Website:	info.seiu.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	1625 Massachusetts Avenue, NW
Address 2:	
City:	Washington, DC 20036
Contact Name:	Carmen Parcelli, ESq (GE&C)
Telephone:	(301) 938-4910
Facsimile:	(202) 624-7420
E-mail:	cparcelli@tcunion.org
Website:	tcunion.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	3 Rearch Place
Address 2:	
City:	Rockville, MD 20850
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369
E-mail:	rscardelletti@tcunion.org
Website:	www.tcunion.org

Recipient ID:	1640
Union Name:	UTU - UNITED TRANSPORTATION UNION
Address 1:	c/o Carmen Parcelli, Esq (GE&C
Address 2:	1625 Massachusetts Aneuen, NW
City:	Washinton, DC 20036 2243
Contact Name:	Robert Clayman, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$600,000
Project Number:	CA-95-X204-00	Adjustment Amt:	\$0
Project Description:	LACRD 1-110 HOT Lane Op. Asst.	Total Eligible Cost:	\$600,000
Recipient Type:	City	Total FTA Amt:	\$600,000
FTA Project Mgr:	Jonathan Klein (213) 202-3957	Total State Amt:	\$0
Recipient Contact:	Joseph Loh (310) 965-8808	Total Local Amt:	\$0
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307-3	S.C. Tgt. Date:	None Specified
State Appl. ID:	06	S.C. Eff. Date:	None Specified
Start/End Date:	Oct. 01, 2011 - Dec. 31, 2013	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	May. 12, 2011		
Program Page:	22		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

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

Congressional Districts

State ID	District Code	District Official
6	35	Maxine Waters
6	36	Jane Harman
6	37	Laura Richardson

Project Details

TIP #LA0G147; Amendment #11-06

PROJECT DETAILS

The City of Gardena Municipal Bus Lines (GMBL) hereby submits grant application CA-95-X204 requesting \$600,000 in Congestion Mitigation & Air Quality (CMAQ) funds. Funds will be used for operating assistance for the Los Angeles County Congestion Reduction Demonstration (LA CRD) project I-110 high occupancy toll (HOT) lanes. This project is coordinated by the Los Angeles County Metropolitan Transportation Authority (LACMTA).

Total proposed grant funding:

FY2011 Section 5307 (CMAQ) = \$ 600,000

Congestion Reduction Demonstration Program allocation

The City of Gardena Municipal Bus Lines (GMBL) serves residents in the South Bay subregion of Los Angeles County with service centering on the City of Gardena. GMBL also serves the cities of Hawthorne, Lawndale, Compton, Torrance, Lomita, Carson, Redondo Beach, the Los Angeles strip area, and downtown Los Angeles.

The service provider that would carry out the projects is the City of Gardena Municipal Bus Lines (GMBL) as the provider of fixed route services. Paratransit service is contracted by GMBL and provided by First Transit, Inc. The fixed route service operates seven days per week on four primary fixed routes and fourteen commuter routes. Operation of daily bus service spans from 5:00 am to 8:00 pm. Service frequencies vary from fifteen minutes during the weekday peak hours to hourly headways on weekends. On weekdays, most buses operate on frequencies of 30 minutes or less. Service hours for Gardena paratransit service for seniors and the disabled are from approximately 8:30 am to 5:00 pm seven days per week.

Other transit providers also providing service in GMBL service area are Los Angeles Metro-Bus and Rail service, Torrance Transit, the Carson Circuit, and the City of Los Angeles Department of Transportation Commuter Express.

The City of Gardena Municipal Bus Lines currently does not have any service funded by Job Access, Reverse Commute (JARC) grants.

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 FY2011 Transportation Improvement Program approved by the FTA and FHWA on May 12, 2011.

The required FTA FY2012 Certifications and Assurances have been electronically filed in TEAM on December 06, 2011.

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

The labor organizations that represent employees of the City of Gardena and other providers in the service area are listed in TEAM-web under "Recipient".

All DOL checklist items have been addressed within this application.

Earmarks

No information found.

Security

No – We will not expend at least 1% of the 5307 funds in this grant application for security purposes.

3. Other, please describe below.

Part 3: Budget

Project Budget

	<u>Quantity</u>	<u>FTA Amount</u>	<u>Tot. Elig. Cost</u>
<u>SCOPE</u>			
300-00 OPERATING ASSISTANCE	0	\$600,000.00	\$600,000.00
<u>ACTIVITY</u>			
30.80.01 OPERATING ASSISTANCE - CMAQ - #LA0G147	0	\$600,000.00	\$600,000.00
Estimated Total Eligible Cost:			\$600,000.00
Federal Share:			\$600,000.00
Local Share:			\$0.00

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

Extended Budget Descriptions

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30.80.01	OPERATING ASSISTANCE -CMAQ - #LA0G147	0	\$600,000.00	\$600,000.00
2011 TIP #LA0G147; Amendment #6; approved May 12, 2011.				
This a CMAQ transfer funds to Section 5307 of \$600,000 for operating assistance for the LA CRD I-110 HOT Lanes project.				
This project is coordinated by LACMTA as part of the LA County CRD program. Other transit agencies participating in the project include LACMTA, Torrance Transit, Foothill Transit and LADOT.				

Changes since the Prior Budget

No information found.

Part 4. Milestones

30.80.01 OPERATING ASSISTANCE -CMAQ - #LA0G147 0 \$600,000 \$600,000

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	Begin Operating Assistance	Oct. 01, 2011
2.	End Operating Assistance	Dec. 31, 2013

Part 5. Environmental Findings

PRJBUD Project Budget 0 \$600,000 \$600,000

Finding No. 1 - Class II(c)

C16 - Program Admin. & Operating Assistance

Program administration, technical assistance activities, and operating assistance to transit authorities to continue existing service or increase service to meet routine changes in demand.

Part 6: Fleet Status

Fixed Route

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	43	0	43
	B. Spares	9	0	9
	C. Total (A+B)	52	0	52

	D. Spare Ratio (B/A)	20.93%	0.00%	20.93%
II.	Inactive Fleet			
	A. Other	18	0	18
	B. Pending Disposal	5	0	5
	C. Total (A+B)	23	0	23
III.	Total (I.C and II.C)	75	0	75

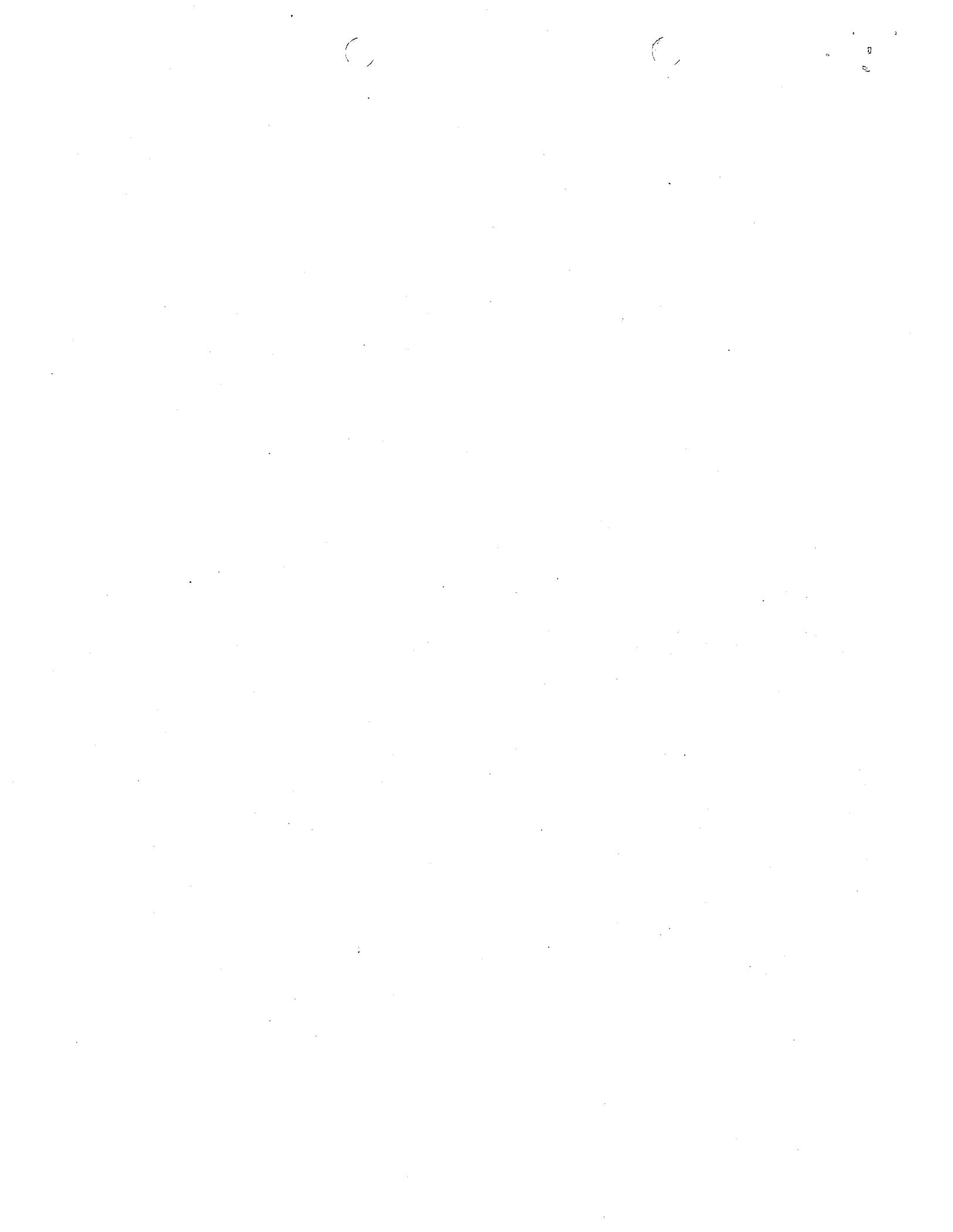
Paratransit

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	7	0	7
	B. Spares	1	0	1
	C. Total (A+B)	8	0	8
	D. Spare Ratio (B/A)	14.29%	0.00%	14.29%
II.	Inactive Fleet			
	A. Other	1	0	1
	B. Pending Disposal	1	0	1
	C. Total (A+B)	2	0	2
III.	Total (I.C and II.C)	10	0	10

Part 7. FTA CommentsNo information found.**Part 8: Results of Reviews**

The reviewer did not find any errors

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): _____ * 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: Napa Berryessa Resort Improvement District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 37-1546892		* c. Organizational DUNS: 07-840-4401	
d. Address:			
* Street 1: 1195 Third Street, Suite 201		<div style="border: 2px solid black; padding: 5px; text-align: center;">RECEIVED APR 04 2012 STATE CLEARING HOUSE</div>	
Street 2: _____			
* City: Napa			
County: Napa County			
* State: CA			
Province: _____			
* Country: USA: UNITED STATES			
* Zip / Postal Code: 94559			
e. Organizational Unit:			
Department Name: Not Applicable		Division Name: Not Applicable	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: _____		* First Name: Kevin	
Middle Name: _____			
* Last Name: Berryhill			
Suffix: _____			
Title: Engineering Manager - Water Resources			
Organizational Affiliation: County of Napa, Department of Public Works			
* Telephone Number: (707) 299-1755		Fax Number: (707) 299-4498	
* Email: kevin.berryhill@countyofnapa.org			



Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1 - Select Applicant Type:
Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**
NGMS Agency U.S. Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:
10.760

CFDA Title:
Water and Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**
MBL-SF424 FAMILY-ALL FORMS

* Title:
MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Service area of the Napa Berryessa Resort Improvement District, Napa County, CA.

*** 15. Descriptive Title of Applicant's Project:**
Sewer Improvement Projects

Attach supporting documents as specified in agency instructions.

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



Application for Federal Assistance SF-424 Version 02

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$7,459,000"/>
* 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="\$7,459,000"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)
 Yes No

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

Authorized Representative:

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

* Title:
* Telephone Number: Fax Number:
* Email:
* Signature of Authorized Representative: * Date Signed:



Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

Other (Specify)

RECEIVED

APR 05 2012

* 3. Date Received:

[Empty field]

4. Applicant Identifier:

[Empty field]

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Mendota

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

94-6000369

* c. Organizational DUNS:

036785228

d. Address:

* Street 1:

643 Quince Street

Street 2:

[Empty field]

* City:

Mendota

County:

Fresno

* State:

California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93640

e. Organizational Unit:

Department Name:

Police Department

Division Name:

N/A

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

Prefix:

[Empty field]

* First Name:

Bryce

Middle Name:

[Empty field]

* Last Name:

Atkins

Suffix:

[Empty field]

Title:

Director of Support Operations

Organizational Affiliation:

[Empty field]

* Telephone Number:

(559) 655-3291

Fax Number:

(559) 655-4064

* Email:

batkins@ci.mendota.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Municipality

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

*** Other (specify):**

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

NGMS Agency United States Department of Agriculture - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Grant

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

*** Title:**

MBL-SF424 FAMILY-ALL FORMS

13. Competition Identification Number:

Title:

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

The areas affected by this project include the City of Mendota, and occasionally a small section of Fresno County immediately surrounding the City.

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

2012 Police Department Equipment Procurement

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="\$33,000.00"/>
* b. Applicant	<input type="text" value="\$27,000.00"/>
* 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="\$60,000.00"/>

* 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:

Authorized for Local Reproduction

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 CA Department of Food and Agriculture																					
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE 	State Application Identifier 11-0386-FR	4. DATE RECEIVED BY FEDERAL AGENCY 																					
5. APPLICANT INFORMATION Legal Name: State of California		Organizational Unit: Department: Food and Agriculture Division: Plant Health & Pest Prevention Services																						
Organizational DUNS: 807487665		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: _____ First Name: Rogor Middle Name: _____ Last Name: Spencer Suffix: _____																						
Address: Street: 1220 N Street		Email: roger.spencer@cdfa.ca.gov																						
City: Sacramento	State: CA	Zip Code: 95814	Phone Number (give area code): 916-900-5252																					
County: Sacramento	Country: USA	Fax Number (give area code): 916-900-5350	6. EMPLOYER IDENTIFICATION NUMBER (EIN): [6][8]-[0][3][2][5][1][0][4]																					
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) [A]		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): Plant and Animal Disease, Pest Control and Animal Care		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pierce's Disease Control Program/Glassy-winged Sharpshooter																						
13. PROPOSED PROJECT Start Date: 10/1/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California b. Project: 3WSS																						
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>13,000,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>13,000,000</td> </tr> </table>		a. Federal	\$	13,000,000	b. Applicant	\$	00	c. State	\$	00	d. Local	\$	00	e. Other	\$	00	f. Program Income	\$	00	g. TOTAL	\$	13,000,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	13,000,000																						
b. Applicant	\$	00																						
c. State	\$	00																						
d. Local	\$	00																						
e. Other	\$	00																						
f. Program Income	\$	00																						
g. TOTAL	\$	13,000,000																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: _____ First Name: Kathy Middle Name: _____ Last Name: Alameda Suffix: _____ Title: Federal Funds Manager c. Telephone Number (give area code): 916-403-6525 Signature of Authorized Representative: _____ e. Date Signed: _____		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						

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Memorandum

To: Sheila Brown, Grants Coordinator
State Clearinghouse
Governor's Office of Planning and Research

Date: April 6, 2012

Place: Sacramento

Phone: (916) 900-5024

From: **Department of Food and Agriculture** Myrna Villegas, AGPA
Pierce's Disease Control Program

Subject: Form 424 – Application for Federal Assistance

Please find attached Form 424, Application for Federal Assistance, required to be submitted for SPOC clearance.

Form 424, Application for Federal Assistance, Federal Identifier 12-8506-0484-CA,
received on _____ from Pierce's Disease Control Program.



916 960-5350 fax#



MODE = MEMORY TRANSMISSION

START=APR-06 11:30

END=APR-06 11:31

FILE NO.=130

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	A	99005350	003/003	00:00:36

-STATE CLEARINGHOUSE -

***** UF-8000 ***** -916 323 3018 - *****

The information contained in this facsimile message is intended for the personal and confidential use of the designated recipient named above. This message may be an attorney-client communication or confidential by statute, and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify the sender or this office immediately and return the original message to us by mail.

PLEASE TAKE NOTICE

Thank you.

Please do not hesitate to contact me if you have any questions.

The cover memo includes an acknowledgment of receipt. If you would be so kind as to stamp it received and return it to me by fax at 916-900-5350.

Attached is a Form 424 for a federal award under Cooperative Agreement #12-8506-0484-CA.

Hi Sheila,

COMMENTS:

Forwarded Per Request Information Only Comment

Myrna Villagas,
Phone: 916-900-5024
Fax: 916-900-5350

(including this cover sheet.)

Fax #: 916-323-3018 Pages: 3

Date: April 5, 2012

Pierce's Disease Control Program
2800 Gateway Oaks, Suite 200
Sacramento, CA 95833
Mailing Address: 1220 N Street, Sacramento, CA 95814
Phone (916) 900-5024
FAX (916) 900-5350

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
FACSIMILE

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 * 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 CLEARING HOUSE
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Plumas Rural Services		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2722880		*c. Organizational DUNS: 1986795320000
d. Address:		
*Street 1: <u>586 Jackson Street</u>		
Street 2: _____		
*City: <u>Quincy</u>		
County: <u>Plumas</u>		
*State: <u>California</u>		
Province: _____		
*Country: <u>United States of America</u>		
*Zip / Postal Code: <u>95971</u>		
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: <u>Sarah</u>
Middle Name: _____		
*Last Name: <u>Richards</u>		
Suffix: _____		
Title: <u>Program Resource Developer</u>		
Organizational Affiliation:		
*Telephone Number: 850-469-7488		Fax Number: 530-283-3647
*Email: <u>srichards@plumasruralservices.org</u>		

RECEIVED

APR 06 2012



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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-04	*b. Program/Project: CA-04	
17. Proposed Project:		
*a. Start Date: 07/07/2012	*b. End Date: 02/22/2013	
18. Estimated Funding (\$):		
*a. Federal	60,000.00	<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="font-size: 1.2em; margin: 0;">APR 06 2012</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>
*b. Applicant	3,365.07	
*c. State		
*d. Local		
*e. Other		
*f. Program Income	1,800.00 (e)	
*g. TOTAL	65,165.07	
*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>04/06/2012</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		
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)</p> <input checked="" type="checkbox"/> ** I AGREE		
<p>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions</p>		
Authorized Representative:		
Prefix: _____	*First Name: <u>Michele</u>	
Middle Name: <u>Lynn</u>		
*Last Name: <u>Piller</u>		
Suffix: _____		
*Title: Executive Director		
*Telephone Number: 530-283-2735		Fax Number: 530-283-3647
* Email: mpiller@plumasruralservices.org		
*Signature of Authorized Representative: 		*Date Signed: 4/9/2012

Authorized for Local Reproduction

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



OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: United States Department of Agriculture</p>	
<p>11. Catalog of Federal Domestic Assistance Number: 10,769</p> <p>CFDA Title: Rural Business Enterprise Grants</p>	
<p>*12 Funding Opportunity Number: RDBCP-09-RBEG</p> <p>*Title: Rural Business Enterprise Grants</p>	
<p>13. Competition Identification Number:</p> <p>Title:</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): Sierra County (CA)</p>	
<p>*15. Descriptive Title of Applicant's Project: Northern Sierra Business Development</p>	



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): _____ * Other (Specify) _____
--	--	---

* 3. Date Received: 04/06/2012	4. Applicant Identifier: _____	RECEIVED APR 06 2012 STATE CLEARING HOUSE
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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 Invasive Plant Council	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 680289333	* c. Organizational DUNS: 14608330300

d. Address:

* Street1:	1442-A Walnut St., #462
Street2:	_____
* City:	Berkeley
County:	_____
* State:	CA
Province:	_____
* Country:	USA
* Zip / Postal Code:	94709

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: Doug
Middle Name: _____	
* Last Name: Johnson	
Suffix: _____	
Title: Executive Director	
Organizational Affiliation: _____	
* Telephone Number: (510) 843-3902	Fax Number: (510) 217-3500
* Email: dwjohnson@cal-ipc.org	



Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:****Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:***** Other (specify):***** 10. Name of Federal Agency:****11. Catalog of Federal Domestic Assistance Number:****CFDA Title:***** 12. Funding Opportunity Number:***** Title:****13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):***** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.



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="195,610.00"/>
* b. Applicant	<input type="text" value="87,514.00"/>
* c. State	<input type="text" value="60,000.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="50,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="393,124.00"/>

*** 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 checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 6, 2012	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 06 2012 STATE CLEARING HOUSE </div>
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION			
Legal Name: City of Watsonville		Organizational Unit: Department: Airports Division:	
Organizational DUNS: 030414994		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Rayvon Middle Name: Last Name: Williams Suffix:	
Address: Street: 100 Aviation Way		Middle Name: Last Name: Williams Suffix:	
City: Watsonville		Email: rwilliams@ci.watsonville.ca.us	
County: Santa Cruz		Phone Number (give area code): (831) 768-3575	
State: California		Fax Number (give area code): (831) 763-4058	
Zip Code: 95076		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000451	
Country: USA		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watsonville Municipal Airport, Watsonville, Santa Cruz County, CA Reconstruct T/W C (35' x 1,350') and G.A. Apron Phase 1 (5,850 sy)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville, California		13. PROPOSED PROJECT Start Date: 2012 Ending Date: 2012	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17 b. Project 17		15. ESTIMATED FUNDING:	
a. Federal \$ 873,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant \$ 97,000.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 11, 2012	
c. State \$ 0.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372. <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other \$.00		<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income \$.00		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.	
g. TOTAL \$ 970,000.00		a. Authorized Representative	
Prefix: Mr. First Name: Rayvon Middle Name:		Last Name: Williams Suffix:	
b. Title: Airport Manager		c. Telephone Number (give area code): (831) 768-3575	
d. Signature of Authorized Representative: <i>Rayvon Williams</i>		e. Date Signed: 6 April 2012	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION:	
Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)		Application <input checked="" type="checkbox"/> Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:	
02/07/12			
2b. APPLICATION ID:	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER:	
12SR137386	02/07/12	12SRPCA010	
5. APPLICATION INFORMATION			
LEGAL NAME: Area I Agency on Aging DUNS NUMBER: 879944353		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Todd Metcalf TELEPHONE NUMBER: (707) 442-3711 215 FAX NUMBER: INTERNET E-MAIL ADDRESS: tmetcalf@a1aa.org	
ADDRESS (give street address, city, state, zip code and county): 434 7th St. Eureka CA 95501 - 1803 County: Humboldt			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942673039		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Area Agency on Aging Volunteer Management Organization	
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input checked="" type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):			
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:94.002 10b. TITLE: Retired and Senior Volunteer Program		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Humboldt-Del Norte RSVP	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Humboldt and Del Norte Counties, California		11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT: START DATE: 04/01/12 END DATE: 03/31/15		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="checkbox"/> CA 001 b.Program <input type="checkbox"/> CA 001	
15. ESTIMATED FUNDING: Year #: <input type="text" value="1"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 15-APR-12 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
a. FEDERAL	\$ 90,122.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
b. APPLICANT	\$ 70,520.00		
c. STATE	\$ 0.00		
d. LOCAL	\$ 67,520.00		
e. OTHER	\$ 0.00		
f. PROGRAM INCOME	\$ 0.00		
g. TOTAL	\$ 160,642.00		
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. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Elaine David		b. TITLE: Director of Finance	c. TELEPHONE NUMBER: (707) 442-3763 204
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 02/07/12	

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

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

3. DATE RECEIVED BY STATE	State Application Identifier

1. * TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier GRANT 1105193

b. Agency Routing Identifier

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION * Organizational DUNS: 02616994

* Legal Name: Origen Therapeutics

Department: Division:

* Street1: 5885 Hollis Street

Street2: Suite 370

* City: Emeryville County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 9408-2405



Person to be contacted on matters involving this application

Prefix: Dr. * First Name: Pamela Middle Name: R

* Last Name: Contag Suffix:

* Phone Number: 510.406.1169 Fax Number:

Email: prcontag@aol.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 75-2711143

7. * TYPE OF APPLICANT: R: Small Business

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: If Revision, mark appropriate box(es).

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

Renewal Continuation Revision E. Other (specify):

* Is this application being submitted to other agencies? Yes No What other Agencies? :

9. * NAME OF FEDERAL AGENCY: National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Therapeutic Human Polyclonal Antibodies from Chickens

12. PROPOSED PROJECT: * **13. CONGRESSIONAL DISTRICT OF APPLICANT**

* Start Date * Ending Date

10/01/2012 03/31/2013 09

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Pamela Middle Name: R

* Last Name: Contag Suffix:

Position/Title:

* Organization Name: Origen Therapeutics

Department: Division:

* Street1: 5885 Hollis Street

Street2: Suite 370

* City: Emeryville County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 9408-2405

* Phone Number: 510.406.1169 Fax Number:

* Email: prcontag@aol.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text" value="150,000.00"/>	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW C I:
b. Total Non-Federal Funds	<input type="text" value="0.00"/>		
c. Total Federal & Non-Federal Funds	<input type="text" value="150,000.00"/>	DATE:	<input type="text" value="04/06/2012"/>
d. Estimated Program Income	<input type="text" value="0.00"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

18. SFLLL or other Explanatory Documentation

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

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative Date Signed

20. Pre-application [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE 3/21/2012	State Application Identifier 11-0293-FR
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-1164-CA
	<input checked="" type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Suite 341	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.
City: Sacramento	First Name: Duane
County: Sacramento	Middle Name
State: CA	Last Name Schnabel
Zip Code 95814	Suffix:
Country: USA	Email: dschnabel@cdfa.ca.gov

RECEIVED

 APR 06 2012

 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 68-0325104

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

9. NAME OF FEDERAL AGENCY:
 USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-025

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Light Brown Apple Moth

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

13. PROPOSED PROJECT
 Start Date: 10/01/2011
 Ending Date: 09/30/2012

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant District 5
 b. Project District 11

15. ESTIMATED FUNDING:

a. Federal	\$	5,400,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	5,400,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: 4/6/2012
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Ms.	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Federal Funds Manager	c. Telephone Number (give area code) 916-403-6525	
d. Signature of Authorized Representative	e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE State Application Identifier
2. DATE SUBMITTED 04/05/2012		4. a. Federal Identifier 11106497
5. APPLICANT INFORMATION * Legal Name: Nasolex Department: _____ Division: _____ * Street1: 1235 Puerta del Sol Street2: #700 * City: San Clemente County / Parish: _____ * State: CA: California Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 92673-6309		b. Agency Routing Identifier * Organizational DUNS: 963373283 APR 06 2012 STATE CLEARING HOUSE
Person to be contacted on matters involving this application Prefix: Mr. * First Name: Mike Middle Name: _____ * Last Name: Jones Suffix: _____ * Phone Number: 888-721-1117 x102 Fax Number: 949-492-7666 Email: ddfinc1@gmail.com		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 270810577		
7. * TYPE OF APPLICANT: R: Small Business Other (Specify): _____ Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> E. Other (specify): _____ If Revision, mark appropriate box(es). * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? _____		
9. * NAME OF FEDERAL AGENCY: National Institutes of Health		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: _____
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Nasopharyngeal Airway Devices for Obstructive Sleep Apnea		
12. PROPOSED PROJECT: * Start Date: 01/01/2013 * Ending Date: 07/01/2014		* 13. CONGRESSIONAL DISTRICT OF APPLICANT CA-044
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: Dr. * First Name: Richard Middle Name: _____ * Last Name: Bogan Suffix: _____ Position/Title: Principal Investigator * Organization Name: Nasolex Department: _____ Division: _____ * Street1: 1235 Puerta del Sol Street2: #700 * City: San Clemente County / Parish: _____ * State: CA: California Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 92673-6309 * Phone Number: 803-251-3093 Fax Number: 803-376-1876 * Email: rbogan@sleepmed.md		

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text" value="622,042.00"/>	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	<input type="text" value="0.00"/>		DATE: <input type="text" value="04/06/2012"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="622,042.00"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	<input type="text" value="0.00"/>		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

20. Pre-application

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

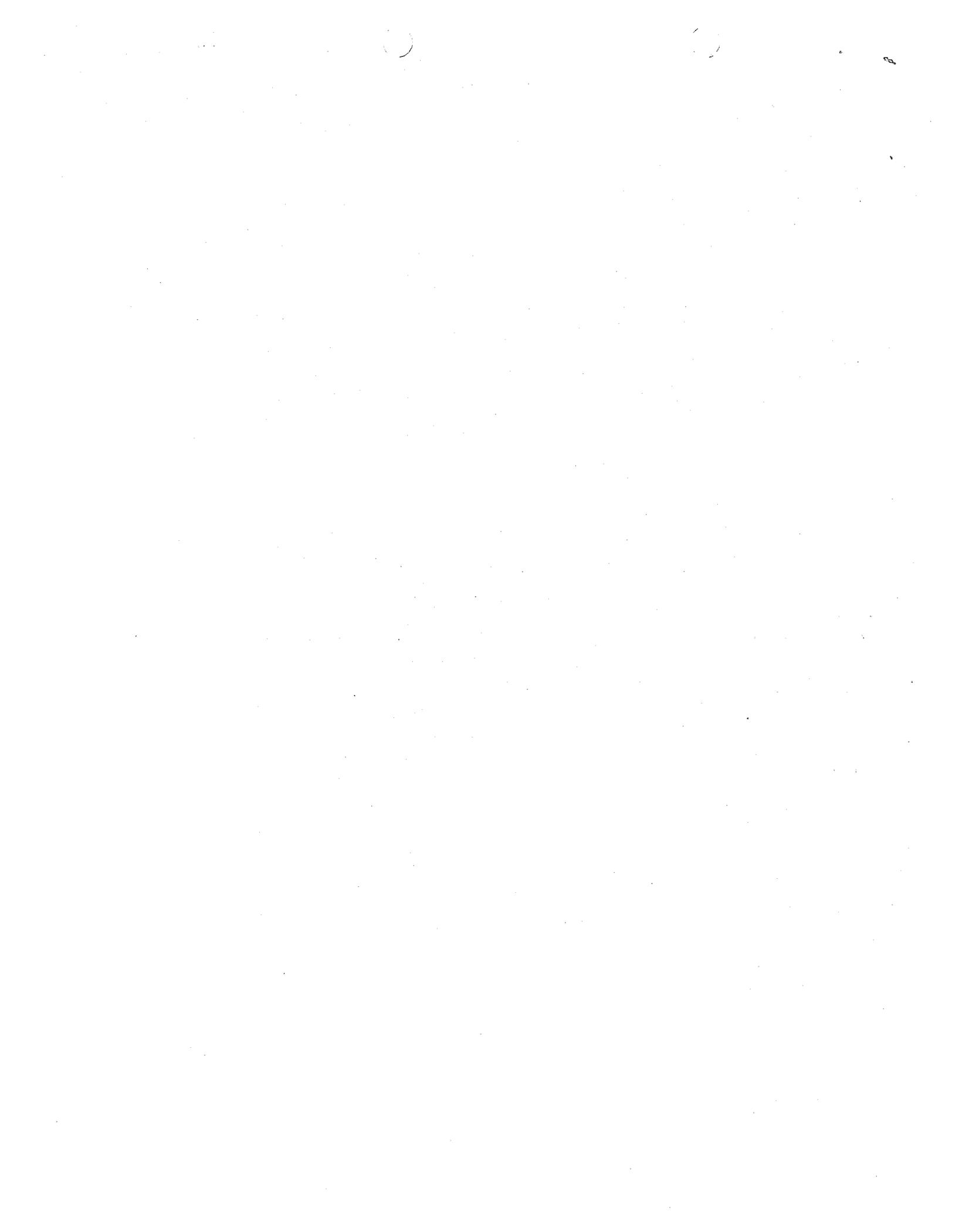
* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)



15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	482,761.00	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	0.00		DATE: 04/06/2012
c. Total Federal & Non-Federal Funds	482,761.00	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	0.00		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

20. Pre-application

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Application
 Construction
 Non-Construction

Pre-application:
 Construction
 Non-Construction

2. DATE SUBMITTED 4/9/12 Applicant Identifier
3. DATE RECEIVED BY STATE State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier
12-8500-0656-CA

5. APPLICANT INFORMATION
Legal Name:
TULARE COUNTY BOARD OF SUPERVISORS
Organizational DUNS:
157108221
Address:
Street:
2800 W BURREL AVE., SUITE G
City:
VISALIA
County:
TULARE
State:
CALIFORNIA Zip Code:
93291



Organizational Unit:
Department:
AGRICULTURAL COMMISSIONER
Division:
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
MS. First Name:
STEVIE
Middle Name
Last Name
MCNEILL
Suffix
Email:
smcneill@ca.tulare.ca.us
Phone Number (give area code):
559-684-3350 Fax Number (give area code):
559-685-3335

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
[9][4]-[6][0][0][5][4][5]

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
Plant + Animal Disease
Pest Control + Animal Care
TITLE (Name of Program): [1][0]-[0][2][5]

9. NAME OF FEDERAL AGENCY:
USDA, APHIS, PPO

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
AREA WIDE MANAGEMENT OF GLASSY-WINGED SHARPSHOOTER IN TULARE COUNTY

13. PROPOSED PROJECT
Start Date:
12/1/2011 Ending Date:
11/30/2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant DISTRICT 21 - DEVIN NUNES
b. Project DISTRICT 21 - DEVIN NUNES

15. ESTIMATED FUNDING:

a. Federal	\$	570,000	00
b. Applicant	\$		00
c. State	\$		00
d. Local	\$		00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	570,000	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 4/9/12
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY 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
Suffix
Last Name
ISHIDA
b. Title
CHAIRMAN OF THE BOARD OF SUPERVISORS
c. Telephone Number (give area code)
559-836-5000
d. Signature of Authorized Representative
e. Date Signed
2/28/12

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

5. APPLICANT INFORMATION

Legal Name: Fresno County Economic Opportunities Commission	Organizational Unit: Department: Community Services
Organizational DUNS: 078788023-0000	Division:

Address: Street: 1920 Mariposa Mall	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: Last Name: Suffix: First Name: Brian Angus
City: Fresno	
County: Fresno	Email: brian.angus@fresnoeoc.org Phone Number (give area code): (559) 283-1010 Fax Number (give area code): (559) 283-1286
State: California	
Zip Code: 93721	STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-1608519

B. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grants 10-789	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Fresh, a program to create a food commons to fuel the local economy by providing linkages among small farmers, local buyers and other resources.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County, CA; Biola, CA; Del Rey, CA	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture

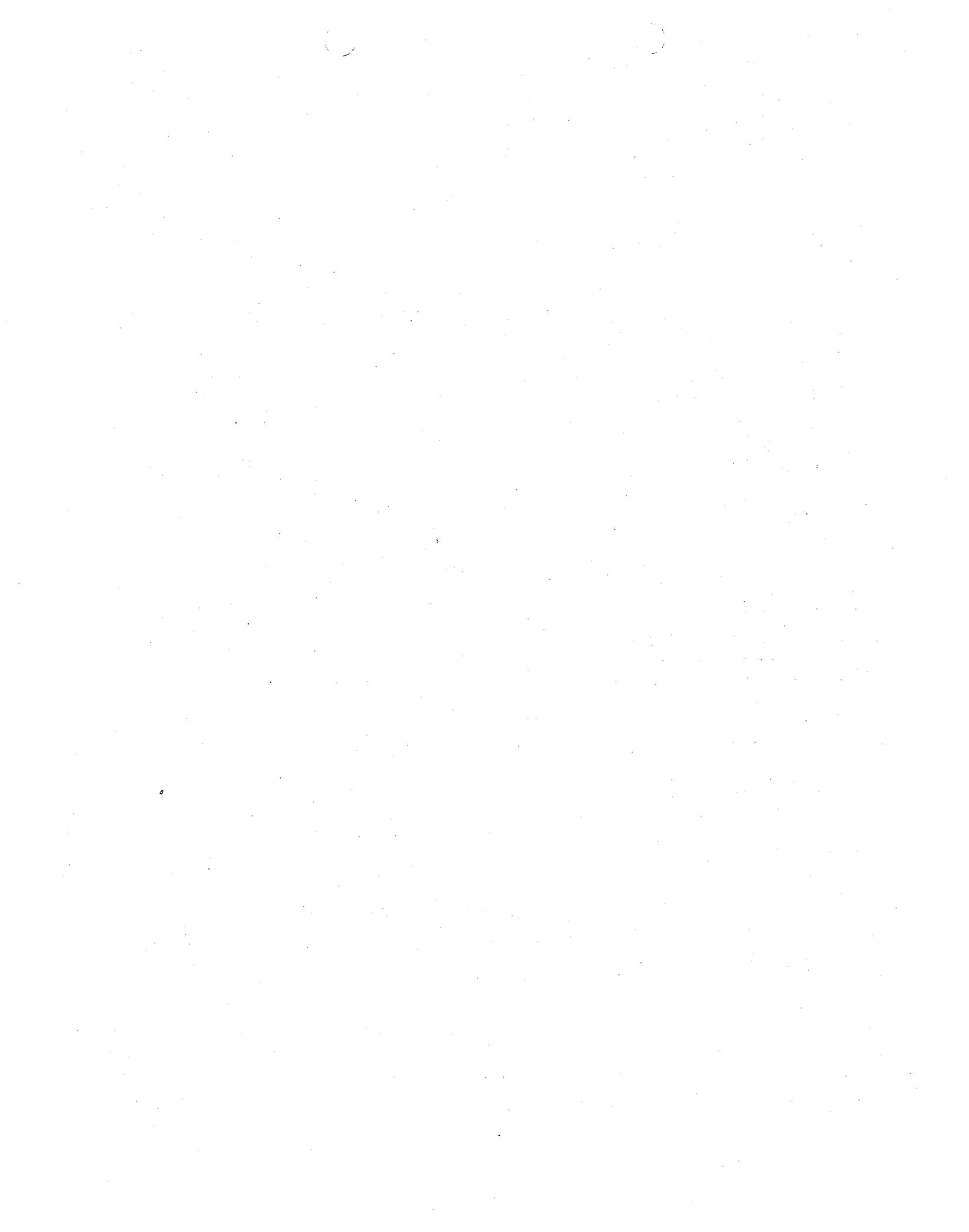
13. PROPOSED PROJECT Start Date: 08/01/2012 Ending Date: 08/30/2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CA-020 b. Project: CA-019, CA-020
--	--

15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$ 99,900.00</td></tr> <tr><td>b. Applicant</td><td>\$ 50,194.00</td></tr> <tr><td>c. State</td><td>\$ 0.00</td></tr> <tr><td>d. Local</td><td>\$ 0.00</td></tr> <tr><td>e. Other</td><td>\$ 0.00</td></tr> <tr><td>f. Program Income</td><td>\$ 0.00</td></tr> <tr><td>g. TOTAL</td><td>\$ 150,094.00</td></tr> </table>	a. Federal	\$ 99,900.00	b. Applicant	\$ 50,194.00	c. State	\$ 0.00	d. Local	\$ 0.00	e. Other	\$ 0.00	f. Program Income	\$ 0.00	g. TOTAL	\$ 150,094.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 9, 2012 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 99,900.00														
b. Applicant	\$ 50,194.00														
c. State	\$ 0.00														
d. Local	\$ 0.00														
e. Other	\$ 0.00														
f. Program Income	\$ 0.00														
g. TOTAL	\$ 150,094.00														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No															

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

a. Authorized Representative

Prefix	First Name Brian	Middle Name
Last Name Angus	Suffix	
b. Title Chief Executive Officer	c. Telephone Number (give area code) (559) 263-1010	
d. Signature of Authorized Representative	e. Date Signed 4-9-12	



**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 9, 2012	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Rural Community Assistance Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 3120 Freeboard Drive, Suite 201 West Sacramento, CA 95691		Name and telephone number of person to be contacted on matters involving this application (give area code) Julia Helmreich (916) 447-9832 ext. 1008	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 2512284		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Nonprofit</u> </div> </div> <div style="text-align: right; margin-top: -20px;">N</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 769 TITLE: USDA-RD RBEG		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RCAC's USDA RBEG Application	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rural Communities in California		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED APR 09 2012 </div>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/12	Ending Date 9/30/13	a. Applicant CA:01	b. Project RCAC requests funds to recapitalize a revolving loan fund
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 99,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>04/10/12</u>	
b. Applicant	\$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 0 ⁰⁰		
e. Other	\$ 0 ⁰⁰		
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 99,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Stanley Keasling		b. Title Chief Executive Officer	c. Telephone Number (916) 447-9832
d. Signature of Authorized Representative		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 checked="" type="checkbox"/> Preapplication		<input type="checkbox"/> New		
<input 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: 94-3138048	*5b. Federal Award Identifier:
--	--------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Sacramento Financial Conference (dba Golden Capital Network)

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3138048	*c. Organizational DUNS:
---	--------------------------

d. Address:

*Street1: 345 Huss Drive
 Street 2:
 *City: Chico
 County:
 *State: CA
 Province:
 Country: USA

*Zip/ Postal Code: 95928



e. Organizational Unit:

Department Name: Administration	Division Name: Grants
------------------------------------	--------------------------

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

Prefix: Mr. Middle Name: Carl	First Name: Jon
*Last Name: Gregory	
Suffix:	

Title: President/CEO

Organizational Affiliation:
Golden Capital Network

*Telephone Number: 530-518-5733 Fax Number: 530-892-9811

*Email: jon@innovate-northstate.ca

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:
USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grants (RBEG)

*12. Funding Opportunity Number: N/A

*Title: N/A

13. Competition Identification Number: N/A

Title:

N/A

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

Cities of Live Oak, Corning, Willows, Weed, Red Bluff, in Rural Northern California

*15. Descriptive Title of Applicant's Project:

Software Development and Technical Assistance for Small Businesses and Emerging Growth Companies

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

* 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: 04/10/2012	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: Environmental Health Coalition	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3798792	* c. Organizational DUNS: 6151706280000

d. Address:

* Street1: 2727 Hoover Ave, Suite 202
Street2: _____
* City: National City
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 91950-6625

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: Diane
Middle Name: _____	
* Last Name: Takvorian	
Suffix: _____	
Title: Executive Director	

Organizational Affiliation:
Environmental Health Coalition

* Telephone Number: 619-474-0220 ext 112	Fax Number: 619-474-1210
* Email: DianeT@environmentalhealth.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:

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

*** 12. Funding Opportunity Number:**

EPA-OAR-ORIA-12-04

* Title:

Regional Indoor Environments: Reducing Public Exposure to Indoor Pollutants

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:**

Reducing Indoor Pollutants in San Diego Environmental Justice Communities

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="70,000.00"/>
* b. Applicant	<input type="text" value="120,571.00"/>
* 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="190,571.00"/>

*** 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:

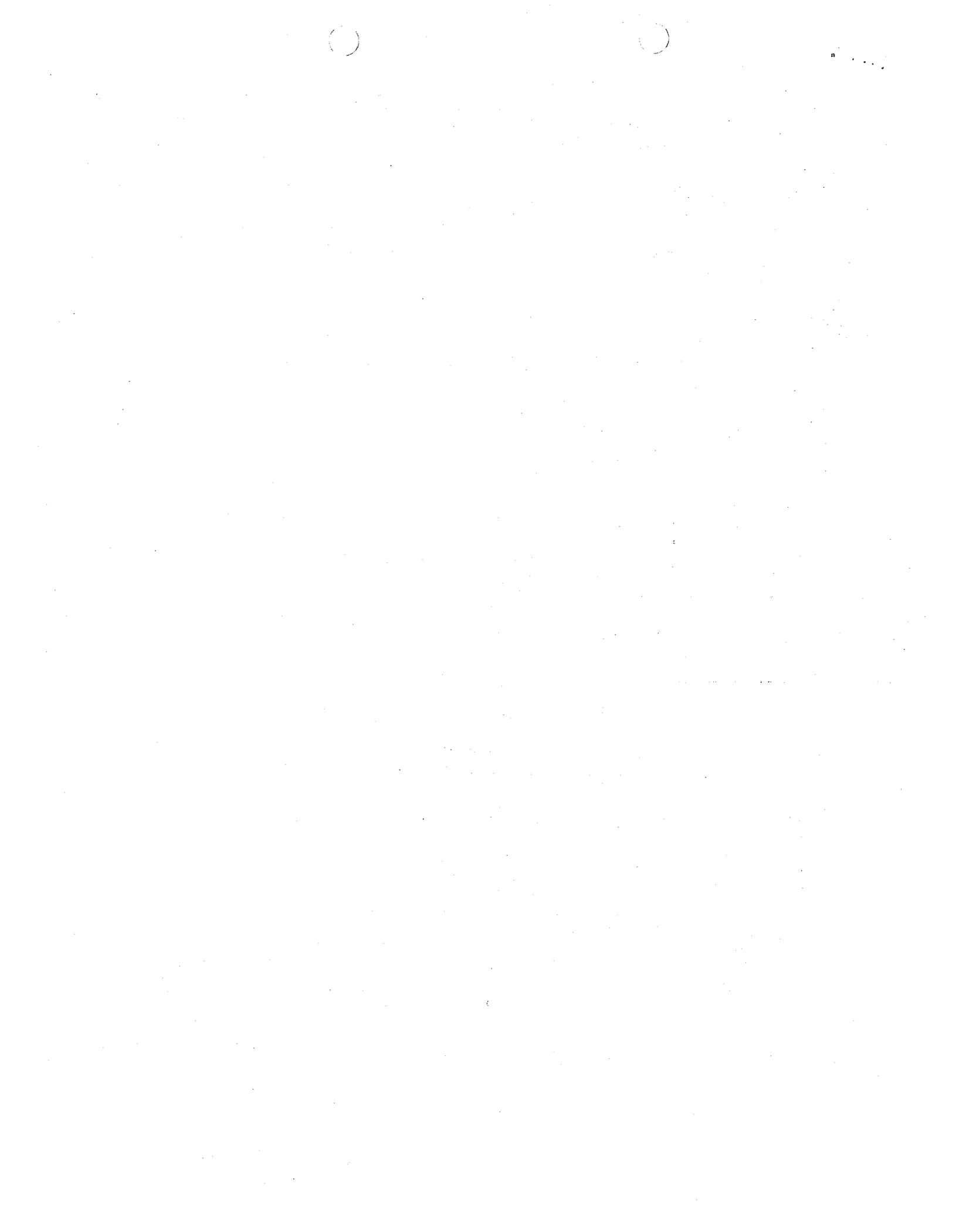
* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:



**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED: April 11, 2012		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
				APR 11 2012	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
				STATE CLEARING HOUSE	

5. APPLICANT INFORMATION

Legal Name: West Hills Community College District	Organizational Unit: West Hills College Coalinga
Address (give city, county, State, and zip code): 9900 Cody St. Coalinga, Fresno County, California 93210	Name and telephone number of person to be contacted on matters involving this application (give area code): Cathy Barabe 559-934-2147 cathybarabe@whccd.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
77-0323447

7. TYPE OF APPLICANT: (enter appropriate letter in box) 1

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

8. TYPE OF APPLICATION:
 New Continuation Revision

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

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

9. NAME OF FEDERAL AGENCY:
US Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-769
TITLE: Rural Business Enterprise Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Rural Economic Development for the City of Coalinga

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Coalinga, Huron, Avenal/ Fresno and Kings Counties/ California

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/12	Ending Date 6/30/13	a. Applicant 20th	b. Project 20th

15. ESTIMATED FUNDING:

a. Federal	\$	99,900 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	50,000 ⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	149,900 ⁰⁰

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

a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 04/11/12

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

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

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

a. Type Name of Authorized Representative Frank Gornick	b. Title Chancellor	c. Telephone Number (559) 934-2102
d. Signature of Authorized Representative		e. Date Signed 4-11-12

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: Completed by Grants.gov upon submission.	
		3. Applicant Identifier: <input type="text"/>		STATE USE ONLY: 5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation: <input type="text"/>					

7. APPLICANT INFORMATION:

* a. Legal Name: Alameda-Contra Costa Transit District		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg);"> <p>RECEIVED</p> <p>APR 11 2012</p> <p>STATE CLEARING HOUSE</p> </div>
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1492636	* c. Organizational DUNS: 043236231	

d. Address: * Street1: 1600 Franklin Street		Street2: <input type="text"/>
* City: Oakland	County: <input type="text"/>	
* State: CA: California	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 94612	

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 submission:		
Prefix: Ms.	* First Name: Kate	Middle Name: <input type="text"/>
* Last Name: Miller	Suffix: <input type="text"/>	
Title: Manager, Capital Development/Legis./Grants		

Organizational Affiliation: Alameda-Contra Costa Transit District	
* Telephone Number: 510-891-4859	Fax Number: 510-891-7139
* Email: kmiller@actransit.org	



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

D: Special District Government

*** Other (specify):**

b. Additional Description:

Public Transit Provider

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.522

CFDA Title:

Alternatives Analysis

11. Areas Affected by Funding:

Oakland, CA

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-009

b. Program/Project:

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

Attachment - Congressional D Add Attachment Delete Attachment View Attachment

13. FUNDING PERIOD:

a. Start Date:

12/01/2012

b. End Date:

06/30/2014

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

1,260,000.00

b. Match (\$):

500,000.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 04/12/2012

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

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



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No **Explanation**

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

** I Agree

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

Authorized Representative:

Prefix:

Mr.

* First Name:

David

Middle Name:

* Last Name:

Armijo

Suffix:

* Title:

General Manager

Organizational Affiliation:

Alameda-Contra Costa Transit District

* Telephone Number:

510-891-4875

* Fax Number:

510-891-7157

* Email:

darmijo@actransit.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

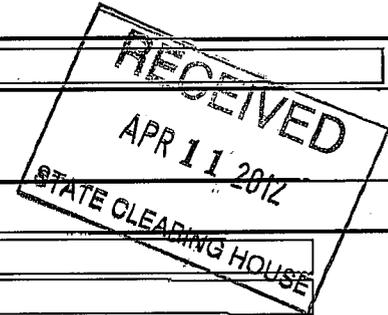
Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments **Delete Attachments** **View Attachments**

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

Application for Federal Assistance SF-424		Version 02			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/></p> </td> </tr> </table>			<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/></p>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/></p>			
<p>* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier: <input type="text"/></p>			
<p>5a. Federal Entity Identifier: <input type="text"/></p>		<p>* 5b. Federal Award Identifier: <input type="text"/></p>			
State Use Only:					
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>			
8. APPLICANT INFORMATION:					
<p>* a. Legal Name: <input type="text" value="state of California"/></p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/></p>		<p>* c. Organizational DUNS: <input type="text" value="808322358"/></p>			
<p>d. Address:</p> <p>* Street1: <input type="text" value="1831 Ninth Street"/> Street2: <input type="text"/> * City: <input type="text" value="Sacramento"/> County: <input type="text"/> * State: <input type="text" value="CA; California"/> Province: <input type="text"/> * Country: <input type="text" value="USA: UNITED STATES"/> * Zip / Postal Code: <input type="text" value="95811"/></p>					
<p>e. Organizational Unit:</p> <table border="0"> <tr> <td> <p>Department Name: <input type="text" value="Department of Fish and Game"/></p> </td> <td> <p>Division Name: <input type="text" value="Grants Management Branch"/></p> </td> </tr> </table>			<p>Department Name: <input type="text" value="Department of Fish and Game"/></p>	<p>Division Name: <input type="text" value="Grants Management Branch"/></p>	
<p>Department Name: <input type="text" value="Department of Fish and Game"/></p>	<p>Division Name: <input type="text" value="Grants Management Branch"/></p>				
<p>f. Name and contact information of person to be contacted on matters involving this application:</p> <p>Prefix: <input type="text" value="Mr."/> * First Name: <input type="text" value="Jason"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Williams"/> Suffix: <input type="text"/> Title: <input type="text" value="Grant Administrator"/> Organizational Affiliation: <input type="text"/> * Telephone Number: <input type="text" value="916-327-0062"/> Fax Number: <input type="text"/> * Email: <input type="text" value="jwilliams@dfg.ca.gov"/></p>					



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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: A: State Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify):	
* 10. Name of Federal Agency: Fish and Wildlife Service	
11. Catalog of Federal Domestic Assistance Number: 15.611 CFDA Title: Wildlife Restoration and Basic Hunter Education	
* 12. Funding Opportunity Number: F12AS00019 * Title: R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): San Diego County	
* 16. Descriptive Title of Applicant's Project: Wildlife Habitat Development and Maintenance - Region 5	
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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="160,131.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="65,054.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="2,825.00"/>
* g. TOTAL	<input type="text" value="228,010.00"/>

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

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

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED

APR 12 2012

STATE CLEARING HOUSE

*** 3. Date Received:**

04/11/2012

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: The CSU, Chico Research Foundation

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

68-0386518

*** c. Organizational DUNS:**

612177162

d. Address:

* Street1: California State University, Chico

Street2: Building 25

* City: Chico

County/Parish: Butte

* State: CA

Province:

* Country: USA

* Zip / Postal Code: 95929-0870

e. Organizational Unit:

Department Name:

Center for Economic Development

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: Suplita

Suffix:

Title: Project Manager

Organizational Affiliation:

Center for Economic Development

* Telephone Number: 530-898-4598

Fax Number:

* Email: msuplita@csuchico.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

501(c)(3) Non-Profit Corporation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

*** 12. Funding Opportunity Number:**

N/A

* Title:

Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

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

Colusa County and Lake County, CA

Add Attachment

Delete Attachment

View Attachment

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

Entrepreneurial Training and Market Research Services

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 CA-2

* b. Program/Project CA-2 and CA-1

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012

* b. End Date: 06/30/2013

18. Estimated Funding (\$):

* a. Federal	\$85,000.00
* b. Applicant	\$15,328.00
* c. State	
* d. Local	
* e. Other	\$3,400.00
* f. Program Income	\$7,800.00
* g. TOTAL	\$111,528.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 04/11/2012.
- 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: CarolMiddle Name:

* Last Name: Sager

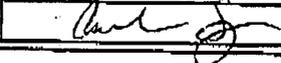
Suffix:

* Title: Director, Research and Sponsored Programs

* Telephone Number: 530-898-5700

Fax Number:

* Email: casager@csuchico.edu

* Signature of Authorized Representative: 

* Date Signed: 04/11/2012



100

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 * 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: Yuba-Sutter Economic Development Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0342145

*c. Organizational DUNS:
120321596

d. Address:

*Street 1: 1227 Bridge Street, Suite C
Street 2: _____
*City: Yuba City
County: Sutter County
*State: CA
Province: _____
*Country: U.S.
*Zip / Postal Code 95991

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: Dana
Middle Name: _____
*Last Name: Burroughs
Suffix: _____

Title: Grant Research & Writing/Statistics

Organizational Affiliation: _____

*Telephone Number: 530-751-8555 x 105

Fax Number: 530-751-8515

*Email: dburroughs@ysedc.org

C

O

Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grant

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Yuba and Sutter counties; cities of Marysville, Yuba City, Live Oak and Wheatland in Northern California

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

Yuba-Sutter Small Business Loan Technical Assistance Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 2

*b. Program/Project: 2

17. Proposed Project:

*a. Start Date: July 1, 2012

*b. End Date: June 30, 2013

18. Estimated Funding (\$):

*a. Federal	_____	\$99,999
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	\$55,050
*f. Program Income	_____	\$155,049
*g. TOTAL	_____	\$155,049

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 4/9/12
- 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: Brynda

Middle Name: _____

*Last Name: Stranix

Suffix: _____

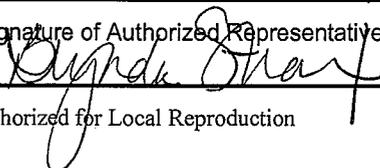
*Title: President/Chief Operating Officer

*Telephone Number: 530-751-8555 x 103

Fax Number: 530-751-8515

* Email: bstranix@ysedc.org

*Signature of Authorized Representative:



*Date Signed: April 9, 2012



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): _____ • Other (Specify) _____
--	--	---

* 3. Date Received: _____	4. Applicant Identifier: _____
------------------------------	-----------------------------------

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

RECEIVED

APR 12 2012

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

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: <u>City of Barstow</u>

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-6000675</u>	* c. Organizational DUNS: <u>076052877</u>
--	---

d. Address:

* Street 1:	<u>220 East Mountain View Street</u>
Street 2:	_____
* City:	<u>Barstow</u>
County:	<u>San Bernardino</u>
* State:	<u>California</u>
Province:	_____
* Country:	<u>USA: UNITED STATES</u>
* Zip / Postal Code:	<u>92311</u>

e. Organizational Unit:

Department Name: <u>Community Development</u>	Division Name: <u>Economic Development</u>
--	---

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

Prefix: <u>Mr</u>	* First Name: <u>Mark</u>
Middle Name: <u>W</u>	
* Last Name: <u>Murphy</u>	
Suffix: _____	

Title: <u>Senior Management Assistant</u>

Organizational Affiliation: <u>City of Barstow</u>

* Telephone Number: <u>(760) 255-5108</u>	Fax Number: <u>(760) 256-4472</u>
---	-----------------------------------

* Email: <u>mmurphy@barstowca.org</u>



Handwritten text, possibly a signature or date, located in the middle right section of the page.

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Local Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Consolidated Farm & Rural Development Act

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

City of Barstow, Barstow, CA 92311

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

"Barstow Business--Barstow Opportunities" (Small business marketing research.)

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="\$50,000.00"/>
* b. Applicant	<input type="text" value="\$4,800.00"/>
* 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="\$54,800.00"/>

* 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:



The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is scattered across the page and cannot be transcribed accurately.

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE <small>Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)</small>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 12SR135958	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER:
5. APPLICATION INFORMATION		
LEGAL NAME: Area IV Agency on Aging DUNS NUMBER: 165491820	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Sara Morrison TELEPHONE NUMBER: (530) 271-0255 FAX NUMBER: (530) 271-0849 INTERNET E-MAIL ADDRESS: rsvp@nccn.net	
ADDRESS (give street address, city, state, zip code and county): 2260 Park Towne Circle Suite 100 Sacramento CA 95825 - 0416 County: Inyo	6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942897957	
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input checked="" type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION B. BUDGET REVISION C. COST EXTENSION D. OTHER (specify below):	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Area Agency on Aging	
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">APR 12 2012</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>		
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP of Nevada County	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Nevada County, CA	11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT: START DATE: 04/01/12 END DATE: 03/31/13		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="checkbox"/> CA 005 b.Program <input type="checkbox"/> CA 004
15. ESTIMATED FUNDING: Year #: <input type="text" value="1"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. FEDERAL \$ 68,275.00	<input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE:	
b. APPLICANT \$ 32,305.00	<input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
c. STATE \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. LOCAL \$ 0.00	<input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
e. OTHER \$ 32,305.00	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.	
f. PROGRAM INCOME \$ 0.00	a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: anna Lea	b. TITLE: Executive Director
g. TOTAL \$ 100,580.00	c. TELEPHONE NUMBER: 916-486-1876	
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 02/02/12



OMB Number: 4010-0004
Expiration Date: 03/31/2012

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:**

[]

4. Applicant Identifier:

0615-1501

RECEIVED
APR 12 2012
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

[]

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

[]

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

B. APPLICANT INFORMATION:

*** a. Legal Name:** Marine BioEnergy, Inc.

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

900655774

*** c. Organizational DUNS:**

967157020

d. Address:

*** Street1:** 4408 Union Avenue

Street2:

*** City:** La Canada

County:

*** State:** CA

Province:

*** Country:** USA

*** Zip / Postal Code:** 91011-3136

e. Organizational Unit:

Department Name:

[]

Division Name:

[]

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

Prefix: Mrs.

*** First Name:** Cindy

Middle Name:

*** Last Name:** Wilcox

Suffix:

Title: President

Organizational Affiliation:

[]

*** Telephone Number:** (818) 952-6018

Fax Number:

*** Email:** cindy.wilcox@charter.net

Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:**

M. Profit Organization

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:**

* Other (specify):

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

Department of Energy, Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000615

*** Title:**

Advancements in Sustainable Algal Production (ASAP)

13. Competition Identification Number:**Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**La Canada, Los Angeles County, CA 91011-3136
Terminal Island, Los Angeles County, CA 90731-7330*** 15. Descriptive Title of Applicant's Project:**

Sustainable, Affordable Production of Vast Quantities of MacroAlgae Grown in the Open Ocean

Attach supporting documents as specified in agency instructions.

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="893,300.00"/>
* b. Applicant	<input type="text" value="727,500.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="71,327.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,692,127.00"/>

*** 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: 04/31/2012**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: Region 9 Tracking #12-044		*5b. Federal Award Identifier:	
State Use Only:		RECEIVED	
6. Date Received by State:		APR 12 2012	
7. State Application Identifier:		STATE CLEARING HOUSE	
8. APPLICANT INFORMATION:			
* a. Legal Name: Bay Area Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1622746		*c. Organizational DUNS: 078781416	
d. Address:			
*Street1: 939 Ellis Street			
Street 2:			
*City: San Francisco			
County:			
*State: CA			
Province:			
Country: USA			
*Zip/ Postal Code: 94109			
e. Organizational Unit:			
Department Name: Ambient Air Monitoring		Division Name: Technical Division	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Eric	
Middle Name: D			
*Last Name: Stevenson			
Suffix:			
Title: Director of Technical Services			
Organizational Affiliation:			
*Telephone Number: 415-749-4695		Fax Number: 415-749-5082	
*Email: estevenson@baaqmd.gov			

OMB Number: 4040-0004
Expiration Date: 04/31/2012**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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Section 103 NO2 Near Roadway Ambient Air Monitoring Grant

*12. Funding Opportunity Number:

*Title:

Near Roadway Monitoring Grant - Phases I and II

13. Competition Identification Number:

Title:

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

The 9 Bay Area counties - Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara and parts of Solano and Sonoma

*15. Descriptive Title of Applicant's Project:

Measurement of the ambient concentration of multiple pollutants within 50 meters of major roadways.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012**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.

See attached.

17. Proposed Project:

*a. Start Date: 04/01/2012

*b. End Date: Until Completed

18. Estimated Funding (\$):

*a. Federal

\$400,000.00

*d. Local

*b. Applicant

*e. Other

*c. State

*f. Program Income

*d. Local

*g. TOTAL

\$400,000.00

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

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

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Jack

Middle Name:

*Last Name: Colbourn

Suffix:

*Title: Director of Administrative Services

*Telephone Number: 415-749-5192

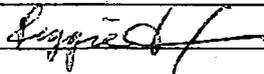
Fax Number: 415-749-5111

*Email: jcolbourn@baaqmd.gov

*Signature of Authorized Representative

Date Signed: 4/12/12

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4/11/2012	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California FarmLink		Organizational Unit: Department:	
Organizational DUNS: 17-47-1594		Division:	
Address: Street: 303 Potrero Street Suite 29-201		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Reggie	
City: Santa Cruz		Middle Name Vernon	
County: Santa Cruz		Last Name Knox	
State: California	Zip Code 95060	Suffix:	
Country: United States		Email: reggie@cafarmlink.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3332630		Phone Number (give area code) 831-425-0303	Fax Number (give area code) 831-425-0302
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grants 10-769		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Getting on Solid Ground: A Comprehensive Farm Business Training Program	
13. PROPOSED PROJECT Start Date: 8/1/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-017	
Ending Date: 7/31/2013		b. Project CA-017; CA-006; CA-001	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 49,902.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/10/2012	
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	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 25,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 74,902.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Reggie	Middle Name Vernon	
Last Name Knox		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 831-425-0303	
d. Signature of Authorized Representative 		e. Date Signed 4/10/2012	

RECEIVED
 APR 12 2012
 STATE CLEARING HOUSE



OMB Number: 4040-0004
Expiration Date: 04/31/2012**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 type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input checked="" 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: Region 9 Tracking Number 12-015		*5b. Federal Award Identifier:	
		STATE CLEARING HOUSE	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: Bay Area Air Quality Management District			
* b. Employer/Taxpayer Identification Number (BIN/TIN): 94-1622746		*c. Organizational DUNS: 078781416	
d. Address:			
*Street1: 939 Ellis Street			
Street 2:			
*City: San Francisco			
County:			
*State: CA			
Province:			
Country: USA			
*Zip/ Postal Code: 94109			
e. Organizational Unit:			
Department Name: Air Monitoring		Division Name: Technical Services	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Eric	
Middle Name: David			
*Last Name: Stevenson			
Suffix:			
Title: Director of Technical Services			
Organizational Affiliation:			
*Telephone Number: 415-749-4695		Fax Number: 415-749-5082	
*Email: estevenson@baaqmd.gov			



OMB Number: 4040-0004
Expiration Date: 04/31/2012**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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

*12. Funding Opportunity Number:

*Title:

PM2.5 Monitoring Program

13. Competition Identification Number:

Title:

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

The 9 Bay Area counties - Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara and parts of Solano and Sonoma

*15. Descriptive Title of Applicant's Project:

Measurement of particulate matter 2.5 microns or less (PM2.5) to determine progress toward Nation Ambient Air Quality Standards (NAAQS) achievement.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012**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.

See Attached

17. Proposed Project:

*a. Start Date: 04/01/2012

*b. End Date: 3/31/2013

18. Estimated Funding (\$):

*a. Federal

\$336,750.00

*d. Local

*b. Applicant

*e. Other

*c. State

*f. Program Income

*d. Local

*g. TOTAL

\$336,750.00

*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: Mr.

*First Name: Jack

Middle Name:

*Last Name: Colbourn

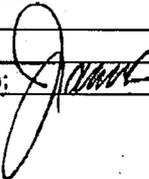
Suffix:

*Title: Director of Administrative Services

*Telephone Number: 415-749-5192

Fax Number: 415-749-5111

*Email: jcolbourn@baaqmd.gov

*Signature of Authorized Representative: 

Date Signed: 4/12/12

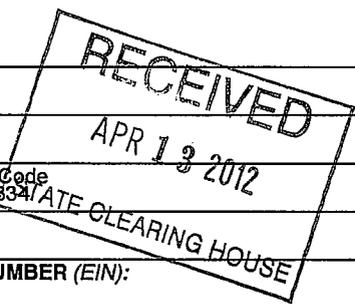
**APPLICATION FOR
FEDERAL ASSISTANCE**

VERSION 1/03

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

5. APPLICANT INFORMATION

Legal Name: California Indian Manpower Consortium, Inc.	Organizational Unit: Department:
Organizational DUNS: 0980864240000	Division:
Address: Street: 738 North Market Boulevard	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms.
City: Sacramento	First Name: Lorenda
County: Sacramento	Middle Name T.
State: California	Last Name Sanchez
Country: USA	Suffix:
Zip Code 95834	Email: lorendas@cimcinc.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 4 - 2 4 7 2 5 6 4

7. TYPE OF APPLICANT: (See back of form for Application Types)
M: Nonprofit with 501c3 IRS Status
Other (specify)
k: Indian/Native American Tribally Designated Organization

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:
U.S. Department of Agriculture

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

13. PROPOSED PROJECT

Start Date: July 2012	Ending Date: June 2013
--------------------------	---------------------------

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant
5th
b. Project
State of California

15. ESTIMATED FUNDING:

a. Federal	\$	114,143 ⁰⁰
b. Applicant	\$	6,000 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	0 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	120,143 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 11, 2012
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Ms.	First Name Lorenda	Middle Name T.
Last Name Sanchez		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 916 920-0285
d. Signature of Authorized Representative <i>Lorenda Sanchez</i>		e. Date Signed 4-10-2012



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

5. APPLICANT INFORMATION

Legal Name: California Indian Manpower Consortium, Inc.	Organizational Unit: Department:
Organizational DUNS: 0980864240000	Division:
Address: Street: 738 North Market Boulevard	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Lorenda
City: Sacramento	Middle Name:
County: Sacramento	Last Name: Sanchez
State: California	Suffix:
Zip Code: 95834	Email: lorendas@cimcinc.com
Country: USA	

RECEIVED
 APR 13 2012
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 4 7 2 5 6 4	Phone Number (give area code) 916 920-0285	Fax Number (give area code) 916 641-6338
--	---	---

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) M: Nonprofit with 501c3 IRS Status Other (specify) k: Indian/Native American Tribally Designated Organization
---	--

9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 1 0 - 7 6 9	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
--	--

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

13. PROPOSED PROJECT Start Date: July 2012 Ending Date: June 2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th b. Project State of California
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 141,514 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 11, 2012
b. Applicant \$ 16,400 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$ 0 ⁰⁰	
g. TOTAL \$ 157,914 ⁰⁰	

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

a. Authorized Representative		
Prefix Ms.	First Name Lorenda	Middle Name T.
Last Name Sanchez		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 916 920-0285
d. Signature of Authorized Representative <i>Lorenda Sanchez</i>		e. Date Signed 4-10-2012



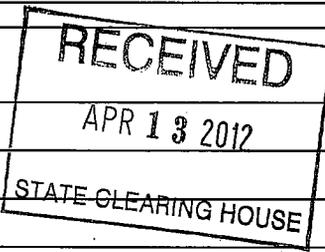
**APPLICATION FOR
FEDERAL ASSISTANCE**

version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California Indian Manpower Consortium, Inc.		Organizational Unit: Department:	
Organizational DUNS: 0980864240000		Division:	
Address: Street: 738 North Market Boulevard		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Lorenda
County: Sacramento		Middle Name T.	
State: California		Last Name Sanchez	
Zip Code 95834	Suffix:		
Country: USA		Email: lorendas@cimcinc.com	



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 4 7 2 5 6 4

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)

M: Nonprofit with 501c3 IRS Status

Other (specify)

k: Indian/Native American Tribally Designated Organization

9. NAME OF FEDERAL AGENCY:

U.S. Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 9

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

State of California

13. PROPOSED PROJECT

Start Date: July 2012
Ending Date: June 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 5th
b. Project State of California

15. ESTIMATED FUNDING:

a. Federal	\$	130,000 ⁰⁰
b. Applicant	\$	14,300 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	0 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	144,300 ⁰⁰

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

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

DATE: April 11, 2012

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Ms.	First Name Lorenda	Middle Name T.
Last Name Sanchez		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 916 920-0285
d. Signature of Authorized Representative <i>Lorenda Sanchez</i>		e. Date Signed 4-10-2012



<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 13 2012 STATE CLEARING HOUSE </div>		2. DATE SUBMITTED 4/11/12	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	
5. APPLICANT INFORMATION Legal Name Los Angeles County Metropolitan Transportation Authority		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Organizational Unit: Regional Program Management Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District 9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program - Capital Assistance, CA-90-Y717-05	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 7/1/09	Ending Date 12/31/13	a. Applicant Districts 25 - 39, 42 and 46	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 82,160,206.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>04/11/12</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c State	\$.00		
d Local	\$ 20,540,052.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 102,700,258.00		

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 Typed Name of Authorized Representative RICHARD CHRISTIE	b Title Transportation Planning Manager	c Telephone number (213) 922-6022
d. Signature of Authorized Representative Previous Editions Not Usable	e. Date Signed 04/11/12	



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

Application for Federal Assistance SF-424 Version 02

<p>* 1. Type of Submission:</p> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <p style="border: 1px solid black; height: 15px; width: 100%;"></p> <p>* Other (Specify)</p> <p style="border: 1px solid black; height: 15px; width: 100%;"></p>
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* 3. Date Received:	4. Applicant Identifier:	RECEIVED
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
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State Use Only: STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Taft

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-60000800	* c. Organizations I DUNS: 120971288
--	---

d. Address:

* Street 1:	209 E. Kern
Street 2:	
* City:	Taft
County:	Kern
* State:	CA
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93268

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:	Craig
Middle Name:			
* Last Name:	Jones		
Suffix:			

Title: Interim City Manager

Organizational Affiliation:

* Telephone Number:	Fax Number:
---------------------	-------------

* Email: cjones@cityoftaft.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Municipal

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:

CFDA Title:

* 12. Funding Opportunity Number:

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF44 FAMILYAIL FORMS

13. Competition Identification Number:

Title:

WWTP Upgrade

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

Taft, Ford City, South Taft, Taft Heights, and surrounding areas

* 15. Descriptive Title of Applicant's Project:

Waste Water Treatment Plant Upgrade

Attach supporting documents as specified in agency instructions.

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

(

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OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 22

* b. Program/Project 22

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 06-01-1920

* b. End Date: 05-31-1920

18. Estimated Funding (\$):

* a. Federal	\$3,500,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$3,500,000.00

* 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 03-13-1920
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No Explanation

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

Middle Name:

* Last Name: Jones

Suffix:

* Title: Interim City Manager

* Telephone Number: (661) 763-1222 Fax Number:

* Email: cjones@cityoftaft.org

* Signature of Authorized Representative:  * Date Signed: 03-13-1920

Authorized for Local Reproduction



OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424			
* 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	
* 3. Date Received: Completed by Grants.gov upon submission.		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 4. Applicant Identifier: <input type="text"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 13 2012 STATE CLEARING HOUSE </div>	
5a. Federal Entity 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: <input type="text" value="San Manuel Band of Mission Indians"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="33-0526268"/>		* c. Organizational DUNS: <input type="text" value="0802646040000"/>	
d. Address:			
* Street1: <input type="text" value="26569 Community Center Drive"/>			
Street2: <input type="text"/>			
* City: <input type="text" value="Highland"/>			
County/Parish: <input type="text"/>			
* State: <input type="text" value="CA: California"/>			
Province: <input type="text"/>			
* Country: <input type="text" value="USA: UNITED STATES"/>			
* Zip / Postal Code: <input type="text" value="92346-6712"/>			
e. Organizational Unit:			
Department Name: <input type="text" value="Fire Department"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: <input type="text" value="Mr."/>		* First Name: <input type="text" value="Mike"/>	
Middle Name: <input type="text"/>			
* Last Name: <input type="text" value="Layne"/>			
Suffix: <input type="text"/>			
Title: <input type="text" value="Grants Administrator"/>			
Organizational Affiliation: <input type="text" value="San Manuel Band of Mission Indians"/>			
* Telephone Number: <input type="text" value="909-864-8933 ext. 2168"/>		Fax Number: <input type="text" value="909-863-0719"/>	
* Email: <input type="text" value="mlayne@sanmanuel-nsn.gov"/>			

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-12-GPD-067-000-01

* Title:

Fiscal Year 2012 Tribal Homeland Security Grant Program (THSGP)

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:**

Hazardous Materials Response Unit

Attach supporting documents as specified in agency instructions.

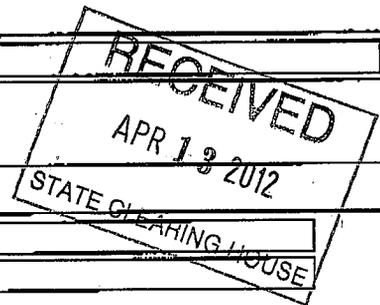
Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424		Version 02
* 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(a): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received:	4. Applicant Identifier:	
<input type="text"/>	<input type="text"/>	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
<input type="text"/>		<input type="text"/>
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
<input type="text"/>	<input type="text"/>	
B. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="The Regents of the University of California"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
<input type="text" value="94-6002123"/>	<input type="text" value="124726725"/>	
d. Address:		
* Street 1:	<input type="text" value="2150 Shattuck Ave, Suite 300"/>	
Street 2:	<input type="text"/>	
* City:	<input type="text" value="Berkeley"/>	
County:	<input type="text" value="Alameda"/>	
* 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="94704-5940"/>	
e. Organizational Unit:		
Department Name:	Division Name:	
<input type="text" value="Sponsored Projects Office"/>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	<input type="text" value="Jim"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Fong"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Research Administrator"/>	
Organizational Affiliation:		
<input type="text" value="Sponsored Projects Office"/>		
* Telephone Number:	Fax Number:	<input type="text" value="(510) 642-8236"/>
<input type="text" value="(510) 643-2734"/>		
* Email:	<input type="text" value="spowards@berkeley.edu"/>	



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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1 - Select Applicant Type:	
<input type="text" value="H: Public/State Controlled Institute of Higher Education"/>	
Type of Applicant 2- Select Applicant Type:	
<input type="text"/>	
Type of Applicant 3- Select Applicant Type:	
<input type="text"/>	
* Other (specify):	
<input type="text"/>	
* 10. Name of Federal Agency:	
<input type="text" value="NGMS Agency"/>	
11. Catalog of Federal Domestic Assistance Number:	
<input type="text" value="10.36A"/>	
CFDA Title:	
<input type="text"/>	
* 12. Funding Opportunity Number:	
<input type="text" value="MBL-SF424 FAMILY-ALL FORMS"/>	
* Title:	
<input type="text" value="MBL-SF424 FAMILY- ALL FORMS"/>	
13. Competition Identification Number:	
<input type="text"/>	
Title:	
<input type="text" value="Rural Business Enterprise Grant Program"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
<input type="text" value="Merced County, CA"/>	
* 15. Descriptive Title of Applicant's Project:	
<input type="text" value="Central Valley Ventures
A Sustainable University-Community Initiative to Support Rural Entrepreneurship"/>	
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

CA-009

* b. Program/Project

CA-a11

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

17. Proposed Project:

* a. Start Date:

10-01-2012

* b. End Date:

09-30-2014

18. Estimated Funding (\$):

* a. Federal	\$249,052.00
* b. Applicant	\$33,550.00
* c. State	
* d. Local	
* e. Other	\$4,080.00
* f. Program Income	
* g. TOTAL	\$286,682.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 04-13-2012.
- 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: Patricia
 Middle Name: A
 * Last Name: Gates
 Suffix:

* Title: Associate Director, Sponsored Projects Office

* Telephone Number: (510) 642-8109 Fax Number: (510) 642-8236

* Email: spcawards@berkeley.edu

* Signature of Authorized Representative: Patricia A. Gates * Date Signed: 4-13-12

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:	
8. APPLICANT INFORMATION:			
* a. Legal Name: South Coast Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419		*c. Organizational DUNS: 025986159	
d. Address:			
*Street1: 21865 Copley Dr.			
Street 2:			
*City: Diamond Bar			
County:			
*State: California			
Province:			
Country:			
*Zip/ Postal Code: 91765			
e. Organizational Unit:			
Department Name: Project Director e-mail: rbermudez@aqmd.gov		Division Name: Science & Technology Advancement	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		First Name: Mary	
Middle Name:			
*Last Name: Leonard			
Suffix:			
Title: Financial Analyst			
Organizational Affiliation: South Coast Air Quality Management District			
*Telephone Number: 909-396-2780			
Fax Number: 909-396-2765			
*Email: mleonard@aqmd.gov			



Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:
- Select One -

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify): **Special District**

*10. Name of Federal Agency: **U.S. Environmental Protection Agency**

11. Catalog of Federal Domestic Assistance Number: **66.034**

CFDA Title: **Surveys, Studies, Investigations, Special Purpose Activities to the CCA**

*12. Funding Opportunity Number: **Tracking Number 12-027**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.): **Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties**

*15. Descriptive Title of Applicant's Project: **S103 Research Grant: PM 2.5 Monitoring**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **42**

*b. Program/Project: **24-49**

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

17. Proposed Project:

*a. Start Date: **April 1, 2012**

*b. End Date: **March 31, 2013**

18. Estimated Funding (\$):

*a. Federal **\$932,256.00**

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL **\$932,256.00**

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **04/13/2012**
- 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: **Barry**

Middle Name: **R.**

*Last Name: **Wallerstein**

Suffix: **D. Env.**

*Title: **Executive Officer**

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

Fax Number: **909-396-3340**

*Email: **bwallerstein@aqmd.gov**

*Signature of Authorized Representative: *Barry Wallerstein* Date Signed: **13 April 2012**

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL

By: *[Signature]*
Date: **4/11/12**

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:	
8. APPLICANT INFORMATION:			
* a. Legal Name: South Coast Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419		*c. Organizational DUNS: 025986159	
*d. Address:			
*Street1: 21865 Copley Dr.			
Street 2:			
*City: Diamond Bar			
County:			
*State: California			
Province:			
Country:			
*Zip/ Postal Code: 91765			
e. Organizational Unit:			
Department Name: Project Director e-mail: rbermudez@aqmd.gov		Division Name: Science & Technology Advancement	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		First Name: Mary	
Middle Name:			
*Last Name: Leonard			
Suffix:			
Title: Financial Analyst			
Organizational Affiliation: South Coast Air Quality Management District			
*Telephone Number: 909-396-2780		Fax Number: 909-396-2765	
*Email: mleonard@aqmd.gov			



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Special District

*10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Investigations, Special Purpose Activities to the CCA

*12. Funding Opportunity Number: Tracking Number 12-046

*Title:

13. Competition Identification Number:

Title:

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

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

S103 Near Road NO2 Monitoring

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant **42** *b. Program/Project: **24-49**

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

17. Proposed Project:
*a. Start Date: **June 1, 2012** *b. End Date: **May 31, 2014**

18. Estimated Funding (\$):
*a. Federal **\$400,000.00**
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL **\$400,000.00**

*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 **4-13-12**
 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

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Authorized Representative:
Prefix: *First Name: **Barry**
Middle Name: **R.**
*Last Name: **Wallerstein**
Suffix: **D. Env.**
*Title: **Executive Officer**
*Telephone Number: **909-396-2100** Fax Number: **909-396-3340**
*Email: **bwallerstein@aqmd.gov**
*Signature of Authorized Representative: *Barry Wallerstein* Date Signed: **13 April 2012**

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL
By: *[Signature]*
Date: **4/13/12**

