Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16-30, 2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-0004
Expiration Date: 07/31/2009

Application for Federal Assistance SF-424 Version 02

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

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	CE 96974801

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Bay Foundation of Morro Bay

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
77-0215847	047-662-767

d. Address:

* Street1: 601 Embarcadero Suite 11
Street2:
* City: Morro Bay, CA
County: San Luis Obispo County
* State: CA
Province:
* Country: United States of America
* Zip / Postal Code: 93442

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e. Organizational Unit:

Department Name:	Division Name:
Morro Bay National Estuary Program	

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

Prefix: Mr. * First Name: Daniel
Middle Name: Edward
* Last Name: Berman
Suffix:

Title: Program Director

Organizational Affiliation:
The Bay Foundation of Morro Bay - Morro Bay National Estuary Program

* Telephone Number: 805-772-3834 Fax Number: 805-772-4162

* Email: dberman@mbnep.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

M - 501(c)(3) non-profit (not higher education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-456

CFDA Title:

National Estuary Program

*** 12. Funding Opportunity Number:**

NA

* Title:

13. Competition Identification Number:

NA

Title:

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

City of Morro Bay, San Luis Obispo County
(Watershed of the Morro Bay Estuary)

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

Implementation of the Comprehensive Conservation and Management Plan for the Morro Bay Estuary and Watershed.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant 23 * b. Program/Project 23

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/1/2008 * b. End Date: 9/30/2009

18. Estimated Funding ($):

* a. Federal	$591,750.00
* b. Applicant	$219,000.00
* c. State	$352,750.00
* d. Local	$20,000.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$1,183,500.00

*** 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 4/30/08.

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

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

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

☐ Yes ☑ 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.~~ Ms. * First Name: ~~Joel~~ Shaunna

Middle Name:

* Last Name: ~~Neel~~ Sullivan

Suffix:

* Title: Vice President, The Bay Foundation of Morro Bay

* Telephone Number: ~~805-756-2193~~ 805-528-3355 Fax Number: ~~805-541-2365~~ 805-528-8346

* Email: ~~jneel@calpoly.edu~~ sullivanlaw@charter.net

* Signature of Authorized Representative: * Date Signed: 4-30-08

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

Application for Federal Assistance SF-424 Version 02

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

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

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

d. Address:

* Street1: 3351 M Street, Suite 100
Street2:
* City: Merced
County: Merced
* State: California
Province:
* Country: USA: United State of America
* Zip / Postal Code: 95348

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e. Organizational Unit:

Department Name:	Division Name:
California Limited Partnership	

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

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

Title: Owner / Consultant

Organizational Affiliation:
Gar-Mar Associates

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

* Email: garmar@ncbb.net

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 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.):

Salinas, Monterey County, California

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

Tresor Apartments - an 81-unit farm labor rental housing apartment complex; 24/2-bdrm units, 40/3-bdrm units, and 17/4-bdrm - to be located at 1041 Buckhorn Drive in Salinas, Monterey County, California (for additional description of project, see Item II.B. of this PreApplication).

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant ID-019 * b. Program/Project CA-017

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

Add Attachment

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	$ 3,000,000	FLH-514 Loan
* b. Applicant	$ 150,000	5% Equity Contribution
* c. State	$ 1,900,000	City of Salinas/RDA Funds
* d. Local	$ 2,500,000	Permanent Loan
* e. Other	$ 640,000	Deferred Developer Fee
* f. Program Income	$15,739,835	Tax Credit Financing
* g. TOTAL	$22,029,835	Total Development Cost

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

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/26/08

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

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

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

[ ] Yes [x] No

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

[x] **** I AGREE**

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

Authorized Representative:

Prefix: * First Name: Christina

Middle Name:

* Last Name: Alley, Chief Executive Officer for:

Suffix:

* Title: Central Valley Coalition for Affordable Housing, Inc. - General Partner

* Telephone Number: 209/388-0782 x302 Fax Number: 209/385-3770

* Email: chris@centralvalleycoalition.com

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

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

Not Applicable

Signature -	Margo E. Swedberg
Name -	Margo E. Swedberg, Owner
Company -	Gar-Mar Associates, Consultant
Dated -	April 26, 2008

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

DUNS NUMBER:112235184

1. Type of Submission
[X] Application [ ] Preapplication

2. Date Submitted: **05/15/2008**

3. Date and Time Received by HUD

4. HUD Application Number

5. Existing Grant Number

6. Applicant Identification Number: **B08-UC-06-0009**

7. Applicant's Legal Name: **SAN JOAQUIN COUNTY**

8. Organizational Unit: **COMMUNITY DEVELOPMENT DEPARTMENT**

9. Address (give city, county, State, and zip code)
A. Address: **1810 E. HAZELTON AVENUE**
B. City: **STOCKTON**
C. County: **SAN JOAQUIN**
D. State: **CA**
E. Zip Code: **95205**

10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)
A. Name: **KAREN STEVENS**
B. Title: **MANAGEMENT ANALYST III**
C. Phone: **209-468-3139**
D. Fax: **209-468-3163**
E. E-mail: kstevens@sjgov.org

11. Employer Identification Number (EIN) or SSN
94-6000531

12. Type of Applicant (enter appropriate letter in box): **B**
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. University or College
J. Indian Tribe
K. Tribally Designated Housing Entity (TDHE)
L. Individual
M. Profit Organization
N. Non-profit
O. Public Housing Authority
P. Other (Specify)

13. Type of Application
[X] New [ ] Continuation [ ] Renewal [ ] Revision

If Revision, enter appropriate letters in box(es) [ ] [ ]
A. Increase Amount B. Decrease Amount C. Increase Duration
D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency
U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number: **14 --- 218**
Title: **COMMUNITY DEVELOPMENT BLOCK GRANT**
Component Title:

16. Descriptive Title of Applicant's Program
2008-09 ENTITLEMENT STATEMENT FOR SAN JOAQUIN COUNTY AND PARTICIPATING CITIES. ACTIVITIES INCLUDE PUBLIC WORKS AND FACILITIES, HOUSING REHABILITATION, PUBLIC SERVICES, ACQUISITION, ADMINISTRATION AND PLANNING.

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) **COUNTY OF SAN JOAQUIN; CITIES ESCALON, LATHROP, LODI, MANTECA, RIPON, TRACY, CA**

18a. Proposed Program start date: **07/01/2008**

18b. Proposed Program end date: **06/30/2009**

19a. Congressional Districts of Applicant: **14 & 18**

19b. Congressional Districts of Program: **14 & 18**

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?
A. Yes [X] This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date: 4/25/08
B. No [ ] Program is not covered by E.O. 12372
[ ] Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt? [X] No
[ ] Yes If "Yes," explain below or attach an explanation.

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☒ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Ponderosa Community Services District

Organizational Unit: Special District

Address *(give city, county, State, and zip code)*: 56287 Aspen Dr. Springville, CA 93265

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Cheri Marchaunt 559-542-2414

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0044274

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

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

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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: United States Department of Agriculture - Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water infrastructure improvement for Ponderosa Community

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

13. PROPOSED PROJECT Water Project

Start Date: when funded Ending Date: 5 yrs.

14. CONGRESSIONAL DISTRICTS OF: 21st.

a. Applicant: PCSD b. Project: water project

15. ESTIMATED FUNDING: $ 2,324,175

a. Federal	$ 2,324,175 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,324,175 .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 mailed 4-23-08

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Alvaretta Kracik b. Title: President c. Telephone Number: 559-542-2639

d. Signature of Authorized Representative: Alvaretta Kracik e. Date Signed: 4-22-08

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Tri-County Economic Development Corp

Organizational DUNS: 15-340-4116

Address:

Street: 3120 Cohasset Rd., Suite 5

City: Chico

County: Butte County

State: CA

Zip Code: 95973

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: Mr. First Name: Marc

Middle Name

Last Name: Nemanic

Suffix:

Email: marc@tricountyedc.org

Phone Number (give area code): (530)893-8732

Fax Number (give area code): (530)893-0820

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0065873

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

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

Other (specify)

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

O. NOT FOR PROFIT ORGANIXATION

Other (specify)

9. NAME OF FEDERAL AGENCY: Dept of Commerce Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302

TITLE (Name of Program): Economic Development Support for Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The program objectives of this investment will support ED programs that will foster job creation forthe the unemploed & underemployed, and job retention in the District.

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

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 2 b. Project: 2

15. ESTIMATED FUNDING:

a. Federal	$ 67,000
b. Applicant	$
c. State	$
d. Local	$ 28,714
e. Other	$
f. Program Income	$
g. TOTAL	$ 95,714

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: 4/29/08

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mr. First Name: Marc Middle Name

Last Name: Nemanic Suffix

b. Title: Executive Director c. Telephone Number (give area code): (530) 893-8732

d. Signature of Authorized Representative e. Date Signed: 5/1/08

APPLICATION FOR FEDERAL ASSISTANCE	**2. DATE SUBMITTED** 11/19/2004	Applicant Identifier
1.TYPE OF SUBMISSION: Application / Pre-Application ☑ **Construction** / ☐ **Construction** ☐ **Non-Construction** / ☐ **Non-Construction**	**3. DATE RECEIVED BY STATE** 11/19/2004	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY 9/8/2004	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Derrick Harper	Organizational Unit:	
	Department:	
Organizational DUNS:	Division:	
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**	
Street: 71 woodpond ct.	Prefix: Mr.	First Name: Derrick
City: Columbia	Middle Name: George	
County: Richland county	Last Name : Harper	
State: South Carliona / Zip Code: 29212	Suffix:	
Country: America	Email: derrick.harper19@yahoo.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	Phone Number (give area code) 8037490635	Fax Number (give area code)

8. TYPE OF APPLICATION: ☑ **New** ☐ **Continuation** ☐ **Revision** If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) N/A, N/A Other (specify) : N/A	**7. TYPE OF APPLICANT:** Other (specify) :N/A **9. NAME OF FEDERAL AGENCY:**	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: . TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**	RECEIVED APR 28 2008 STATE CLEARING HOUSE
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		
13. PROPOSED PROJECT	**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date: 9/8/2004 / Ending Date: 9/8/2004	a. Applicant	b. Project

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$	a. Yes ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE : 9/8/2004
b. Applicant	$	
c. State	$	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	
f. Program Income	$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
g. TOTAL	$ 100,000	**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

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED 4/24/2008	Applicant Identifier Federal agency
1.TYPE OF SUBMISSION: Application / Pre-Application; ☑ Construction / ☐ Construction; ☐ Non-Construction / ☐ Non-Construction	3. DATE RECEIVED BY STATE 4/24/2008	State Application Identifier south carliona
	4. DATE RECEIVED BY FEDERAL AGENCY 4/24/2008	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Derrick Harper	Organizational Unit:	
	Department:	
Organizational DUNS:	Division:	
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**	
Street: 71 woodpond ct.	Prefix:	First Name:
City: columbia	Middle Name:	
County: Richland county	Last Name :	
State: South Carliona / Zip Code: 29212	Suffix:	
Country: USA	Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	Phone Number (give area code)	Fax Number (give area code)

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STATE CLEARING HOUSE

8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☑ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) N/A, N/A Other (specify) : N/A	**7. TYPE OF APPLICANT:** Other (specify) :N/A	
	9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: . TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		
13. PROPOSED PROJECT	**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date: 4/24/2008 / Ending Date: 4/24/2008	a. Applicant	b. Project
15. ESTIMATED FUNDING:	**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**	
a. Federal $ 25,000	a. Yes ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE : 4/24/2008	
b. Applicant $ 25,000		
c. State $ 25,000		
d. Local $ 25,000	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other $ 25,000		
f. Program Income $ 25,000	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL $ 150,000	**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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED May 8, 2008	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Yuba-Sutter Economic Development Corporation

Organizational DUNS: 120321596

Address:

Street: 1227 Bridge Street, Suite C

City: Yuba City

County: Sutter

State: California

Zip Code: 95991

Country: U.S.

Organizational Unit:

Department:

Division:

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

Prefix: Mr. First Name: Stephen

Middle Name

Last Name: Brammer

Suffix:

Email: sbrammer@ysedc.org

Phone Number (give area code): 530-751-8555 x 101

Fax Number (give area code): 530-751-8515

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 6 8 - 0 3 4 2 1 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)

O. Not for profit

Other (specify)
Economic Development District

9. NAME OF FEDERAL AGENCY:
U.S. Department of Commerce, Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 7

TITLE (Name of Program):
Section 209 Economic Adjustment Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Economic Development Initiative Action Plan

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Yuba and Sutter counties; cities of Marysville, Yuba City, Live Oak and Wheatland

13. PROPOSED PROJECT

Start Date: June 1, 2008

Ending Date: December 31, 2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 2

b. Project: District 2

15. ESTIMATED FUNDING:

a. Federal	$ 25,000.00
b. Applicant	$ 29,321.00
c. State	$ .00
d. Local	$ .00
e. Other	$ 24,800.00
f. Program Income	$ .00
g. TOTAL	$ 79,121.00

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 24, 2007

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mr. First Name: Stephen Middle Name

Last Name: Brammer Suffix

b. Title: Chief Operating Officer

c. Telephone Number (give area code): 530-751-8555 x 101

d. Signature of Authorized Representative

e. Date Signed: April 24, 2008

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

Application for Federal Assistance SF-424 Version 02

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

3. Date Received: 4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: SELF-HELP ENTERPRISES

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676

*c. Organizational DUNS: 056179906

d. Address:

*Street 1: 8445 WEST ELOWIN COURT
Street 2: P.O. BOX 6520
*City: VISALIA
County: TULARE
*State: CALIFORNIA
Province:
*Country: USA: UNITED STATES
*Zip / Postal Code 93290

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e. Organizational Unit:

Department Name: Division Name:

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

Prefix: MR *First Name: FERNANDO
Middle Name:
*Last Name: BELLA
Suffix:

Title: PROJECT TECHNICIAN II

Organizational Affiliation:

*Telephone Number: (559) 651-1000 EXT 647 Fax Number: (559) 651-3634

*Email: fernandob@selfhelpenterprises.org

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2008: HOUSING PRESERVATION GRANTS

*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2008

13. Competition Identification Number:

Title:

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

HURON, CALIFORNIA

KINGS COUNTY, MADERA COUNTY, MERCED COUNTY, & TULARE COUNTY, CALIFORNIA

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

THE PRESERVATION OF HOUSING FOR LOW TO VERY LOW-INCOME HOUSEHOLDS BY PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO RHS THERMAL STANDARDS

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 21 *b. Program/Project: 18-21

17. Proposed Project:

*a. Start Date: 08/01/08 *b. End Date: 08/01/09

18. Estimated Funding ($):

*a. Federal	110,000
*b. Applicant	
*c. State	250,000
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	

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

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

☐ 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: PETER

Middle Name: NUGENT

*Last Name: CAREY

Suffix:

*Title: PRESIDENT & CEO

*Telephone Number: (559) 651-1000 EXT 600 | Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: *Date Signed: 3.14.08

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted	Applicant Identifier R9 Tracking # 08-317
3. Date Rec'd by State	State Application Identifier
4. Date Rec'd by Federal	Federal Identifier V 96983901

1. Type of Submission:

Application	Preapplication
____ Construction	____ Construction
__X__ Nonconstruction	____ Nonconstruction

5. Applicant Information:
Legal Name and Address:
(give city, county, state, and zip code)
State Water Resources Control Board
1001 I Street, Sacramento County
Sacramento, California 95814

Organizational Unit:
Los Angeles Regional Water Quality Control Board
Name and telephone of person to be contacted on matters involving this application (give area code):
Dixon Oriola
213-576-6803

6. Employer Identification Number (EIN): 68--0281986

6. D U N S Number: 808321913

7. Type of Applicant: (enter appropriate letter) __A__

A. State	H. Independent School District
B. County	I. State Institute 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)

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8. Type of Application:
___ New _X_ Revision ___ Continuation
If Revision, enter appropriate letter(s): __A__ __C__
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other (specify) _____

9. Name of Federal Agency:
U. S. Environmental Protection Agency

10. Catalog of Federal Domestic Assistance Number
66.802
Title: Superfund State, Political Subdivision, and Indian Tribe Site Specific Cooperative Agreements

11. Descriptive Title of Applicant's Project:
To accelerate release confirmation, assessment, and propose the mitigation of sources of ground water contamination in the San Gabriel Valley. To coordinate efforts to identify, assess, and mitigate sources ground water contamination. To assist USEPA in keeping the San Gabriel Valley groundwater database updated.

12. Area Affected by Project:
(cities, counties, states, etc.)
Southern California

13. Proposed Project:

Start Date	End Date
7/1/2006	6/30/2009

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$350,000
b. Applicant	$0
c. State	$0
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$350,000

16. Is the application subject to review by the State Executive Order (EO) 12372 process?
a. YES: __X__ This application/preapplication was made available to the State EO 12372 process for review on:
Date: April 28, 2008
b. NO: _____ Program is not covered by EO # 12372
_____ Program has not been selected by the state for review.

17. Is the applicant delinquent on any Federal debt?
_____ YES, attach explanation __X__ NO

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

a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number
Dorothy Rice	Executive Director	(916) 341-5615

d. Signature of Authorized Representative	e. Date Signed:
	4/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier: 20081404 Heeger

3. DATE RECEIVED BY STATE

State Application Identifier

4. Federal Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application ☐ Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: 094878394

RECEIVED APR 25 2008 STATE CLEARING HOUSE

* Legal Name: The Regents of the University of California

Department: C. for Polymers/Organic Solids Division:

* Street1: 3227 Cheadle Hall Street2:

* City: Santa Barbara County: Santa Barbara * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 93106-2050

Person to be contacted on matters involving this application

Prefix: Mr. * First Name: Kevin Middle Name: * Last Name: Stewart Suffix:

* Phone Number: 805-893-4034 Fax Number: 805-893-2611 Email: stewart@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 956006145W

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: ☑ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

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

What other Agencies?

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Polymer-Based Bulk Heterojunction Tandem Solar Cells

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Santa Barbara, CA

13. PROPOSED PROJECT:

* Start Date: 09/01/2008 * Ending Date: 08/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: 23 b. * Project: 23

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Alan Middle Name: J * Last Name: Heeger Suffix:

Position/Title: Professor, Physics * Organization Name: The Regents of the University of California

Department: C. for Polymers/Organic Solids Division:

* Street1: 4415 Broida Hall Street2:

* City: Santa Barbara County: Santa Barbara * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 93106-2050

* Phone Number: 805-893-3164 Fax Number: 805-893-6132 * Email: ajhe@physics.ucsb.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	1,350,000.00
b. * Total Federal & Non-Federal Funds	1,350,000.00
c. * Estimated Program Income	0.00

17. * 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: 04/25/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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.*

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mr.	Kevin		Stewart	

* Position/Title:	Sponsored Projects Officer	* Organization:	The Regents of the University of California
Department:	Office of Research	Division:	
* Street1:	3227 Cheadle Hall	Street2:	
* City:	Santa Barbara	County:	Santa Barbara
* State:	CA: Califor	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	93106-2050
* Phone Number:	805-893-4034	Fax Number:	805-893-2611
* Email:	proposals@research.ucsb.edu		

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application Add Attachment Delete Attachment View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment Delete Attachment View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier: Leal 20061375

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application ☐ Changed/Corrected Application

4. Federal Identifier: DE-FG02-05ER25704

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5. APPLICANT INFORMATION

* Organizational DUNS: 094878394

* Legal Name: The Regents of the University of California

Department: Office of Research | Division: Vice Chancellor of Research

* Street1: 3227 Cheadle Hall | Street2:

* City: Santa Barbara | County: Santa Barbara | * State: CA: Califon

Province: | * Country: JNITED ST | * ZIP / Postal Code: 93106-2060

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Lynne		Van Der Kamp	

* Phone Number: 805-893-5887 | Fax Number: 805-893-2611 | Email: van@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-6006145W

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type: ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: ☐ New ☐ Resubmission ☑ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es). ☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration ☐ E. Other (specify):

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

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

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mathematical Coupling of Disperate Spatial and Temporal Scales in Multiphase Systems

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

13. PROPOSED PROJECT: * Start Date: 10/01/2006 | * Ending Date: 09/30/2011

14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: 23 | b. * Project: 23

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Gary		Leal	

Position/Title: Professor | * Organization Name: The Regents of the University of California

Department: Chemical Engineering | Division: College of Engineering

* Street1: Engineering II | Street2:

* City: Santa Barbara | County: Santa Barbara | * State: CA: Califon

Province: | * Country: JNITED ST | * ZIP / Postal Code: 93106-2060

* Phone Number: 805-893-8510 | Fax Number: 805-893-5458 | * Email: lgl20@engineering.ucsb.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	382,832.00
b. * Total Federal & Non-Federal Funds	382,832.00
c. * Estimated Program Income	0.00

17. * 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: 04/28/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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.*

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Lynne		Van Der Kamp	

* Position/Title:	Sponsored Projects Officer	* Organization:	The Regents of the University of California
Department:	Office of Research	Division:	Vice Chancellor of Research
* Street1:	3227 Cheadle Hall	Street2:	
* City:	Santa Barbara	County:	Santa Barbara
* State:	CA: Califor	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	93106-2080
* Phone Number:	805-893-5687	Fax Number:	805-893-2611
* Email:	proposals@research.ucsb.edu		

*** Signature of Authorized Representative**
Completed on submission to Grants.gov

*** Date Signed**
Completed on submission to Grants.gov 4/25/08

20. Pre-application Add Attachment Delete Attachment View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment Delete Attachment View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☐ Non-Construction	☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: COUNTY OF MONTEREY	Organizational Unit: Department: Resource Management Agency
Organizational DUNS: 607597130	Division: Redevelopment and Housing Office
Address: Street: 168 W. Alisal Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jim
City: Salinas	Middle Name
County: Monterey	Last Name: Cook
State: California Zip Code: 93901	Suffix:
Country: USA	Email: cookj@co.monterey.ca.us
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000524	Phone Number (give area code): 831-755-5394 Fax Number (give area code): 831-755-5398
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)
	9. NAME OF FEDERAL AGENCY: Dept. of Commerce/EDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Econ. Adj. - TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Economic Development and Infrastructure Planning for Rural Monterey County
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
13. PROPOSED PROJECT Start Date: June 2008 Ending Date: June 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project 17th

15. ESTIMATED FUNDING:

a. Federal	$ 160,000.00
b. Applicant	$ 40,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 200,000.00

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: MR.	First Name: JIM	Middle Name
Last Name: COOK		Suffix
b. Title: DIRECTOR, Redevelopment and Housing Office		c. Telephone Number (give area code): 831-755-5390
d. Signature of Authorized Representative		e. Date Signed: 04-23-08

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APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED 04/24/2008

Applicant Identifier 30674

3. DATE RECEIVED BY STATE / /

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application ☐ Changed/Corrected Application

4. Federal Identifier DE-FG02-04ER41295-A011

5. APPLICANT INFORMATION *** Organizational DUNS:** 009214214

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STATE CLEARING HOUSE

* Legal Name: Board of Trustees of the Leland Stanford Junior University

Department: Office of Sponsored Researcdh Division:

* Street1: 651 Serra Street Street2:

* City: Stanford County: * State: CA: Californ

Province: * Country: UNITED ST * ZIP / Postal Code: 94309

Person to be contacted on matters involving this application

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

* Phone Number: 650-725-2344 Fax Number: 650-725-6544 Email: mkeating@stanford.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN):* 941156365

7. * TYPE OF APPLICANT: O: Private Institution of Higher Education

Other (Specify):

8. * TYPE OF APPLICATION: ☐ New ☐ Resubmission ☐ Renewal ☑ Continuation ☐ Revision

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration ☐ E. Other *(specify)*

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

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

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Dark Matter Search Experiments with Cryogenic Detectors: CDMS-I and CDMS-II

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

Stanford, CA, Carlsbad, NM, Soudan

13. PROPOSED PROJECT:

* Start Date: 01/01/2008 * Ending Date: 12/31/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-014 b. * Project: CA-014

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Position/Title: Professor * Organization Name: Board of Trustees of the Leland Stanford Junior University

Department: Office of Sponsored Research Division:

* Street1: 651 Serra Street Street2:

* City: Stanford County: * State: CA: Californ

Province: * Country: UNITED ST * ZIP / Postal Code: 94309

* Phone Number: 650-723-9995 Fax Number: 650-725-6544 * Email: cabrera@stanford.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding: 199,000.00

b. * Total Federal & Non-Federal Funds: 199,000.00

c. * Estimated Program Income: 0.00

17. * 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: 04/24/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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.*

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	April-Joy		Zanoria	

* Position/Title: Associate Contract and Grant Officer
* Organization: Board of Trustees of the Leland Stanford Junior University
Department: Office of Sponsored Researcdh
Division:
* Street1: 651 Serra Street
Street2:
* City: Stanford
County:
* State: CA: Californ
Province:
* Country: UNITED ST
* ZIP / Postal Code: 94309
* Phone Number: 650-725-9060
Fax Number:
* Email: ajsantos@stanford.edu

*** Signature of Authorized Representative**
Completed on submission to Grants.gov

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED
APR 24 2008
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier: CA044

5a. Federal Entity Identifier: CA044

*5b. Federal Award Identifier: CA044-00000108D, CA044-00000208D, CA044-00000308D

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Housing Authority of the County of Yolo

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003375

*c. Organizational DUNS: 603664000

d. Address:

*Street 1: 147 W Main Street
Street 2:
*City: Woodland
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95695

e. Organizational Unit:

Department Name: Low income Public Housing

Division Name:

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

Prefix: Ms.
*First Name: Lisa
Middle Name: A.
*Last Name: Baker
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (530) 669-2219
Fax Number: (530) 662-5429

*Email: lbaker@ycha.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:**

L. Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.850

CFDA Title:

Low Rent Public Housing

***12 Funding Opportunity Number:**

9999

*Title:

9999

13. Competition Identification Number:

9999

Title:

9999

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

Yolo County California and the cities of West Sacramento and Woodland

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

Operating Fund Subsidy - Public Housing - Housing for Low Income Tenants

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: California 1st & 2nd *b. Program/Project: California 1st & 2nd

17. Proposed Project:

*a. Start Date: 1/1/2008 *b. End Date: 12/31/2008

18. Estimated Funding ($):

*a. Federal	718,313
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	1,757,419
*g. TOTAL	2,475,732

***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 4/24/08

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Lisa

Middle Name: A.

*Last Name: Baker

Suffix:

*Title: Executive Director

*Telephone Number: (530) 669-2219 Fax Number: (530) 662-5429

* Email: Lisa A. Baker

*Signature of Authorized Representative: *Date Signed: 04/24/2008

Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier: Richman - 20081380

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier: DE-PS02-06ER06-02 - Supplement

RECEIVED
APR 24 2008
STATE CLEARING HOUSE

5. APPLICANT INFORMATION — * Organizational DUNS: 094876394

* Legal Name: The Regents of the University of California
Department: Physics Department — Division:
* Street1: 3019 Broida Hall — Street2:
* City: Santa Barbara — County: — * State: CA: Californ
Province: — * Country: UNITED ST — * ZIP / Postal Code: 93106

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Cara		Egan-Williams	

* Phone Number: 805/893-8809 — Fax Number: 805/893-2611 — Email: eganwilliams@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-6006145W

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

8. * TYPE OF APPLICATION: ☐ New
☐ Resubmission ☐ Renewal ☐ Continuation ☑ Revision

Small Business Organization Type
☐ Women Owned ☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration
☐ D. Decrease Duration ☑ E. Other *(specify)*: Supplement

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
TITLE: Office of Science Financial Assistance Program

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: UCSB High Energy Physics Group Grant Supplement

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

13. PROPOSED PROJECT
* Start Date: 04/01/2008 — * Ending Date: 03/31/2009

14. CONGRESSIONAL DISTRICTS OF
a. * Applicant: 23rd — b. * Project: 23rd

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Jeffrey	D.	Richman	

Position/Title: Professor - 6/0 — * Organization Name: The Regents of the University of California
Department: Physics Department — Division:
* Street1: 3019 Broida Hall — Street2:
* City: Santa Barbara — County: — * State: CA: Californ
Province: — * Country: UNITED ST — * ZIP / Postal Code: 93106
* Phone Number: 805/893-8408 — Fax Number: 805/893-8597 — * Email: richman@hep.physics.ucsb.edu

OMB Number: 4040-0001
Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	41,000.00
b. * Total Federal & Non-Federal Funds	41,000.00
c. * Estimated Program Income	0.00

17. * 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: 04/24/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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.*

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Cara		Egan-Williams	

* Position/Title:	Sponsored Projects Officer	* Organization:	The Regents of the University of California
Department:	Physics Department	Division:	
* Street1:	3227 Cheadle Hall	Street2:	
* City:	Santa Barbara	County:	
* State:	CA: Californ	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	93106
* Phone Number:	805/893-8809	Fax Number:	805/893-2611
* Email:	proposals@research.ucsb.edu		

*** Signature of Authorized Representative**
Completed on submission to Grants.gov

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application [redacted] Delete Attachment | View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

[redacted] Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

	2. DATE SUBMITTED: April 4, 2008	Applicant Identifier: FY 2008 PL Overall Work Program
1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction; Preapplication ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation	Organizational Unit: Division of Transportation Planning
Address *(give city, county, State, and zip code)*: P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001	Name and telephone number of person to be contacted on matters involving this application *(give area code)* C. Garth Hopkins, Acting Chief; Office of Regional & Interagency Planning Transportation Planning. (916) 654-8175

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

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

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

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: DOT, Federal Highway Administration, Region IX

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

TITLE: MPO Highway Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2008/09 Federal Planning Funds; $39,522,228 in FHWA PL Funds (Estimate)

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

13. PROPOSED PROJECT FY 2008 OWP Program		**14. CONGRESSIONAL DISTRICTS OF:** California Statewide	
Start Date: 7/1/07	Ending Date: 6/30/08	a. Applicant: Statewide	b. Project: Statewide Metropolitan Planning

15. ESTIMATED FUNDING:

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

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/14/08

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

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

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation

Organizational Unit: Division of Transportation Planning

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

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

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

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

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

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

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

DOT, Federal Highway Administration, Region IX

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

TITLE: Transit Planning and Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

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

State of California

13. PROPOSED PROJECT FY 2008 OWP Program

14. CONGRESSIONAL DISTRICTS OF: California Statewide

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

15. ESTIMATED FUNDING:

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

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

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

DATE 04/14/08

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

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

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation

Organizational Unit: Division of Transportation Planning

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

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

RECEIVED
APR 23 2008
STATE CLEARINGHOUSE

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

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

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

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

DOT, Federal Highway Administration, Region IX

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

TITLE: State Planning and Research Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

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

State of California

13. PROPOSED PROJECT FY 2008 OWP Program

Start Date: 7/1/07 Ending Date: 6/30/08

14. CONGRESSIONAL DISTRICTS OF: California Statewide

a. Applicant: Statewide

b. Project: Statewide Planning and Research Studies

15. ESTIMATED FUNDING:

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

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

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

DATE 04/14/08

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

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

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

led Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION: Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/12/07

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID: 08SR082226

4. DATE RECEIVED BY FEDERAL AGENCY: 10/12/07

FEDERAL IDENTIFIER: 08SRPCA004

5. APPLICATION INFORMATION

LEGAL NAME: Volunteer Center Orange County

DUNS NUMBER: 054360722

ADDRESS (give street address, city, state, zip code and county):
1901 E Fourth St
Suite 100
Santa Ana CA 92705 - 3918
County: Orange

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Beth Bloomfield
TELEPHONE NUMBER: (714) 953-5757 215
FAX NUMBER: (714) 834-0585
INTERNET E-MAIL ADDRESS: bbloomfield@volunteercenter.org

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APR 23 2008
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952021700

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Volunteer Management Organization

8. TYPE OF APPLICATION (Check appropriate box).
[ ] NEW [X] NEW/PREVIOUS GRANTEE
[ ] CONTINUATION [ ] AMENDMENT
If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]
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:
RSVP - Orange County, CA

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
All of greater Orange County, CA

13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 12/31/10

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 48 b.Program CA 48

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 137,766.00
b. APPLICANT	$ 84,371.00
c. STATE	$ 0.00
d. LOCAL	$ 12,650.00
e. OTHER	$ 71,721.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 222,137.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: January 1, 2008
DATE:
[ ] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE	b. TITLE	c. TELEPHONE NUMBER
Dan Moquaid	President/CEO	(714) 953-5757 138

SIGNATURE OF AUTHORIZED REPRESENTATIVE	e. DATE SIGNED
	11/15/07

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

Application for Federal Assistance SF-424 Version 02

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

3. Date Received: 4. Applicant Identifier:

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

RECEIVED
APR 23 2008
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Desert Alliance for Community Empowerment

*b. Employer/Taxpayer Identification Number (EIN/TIN): 330857187

*c. Organizational DUNS: 108363370

d. Address:

*Street 1: 53990 Enterprise Way, Ste. One
Street 2:
*City: Coachella
County: Riverside
*State: California
Province:
*Country: United States
*Zip / Postal Code 92236

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: Jeffrey
Middle Name:
*Last Name: Hays
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (760) 391-5050 x 222 Fax Number: (760) 391-5100

*Email: jeff@dace-rancho.org

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Housing and Community Facilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2008

*Title:

13. Competition Identification Number:

Title:

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

The City of Blythe as well as the unincorporated communities of Mecca, Oasis, Thermal, North Shore, Ripley, Mesa Verde and Desert Center in rural Riverside County, Calif.

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

Rehabilitation of two mobile home parks in Riverside County, Calif., a federally designated Rural Empower ment Zone.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-45 *b. Program/Project: CA-45

17. Proposed Project:

*a. Start Date: 08/30/08 *b. End Date: 07/30/09

18. Estimated Funding ($):

*a. Federal	$100,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	$185,000
*f. Program Income	
*g. TOTAL	$285,000

***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 04/15/08

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

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

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

☐ Yes ☒ 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: Jeffrey

Middle Name:

*Last Name: Hays

Suffix:

*Title: Executive Director

*Telephone Number: (760) 391-5050 x 222 Fax Number: (760) 391-5100

* Email: jeff@dace-rancho.org

*Signature of Authorized Representative: *Date Signed: 4/15/08

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

Application for Federal Assistance SF-424 Version 02

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

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

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

State Use Only:

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

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8. APPLICANT INFORMATION:

* a. Legal Name: Desert Alliance for Community Empowerment

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
330857187	108363370

d. Address:

* Street1: 53990 Enterprise Way, Suite One
Street2:
* City: Coachella
County: Riverside
* State: California
Province:
* Country: USA
* Zip / Postal Code: 92236

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: Jeffrey
Middle Name:
* Last Name: Hays
Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: (760) 391-5050 x 222 Fax Number: (760) 391-5100

* Email: jeff@dace-rancho.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Nonprofit with 501C3 IRS Status (other than institution of higher learning)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Housing and Community Facilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.433.

CFDA Title:

Rural Housing Preservation Grants

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2008

* Title:

13. Competition Identification Number:

Title:

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

The City of Blythe as well as the unincorporated communities of Mecca, Oasis, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, California.

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

Rehabilitation of owner-occupied homes in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-45 * b. Program/Project CA-45

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/30/08 * b. End Date: 07/30/09

18. Estimated Funding ($):

* a. Federal	$100,000.00
* b. Applicant	
* c. State	
* d. Local	$40,000.00
* e. Other	$60,000.00
* f. Program Income	
* g. TOTAL	$200,000.00

*** 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 04/01/08.

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

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

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

☐ Yes ☑ No Explanation

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Mr. * First Name: Jeffrey

Middle Name:

* Last Name: Hays

Suffix:

* Title: Executive Director

* Telephone Number: (760) 391-5050 x 222 Fax Number: (760) 391-5100

* Email: jeff@dace-rancho.org

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424 Version 02

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

3. Date Received: 4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: SELF-HELP ENTERPRISES

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676

*c. Organizational DUNS: 056179906

d. Address:

*Street 1: 8445 WEST ELOWIN COURT
Street 2: P.O. BOX 6520
*City: VISALIA
County: TULARE
*State: CALIFORNIA
Province:
*Country: USA: UNITED STATES
*Zip / Postal Code 93290

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e. Organizational Unit:

Department Name: Division Name:

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

Prefix: MR *First Name: FERNANDO
Middle Name:
*Last Name: BELLA
Suffix:

Title: PROJECT TECHNICIAN II

Organizational Affiliation:

*Telephone Number: (559) 651-1000 EXT 647 Fax Number: (559) 651-3634

*Email: fernandob@selfhelpenterprises.org

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2008: HOUSING PRESERVATION GRANTS

*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2008

13. Competition Identification Number:

Title:

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

HURON, CALIFORNIA

KINGS COUNTY, MADERA COUNTY, MERCED COUNTY, & TULARE COUNTY, CALIFORNIA

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

THE PRESERVATION OF HOUSING FOR LOW TO VERY LOW-INCOME HOUSEHOLDS BY PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO RHS THERMAL STANDARDS

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 21 *b. Program/Project: 18-21

17. Proposed Project:

*a. Start Date: 08/01/08 *b. End Date: 08/01/09

18. Estimated Funding ($):

*a. Federal	110,000
*b. Applicant	
*c. State	250,000
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	

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

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

☐ 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: PETER

Middle Name: NUGENT

*Last Name: CAREY

Suffix:

*Title: PRESIDENT & CEO

*Telephone Number: (559) 651-1000 EXT 600 Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: *Date Signed: 3.19.08

Application for Federal Assistance SF-424 Version 02

*Applicant Federal Debt Delinquency Explanation

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

BUDGET INFORMATION - Non-Construction grams

OMB Approval No. 4040-0006
Expiration Date 04/30/2008

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. HPG	10.433	$	$	$ 110,000	$	$ 110,000
2. CDBG					150,000	150,000
3. HOME					100,000	100,000
4.						
5. Totals		$	$	$ 110,000	$ 250,000	$ 360,000

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1) HPG	(2) CDBG	(3) HOME	(4)	Total (5)
a. Personnel	$ 8,748	$	$	$	$ 8,748
b. Fringe Benefits	2,187				2,187
c. Travel	1,104				1,104
d. Equipment					
e. Supplies	573				573
f. Contractual					
g. Construction	93,500	150,000	100,000		343,500
h. Other	1,237				1,237
i. Total Direct Charges (sum of 6a-6h)	107,349	150,000	100,000		$ 357,349
j. Indirect Charges	2,651				$ 2,651
k. TOTALS (sum of 6i and 6j)	$ 110,000	$ 150,000	$ 100,000	$	$ 360,000
7. Program Income	$ 0	$ 0	$ 0	$	$ 0

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SECTION C - NON-FEDERAL RESOURCE

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. COMMUNITY DEVELOPMENT BLOCK GRANT	$	$ 150,000	$	$ 150,000
9. HOME PROGRAM		100,000		100,000
10.				
11.				
12. TOTAL (sum of lines 8-11)	$	$ 250,000	$	$ 250,000

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 110,000	$ 23,622	$ 28,123	$ 28,126	$ 30,129
14. Non-Federal	$ 250,000	45,454	68,181	68,181	68,184
15. TOTAL (sum of lines 13 and 14)	$ 360,000	$ 69,076	$ 96,304	$ 96,307	$ 98,313

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. HOUSING PRESERVATION GRANT	$ 110,000	$	$	$
17. COMMUNITY DEVELOPMENT BLOCK GRANT	150,000			
18. HOME PROGRAM	100,000			
19.				
20. TOTAL (sum of lines 16 - 19)	$ 360,000	$	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: $357,349	22. Indirect Charges: $10,936 X 24.24% = $2,651

23. Remarks:

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

Application for Federal Assistance SF-424 Version 02

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

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

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

d. Address:

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

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STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:	Division Name:
California Limited Partnership	

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

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

Title: Owner / Consultant

Organizational Affiliation:
Gar-Mar Associates

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

* Email: garmar@ncbb.net

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

N/A

Title:

N/A

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

Lindsay, Tulare County, California

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

Lindsay Senior Apartments - a 73-unit senior citizens apartment complex; 58/1-bdrm units, and 15/2-bdrm units - to be located on the corner of Westwood Avenue & State Hwy 65 in Lindsay, Tulare County, California (for additional description of project, see Item II.B. of this PreApplication).

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant ID-001 * b. Program/Project CA-021

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/01/08 * b. End Date: 10/01/09

18. Estimated Funding ($):

* a. Federal	$ 1,000,000	RRH-515 Loan
* b. Applicant	$ 702,203	5% Equity Contribution
* c. State	$ 1,170,000	City of Lindsay/HOME Funds
* d. Local	$ 1,800,000	Permanent Loan
* e. Other	$ 250,000	Deferred Developer Fee
* f. Program Income	$ 9,121,863	Tax Credit Financing
* g. TOTAL	$14,044,066	Total Development Cost

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

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/15/08

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

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

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

[ ] Yes [x] No

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

[x] **** I AGREE**

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

Authorized Representative:

Prefix: * First Name: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

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

* Email: calebr@tpchousing.com

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 4/10/2008	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☒ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: CENTRAL VALLEY BUSINESS INCUBATOR

Organizational Unit:
Department:
Division:

Organizational DUNS: 054338053

Address:
Street: 1630 E. SHAW AVENUE, SUITE 163
City: FRESNO
County: FRESNO
State: CA
Zip Code 93710
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: ANNA
Middle Name KAYANE
Last Name BORGEAS
Suffix:
Email: anna@cvbi.org
Phone Number (give area code) (559) 292-9033
Fax Number (give area code) (559) 294-6537

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0449599

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

Other (specify)

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

O - NOT FOR PROFIT ORGANIZATION

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA - Rural Development

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

ECONOMIC DEVELOPMENT THROUGH THE ENTREPRENEURIAL TRAINING PROCESS

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

FRESNO, KINGS, MADERA + TULARE COUNTIES

13. PROPOSED PROJECT

Start Date: JUNE 2008
Ending Date: JUNE 2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 20
b. Project 19, 20, 21

15. ESTIMATED FUNDING:

a. Federal	$ 60,000 .00	
b. Applicant	$ 26,000 .00	
c. State	$ .00	
d. Local	$ .00	
e. Other	$ .00	
f. Program Income	$ .00	
g. TOTAL	$ 86,000 .00	

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

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

DATE:

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 CRAIG
Middle Name
Last Name SCHARTON
Suffix
b. Title CHIEF EXECUTIVE OFFICER
c. Telephone Number (give area code) (559) 292.9033
d. Signature of Authorized Representative
e. Date Signed

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 9, 2008

Applicant Identifier:

1. TYPE OF SUBMISSION:

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

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: **Port of Oakland**

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

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

530 Water Street
Oakland, CA 94607

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

Christina Lee
(510) 627-1510

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

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

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9. NAME OF FEDERAL AGENCY: **Federal Aviation Administration**

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

1. Construction of Taxiway B Between Taxiway T & Taxiway B1, South Field, OIA
2. Overlay of Taxiway W and Run-upPad Between Runway 11 and Taxiway Y, Sould Field, OIA
3. North Field Lighting Enhancement and Rehabilitation
4. Runway Safety Areas (RSAs), Phase 2 - Land Acquisition and Stormwater Study

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

San Francisco Bay Area

13. PROPOSED PROJECT

Start Date	Ending Date
10/08	03/09

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
7	4

15. ESTIMATED FUNDING

a. Federal	$	12,630,589 .00
b. Applicant	$	3,059,595 .00
c. State	$	.
d. Local	$	.
e. Other	$	.
f. Program income	$	.
g. TOTAL	$	15,690,184 .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 9, 2008**

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If yes, attach an explanation ☒ No

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Steve Grossman	**Director of Aviation**	**(510) 627-1133**

d. Signature of Authorized Representative

e. Date Signed: **April 9, 2008**

Previous Editions Not Usable

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

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APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION

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

5. APPLICANT INFORMATION

Legal Name: CITY OF OROVILLE

Organizational DUNS: 086123437

Address:

Street: 1735 Montgomery Street

City: Oroville

County: BUTTE

State: CA

Zip Code: 95965-4897

Country: USA

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Organizational Unit:

Department: Department of Business assistance and Housing Development

Division:

Name and telephone number of the person to be contacted on matters involving this application (give area code): 530-538-4307

Prefix: Mr. First Name: Rick

Middle Name: C.

Last Name: Farley

Suffix:

Email: farleyrc@cityoforoville.org

Phone Number (give area code): 530 -538-4307

Fax Number (give area code): 530-538- 2539

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 — 6 0 0 0 3 8 7

8. TYPE OF APPLICATION:

☒New ☐Continuation ☐Revision

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

(See instructions for description of letters.) ☐ ☐

Other (specify)

7. TYPE OF APPLICANT: (See instructions for Application Types)

C

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 • 7 6 9

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Business Assistance for Small & Emerging Private Business Enterprise Program

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

City of Oroville

13. PROPOSED PROJECT

Start Date: Ending Date:

14. CONGRESSINAL DISTRICTS OF:

a. Applicant b. Project

15. ESTIMATED FUNDING:

a. Federal	29,900.00
b. Applicant	
c. State	
d. Local	35,100.00
e. Other	
f. Program Income	
g. TOTAL	65,000.00

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

a. Yes. ☐ THIS PREAPPLICATION 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 GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THE DOCUMENT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: First Name: SHARON Middle Name: L.

Last Name: ATTEBERRY Suffix:

b. Title: CITY ADMINISTRATOR c. Telephone Number (give area code): 530-538-2535

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Community Alliance with Family Farmers	Organizational Unit: Department:
Organizational DUNS: 364179267	Division:
Address: Street: 36355 Russell Blvd	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Kristen
City: Davis	Middle Name: Marie
County: Yolo	Last Name: Schroer
State: CA / Zip Code: 95616	Suffix:
Country: USA	Email:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 9 1 4 7 4 5	Phone Number (give area code): 530-756-8518 x 39 / Fax Number (give area code): 530-756-7857
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) O. Nonprofit. Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grant	9. NAME OF FEDERAL AGENCY:
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Humboldt, Mendocino, and San Benito Counties	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Enhancing Farm and Rural Business Viability Through Targeted Technical Assistance
13. PROPOSED PROJECT: Start Date: 10/1/08 / Ending Date: 9/30/08	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 05 / b. Project: 1, 2, 17

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15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 124,962.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/11/08
b. Applicant	$ 52,429.00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 177,391.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative Prefix	First Name: Dave	Middle Name
Last Name: Runsten		Suffix
b. Title: Executive Director		c. Telephone Number (give area code): 530-756-8518
d. Signature of Authorized Representative		e. Date Signed: 4/11/08

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted	Applicant Identifier
3. Date Rec'd by State	State Application Identifier
4. Date Rec'd by Federal	Federal Identifier

1. Type of Submission:
Application: ____ Construction; _X_ Nonconstruction
Preapplication: ____ Construction; ____ Nonconstruction

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5. Applicant Information:
Legal Name and Address:
(give city, county, state, and zip code)
State Water Resources Control Board
1001 I Street, Sacramento County
Sacramento, California 95814

Organizational Unit:
Division of Financial Assistance
Name and telephone of person to be contacted on matters involving this application (give area code):
David Kirn
(916) 341-5720

6. Employer Identification Number (EIN): 68--0281986

6. D U N S Number: 808321913

7. Type of Applicant: (enter appropriate letter) __A __
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Institute of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (specify)

8. Type of Application:
_X_ New ___ Revision ___ Continuation
If Revision, enter appropriate letter(s): ____ ____
A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
Other (specify) _____ _____

9. Name of Federal Agency:
U. S. Environmental Protection Agency

10. Catalog of Federal Domestic Assistance Number
66.458
Title: Capitalization Grants for Clean Water State Revolving Fund

11. Descriptive Title of Applicant's Project:
Providing loans and other forms of assistance for the construction of wastewater treatment facilities, the implementation of a nonpoint source management program, and development and implementation of estuary conservation and management plans.

12. Area Affected by Project:
(cities, counties, states, etc.)
California

13. Proposed Project:

Start Date	End Date
7/1/2008	6/30/2018

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$48,922,291
b. Applicant	$0
c. State	$9,784,458
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$58,706,749

16. Is the application subject to review by the State Executive Order (EO) 12372 process?
a. YES: __X _ This application/preapplication was made available to the State EO 12372 process for review on:
Date: April 16, 2008
b. NO: ____ Program is not covered by EO # 12372
____ Program has not been selected by the state for review.

17. Is the applicant delinquent on any Federal debt?
____ YES, attach explanation ___X__ NO

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

a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number
Dorothy Rice	Executive Director	(916) 341-5615

d. Signature of Authorized Representative	e. Date Signed:
	4/21/2008