Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16-30, 2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

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

1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specifty)

3. Date Received: 3/23/2009

4. Applicant Identifier: CA04000

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: San Luis Obispo County

b. Employer/Taxpayer Identification Number (EIN/TIN): 956000939

c. Organizational DUNS: 035116404

d. Address:

Street 1: 1585 Kansas Ave
Street 2:
City: San Luis Obispo
County:
State: CA
Province:
Country:
Zip / Postal Code: 93405

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e. Organizational Unit:

Department Name: San Luis Obispo County Sheriff

Division Name:

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

Prefix:
First Name: Rob
Middle Name:
Last Name: Reid
Suffix:
Title: Chief Deputy
Organizational Affiliation:
Telephone Number: 8057814540
Fax Number: 8057811075
Email: rreid@co.slo.ca.us

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

San Luis Obispo County, California

15. Descriptive Title of Applicant's Project:

Hiring and Retention

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: CA 22 b. Program/Project: CA 22

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 6/30/2013

18. Estimated Funding ($):

a. Federal 2944464

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 2944464

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 4/14/2009

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

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

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

[ ] Yes [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)

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

[X] I AGREE

** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: First Name: Patrick

Middle Name:

Last Name: Hedges

Suffix:

Title: Sheriff-Coroner

Telephone Number: 8057814540 Fax Number: 8057811075

Email: phedges@co.slo.ca.us

Signature (Typed Name) of Authorized Representative: Patrick Hedges Date Signed: 4/14/2009

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.

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:

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State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Plumas Rural Services

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2722880

*c. Organizational DUNS: 1986795320000

d. Address:

*Street 1: 586 Jackson Street
Street 2:
*City: Quincy
County: Plumas
*State: California
Province:
*Country: United States of America
*Zip / Postal Code 95971

e. Organizational Unit:

Department Name: Division Name:

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

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

Title: Program Resource Developer

Organizational Affiliation:

*Telephone Number: 850-469-7488 Fax Number: 530-283-3647

*Email: srichards@plumasruralservices.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:**

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grants

***12 Funding Opportunity Number:**

RDBCP-09-RBEG

*Title:

Rural Business Enterprise Grants

13. Competition Identification Number:

Title:

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

Plumas County (CA)

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

Organic Composting Feasibility Study

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-04 *b. Program/Project: CA-04

17. Proposed Project:

*a. Start Date: 10/01/2009 *b. End Date: 09/30/2010

18. Estimated Funding ($):

*a. Federal	99,313.51
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	99,313.51

***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 04/16/2009

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

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

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

☐ Yes ☒ No

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

☒ ** 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: Michele

Middle Name: Lynn

*Last Name: Piller

Suffix:

*Title: Executive Director

*Telephone Number: 530-283-2735 Fax Number: 530-283-3647

* Email: mpiller@plumasruralservices.org

*Signature of Authorized Representative: Michele Lynn Piller *Date Signed: 04/16/2009

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: City of Watsonville

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000451

*c. Organizational DUNS: 01-093-9452

d. Address:

*Street 1: 250 Main Street
Street 2:
*City: Watsonville
County: Santa Cruz
*State: CA
Province:
*Country: United States of America
*Zip / Postal Code 95076

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e. Organizational Unit:

Department Name: Redevelopment and Housing Department

Division Name:

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

Prefix: Mr. *First Name: Fabian
Middle Name:
*Last Name: Guzman
Suffix:

Title: Project Manager

Organizational Affiliation:

*Telephone Number: 831-768-3080 Fax Number: 831-763-4114

*Email: fguzman@ci.watsonville.ca.us

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 17th *b. Program/Project: 17th

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	99,000
*b. Applicant	99,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	198,000

***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 04/13/2009

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

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

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

☐ Yes ☒ No

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

☒ ** 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: Carlos

Middle Name: J.

*Last Name: Palacios

Suffix:

*Title: City Manager

*Telephone Number: 831-768-3010 Fax Number: 831-761-0736

* Email: cpalacio@ci.watsonville.ca.us

*Signature of Authorized Representative: *Date Signed: 04/13/2009

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:
1.	**Type of Submission:** (Required): Select one type of submission in accordance with agency instructions. • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.
2.	**Type of Application:** (Required) Select one type of application in accordance with agency instructions. • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)
3.	**Date Received:** Leave this field blank. This date will be assigned by the Federal agency.
4.	**Applicant Identifier:** Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.
5a	**Federal Entity Identifier:** Enter the number assigned to your organization by the Federal Agency, if any.
5b.	**Federal Award Identifier:** For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.
6.	**Date Received by State:** Leave this field blank. This date will be assigned by the State, if applicable.
7.	**State Application Identifier:** Leave this field blank. This identifier will be assigned by the State, if applicable.
8.	**Applicant Information:** Enter the following in accordance with agency instructions: **a. Legal Name:** (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. **b. Employer/Taxpayer Number (EIN/TIN):** (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. **c. Organizational DUNS:** (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. **d. Address:** Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). **e. Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the

Item	Entry:
10.	**Name Of Federal Agency:** (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
11.	**Catalog Of Federal Domestic Assistance Number/Title:** Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
12.	**Funding Opportunity Number/Title:** (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
13.	**Competition Identification Number/Title:** Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
14.	**Areas Affected By Project:** List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
15.	**Descriptive Title of Applicant's Project:** (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
16.	**Congressional Districts Of:** (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
17.	**Proposed Project Start and End Dates:** (Required) Enter the proposed start date and end date of the project.
18.	**Estimated Funding:** (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
19.	**Is Application Subject to Review by State Under Executive Order 12372 Process?** Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

(Certified Current 5/10/07)

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
☒ Construction
☐ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: **County of San Joaquin**

Organizational Unit:
Department: **Department of Aviation**
Division:

Organizational DUNS: **08722 6056**

Address:
Street: **5000 South Airport Way, Suite 202**
City: **Stockton**
County: **San Joaquin**
State: **California** Zip Code: **95206**
Country: **USA**

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: **Ms.** First Name: **Susan**
Middle Name: **L.**
Last Name: **Palmeri**
Suffix:
Email: **spalmeri@sjgov.org**
Phone number (give area code): **(209) 468-4700**
FAX number (give area code): **(209) 468-4730**

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6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 4 - 6 0 0 0 5 3 1

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

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

Other (specify)

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

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
2 0 - 1 0 6
TITLE: **Airport Improvement Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Stockton Metropolitan Airport, Stockton, San Joaquin County, California Engineering Design Project: Construct Taxiway D and Associated Cross Taxiways (75' x 8,850')

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
San Joaquin County, California

13. PROPOSED PROJECT

Start Date	Ending Date
2009	2009

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
11	15

15. ESTIMATED FUNDING

a. Federal	$	551,000 .00
b. Applicant	$	29,000 .00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	580,000 .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: **March 19, 2009**
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix **Supervisor** First Name **Leroy** Middle Name
Last Name **Ornellas** Suffix
b. Title **Chairman, Board of Supervisors**
c. Telephone number (give area code) **(209) 468-2350**
d. Signature of Authorized Representative
e. Date Signed April 14, 2009

(Certified Current 5/10/07)

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	April 1, 2009
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: **County of San Joaquin**

Organizational Unit:
Department: **Department of Aviation**
Division:

Organizational DUNS: **08722 6056**

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Address:
Street: **5000 South Airport Way, Suite 202**
City: **Stockton**
County: **San Joaquin**
State: **California** Zip Code: **95206**
Country: **USA**

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: **Ms.** First Name: **Susan**
Middle Name: **L.**
Last Name: **Palmeri**
Suffix:
Email: **spalmeri@sjgov.org**
Phone number (give area code): **(209) 468-4700**
FAX number (give area code): **(209) 468-4730**

6. EMPLOYER IDENTIFICATION NUMBER *EIN*): 9 4 - 6 0 0 0 5 3 1

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

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

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
2 0 - 1 0 6
TITLE: **Airport Improvement Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Stockton Metropolitan Aiprort, Stockton, San Joaquin County, California
Engineering Design Projects:
1. **Overlay T/W J Including 2 lighted Signs on T/W B at T/W J**
2. **Engineering Design, Projects 3 and 4**
3. **Passenger Hold Room Expansion in Terminal - Phase 2 (1,500 sf)**

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
San Joaquin County, California

13. PROPOSED PROJECT

Start Date	Ending Date
2009	2009

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
11	1 & 2

15. ESTIMATED FUNDING

a. Federal	$	475,000 .00
b. Applicant	$	25,000 .00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	500,000 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: **April 1, 2009**
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix **Supervisor** First Name **Leroy** Middle Name
Last Name **Ornellas** Suffix
b. Title **Chairman, Board of Supervisors**
c. Telephone number (give area code) **(209) 468-2350**
d. Signature of Authorized Representative: Leroy Ornellas
e. Date Signed April 14, 2009

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

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

3. Date Received :	4. Applicant Identifier:
3/23/2009	CA03650

5a. Federal Entity Identifier:	5a. 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: Fontana School Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
956001357	070940622

d. Address:

Street 1:	9680 Citrus Avenue
Street 2:	Building 9
City:	Fontana
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	92335

e. Organizational Unit:

Department Name:	Division Name:
Fontana School Police	

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

Prefix:	Mr
First Name:	Robert
Middle Name:	Paul
Last Name:	Ratcliffe
Suffix:	
Title:	Chief of Police
Organizational Affiliation:	Chief
Telephone Number:	9093575020
Fax Number:	9098236125
Email:	RRatcliffe@fusd.net

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: 43 b. Program/Project: 43

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 6/30/2012

18. Estimated Funding ($):

a. Federal 1055336

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1055336

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 4/13/2009

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

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

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

[ ] Yes [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)

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

[X] I AGREE

** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: Mr. First Name: Robert

Middle Name: Paul

Last Name: Ratcliffe

Suffix:

Title: Chief of Police

Telephone Number: 9093575020 Fax Number: 9093575028

Email: RRatcliffe@fusd.net

Signature (Typed Name) of Authorized Representative: Robert P. Ratcliffe Date Signed: 4/13/2009

Application for Federal Assistance SF-424

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

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specifty)

3. Date Received : 3/24/2009

4. Applicant Identifier: CA01982

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: California State University, Long Beach

b. Employer/Taxpayer Identification Number (EIN/TIN): 956106694

c. Organizational DUNS: 006199129

d. Address:

Street 1:	CSU Long Beach Foundation
Street 2:	6300 State University Drive
City:	Long Beach
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	90815

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e. Organizational Unit:

Department Name: CSU Long Beach Police

Division Name:

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

Prefix:	Ms.
First Name:	Denise
Middle Name:	
Last Name:	Bell
Suffix:	
Title:	Director Grants & Contracts
Organizational Affiliation:	Grant Director
Telephone Number:	5629857639
Fax Number:	5629857951
Email:	dbell2@csulb.edu

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Campus of California State University Long Beach, City of Long Beach

15. Descriptive Title of Applicant's Project:

2009 CSULB COPS Hiring Grant

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: CA- 46 b. Program/Project: CA-46

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 6/30/2012

18. Estimated Funding ($):

a. Federal 734001

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 734001

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 4/24/2009

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

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

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

[ ] Yes [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)

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

[X] I AGREE

** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: Mr. First Name: Jim

Middle Name:

Last Name: Till

Suffix:

Title: Interim Assoc. Vice President, Research & Support

Telephone Number: 5629855314 Fax Number: 5629858665

Email: jtill@csub.edu

Signature (Typed Name) of Authorized Representative: Jim Till Date Signed: 4/1/2009

Applicant Federal Debt Delinquency Explanation

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

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	
☑ 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:

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California - DEPARTMENT OF TOXIC SUBSTANCES CONTROL

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0281381	949010870

d. Address:

* Street1: 1001 "I" Street, P.O. Box 806
Street2:
* City: Sacramento
County: Sacramento
* State: California
Province:
* Country: USA
* Zip / Postal Code: 95812-0806

e. Organizational Unit:

Department Name:	Division Name:
Toxic Substances Control	Pollution Prevention and Green Technology

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

Prefix: Mr. * First Name: Daniel
Middle Name:
* Last Name: Garza
Suffix:

Title: Hazardous Substances Engineer

Organizational Affiliation:

* Telephone Number: 916 322 5798 Fax Number: 916 327 4494

* Email: dgarza1@dtsc.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A.

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USEPA

11. Catalog of Federal Domestic Assistance Number:

66.708

CFDA Title:

*** 12. Funding Opportunity Number:**

EPA-HQ-OPPT-09-01

* Title:

Fiscal Year 2009 Request for Proposals for the Pollution Prevention Grant Program

13. Competition Identification Number:

Title:

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

State-wide

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

Implementing Safer Alternative Boat Hull Paints for Pleasure Craft: Technical Assistance for Suppliers, Boatyards, Marinas and Boaters

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: CA All

* a. Applicant
* b. Program/Project

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:
a. Start Date: 01/01/2010
* b. End Date: 12/31/2012

18. Estimated Funding ($):

* a. Federal	$96,000.00
* b. Applicant	$107,316.00
* c. State	
* d. Local	
* e. Other	$27,500.00
* f. Program Income	
* g. TOTAL	$230,816.00

*** 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 4/16/2009.

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

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

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

☐ Yes ☑ No

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

☑ 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: Paula
Middle Name:
* Last Name: Batarsoh
Suffix:

* Title: Assistant Deputy Director, Pollution Prevention and Green Technology

* Telephone Number: (916) 322 - 3418 Fax Number: (916) 324 - 4494

* Email: PBatarse@dtsc.ca.gov

* Signature of Authorized Representative: Pauline Batarsoh * Date Signed: 4/15/09

Authorized for Local

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

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.

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	
☑ 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: Modesto City School Districts

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
77-0195326	074675844

d. Address:

* Street1: 426 Locust Street
Street2:
* City: Modesto
County: Stanislaus
* State: California
Province:
* Country: USA
* Zip / Postal Code: 95351-2631

e. Organizational Unit:

Department Name:	Division Name:
Transportation Department	

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

Prefix: Ms * First Name: Alice
Middle Name:
* Last Name: Quayle
Suffix:

Title: Transportation Supervisor

Organizational Affiliation:
Modesto City School Districts

* Telephone Number: 209-576-4015 Fax Number: 209-576-4382

* Email: quayle.a@monet.k12.ca.us

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Elementary and High School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding For National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

N/A

Title:

N/A

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

City of Modesto and Surrounding Area
(County of Stanislaus)

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

Modesto City Schools Clean Air Bus Project

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-018 * b. Program/Project CA-019

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

Add Attachment

17. Proposed Project:

* a. Start Date: June 2009 * b. End Date: Sept 2010

18. Estimated Funding ($):

* a. Federal	$316,000.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$316,000.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$632,000.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 4-17-09.

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

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

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

☐ Yes ☑ No

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

☑ ** 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: Deborah

Middle Name: S

* Last Name: Bailey

Suffix:

* Title: Deputy Superintendent, Chief Business Official

* Telephone Number: 209-576-4179 Fax Number: 209-569-2930

* Email: bailey.d@monet.k12.ca.us

* Signature of Authorized Representative: Deborah Bailey * Date Signed: 4/17/09

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

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

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.

N/A

Application for Federal Assistance SF-424

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

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specifty)

3. Date Received : 3/31/2009

4. Applicant Identifier: CA04313

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: San Jose, City of

b. Employer/Taxpayer Identification Number (EIN/TIN): 946000419

c. Organizational DUNS: 063541874

d. Address:

Street 1: 200 East Santa Clara Street
Street 2:
City: San Jose
County:
State: CA
Province:
Country:
Zip / Postal Code: 95113

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e. Organizational Unit:

Department Name: San Jose Police Department

Division Name:

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

Prefix:
First Name: Sharon
Middle Name:
Last Name: Barbaccia
Suffix:

Title:

Organizational Affiliation:

Telephone Number: 4082773037

Fax Number: 4082773775

Email: sharon.barbaccia@sanjoseca.gov

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

City of San Jose located in County of Santa Clara and State of California

15. Descriptive Title of Applicant's Project:

COPS Hiring Recovery Program Project

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: CA-16 b. Program/Project: CA-16

17. Proposed Project:

a. Start Date: 1/1/2010 b. End Date: 12/31/2012

18. Estimated Funding ($):

a. Federal 8804175

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 8804175

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 4/14/2009

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

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

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

[ ] Yes [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)

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

[X] I AGREE

** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: First Name: Christine

Middle Name:

Last Name: Shippey

Suffix:

Title: Assistant City Manager

Telephone Number: 4085358100 Fax Number: 4089207007

Email: christine.shippey@sanjoseca.gov

Signature (Typed Name) of Authorized Representative: Christine Shippey Date Signed: 4/14/2009

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified 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): 04/16/08

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID: 08SC089043

4. DATE RECEIVED BY FEDERAL AGENCY: 04/16/08

FEDERAL IDENTIFIER: 08SCPCA005

5. APPLICATION INFORMATION

LEGAL NAME: North Coast Opportunities, Inc.

DUNS NUMBER: 089187264

ADDRESS (give street address, city, state, zip code and county):
413 North State St
Ukiah CA 95482 - 4421
County: Mendocino

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Eileen A. Bostwick

TELEPHONE NUMBER: 707 462-2596 x 106

FAX NUMBER: 707 462-0191

INTERNET E-MAIL ADDRESS: ebostwick@ncoinc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941671958

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community Action Agency/Community Action Program

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)*:

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9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016
10b. TITLE: Senior Companion Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
North Coast SCP

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

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
North Coast Oportunities, Inc. has sponsored the Senior Companion Program since 1999. Senior Companion volunteers serve in volunteer stations in two cities, Ukiah and Willits, located in Mendocino County in northern California.

13. PROPOSED PROJECT: START DATE: 07/01/08 END DATE: 06/30/11

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 01 b.Program CA 01

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 0.00
b. APPLICANT	$ 18,113.00
c. STATE	$ 17,627.00
d. LOCAL	$ 486.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 18,113.00

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:
DATE: 19-OCT-08
[ ] 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: Morgaine Colston

b. TITLE: Executive Director

c. TELEPHONE NUMBER: (707) 467-3200 236

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED: 04/16/08

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified 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): 10/16/07

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID: 08SR082273

4. DATE RECEIVED BY FEDERAL AGENCY: 10/16/07

FEDERAL IDENTIFIER: 08SRPCA002

5. APPLICATION INFORMATION

LEGAL NAME: North Coast Opportunities, Inc.

DUNS NUMBER: 089187254

ADDRESS (give street address, city, state, zip code and county):
413 North State St
Ukiah CA 95482 - 4421
County: Mendocino

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Tami M. Bartolomei

TELEPHONE NUMBER: (707) 462-2596 110

FAX NUMBER: (707) 462-0191

INTERNET E-MAIL ADDRESS: tbartolomei@ncoinc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941671958

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community Action Agency/Community Action Program

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:
Lake & Mendocino Counties RSVP

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

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Includes all cities and towns located in Lake and Mendocino Counties, California

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

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 01 b.Program CA 01

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 81,670.00
b. APPLICANT	$ 63,097.00
c. STATE	$ 37,446.00
d. LOCAL	$ 10,000.00
e. OTHER	$ 34,851.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 144,967.00

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:
DATE: 19-OCT-07

[ ] 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: Morgaine Colston

b. TITLE: Executive Director

c. TELEPHONE NUMBER: (707) 467-3200 236

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED: 11/30/07

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified 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): 10/16/07

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID: 08SF081869

4. DATE RECEIVED BY FEDERAL AGENCY: 10/16/07

FEDERAL IDENTIFIER: 08SFPCA002

5. APPLICATION INFORMATION

LEGAL NAME: North Coast Opportunities, Inc.

DUNS NUMBER: 089187264

ADDRESS (give street address, city, state, zip code and county):
413 North State St
Ukiah CA 95482 - 4421
County: Mendocino

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Eileen A. Bostwick

TELEPHONE NUMBER: 707 462-2596 x 106

FAX NUMBER: 707 462-0191

INTERNET E-MAIL ADDRESS: ebostwick@ncoinc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941671958

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community Action Agency/Community Action Program

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: 94.011

10b. TITLE: Foster Grandparent Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Ukiah FGP

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

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Del Norte, Humboldt, Mendocino, Lake and Sonoma Counties in Northern California

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

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 01 b.Program CA 01

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 394,140.00
b. APPLICANT	$ 98,241.00
c. STATE	$ 0.00
d. LOCAL	$ 6,578.00
e. OTHER	$ 91,663.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 492,361.00

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:
DATE: 19-OCT-07

[ ] 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: Morgaine Colston

b. TITLE: Executive Director

c. TELEPHONE NUMBER: (707) 467-3200 236

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED: 10/16/07

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 04/20/2009

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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APR 20 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The CSU, Chico Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0386518

* c. Organizational DUNS: 612177162

d. Address:

* Street1: Building 25, CSU, Chico
Street2:
* City: Chico
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95929-0870

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Development Specialist

Organizational Affiliation:

* Telephone Number: 530-898-6627
Fax Number:

* Email: lking@csuchico.edu

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.303

CFDA Title:

Economic Development_Technical Assistance

*** 12. Funding Opportunity Number:**

EDAFY2009UC

* Title:

FY 09 University Center Economic Development Program

13. Competition Identification Number:

FY09UC

Title:

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

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

Center for Economic Development at CSU, Chico

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-002
* b. Program/Project: CA-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009
* b. End Date: 06/30/2011

18. Estimated Funding ($):

* a. Federal	220,000.00
* b. Applicant	220,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	440,000.00

*** 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 04/20/2009.

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

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

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

[ ] Yes [X] 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)**

[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: Carol
Middle Name:
* Last Name: Sager
Suffix:

* Title: Dir. Research & Sponsored Programs

* Telephone Number: 530-898-5700
Fax Number: 530-898-6804

* Email: casager@csuchico.edu

* Signature of Authorized Representative: Diane Johnson
* Date Signed: 04/20/2009

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 04/14/2009

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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APR 20 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Sierra Sands Unified School District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956447908

* c. Organizational DUNS: 077251411

d. Address:

* Street1: 113 Felspar
Street2:
* City: Ridgecrest
County: Kern
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93555

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Ernie

Middle Name:

* Last Name: Bell

Suffix:

Title: Assistant Superintendent of Human Resources

Organizational Affiliation:

* Telephone Number: (760) 375-4852

Fax Number:

* Email: ebell@ssusd.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:

G: Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities_National Programs

*** 12. Funding Opportunity Number:**

ED-GRANTS-031109-001

* Title:

Readiness and Emergency Management for Schools CFDA 84.184E

13. Competition Identification Number:

84-184E2009 1

Title:

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

City of Ridgecrest, the City of Inyokern, the City of Johannesburg, and the China Lake Naval Air Weapons Station, Kern County, California

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

Project ACT Now (Assess, Communicate and Train)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-41
* b. Program/Project: CA-41

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009
* b. End Date: 01/01/2011

18. Estimated Funding ($):

* a. Federal	369,139.00
* b. Applicant	20,368.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	389,507.00

*** 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 04/14/2009.

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

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

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

[ ] Yes [X] 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)**

[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: Joanna
Middle Name:
* Last Name: Rummer
Suffix:

* Title: Superintendent

* Telephone Number: (760) 375-3363
Fax Number:

* Email: superintendent@ssusd.org

* Signature of Authorized Representative: Maggie Chapman
* Date Signed: 04/14/2009

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424 Version 02

*** 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.

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DE-FC02-06ER54873

b. Agency Routing Number

2. DATE SUBMITTED 04/20/2009

Applicant Identifier

5. APPLICANT INFORMATION *** Organizational DUNS:** 067638957

* Legal Name: General Atomics

Department: MFE Division: Energy

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 92121-1122

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STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Ramona Middle Name:

* Last Name: Gompper Suffix:

* Phone Number: 858-455-3057 Fax Number:

Email: ramona.gompper@gat.com

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-3735102

7. * TYPE OF APPLICANT: Q: For-Profit Organization (Other than Small Business)

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:

Edge Simulation Laboratory - Nine Month Extension

12. PROPOSED PROJECT:

* Start Date: 07/01/2009 * Ending Date: 03/31/2010

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-053

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Philip Middle Name:

* Last Name: Snyder Suffix:

Position/Title: Principal Investigator

* Organization Name: General Atomics

Department: MFE Division: Energy

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 92121-1122

* Phone Number: 858-455-4088 Fax Number:

* Email: Phil.Snyder@gat.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	134,204.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	134,204.00
d. Estimated Program Income	0.00

16. * 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: 04/20/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Ramona Middle Name:

* Last Name: Gompper Suffix:

* Position/Title: Sr. Contract Administrator

* Organization: General Atomics

Department: Division: Contract and Purchasing

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 92121-1122

* Phone Number: 858-455-3057 Fax Number:

* Email: Ramona.Gompper@gat.com

*** 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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier: UCSD 20094448

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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STATE CLEARING HOUSE

* a. Legal Name: The Regents of the University of California, U.C. San Diego

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006144

* c. Organizational DUNS: 804355790

d. Address:

* Street1: Office of Contracc and Grant Administration
Street2: 9500 Gilman Drive., MC 0934
* City: La Jolla
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92093

e. Organizational Unit:

Department Name: Office-Contract & Grant Admin.

Division Name: General Campus

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

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

Title: Contract and Grant Officer

Organizational Affiliation:
Officer of Contract and Grant Administration

* Telephone Number: 858-534-4896
Fax Number: 858-534-0280

* Email: spastell@ucsd.edu

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.303

CFDA Title:

Economic Development_Technical Assistance

*** 12. Funding Opportunity Number:**

EDAFY2009UC

* Title:

FY 09 University Center Economic Development Program

13. Competition Identification Number:

FY09UC

Title:

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

La Jolla, San Diego County, State of California

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

Technical Assistance Services & Consulting, Center for Innovation and Competitiveness

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-053 * b. Program/Project: CA-053

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009 * b. End Date: 06/30/2012

18. Estimated Funding ($):

* a. Federal	600,000.00
* b. Applicant	600,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,200,000.00

*** 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 04/20/2009.

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

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

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

[ ] Yes [X] 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)**

[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: Susanna

Middle Name:

* Last Name: Pastell

Suffix:

* Title: Contract & Grant Officer

* Telephone Number: 858-534-4696 Fax Number: 858-534-0280

* Email: spastell@ucsd.edu 4/20/09

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

Application for Federal Assist. e SF-424

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

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specifty)

3. Date Received : 4/10/2009

4. Applicant Identifier: CA01600

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

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APR 20 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Kings County Sheriff's Department

b. Employer/Taxpayer Identification Number (EIN/TIN): 946000814

c. Organizational DUNS: 074675075

d. Address:

Street 1:	1444 W. Lacey Blvd.
Street 2:	
City:	Hanford
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	93230

e. Organizational Unit:

Department Name: Kings County Sheriff Office

Division Name: Administration

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

Prefix:	Mrs.
First Name:	Melonie
Middle Name:	
Last Name:	Patrick
Suffix:	
Title:	Fiscal Analyst
Organizational Affiliation:	Administration
Telephone Number:	5595823211
Fax Number:	5595844738
Email:	melonie.patrick@co.kings.ca.us

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Kings County, CA

15. Descriptive Title of Applicant's Project:

Crime Prevention/ Preventative Patrol/ Youth Development

16. Congressional Districts Of:

a. Applicant: 20th b. Program/Project: CHRP

17. Proposed Project:

a. Start Date: 6/30/2009 b. End Date: 6/30/2012

18. Estimated Funding ($):

a. Federal 1378944

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 1378944

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 4/14/2009

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

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

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

[ ] Yes [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)

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

[X] I AGREE

** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: Mr. First Name: Chris

Middle Name:

Last Name: Jordan

Suffix:

Title: Sheriff

Telephone Number: 5595823211 Fax Number: 5595844738

Email: chris.jordan@co.kings.ca.us

Signature (Typed Name) of Authorized Representative: Chris Jordan Date Signed: 4/14/2009

Applicant Federal Debt Delinquency Explanation

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

Application for Federal Assistance SF-424

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

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specifty)

3. Date Received : 4/2/2009

4. Applicant Identifier: CA026ZZ

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Sonoma County Junior College District

b. Employer/Taxpayer Identification Number (EIN/TIN): 946033759

c. Organizational DUNS: 020020533

d. Address:

Street 1: 1501 Mendocino Ave
Street 2:
City: Santa Rosa
County:
State: CA
Province:
Country:
Zip / Postal Code: 95401

e. Organizational Unit:

Department Name: Sonoma County Junior College District Police

Division Name:

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

Prefix: Mr.
First Name: Stephen
Middle Name: Lee
Last Name: Donica
Suffix:

Title: Lieutenant

Organizational Affiliation:

Telephone Number: 7075241820

Fax Number: 7075217810

Email: sdonica@santarosa.edu

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Petaluma Campus, City of Petaluma

15. Descriptive Title of Applicant's Project:

Petaluma Campus Police Officer Position

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: CA-001 b. Program/Project: CA-001

17. Proposed Project:

a. Start Date: 9/1/2009 b. End Date: 9/1/2012

18. Estimated Funding ($):

a. Federal 288409

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 288409

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 4/13/2009

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

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

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

[ ] Yes [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)

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

[X] I AGREE

** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: Mr. First Name: Stephen

Middle Name: Lee

Last Name: Donica

Suffix:

Title: Lieutenant

Telephone Number: 7075241820 Fax Number: 7075217810

Email: sdonica@santarosa.edu

Signature (Typed Name) of Authorized Representative: Stephen L. Donica Date Signed: 4/13/2009

Applicant Federal Debt Delinquency Explanation

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7-03

2. DATE SUBMITTED 4-15-2009	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: COUNTY OF SAN LUIS OBISPO ROOM 207	Organizational Unit: Department: PUBLIC WORKS
Organizational DUNS: 118246060	Division: UTILITIES DIVISION
Address: Street: COUNTY GOVERNMENT CENTER ROOM 207	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Nola
City: SAN LUIS OBISPO	Middle Name
County: SAN LUIS OBISPO	Last Name ENGELSKIRGER
State: CA Zip Code 93408	Suffix:
Country: USA	Email: NENGELSKIRGER@co.slo.ca.us
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000939	Phone Number (give area code) 805-781-5263 Fax Number (give area code) (805) 788-2182
8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) SPECIAL DISTRICT Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 760 TITLE (Name of Program): Waste & Water Disposal Loan & Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Zone 1/1A Waterway Management Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oceano, CA	
13. PROPOSED PROJECT Start Date: July 2010 Ending Date: October 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22,23 b. Project 22,23
15. ESTIMATED FUNDING: a. Federal $12,240,295	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: 4-15-2009
b. Applicant $	
c. State Prop 84/IE $1,000,000	
d. Local $	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other $	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income $	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL $13,240,285	☐ 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 PAAVO	Middle Name A
Last Name OGREN		Suffix
b. Title DIRECTOR OF PUBLIC WORKS		c. Telephone Number (give area code) (805) 781-5252
d. Signature of Authorized Representative		e. Date Signed 4/8/09

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

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 047120084

* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis

County / Parish: Yolo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95618-6153

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Person to be contacted on matters involving this application

Prefix: Mr.

* First Name: Robert

Middle Name:

* Last Name: Jarecki

Suffix:

* Phone Number: 530-752-0509

Fax Number: 530-752-8995

Email: rmjarecki@ucdavis.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 946036494

7. * TYPE OF APPLICANT: K: 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:

Metal Oxide Semiconductors for Water Photoelectrolysis

12. PROPOSED PROJECT:

* Start Date: 01/01/2010

* Ending Date: 12/31/2012

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof.

* First Name: Frank

Middle Name:

* Last Name: Osterloh

Suffix:

Position/Title: Associate Professor

* Organization Name: University of California, Davis

Department: Office of Research

Division: Sponsored Programs

* Street1: One Shields Avenue

Street2: Suite 300

* City: Davis

County / Parish: Yolo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95616-5270

* Phone Number: 530-754-6242

Fax Number: 530 752-8995

* Email: osterloh@chem.ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	482,691.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	482,691.00
d. Estimated Program Income	0.00

16. * 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: 04/20/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Jessica Middle Name:

* Last Name: Johnston Suffix:

* Position/Title: Contracts and Grants Analyst

* Organization: University of California, Davis

Department: Office of Research Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis County / Parish: Yolo

* State: CA: California Province:

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

* Phone Number: 530-754-8280 Fax Number: 530-754-8367

* Email: jjohnston@ucdavis.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

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

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specifty)

3. Date Received : 3/27/2009

4. Applicant Identifier: CA05401

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Dinuba Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN): 946000320

c. Organizational DUNS: 931527480

d. Address:

Street 1: 680 S Alta Ave
Street 2:
City: Dinuba
County:
State: CA
Province:
Country:
Zip / Postal Code: 93618

e. Organizational Unit:

Department Name: Police Services

Division Name:

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

Prefix: Ms
First Name: Elizabeth
Middle Name:
Last Name: Villalobos
Suffix:

Title: Community Relations Specialist

Organizational Affiliation:

Telephone Number: 5595962174

Fax Number: 5595962175

Email: evillalobos@dinuba.org

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Cities

15. Descriptive Title of Applicant's Project:

The Dinuba Police Department is seeking funding for two Dinuba Police Department Officers. The Officers will be front-line patrol staff. Unfortunately because of our economic status these 2 positions have been placed on the City's hiring freeze list.

Application for Federal Assis' ce SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: 21 b. Program/Project: CA-021

17. Proposed Project:

a. Start Date: 9/30/2009 b. End Date: 9/30/2012

18. Estimated Funding ($):

a. Federal 543842

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 543842

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 4/13/2009

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

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

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

[ ] Yes [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)

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

[x] I AGREE

** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: Ms First Name: Elizabeth

Middle Name:

Last Name: Villalobos

Suffix:

Title: Community Relations Specialist

Telephone Number: 5595962174 Fax Number: 5595962175

Email: evillalobos@dinuba.org

Signature (Typed Name) of Authorized Representative: Elizabeth Villalobos Date Signed: 4/13/2009

Applicant Federal Debt Delinquency Explanation

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 3.30.09	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G0998016	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-74-R-3	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational Unit:
Department: Fish and Game
Division: GRANTS MANAGEMENT BRANCH

Organizational DUNS: 808322358

Address:
Street: 1812 9TH STREET
City: SACRAMENTO
County: SACRAMENTO
State: CALIFORNIA Zip Code 95811
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: MS First Name: LISA
Middle Name
Last Name BAYS
Suffix:
Email: lbays@dfg.ca.gov
Phone Number (give area code) (916) 445-3701
Fax Number (give area code) (916) 327-6320

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567

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)

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611

TITLE (Name of Program): WILDLIFE RESTORATION ACT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
WILDLIFE INVENTORIES & RESEARCH - COMPREHENSIVE WETLAND HABITAT PROGRAM

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

13. PROPOSED PROJECT
Start Date: 07/01/2009 Ending Date: 06/30/2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3 b. Project STATEWIDE

15. ESTIMATED FUNDING:

a. Federal	$ 620,366.00
b. Applicant	$
c. State	$ 206,789.00
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 827,155.00

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: 03/30/2009

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative
Prefix MS First Name DEBBIE Middle Name
Last Name ACKERMAN Suffix
b. Title CHIEF, GRANTS MANAGEMENT BRANCH
c. Telephone Number (give area code) (916) 327-0062
d. Signature of Authorized Representative Debbie Ackerman
e. Date Signed 4-7-09

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

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier: DE-FG02-04ER46111 Supplement
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
* Organizational DUNS: 047120084
* Legal Name: The Regents of the University of California (Davis)
Department: Office of Research
Division: Sponsored Programs
* Street1: 1850 Research Park Drive
Street2: Suite 300
* City: Davis
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 95618-6153

Person to be contacted on matters involving this application
Prefix:
* First Name: Bill
Middle Name:
* Last Name: Tuck
Suffix:
* Phone Number: 530-752-4088
Fax Number:
Email: tuck@physics.ucdavis.edu

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

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:
Theory of Real Correlated Electron Materials

12. PROPOSED PROJECT:
* Start Date: 06/01/2009
* Ending Date: 05/31/2010

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof.
* First Name: Warren
Middle Name: E.
* Last Name: Pickett
Suffix: Ph.D.
Position/Title: Department Chair
* Organization Name: The University of California, Davis
Department: Physics
Division:
* Street1: One Shields Avenue
Street2: 215 Physics/Geology Building
* City: Davis
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 95616-8677
* Phone Number: 530-752-5983
Fax Number:
* Email: pickett@physics.ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	15,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	15,000.00
d. Estimated Program Income	0.00

16. * 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: 04/21/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Suzanne | Middle Name:

* Last Name: Iwatate | Suffix:

* Position/Title: Contracts and Grants Analyst

* Organization: The Regents of the University of California (Davis)

Department: Office of Research | Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis | County / Parish:

* State: CA: California | Province:

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

* Phone Number: 530-754-8017 | Fax Number:

* Email: stiwatate@ucdavis.edu

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

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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

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 Water Quality
Name and telephone of person to be contacted on matters involving this application (give area code):
Rik Rasmussen
(916) 341-5549

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) _____

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STATE CLEARING HOUSE

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

10. Catalog of Federal Domestic Assistance Number
66.454
Title: Water Quality Management Planning Grants

11. Descriptive Title of Applicant's Project:
This Water Quality Management Planning grant is being awarded under Section 205(j)(2) of the Clean Water Act using funds reserved in Section 604(b) "to carry out planning" activities for identified high priority projects that have been stopped due to the economic crises.

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

13. Proposed Project:

Start Date	End Date
6/1/2009	6/30/2011

14. Congressional District of:
Applicant: 3
Project: California - All

15. ESTIMATED FUNDING:

a. Federal	$2,824,632
b. Applicant	$0
c. State	$0
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$2,824,632

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 21, 2009
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 Dorothy Rice	b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: 4/23/2009

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 047120044

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APR 21 2009
STATE CLEARING HOUSE

* Legal Name: Regents of the University of California

Department: Office of Research

Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis

County / Parish: Yolo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95618-0000

Person to be contacted on matters involving this application

Prefix:

* First Name: Kelly

Middle Name:

* Last Name: Parker

Suffix:

* Phone Number: 530-754-8143

Fax Number: 530-754-8229

Email: kelparker@ucdavis.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 946036494

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:

Dynamic Provisioning for Terascale Science Applications using Hybrid Circuit/Packet Technologies and 100G Transmission Systems

12. PROPOSED PROJECT:

* Start Date: 07/01/2009

* Ending Date: 06/30/2012

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name: Biswanath

Middle Name:

* Last Name: Mukherjee

Suffix:

Position/Title: Professor

* Organization Name: Regents of the University of California

Department: Computer Science

Division:

* Street1: 2063 Kemper Hall

Street2:

* City: Davis

County / Parish: Yolo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95616-8562

* Phone Number: 530-752-4826

Fax Number:

* Email: mukherjee@cs.ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	1,490,706.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	0.00
d. Estimated Program Income	1,490,706.00

16. * 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: 04/21/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

18. SF-LLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Kelly | Middle Name:

* Last Name: Parker | Suffix:

* Position/Title: Contracts and Grants Analyst

* Organization: Regents of the University of California

Department: Office of Research | Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis | County / Parish: Yolo

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 95618-0000

* Phone Number: 530-754-8143 | Fax Number: 530-754-8229

* Email: kelparker@ucdavis.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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier: GDO 09-254

5a. Federal Entity Identifier: EDAFY2009UC

* 5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Cal Poly Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1648180

* c. Organizational DUNS: 029326246

d. Address:

* Street1: 1 Grand Avenue
Street2:
* City: San Luis Obispo
County: San Luis Obispo
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93407

e. Organizational Unit:

Department Name: Research and Graduate Programs

Division Name: Academic Affairs

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

Prefix: Ms.
* First Name: Xenia
Middle Name:
* Last Name: Bixler
Suffix:

Title: Director, Grants Development

Organizational Affiliation: California Polytechnic State University San Luis Opispo

* Telephone Number: 805-756-2982
Fax Number: 805-756-5466

* Email: xbixler@calpoly.edu

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.303

CFDA Title:

Economic Development_Technical Assistance

*** 12. Funding Opportunity Number:**

EDAFY2009UC

* Title:

FY 09 University Center Economic Development Program

13. Competition Identification Number:

FY09UC

Title:

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

The service region for this program includes all of San Luis Obispo County and northern Santa Barbara County. San Luis Obispo County is a rural area located on California's central coast nearly equidistant from San Francisco and Los Angeles.

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

Knowledge Transfer, Innovation, and Economic Development

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 04/21/2009

4. Applicant Identifier: NA

5a. Federal Entity Identifier: 00123100

* 5b. Federal Award Identifier: NA

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Los Rios Community College District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1576340

* c. Organizational DUNS: 071553739

d. Address:

* Street1: 1919 Spanos Court
Street2:
* City: Sacramento
County: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95825

e. Organizational Unit:

Department Name: Resource Development

Division Name: Resource Development

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

Prefix: Dr.

* First Name: Sandra

Middle Name:

* Last Name: Kirschenmann

Suffix:

Title: Vice Chancellor

Organizational Affiliation: NA

* Telephone Number: 916-560-3075

Fax Number: 916-286-3657

* Email: kirschs@losrios.edu

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.303

CFDA Title:

Economic Development_Technical Assistance

*** 12. Funding Opportunity Number:**

EDAFY2009UC

* Title:

FY 09 University Center Economic Development Program

13. Competition Identification Number:

FY09UC

Title:

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

California Counties of:El Dorado;Nevada; Placer;Sacramento;Sutter;Yolo;Yuba;Tehama;Glenn;Butte; Colusa;Lake;Sonoma;Napa;Solano;Marin;San Francisco;San Mateo;Alameda;Contra Costa;Santa Clara;San Joaquin;Stanislaus;Merced;Amador;and Calaveras.

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

Northern California University Center

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-005

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

UC Additional Congressional | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2009
* b. End Date: 07/31/2012

18. Estimated Funding ($):

* a. Federal	605,003.80
* b. Applicant	602,789.43
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,207,793.23

*** 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 04/21/2009.

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

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

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

[ ] Yes [X] 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)**

[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: Dr. * First Name: Sandra

Middle Name:

* Last Name: Kirschenmann

Suffix:

* Title: Vice Chancellor

* Telephone Number: 916-568-3075 Fax Number: 916-286-3657

* Email: kirschs@losrios.edu

* Signature of Authorized Representative: Sandra Kirschenmann * Date Signed: 04/21/2009

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

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.

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:
Completed by Grants gov upon submission	

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

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STATE CLEARING HOUSE

State Use Only:

6 Date Received by State:	7 State Application Identifier:

8. APPLICANT INFORMATION:

* a Legal Name: The Regents of the University of California

* b Employer/Taxpayer Identification Number (EIN/TIN):	* c Organizational DUNS:
956006142W	627797426

d. Address:

* Street1:	c/o Office of Research
Street2:	200 University Office Building
* City:	Riverside
County:	Riverside
* State:	CA: California
Province:	
* Country	USA: UNITED STATES
* Zip / Postal Code:	92521

e. Organizational Unit:

Department Name:	Division Name:
CE-CERT	Bourns College of Engineering

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

Prefix:	Dr.	* First Name:	Matthew
Middle Name:	J.		
* Last Name:	Barth		
Suffix:			

Title: Director, CE-CERT

Organizational Affiliation:
University of California, Riverside

* Telephone Number:	951-781-5782	Fax Number:	951-781-5790

* Email: barth@cert.ucr.edu

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.303

CFDA Title:

Economic Development_Technical Assistance

*** 12. Funding Opportunity Number:**

EDAFY2009UC

* Title:

FY 09 University Center Economic Development Program

13. Competition Identification Number:

FY09UC

Title:

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

Riverside and San Bernardino Counties, California
Extended benefits to all of California and all U S

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

SC-RISE: Southern California Research Initiative for Solar Energy

Attach supporting documents as specified in agency instructions

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a Applicant: CA-044
* b Program/Project: CA-044

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a Start Date: 07/01/2009
* b End Date: 06/30/2012

18. Estimated Funding ($):

* a Federal	335,445.00
* b Applicant	73,618 00
* c State	0.00
* d Local	300,000.00
* e Other	0.00
* f Program Income	0 00
* g TOTAL	709,063 00

*** 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 04/21/2009
- [ ] b Program is subject to E.O 12372 but has not been selected by the State for review
- [ ] c. Program is not covered by E.O. 12372

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

- [ ] Yes
- [x] 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)**

- [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: Ms.
* First Name: Mayela
Middle Name:
* Last Name: Castillo
Suffix:

* Title: Senior Contract and Grant Officer

* Telephone Number: 951-827-5535
Fax Number: 951-827-4483

* Email: mayela.castillo@ucr.edu

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

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 6277974260000

* Legal Name: The Regents of the University of California

Department: Office of Research

Division:

* Street1: 200 University Office Building

Street2:

* City: Riverside

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92521-0217

Person to be contacted on matters involving this application

Prefix:

* First Name: Jeanne

Middle Name:

* Last Name: Reyes

Suffix:

* Phone Number: 951-827-5535

Fax Number:

Email: jeanne.reyes@ucr.edu

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STATE CLEARING HOUSE

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 956006142

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:

SISGR: Design and Characterization of Novel Photocatalysts with Core-Shell Nanostructures

12. PROPOSED PROJECT:

* Start Date: 10/01/2009

* Ending Date: 09/30/2012

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-44

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name: Francisco

Middle Name:

* Last Name: Zaera

Suffix:

Position/Title: Professor

* Organization Name: The Regents of the University of California

Department: Chemistry

Division: CNAS

* Street1: 900 University Avenue

Street2:

* City: Riverside

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92521-0217

* Phone Number: 951-827-5498

Fax Number:

* Email: francisco.zaera@ucr.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	1,108,278.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	1,108,278.00
d. Estimated Program Income	0.00

16. * 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: 04/22/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Jeanne | Middle Name:

* Last Name: Reyes | Suffix:

* Position/Title: Senior Contracts and Grants Officer

* Organization: The Regents of the University of California

Department: Office of Research | Division:

* Street1: 200 University Office Building

Street2:

* City: Riverside | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 92521-0217

* Phone Number: 951-827-5535 | Fax Number:

* Email: jeanne.reyes@ucr.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

REVISED

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

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):
Doug Wilson
(916) 341-5745

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APR 22 2009
STATE CLEARING HOUSE

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:
Provide low-interest financing for publicly owned treatment facilities, implementation of a Non-point projects, programs, and development and execution of estuary comprehensive conservation and management plans. The economic recovery funds are available for these projects.

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

13. Proposed Project:

Start Date	End Date
10/1/2008	9/30/2014

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$280,285,800
b. Applicant	$0
c. State	$0
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$280,285,800

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 22, 2009
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 Dorothy Rice	b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: 4/22/2009

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Francisco State University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-1137247

* c. Organizational DUNS: 942514985

d. Address:

* Street1: 1600 Holloway Avenue
Street2:
* City: San Francisco
County: San Francisco
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94132

e. Organizational Unit:

Department Name: NERR

Division Name: Science and Engineering

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

Prefix: Dr.
* First Name: Jaime
Middle Name:
* Last Name: Kooser
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 415-338-3703
Fax Number: 415-435-7120

* Email: jkooser@sfsu.edu

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2009-2001825

* Title:

FY09 National Estuarine Research Reserve Operations July 1-Sept 1.Start Dates

13. Competition Identification Number:

Title:

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

SF Bay Area

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

FY 09 NERR Operations July, 2009 - December, 2010

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-012
* b. Program/Project: CA-012

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009
* b. End Date: 12/31/2010

18. Estimated Funding ($):

* a. Federal	587,190.00
* b. Applicant	251,653.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	838,843.00

*** 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
- [ ] 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

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)**

- [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: Ms.
* First Name: Alison
Middle Name:
* Last Name: Sanders
Suffix:

* Title: Director

* Telephone Number: 415-405-3943
Fax Number: 415-338-2493

* Email: sanders@sfsu.edu

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006145W

* c. Organizational DUNS: 094878394

d. Address:

* Street1: Office of Research
Street2: 3227 Cheadle Hall, 3rd Floor
* City: Santa Barbara
County: Santa Barbara
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93106-2050

e. Organizational Unit:

Department Name: College of Engineering

Division Name:

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

Prefix: Dr.
* First Name: Don
Middle Name:
* Last Name: Oparah
Suffix:

Title: Director

Organizational Affiliation: UCSB VENTURE ACCELERATION INITIATIVE

* Telephone Number: 805-893-3376
Fax Number: 805-893-2440

* Email: oparah@vai.ucsb.edu

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.303

CFDA Title:

Economic Development_Technical Assistance

*** 12. Funding Opportunity Number:**

EDAFY2009UC

* Title:

FY 09 University Center Economic Development Program

13. Competition Identification Number:

FY09UC

Title:

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

Santa Barbara County (Primary), San Luis Obispo & Ventura Counties (potential)

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

UC Santa Barbara VAI University Center (VAI UC)

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: 23
* b. Program/Project: 23

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009
* b. End Date: 06/30/2012

18. Estimated Funding ($):

* a. Federal	630,425.00
* b. Applicant	1,109,691.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	268,013.00
* g. TOTAL	2,008,129.00

*** 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 04/21/2009.

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

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

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

[ ] Yes [X] 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)**

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

* Title: Sponsored Projects Officer

* Telephone Number: 805-893-8809
Fax Number: 805-893-2611

* Email: proposals@research.ucsb.edu

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

Authorized for Local Reproduction

Cara Egan-Williams 4/21/09

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

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

Application for Federal Assistance SF-424 Version 02

* 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:
CA0500400	

State Use Only:

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

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8. APPLICANT INFORMATION:

* a. Legal Name: City of Oakdale Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000383	037644960

d. Address:

* Street1: 245 N. Second Ave.
Street2:
* City: Oakdale
County: Stanislaus
* State: California
Province:
* Country: United States
* Zip / Postal Code: 95361 - 3028

e. Organizational Unit: City of Oakdale

Department Name:	Division Name:
Oakdale Police Department	Special Services

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

Prefix: Mr. * First Name: Lester
Middle Name: Alfred
* Last Name: Jenkins
Suffix: Sr.

Title: Lieutenant

Organizational Affiliation:
Employee of Police Department

* Telephone Number: 209-845-3511 Fax Number: (209) 847-3790

* Email: ljenkins@ci.oakdale.ca.us

Tracking Number:

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-019 * b. Program/Project: CA-019

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

17. Proposed Project:

* a. Start Date: 10/01/2008 * b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	100,000.00
* b. Applicant	0.00
* c. State	
* d. Local	
* e. Other	100,000.00
* 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 _____

○ 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 on the next page.)**

○ 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:

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

Prefix:	Mr.	* First Name:	Lester
Middle Name:	Alfred		
* Last Name:	Jenkins		
Suffix:	Sr.		

* Title: Lieutenant

* Telephone Number: 209-845-3511 Fax Number: 209-847-3790

* Email: ljenkins@ci.oakdale.ca.us

* Signature of Authorized Representative: * Date Signed: 6-13-2008

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1:
C

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

*** 10. Name of Federal Agency:**
U.S. Department of Justice

11. Catalog of Federal Domestic Assistance Number:
16.710

CFDA Title:
COPS Secure Our Schools Grant

*** 12. Funding Opportunity Number:**
COPS-SOS-2008-1

* Title:
Public Safety Partnership and Community Grants

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
All public schools and those surrounding areas that can be monitored by security cameras from the School grounds. The Oakdale Joint Unified School District covers four elementary schools, one middle school, one high school and one bus Maintenance yard.

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specify)

3. Date Received : 3/17/2009

4. Applicant Identifier: CA05004

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Oakdale Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN): 946000383

c. Organizational DUNS: 037644960

d. Address:

Street 1:	245 N. Second Ave.
Street 2:	
City:	Oakdale
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	95361

e. Organizational Unit:

Department Name: Oakdale Police Department

Division Name: Field Services

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

Prefix:	Mr.
First Name:	Lester
Middle Name:	Alfred
Last Name:	Jenkins
Suffix:	Sr.
Title:	Lieutenant
Organizational Affiliation:	Employee of Police Dept.
Telephone Number:	2098453511
Fax Number:	2098473790
Email:	ljenkins@ci.oakdale.ca.us

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

City of Oakdale

15. Descriptive Title of Applicant's Project:

Maintaining Safe Neighborhoods

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: CA-019 b. Program/Project: CA-019

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 6/30/2012

18. Estimated Funding ($):

a. Federal 441685

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 441685

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

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

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

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

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

☐ Yes ☒ No

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

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

☒ I AGREE

** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: Mr. First Name: Lester

Middle Name: Alfred

Last Name: Jenkins

Suffix: Sr.

Title: Lieutenant

Telephone Number: 2098453511 Fax Number: 2098472231

Email: ljenkins@ci.oakdale.ca.us

Signature (Typed Name) of Authorized Representative: Lester A. Jenkins Date Signed: 4/4/2009

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 047120084

* Legal Name: Regents of the University of California

Department: Office of Research

Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis

County / Parish: Yolo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95618-6153

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Person to be contacted on matters involving this application

Prefix:

* First Name: Jane

Middle Name:

* Last Name: Lepiato

Suffix:

* Phone Number: 530-752-3986

Fax Number: 530-752-8995

Email: jllepiato@ucdavis.edu

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

7. * TYPE OF APPLICANT: M: 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:

SISGR: Investigations of Reaction Dynamics of Levitated Nanoparticle Catalysts with Ultrafast X-ray Absorption Spectroscopy

12. PROPOSED PROJECT:

* Start Date: 01/01/2010

* Ending Date: 12/31/2012

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name: Ting

Middle Name:

* Last Name: Guo

Suffix: Ph.D.

Position/Title: Associate Professor

* Organization Name: Regents of the University of California

Department: Chemistry

Division: L&S:Math & Physical Sciences

* Street1: One Shields Avenue

Street2: UC Davis

* City: Davis

County / Parish: Yolo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95616-5270

* Phone Number: 530-754-5283

Fax Number: 530-752-8995

* Email: tguo@ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	431,916.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	431,916.00
d. Estimated Program Income	0.00

16. * 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: 04/23/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Jessica | Middle Name:

* Last Name: Johnston | Suffix:

* Position/Title: Contracts & Grants Analyst

* Organization: Regents of the University of California

Department: Office of Research | Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis | County / Parish: Yolo

* State: CA: California | Province:

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

* Phone Number: 530-754-8280 | Fax Number: 530-754-8367

* Email: jjohnston@ucdavis.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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED April 21, 2009	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: Town of Mammoth Lakes	**Organizational Unit:**
	Department: Public Works
Organizational DUNS: 144603339	Division:
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Street: 1300 Airport Road	Prefix: Mr. / First Name: William
City: Mammoth Lakes	Middle Name B.
County: Mono	Last Name Manning
State: California / Zip Code 93546	Suffix:
Country: USA	Email: wmanning@cl.mammoth-lakes.ca.us
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0043087	Phone Number (give area code) 760-934-3813 / Fax Number (give area code) 760-934-3119

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APR 23 2009
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.)

☐ ☐

Other (specify)
Change of Priority

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

D - Township

Other (specify)

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106

TITLE (Name of Program):
Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California
Reimbursement for Debt Service - Temporary Terminal Facilities
2009 Phase B

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

Town of Mammoth Lakes, California

13. PROPOSED PROJECT

Start Date:	Ending Date:
2009	2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
4th	4th

15. ESTIMATED FUNDING:

a. Federal	$ 156,926.00
b. Applicant	$ 8,259.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 165,185.00

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 22, 2009

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix Mr.	First Name William	Middle Name B.
Last Name Manning		Suffix
b. Title Airport Manager		c. Telephone Number (give area code) (760) 934-3813
d. Signature of Authorized Representative		e. Date Signed 23 Apr 09

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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APR 23 2009
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: PARKS AND RECREATION, CA DEPT OF

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606

* c. Organizational DUNS: 172070807

d. Address:

* Street1: 301 CASPIAN WAY
Street2:
* City: IMPERIAL BEACH
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91932

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: CLAY
Middle Name:
* Last Name: PHILLIPS
Suffix:

Title: RESERVE MANAAGER

Organizational Affiliation:

* Telephone Number: 619-575-3613 EX303
Fax Number: 619-575-6913

* Email: CPHILLIP@PARKS.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2009-2001825

* Title:

FY09 National Estuarine Research Reserve Operations July 1-Sept 1 Start Dates

13. Competition Identification Number:

Title:

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

IMPERIAL BEACH, SAN DIEGO, SAN DIEGO COUNTY, CALIFORNIA,
TIJUANA, TECATE, BAJA CALIFORNIA, MEXICO

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

TRNERR MANAGEMENT AND OPERATIONS

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: 51
* b. Program/Project: 51,53

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009
* b. End Date: 12/31/2009

18. Estimated Funding ($):

* a. Federal	296,159.47
* b. Applicant	0.00
* c. State	152,009.72
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	448,169.19

*** 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 04/23/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] 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)**

- [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: Mr.
* First Name: CLAY
Middle Name:
* Last Name: PHILLIPS
Suffix:

* Title: RESERVE MANAGER

* Telephone Number: 619-575-3613 EX 303
Fax Number: 619-575-6913

* Email: CPHLLIP@PARKS.CA.GOV

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: [ ] Construction [X] Non-Construction; Preapplication: [ ] Construction [ ] Non-Construction	2. DATE SUBMITTED: 24-Apr-09	Applica ntifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Mendocino Community Health Clinic, Inc.	Organizational Unit:
Organizational DUNS: 08 - 387 - 0196	Department:
Address:	Division:
Street: 333 Laws Avenue	Name and telephone number of the person to be contacted on matters involving this application (give area code)
City: Ukiah	Prefix: Ms. / First Name: Linnea
County: Mendocino	Middle Name: Joan
State: CA / Zip: 95490	Last Name: Hunter
Country: USA	Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 0 2 5 9 0 4 5	Phone Number (give area code): 707.472.4511 / FAX Number (give area code): 707.468.0174

8. TYPE OF APPLICATION: [X] New [ ] Continuation [ ] Revision

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

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

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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ][ ] [ ][ ][ ]

Title:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Community Facilities Grant Program - Hillside Health Center

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*: Mendocino and Lake Counties, California

13. PROPOSED PROJECT:

Start Date	Ending Date
4/1/2009	3/31/2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
1	1

15. ESTIMATED FUNDING:

a. Federal	$ $50,000
b. Applicant	$ 789,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 839,000

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

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

DATE: 24-Apr-09

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

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

[ ] YES If "Yes," attach an explanation [XXX] NO

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

a. Authorized Representative		
Prefix: Ms.	First Name: Linnea	Middle Name: Joan
Last Name: Hunter		Suffix:
b. Title: President / Chief Executive Officer		c. Telephone Number (give area code): 707.472.4511
d. Signature of Authorized Representative: Linnea Hunter		e. Date Signed: 24-Apr-09

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED 5/1/09	Applicant Identifier
1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Tule River Economic Development Corporation	Organizational Unit: Department: N/A
Organizational DUNS: 828113860	Division: N/A
Address: Street: 2780 Yowlumne Ave., Suite A	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Henry
City: Porterville	Middle Name David
County: Tulare	Last Name Nenna
State: California Zip Code 93257	Suffix: N/A
Country: United States	Email: hdnenna@tredc.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0262973	Phone Number (give area code) (559) 783-8408 / Fax Number (give area code) (559) 783-8407
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) K. Indian Tribe Other (specify)
	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE (Name of Program): Rural Business Enterprise Grants (RBEG)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Professional Print Production & Marketing Project
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Porterville and Tule River Indian Reservation, California, Tulare County	
13. PROPOSED PROJECT Start Date: 7/1/2009 Ending Date: 6/30/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-021 b. Project CA-021

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 99,680 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/24/09
b. Applicant	$ 50,150 .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	$ 149,830 .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 Mr.	First Name Henry	Middle Name Dave
Last Name Nenna		Suffix N/A
b. Title Chief Executive Director		c. Telephone Number (give area code) (559) 783-8408
d. Signature of Authorized Representative		e. Date Signed 5/1/09

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier: B-09-MC-06-0510

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Bakersfield

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000672

*c. Organizational DUNS: 02-8514136

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d. Address:

*Street 1: 1600 Truxtun Ave Suite 300
Street 2:
*City: Bakersfield
County: Kern
*State: California
Province:
*Country: United States
*Zip / Postal Code 93301

e. Organizational Unit:

Department Name: Economic and Community Development

Division Name: Community Development

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

Prefix: Mrs.
*First Name: Donna
Middle Name: L.
*Last Name: Kunz
Suffix:

Title: Economic Development Director

Organizational Affiliation:

*Telephone Number: 661-326-3765
Fax Number: 661-328-1548

*Email: dkunz@bakersfieldcity.us

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

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218 Entitlement Grant

CFDA Title:

Community Development Block Grant

***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.):

City of Bakersfield

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

This program is designed to address local housing needs, upgrade the physical environment and provide for a viable urban community.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 20th and 21st *b. Program/Project: 20th and 21st

17. Proposed Project:

*a. Start Date: July 1, 2009 *b. End Date: December 31, 2010

18. Estimated Funding ($):

*a. Federal	3,304,357
*b. Applicant	250,000
*c. State	
*d. Local	
*e. Other	250000
*f. Program Income	20,000
*g. TOTAL	3,824,357

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on April 23, 2009

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Alan

Middle Name:

*Last Name: Tandy

Suffix:

*Title: City manager

*Telephone Number: 661-326-3751 Fax Number: 661-324-1850

* Email: AdmMgr@bakersfieldcity.us

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED April 2, 2009	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: Siskiyou Training & Employment Program, Inc.

Organizational Unit: Department: N/A; Division: N/A

Organizational DUNS: 174854588

Address:
Street: 310 Boles Street
City: Weed
County: Siskiyou
State: CA
Zip Code: 96094
Country: USA

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms.
First Name: Jeanne
Middle Name: Lynn
Last Name: Hough
Suffix:
Email: jhough@ncen.org
Phone Number (give area code): 530-938-3231 ext. 217
Fax Number (give area code): 530-938-1499

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0055462

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

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

9. NAME OF FEDERAL AGENCY: USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769
TITLE (Name of Program): Rural Business Enterprise Grant Program (RBEG)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Work Place Readiness and Retention Series

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

13. PROPOSED PROJECT
Start Date: August 1, 2009
Ending Date: August 1, 2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: District 2 - Wally Herger
b. Project: District 2 - Wally Herger

15. ESTIMATED FUNDING:

a. Federal	$ 80,000.00
b. Applicant	$ 87,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .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: Ms.
First Name: Jeanne
Middle Name: Lynn
Last Name: Hough
Suffix:
b. Title: Executive Director
c. Telephone Number (give area code): 530-938-3231 ext. 217
d. Signature of Authorized Representative: Jeanne Hough
e. Date Signed: 4/2/09

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 047120084

* Legal Name: University of California, Davis

Department: Office of Research

Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95618-6153

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STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix:

* First Name: Wendy

Middle Name:

* Last Name: Ernst

Suffix:

* Phone Number: (530)754-8140

Fax Number: (530)754-8229

Email: wlbernst@ucdavis.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 946036494

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:

Optimized Materials and Nanostructures from Predictive Computer Simulations

12. PROPOSED PROJECT:

* Start Date: 10/01/2009

* Ending Date: 09/30/2012

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name: Giulia

Middle Name:

* Last Name: Galli

Suffix:

Position/Title: Professor/PI

* Organization Name: Regents of the University of California

Department: NEAT Organized Research Unit

Division: Office of Research

* Street1: 4415 Chemistry Annex

Street2:

* City: Davis

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95616-5270

* Phone Number: (530)754-2254

Fax Number:

* Email: gagalli@ucdavis.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	733,961.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	733,961.00
d. Estimated Program Income	0.00

16. * 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:

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[ ] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization: University of California, Davis

Department: Office of Research Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis County / Parish:

* State: CA: California Province:

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

* Phone Number: Fax Number:

* Email:

*** 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

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 047120084

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* Legal Name: University of California, Davis

Department: Office of Research

Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95618-6153

Person to be contacted on matters involving this application

Prefix:

* First Name: Wendy

Middle Name:

* Last Name: Ernst

Suffix:

* Phone Number: (530)754-8140

Fax Number: (530)754-8229

Email: wlbernst@ucdavis.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 946036494

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:

Proton Conducting Ceramics: Microscopic Origins of Grain Boundary Resistance and Size Dependent Transport Properties

12. PROPOSED PROJECT:

* Start Date: 10/01/2009

* Ending Date: 09/30/2012

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name: Sangtae

Middle Name:

* Last Name: Kim

Suffix:

Position/Title: Associate Professor/ PI

* Organization Name: Regents of the University of California

Department: NEAT Organized Research Unit

Division: Office of Research

* Street1: 4415 Chemistry Annex

Street2:

* City: Davis

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95616-5270

* Phone Number: (530)754-2254

Fax Number:

* Email: chmkim@ucdavis.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	2,261,352.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	2,261,352.00
d. Estimated Program Income	0.00

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. 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 penalities. (U.S. Code, Title 18, Section 1001)

☐ *** I agree**

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization: University of California, Davis

Department: Office of Research Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95618

* Phone Number: Fax Number:

* Email:

*** 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

Form 424 OMB Approval No. 0348-0043

Application for Federal Assistance

2. Date Submitted: **15-Apr-09**

3. Applicant Identifier:

1. Type of Submission Application

Application: [x] Constuction [x] Non-Constuction

Preaplication: [ ] Construction [ ] Non-Construction

3. Date received State:

State Application Identifier:

4. Date received by Federal Agency:

Federal Identifier:

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5. Applicant Information

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

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

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

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

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

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

8. Type of Application

[X] new [ ] continuation [ ] Revision

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

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

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

9. Name of federal Agency:
Federal Transit Administration

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

11. Descriptive title of applicant project:
CA-05-0238
FY 2008/09 Capital Improvements
Systemwide Track Rehabilitation & Related Structures
Wide Spectrum Data Radio ATCS 2nd Channel Implementation
Signal/Communication Rehabilitation
Narrow Banding

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

15. Estimated Funding

a. Federal	**$11,556,895**
b. Applicant	
c. State	
d. Local	**$2,889,224**
f. Program Income	
e. Other	
g. TOTAL	**$14,446,119**

14. Congressional Districts of:
a. Applicant: **8, 12, 13, 14, 15 & 16**
B. Project: **8, 12, 13, 14, 15 & 16**

16. Is application subject to review by state executive 12372 process? **Yes**
a. Yes this preaplication/application was made available to the state executive order 12372 process review on
Date: **21-Apr-09**
b. No [ ] Program is not covered by E.). 12372
or [ ] or program has notbeen selected by state for review

17. Is the applicant delinquent on any federal debt?
[ ] Yes.(attach an explanation)
[x] No.

18. To the best of my knowledge and belief, all data in this application preaplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.

a. Typed Name of Authorized Representative: **Michael J. Scanlon**

b. Title: **Executive Director**

c. Telephone Number: **(650) 508-6221**

d. Signature of Authorized representative: M J Scanlon

e. Date Signed: 4/24/09

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 6277974260000

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* Legal Name: The Regents of the University of California

Department: Office of Research

Division:

* Street1: 200 University Office Building

Street2:

* City: Riverside

County / Parish: Riverside

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92521-0217

Person to be contacted on matters involving this application

Prefix:

* First Name: Jeanne

Middle Name:

* Last Name: Reyes

Suffix:

* Phone Number: 951-827-5535

Fax Number:

Email: jeanne.reyes@ucr.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 956006142

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:

SISGR: Molecular Crystal Nanostructures for Organic Solar Cells

12. PROPOSED PROJECT:

* Start Date: 10/01/2009

* Ending Date: 09/30/2012

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

CA-044

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof.

* First Name: Christopher

Middle Name: John

* Last Name: Bardeen

Suffix:

Position/Title: Assoc. Professor, Chemistry

* Organization Name: The Regents of the University of California

Department: Chemistry

Division: CNAS

* Street1: 900 University Avenue

Street2:

* City: Riverside

County / Parish: Riverside

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92521-0217

* Phone Number: 951-827-2723

Fax Number: 951-827-4713

* Email: christopher.bardeen@ucr.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	485,155.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	485,155.00
d. Estimated Program Income	0.00

16. * 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: 04/24/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Jeanne | Middle Name:

* Last Name: Reyes | Suffix:

* Position/Title: Senior Contacts and Grants Officer

* Organization: The Regents of the University of California

Department: Office of Research | Division:

* Street1: 200 University Office Building

Street2:

* City: Riverside | County / Parish: Riverside

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 92521-0217

* Phone Number: 951-827-5535 | Fax Number:

* Email: jeanne.reyes@ucr.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

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier:
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
* Organizational DUNS: 6277974260000
* Legal Name: The Regents of the University of California
Department: Office of Research
Division:
* Street1: 200 University Office Building
Street2:
* City: Riverside
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 92521-0217

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Person to be contacted on matters involving this application
Prefix:
* First Name: Jeanne
Middle Name:
* Last Name: Reyes
Suffix:
* Phone Number: 951-827-5535
Fax Number:
Email: jeanne.reyes@ucr.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 956006142

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:
Low-Density and High Porosity Hydrogen Storage Materials Built from Ultra-Light Elements

12. PROPOSED PROJECT:
* Start Date: 10/01/2009
* Ending Date: 09/30/2012

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-44

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof.
* First Name: Pingyun
Middle Name:
* Last Name: Feng
Suffix:
Position/Title: Professor
* Organization Name: The Regents of the University of California
Department: Chemistry
Division: CNAS
* Street1: 900 University Avenue
Street2:
* City: Riverside
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 925210217
* Phone Number: 951-827-2042
Fax Number: 951-827-4713
* Email: pingyun.feng@ucr.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	752,745.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	752,745.00
d. Estimated Program Income	0.00

16. * 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: 04/23/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Jeanne | Middle Name:

* Last Name: Reyes | Suffix:

* Position/Title: Senior Contracts and Grants Analyst

* Organization: The Regents of the University of California

Department: Office of Research | Division:

* Street1: 200 University Office Building

Street2:

* City: Riverside | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 925210217

* Phone Number: 951-827-5535 | Fax Number:

* Email: jeanne.reyes@ucr.edu

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

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 627[illegible]

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* Legal Name: The Regents of the University of California

Department: Office of Research

Division:

* Street1: 200 University Office Building

Street2:

* City: Riverside

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92521-0217

Person to be contacted on matters involving this application

Prefix:

* First Name: Jeanne

Middle Name:

* Last Name: Reyes

Suffix:

* Phone Number: 951-827-5535

Fax Number:

Email: jeanne.reyes@ucr.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 956006142

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:

SISGR: Design and Characterization of Novel Photocatalysts with Core-Shell Nanostructures

12. PROPOSED PROJECT:

* Start Date: 10/01/2009

* Ending Date: 09/30/2012

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-44

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name: Francisco

Middle Name:

* Last Name: Zaera

Suffix:

Position/Title: Professor

* Organization Name: The Regents of the University of California

Department: Chemistry

Division: CNAS

* Street1: 900 University Avenue

Street2:

* City: Riverside

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92521-0217

* Phone Number: 951-827-5498

Fax Number:

* Email: francisco.zaera@ucr.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	1,109,278.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	1,108,278.00
d. Estimated Program Income	0.00

16. * 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: 04/22/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Jeanne | Middle Name:

* Last Name: Reyes | Suffix:

* Position/Title: Senior Contracts and Grants Officer

* Organization: The Regents of the University of California

Department: Office of Research | Division:

* Street1: 200 University Office Building

Street2:

* City: Riverside | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 92521-0217

* Phone Number: 951-827-5535 | Fax Number:

* Email: jeanne.reyes@ucr.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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED April 22, 2009	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: California

Zip Code: 95965

Country: USA

Organizational Unit:

Department: Public Works

Division: Airports

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

Prefix: Mr. | First Name: Kent

Middle Name

Last Name: Westover

Suffix:

Email: westoverkr@cityoforoville.org

Phone Number (give area code): (530) 538-2498

Fax Number (give area code): 530-538-2426

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 9 4 - 6 0 0 0 3 8 7

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

C. Municipal

Other (specify)

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

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

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Oroville Municipal Airport, Oroville, Butte County, California
Remark Runways 2-20 and 3-31, Taxiways, & Apron

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

City of Oroville, Butte County, California

13. PROPOSED PROJECT

Start Date: 2009 | Ending Date: 2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 1st | b. Project: 1st

15. ESTIMATED FUNDING:

a. Federal	$ 295,450.00
b. Applicant	$ 8,164.00
c. State	$ 7,386.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 311,000.00

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

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

DATE: April 24, 2009

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mr. | First Name: Eric | Middle Name

Last Name: Teitelman | Suffix

b. Title: Airport Manager

c. Telephone Number (give area code): (530) 538-2420

d. Signature of Authorized Representative

e. Date Signed: 4/24/09

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED April 22, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☑ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: City of Oroville	**Organizational Unit:** Department: Public Works
Organizational DUNS: 086123437	Division: Airports
Address: Street: 1735 Montgomery Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. / First Name: Kent
City: Oroville	Middle Name
County: Butte	Last Name Westover
State: California / Zip Code 95965	Suffix:
Country: USA	Email: westoverkr@cityoforoville.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 0 0 3 8 7	Phone Number (give area code) (530) 538-2498 / Fax Number (give area code) 530-538-2426

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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.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) C. Municipal Other (specify) **9. NAME OF FEDERAL AGENCY:** Federal Aviation Administration
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 1 0 6 TITLE (Name of Program): Airport Improvement Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Oroville Municipal Airport, Oroville, Butte County, California Engineering Design of: Remark Runways 2-20 and 13-31, Taxiways, & Apron; Install Supplemental Wind Cone Near R/W 2, 20 & 31 Thresholds and REIL on Runway 20; Rehabilitate R/W 2-20, R/W 13-31 and Taxiways Rehabilitate Runways 2-20 and 13-31 and Taxiways
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of Oroville, Butte County, California	
13. PROPOSED PROJECT Start Date: 2009 / Ending Date: 2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 1st / b. Project 1st

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 385,130 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 24, 2009
b. Applicant	$ 10,642 .00	
c. State	$ 9,628 .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	$ 405,400 .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 Mr.	First Name Eric	Middle Name
Last Name Teitelman		Suffix
b. Title Airport Manager		c. Telephone Number (give area code) (530) 538-2420
d. Signature of Authorized Representative		e. Date Signed 4/24/09

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	
☑ 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: Associated General Contractors of California, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-2575486	071554299

d. Address:

* Street1:	3095 Beacon Blvd.
Street2:	
* City:	West Sacramento
County:	Yolo County
* State:	California
Province:	
* Country:	United States of America
* Zip / Postal Code:	95691

e. Organizational Unit:

Department Name:	Division Name:
Member Services	

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

Prefix:		* First Name:	Alicia
Middle Name:	Gaileen		
* Last Name:	Irvin		
Suffix:			

Title: Project Manager

Organizational Affiliation:

Associated General Contractors of California

* Telephone Number:	916-371-2422	Fax Number:	916-371-2352

* Email: irvina@agc-ca.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

m. Non Profit with 501(c)3 IRS Status

Type of Applicant 2: Select Applicant Type:

Regional Organization

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

All of California (specifically listed are members headquarters) - Concord, Fairfield, Folsom, Irvine, Lodi, Novato, Redding, Rialto, Santa Ana, Santa Fe Springs, Watsonville

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

California Construction Clean Diesel Program (CCCDP) - Reduce the off-road diesel emissions of off-road diesel equipment.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: CA-001

* a. Applicant: CA-001
* b. Program/Project: CA-ALL

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:
* a. Start Date: 6/1/09
* b. End Date: 9/30/10

18. Estimated Funding ($):

* a. Federal	10,000,000.00
* b. Applicant	5,998.00
* c. State	
* d. Local	
* e. Other	10,651,241.00
* f. Program Income	
* g. TOTAL	10,657,239.00

*** 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 4/27/09.

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

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

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

☐ Yes ☑ No

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

☒ 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:	Thomas
Middle Name:	T.
* Last Name:	Holsman
Suffix:	
* Title:	Chief Executive Officer
* Telephone Number:	(916) 371-2422
Fax Number:	(916) 371-2352
* Email:	holsmant@agc-ca.org
* Signature of Authorized Representative:	Thomas T. Holsman
* Date Signed:	4/27/09

Authorized for Local Reproduction

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

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	
☑ 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:

RECEIVED
APR 28 2009
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles Unified School District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-6001908	075284901

d. Address:

* Street1:	2710 Media Center Drive
Street2:	
* City:	Los Angeles
County:	
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	90065

e. Organizational Unit:

Department Name:	Division Name:
Transportation Branch	Business Services Division

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

Prefix:	Mr.	* First Name:	Donald
Middle Name:			
* Last Name:	Wilkes		
Suffix:			

Title: Transportation Branch Deputy Director

Organizational Affiliation:

* Telephone Number:	323-342-1400	Fax Number:	323-221-3121

* Email: donald.wilkes@lausd.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Independent School District

Type of Applicant 3: Select Applicant Type:

Public/State Controlled Institution of Higher Education

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

City of Los Angeles,
County of Los Angeles,
State of California

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

Replacement of diesel powered school buses with new Compressed Natural Gas school buses.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: 31 27-31

* a. Applicant: 34-35 * b. Program/Project:

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

Add Attachment

17. Proposed Project: 6-2009 9-2010

a. Start Date: * b. End Date:

18. Estimated Funding ($):

* a. Federal	$10,000,000.00
* b. Applicant	
* c. State	$46,665,332.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 4-28-09.

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

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

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

☐ Yes ☑ No

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

☑ 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:	Enrique
Middle Name:	
* Last Name:	Boulit
Suffix:	
* Title:	Transportation Branch Director
* Telephone Number:	323-342-1400
Fax Number:	323-221-3121
* Email:	enrique.boulit@lausd.net
* Signature of Authorized Representative:	
* Date Signed:	4/28/09

Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED: April 28, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

Organizational Unit:

Address (give city, county, state, and zip code): 21865 COPLEY DRIVE, DIAMOND BAR, CA 91765 **DUNS #025986159**

Name and telephone number of the person to be contacted on matters involving this application (give area code) (909) 396-2765 (fax): Mary Leonard (909) 396-2780 mleonard@aqmd.gov

6. EMPLOYER IDENTIFICATION (EIN): 953099419

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

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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: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.039
TITLE: National Clean Diesel Funding Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Diesel Truck Retrofit Project

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties

13. PROPOSED PROJECT: Start Date 06/01/2009; End Date 09/30/2010

14. CONGRESSIONAL: a. Applicant: 42 b. Project: 24-49

15. Estimated Funding:

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a. Federal	$6,000,000
b. Applicant	$3,000,000
c. State	$
d. Local	$
e. Other	$3,000,000
f. Program Income	$
g. TOTAL	$12,000,000

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 PROCESSES FOR REVIEW ON: 4-28-09 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. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Barry R. Wallerstein, D.Env.	Executive Officer	(909) 396-2100
d. Signature of Authorized Representative: Barry R. Wallerstein		e. Date Signed: 4/28/09

Previous Editions Not Usable

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

APPROVED AS TO FORM KURT R. WIESE, GENERAL COUNSEL

AUTHORIZED FOR LOCAL REPRODUCTION

By: _____ Date: 4/28/09

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED April 28,2009	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

Organizational Unit:

Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765 **DUNS #025986159**

Name and telephone number of the person to be contacted on matters involving this application (give area code) (909) 396-2765 (fax) Mary Leonard (909) 396-2780 mleonard@aqmd.gov

6. EMPLOYER IDENTIFICATION (EIN): 953099419

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

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: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.039
TITLE: National Clean Diesel Funding Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: School Bus Retrofit Project

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties

13. PROPOSED PROJECT: Start Date 06/01/2009; End Date 09/30/2010

14. CONGRESSIONAL: a. Applicant: 42 b. Project: 24-49

15. Estimated Funding:

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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 PROCESSES FOR REVIEW ON: 4-28-09 DATE
b. NO.
☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

a. Federal	$3,400,000
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$3,400,000

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. Typed Name of Authorized Representative	b. Title:	c. Telephone Number
Barry R. Wallerstein, D.Env.	Executive Officer	(909) 396-2100
d. Signature of Authorized Representative		e. Date Signed 4/28/09

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

APPROVED AS TO FORM KURT O. WIESE, GENERAL COUNSEL

AUTHORIZED FOR LOCAL REPRODUCTION

By:

Date:

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED April 28, 2009	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

Organizational Unit:

Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765 DUNS #025986159

Name and telephone number of the person to be contacted on matters involving this application (give area code) (909) 396-2765 (fax) Mary Leonard (909) 396-2780 mleonard@aqmd.gov

6. EMPLOYER IDENTIFICATION (EIN): 953099419

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

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: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.039
TITLE: National Clean Diesel Funding Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: School Bus Replacement Project

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties

13. PROPOSED PROJECT: Start Date 06/01/2009; End Date 09/30/2010

14. CONGRESSIONAL a. Applicant: 42 b. Project: 24-49

15. Estimated Funding:

a. Federal	$10,000,000
b. Applicant	$56,000,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$66,000,000

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 PROCESSES FOR REVIEW ON: 4-28-09 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. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Barry R. Wallerstein, D.Env.	Executive Officer	(909) 396-2100
d. Signature of Authorized Representative		e. Date Signed 4/28/09

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL
By:
Date: 4/23/09

Previous Editions Not Usable

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

AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED April 28, 2009	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

Organizational Unit:

Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765 **DUNS #025986159**

Name and telephone number of the person to be contacted on matters involving this application (give area code) (909) 396-2765 (fax) Mary Leonard (909) 396-2780 mleonard@aqmd.gov

6. EMPLOYER IDENTIFICATION (EIN): 953099419

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

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: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.039
TITLE: National Clean Diesel Funding Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Liquefied Natural Gas (LNG) Drayage Truck Replacement Project

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties

13. PROPOSED PROJECT: Start Date	End Date	14. CONGRESSIONAL a. Applicant: 42	b. Project: 24-49
06/01/2009	09/30/2010		

15. Estimated Funding:

a. Federal	$ 10,000,000
b. Applicant	$
c. State	$ 12,500,000
d. Local	$
e. Other	$ 18,750,000
f. Program Income	$
g. TOTAL	$ 41,250,000

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 PROCESSES FOR REVIEW ON:
DATE 4-28-09
b. NO.
☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Barry R. Wallerstein, D.Env.	APPROVED AS TO FORM KURT R. WIESE, GENERAL COUNSEL	(909) 396-2100
d. Signature of Authorized Representative		e. Date Signed 4/28/09

Previous Editions Not Usable

AUTHORIZED FOR LOCAL REPRODUCTION By: Date: 4/23/09

Standard Form 424 (REV 4-88)

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED: April 28, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

Organizational Unit:

Address (give city, county, state, and zip code): 21865 COPLEY DRIVE, DIAMOND BAR, CA 91765 DUNS #025986159

Name and telephone number of the person to be contacted on matters involving this application (give area code) (909) 396-2765 (fax): Mary Leonard (909) 396-2780 mleonard@aqmd.gov

6. EMPLOYER IDENTIFICATION (EIN): 953099419

RECEIVED APR 28 2009 STATE CLEARING HOUSE

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

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: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.039
TITLE: National Clean Diesel Funding Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction Equipment Repower Project

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties

13. PROPOSED PROJECT		14. CONGRESSIONAL	
Start Date	End Date	a. Applicant: 42	b. Project: 24-49
06/01/2009	09/30/2010		

15. Estimated Funding:

a. Federal	$10,000,000
b. Applicant	$14,000,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$24,000,000

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 PROCESSES FOR REVIEW ON: 4-28-2009
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. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Barry R. Wallerstein, D.Env.	Executive Officer	(909) 396-2100
d. Signature of Authorized Representative: Barry R. Wallerstein		e. Date Signed: 4/28/09

Previous Editions Not Usable

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL
By: [illegible]

AUTHORIZED FOR LOCAL REPRODUCTION

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

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBM. April 28, 2009	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

Organizational Unit:

Address (give city, county, state, and zip code): 21865 COPLEY DRIVE, DIAMOND BAR, CA 91765 DUNS #025986159

Name and telephone number of the person to be contacted on matters involving this application (give area code) (909) 396-2765 (fax): Mary Leonard (909) 396-2780 mleonard@aqmd.gov

6. EMPLOYER IDENTIFICATION (EIN): 953099419

RECEIVED APR 28 2009 STATE CLEARING HOUSE

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

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: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.039
TITLE: National Clean Diesel Funding Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Diesel Truck Replacement Project

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties

13. PROPOSED PROJECT: Start Date 06/01/2009; End Date 09/30/2010

14. CONGRESSIONAL: a. Applicant: 42 b. Project: 24-49

15. Estimated Funding:

a. Federal	$10,000,000
b. Applicant	$17,000,000
c. State	$
d. Local	$
e. Other	$37,800,000
f. Program Income	$
g. TOTAL	$64,800,000

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 PROCESSES FOR REVIEW ON: 4-28-09
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. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Barry R. Wallerstein, D.Env.	Executive Officer	(909) 396-2100
d. Signature of Authorized Representative: Barry R. Wallerstein	APPROVED AS TO FORM KURT ROMESE, GENERAL COUNSEL	e. Date Signed: 4/28/09

Previous Editions Not Usable

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

AUTHORIZED FOR LOCAL REPRODUCTION

By: Date: 4/23/09

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Fairfield-Suisun Unified School District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680128846

* c. Organizational DUNS: 014634976

d. Address:

* Street1: 2490 Hilborn Road
Street2:
* City: Fairfield
County: Solano
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94534

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
* First Name: Roxanne
Middle Name:
* Last Name: Rice
Suffix:

Title: Director of Student Services

Organizational Affiliation:

* Telephone Number: 707-399-5034
Fax Number: 707 399 5027

* Email: roxanner@fsusd.k12.ca.us

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

G: Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities_National Programs

*** 12. Funding Opportunity Number:**

ED-GRANTS-123008-001

* Title:

Office of Safe and Drug-Free Schools; Overview Information; Safe Schools/Healthy Students Program CFDA 84.184L

13. Competition Identification Number:

84-184L2009-1

Title:

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

Solano County, City of Fairfield, City of Suisun

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

Project RESPECT (Reaching for Excellence, Safety, Pride, Equity, and Compassion-Together) Safe Schools Healthy/Students Initiative for Fairfield-Suisun Unified School District

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-10 * b. Program/Project: CA-10

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2009 * b. End Date: 08/31/2013

18. Estimated Funding ($):

* a. Federal	1,500,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,500,000.00

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

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

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)**

- [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: Jacki

Middle Name:

* Last Name: Cottingim

Suffix: Ph.D

* Title: Superintendent Jacki K Cottingim Ph.D

* Telephone Number: 707-399-5000 Fax Number:

* Email: jackic@fawsd.k12.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission Jacki K Cottingim Ph.D * Date Signed: Completed by Grants.gov upon submission 03/03/09

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

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	
☑ 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: CITY OF MERCED

* b. Employer/Taxpayer Identification Number (EIN/TIN)	* c. Organizational DUNS
94-6000371	169211554

d. Address:

* Street1: 678 W 18TH ST
Street2:
* City: MERCED
County: MERCED
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 95340

e. Organizational Unit:

Department Name	Division Name
PUBLIC WORKS	FLEET SERVICES

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

Prefix: MR
* First Name: DAN
Middle Name:
* Last Name: ARNOLD
Suffix:

Title: PUBLIC WORKS MANAGER - INTERNAL SERVICES

Organizational Affiliation:

* Telephone Number	Fax Number
(209)385-6944	(209) 388-8762

* Email: arnoldd@cityofmerced.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C. City or Township Government

Type of Applicant 2: Select Applicant Type

Type of Applicant 3: Select Applicant Type

* Other (specify)

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

ENVIRONMENTAL PROTECTION AGENCY

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

NATIONAL CLEAN DIESEL FUNDING ASSISTANCE PROGRAM

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

AMER CAN RECOVERY AND REINVESTMENT ACT FUNDING FOR THE NATIONAL CLEAN DIESEL FUNDING ASSISTANCE PROGRAM

13. Competition Identification Number:

Title

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

MERCED COUNTY, MADERA COUNTY, STANISLAUS COUNTY

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

CITY OF MERCED DIESEL FLEET EMMISIONS REDUCITON RETROFIT

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: CA-016

* a. Applicant
* b. Program/Project

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

Add Attachment

17. Proposed Project: * a. Start Date: Jun 2009 * b. End Date: Jan 2010

18. Estimated Funding ($):

* a. Federal	$734,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$734,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 4/28/2009

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

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

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

☐ Yes ☑ No

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

☑ I AGREE

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

Authorized Representative:

Prefix:	MR.	* First Name:	WILLIAM
Middle Name:	D.		
* Last Name:	CAHILL		
Suffix:			

* Title: ACTING CITY MANAGER

* Telephone Number: (209) 385-6834 Fax Number: (209) 388-8610

* Email: cahillb@cityofmerced.org

* Signature of Authorized Representative: William D. Cahill Date Signed: 4-23-09

Authorized for Local Reproduction

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

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:

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0288069	195930276

d. Address:

* Street1:	1001 I Street
Street2:	P.O. Box 2815
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	95812

e. Organizational Unit:

Department Name:	Division Name:
California Air Resources Board	Administrative Services Division

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

Prefix:	Mr.	* First Name:	Matthew
Middle Name:			
* Last Name:	Singh		
Suffix:			

Title: Staff Services Manager I

Organizational Affiliation:

* Telephone Number:	(916) 322-8201	Fax Number:	(916) 322-9612

* Email: msingh@arb.ca.gov

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-011, 018, 019

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

CA-020, 021, 022 | Add Attachment

17. Proposed Project:

* a. Start Date: 6/2009
* b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	$10,000,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	$3,500,000.00
* f. Program Income	
* g. TOTAL	$13,500,000.00

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

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

☐ 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: Marie

Middle Name:

* Last Name: Stephans

Suffix:

* Title: Chief, Administrative Services

* Telephone Number: (916) 322-8198 Fax Number: (916) 322-5982

* Email: mstephan@arb.ca.gov

* Signature of Authorized Representative: Marie Stephans * Date Signed: 4-28-09

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	

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STATE CLEARING HOUSE

* 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: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0288069	195930276

d. Address:

* Street1:	1001 I Street
Street2:	P.O. Box 2815
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	95812

e. Organizational Unit:

Department Name:	Division Name:
California Air Resources Board	Administrative Services Division

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

Prefix:	Mr.	* First Name:	Matthew
Middle Name:			
* Last Name:	Singh		
Suffix:			

Title: Staff Services Manager I

Organizational Affiliation:

* Telephone Number:	(916) 322-8201	Fax Number:	(916) 322-9612

* Email: msingh@arb.ca.gov

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-005 * b. Program/Project CA all for all

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

Add Attachment

17. Proposed Project:

* a. Start Date: 6/2009 * b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	$10,000,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$10,000,000.00

*** 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 Signature Date.

☐ 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: Marie

Middle Name:

* Last Name: Stephans

Suffix:

* Title: Chief, Administrative Services

* Telephone Number: (916) 322-8198 Fax Number: (916) 322-5982

* Email: mstephan@arb.ca.gov

* Signature of Authorized Representative: Marie Stephans * Date Signed: 4-28-09

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:

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0288069	195930276

d. Address:

* Street1:	1001 I Street
Street2:	P.O. Box 2815
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	95812

e. Organizational Unit:

Department Name:	Division Name:
California Air Resources Board	Administrative Services Division

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

Prefix:	Mr.	* First Name:	Matthew
Middle Name:			
* Last Name:	Singh		
Suffix:			

Title: Staff Services Manager I

Organizational Affiliation:

* Telephone Number:	(916) 322-8201	Fax Number:	(916) 322-9612

* Email: msingh@arb.ca.gov

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005

* b. Program/Project: CA-022,025,026,027,028

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

CA-029,030,031,032,033,034,035,036,037,038,039,041,042,043,044,045,046,049 | Add Attachment

17. Proposed Project:

* a. Start Date: 6/2009

* b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	$5,000,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	$1,800,000.00
* f. Program Income	
* g. TOTAL	$6,800,000.00

*** 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 Signature Date.

☐ 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:	Marie
Middle Name:	
* Last Name:	Stephans
Suffix:	
* Title:	Chief, Administrative Services
* Telephone Number:	(916) 322-8198
Fax Number:	(916) 322-5982
* Email:	mstephan@arb.ca.gov
* Signature of Authorized Representative:	Marie Stephans
* Date Signed:	4-28-09

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:

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0288069	195930276

d. Address:

* Street1:	1001 I Street
Street2:	P.O. Box 2815
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	95812

e. Organizational Unit:

Department Name:	Division Name:
California Air Resources Board	Administrative Services Division

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

Prefix:	Mr.	* First Name:	Matthew
Middle Name:			
* Last Name:	Singh		
Suffix:			

Title: Staff Services Manager I

Organizational Affiliation:

* Telephone Number:	(916) 322-8201	Fax Number:	(916) 322-9612

* Email: msingh@arb.ca.gov

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-005 * b. Program/Project CA-all for all

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

Add Attachment

17. Proposed Project:

* a. Start Date: 6/2009 * b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	$30,000,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$30,000,000.00

*** 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 Signature Date .

☐ 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: Marie

Middle Name:

* Last Name: Stephans

Suffix:

* Title: Chief, Administrative Services

* Telephone Number: (916) 322-8198 Fax Number: (916) 322-5982

* Email: mstephan@arb.ca.gov

* Signature of Authorized Representative: Marie Stephans * Date Signed: 4-28-09

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: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069

* c. Organizational DUNS: 195930276

d. Address:

* Street1: 1001 I Street
Street2: P.O. Box 2815
* City: Sacramento
County: Sacramento
* State: California
Province:
* Country: USA
* Zip / Postal Code: 95812

e. Organizational Unit:

Department Name: California Air Resources Board

Division Name: Administrative Services Division

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

Prefix: Mr.
* First Name: Matthew
Middle Name:
* Last Name: Singh
Suffix:

Title: Staff Services Manager I

Organizational Affiliation:

* Telephone Number: (916) 322-8201
Fax Number: (916) 322-9612

* Email: msingh@arb.ca.gov

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-005 * b. Program/Project CA-011, 018, 019

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

CA-020, 021, 022 Add Attachment

17. Proposed Project:

* a. Start Date: 6/2009 * b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	$10,000,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	$3,500,000.00
* f. Program Income	
* g. TOTAL	$13,500,000.00

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

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

☐ 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: Marie

Middle Name:

* Last Name: Stephans

Suffix:

* Title: Chief, Administrative Services

* Telephone Number: (916) 322-8198 Fax Number: (916) 322-5982

* Email: mstephan@arb.ca.gov

* Signature of Authorized Representative: Marie Stephans * Date Signed: 4-28-09

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Operation Clean Air

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0262736

* c. Organizational DUNS: 830404062

d. Address:

* Street1: 7405 N. First Street
Street2:
* City: Fresno
County:
* State: California
Province:
* Country: U.S.A.
* Zip / Postal Code: 93720

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Co-Executive Director of Operation Clean Air, Inc.

Organizational Affiliation:

* Telephone Number: 916-739-1139
Fax Number: 916-739-1216

* Email: sean@edgarinc.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

Recovery Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Not Applicable/Not Identifiable

Title:

Not Applicable/Not Identifiable

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

Region 9: California.

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

Fleet Modernization Program For Heavy Duty Alternative Fuel And 2007 Clean Diesel Equipped Vehicles, and Retrofit of Municipal, Utility and Long-Haul Trucks.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-019 and CA-021
* b. Program/Project: CA-all

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

Add Attachment

17. Proposed Project:
* a. Start Date: June 2009
* b. End Date: September 2010

18. Estimated Funding ($):

* a. Federal	8,039,660
* b. Applicant	19,911,461
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	27,951,121

PROPOSAL ONE FUNDING

*** 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 04/28/09.

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

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

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

☐ Yes ☒ No

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

☐ **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: Sean
Middle Name:
* Last Name: Edgar
Suffix:

* Title: Co-Executive Director

* Telephone Number: 916-739-1139
Fax Number: 916-739-1216

* Email: sean@cleanfleets.net

* Signature of Authorized Representative:
* Date Signed: 4/28/09

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Operation Clean Air

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0262736

* c. Organizational DUNS: 830404062

d. Address:

* Street1: 7405 N. First Street
Street2:
* City: Fresno
County:
* State: California
Province:
* Country: U.S.A.
* Zip / Postal Code: 93720

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Sean

Middle Name:

* Last Name: Edgar

Suffix:

Title: Co-Executive Director of Operation Clean Air, Inc.

Organizational Affiliation:

* Telephone Number: 916-739-1139

Fax Number: 916-739-1216

* Email: sean@edgarinc.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

Recovery Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Not Applicable/Not Identifiable

Title:

Not Applicable/Not Identifiable

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

Region 9: California.

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

Fleet Modernization Program For Heavy Duty Alternative Fuel And 2007 Clean Diesel Equipped Vehicles, and Retrofit of Municipal, Utility and Long-Haul Trucks.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-019 and CA-021
* b. Program/Project: CA-all

Add Attachment

17. Proposed Project:
* a. Start Date: June 2009
* b. End Date: September 2010

18. Estimated Funding ($):

* a. Federal	8,135,247.00
* b. Applicant	20,198,201.00
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	20,198,201.00

PROPOSAL TWO FUNDING

*** 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 04/28/09.

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

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

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

☐ Yes ☒ No

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

☐ 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: Sean
Middle Name:
* Last Name: Edgar
Suffix:

* Title: Co-Executive Director

* Telephone Number: 916-739-1139
Fax Number: 916-739-1216

* Email: sean@cleanfleets.net

* Signature of Authorized Representative: Sg
* Date Signed: 4/28/09

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

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	
☑ 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:

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Operation Clean Air

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-0262736	830404062

d. Address:

* Street1: 7405 N. First Street
Street2:
* City: Fresno
County:
* State: California
Province:
* Country: U.S.A.
* Zip / Postal Code: 93720

e. Organizational Unit:

Department Name:	Division Name:

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

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

Title: Co-Executive Director of Operation Clean Air, Inc.

Organizational Affiliation:

* Telephone Number: 916-739-1139 Fax Number: 916-739-1216

* Email: sean@edgarinc.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

Recovery Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Not Applicable/Not Identifiable

Title:

Not Applicable/Not Identifiable

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

Region 2: New Jersey.

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

Fleet Modernization Program For Heavy Duty Alternative Fuel And 2007 Clean Diesel Equipped Vehicles, and Retrofit of Municipal, Utility and Long-Haul Trucks.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-019 and CA-021
* b. Program/Project: NJ-all

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

Add Attachment

17. Proposed Project:
* a. Start Date: June 2009
* b. End Date: September 2010

18. Estimated Funding ($):

* a. Federal	748,125.00
* b. Applicant	2,137,500.00
* c. State	Ø
* d. Local	Ø
* e. Other	Ø
* f. Program Income	Ø
* g. TOTAL	2,885,625.00

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

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

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

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

☐ Yes ☒ No

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

☐ I AGREE

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Authorized Representative:

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

* Title: Co-Executive Director

* Telephone Number: 916-739-1139
Fax Number: 916-739-1216

* Email: sean@cleanfleets.net

* Signature of Authorized Representative: [signature]
* Date Signed: 4/28/09

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Operation Clean Air

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0262736

* c. Organizational DUNS: 830404062

d. Address:

* Street1: 7405 N. First Street
Street2:
* City: Fresno
County:
* State: California
Province:
* Country: U.S.A.
* Zip / Postal Code: 93720

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Co-Executive Director of Operation Clean Air, Inc.

Organizational Affiliation:

* Telephone Number: 916-739-1139
Fax Number: 916-739-1216

* Email: sean@edgarinc.org

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

Application for Federal Assistance SF-424 Version 02

8. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

Recovery Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Not Applicable/Not Identifiable

Title:

Not Applicable/Not Identifiable

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

Region 4: Florida.

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

Fleet Modernization Program For Heavy Duty Alternative Fuel And 2007 Clean Diesel Equipped Vehicles, and Retrofit of Municipal, Utility and Long-Haul Trucks.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-019 and CA-021
* b. Program/Project: FL-all

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

Add Attachment

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

18. Estimated Funding ($):

* a. Federal	879,900
* b. Applicant	2,891,100
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	3,771,000

*** 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 04/28/09.

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

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☐ Yes ☒ No

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Authorized Representative:

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

* Title: Co-Executive Director

* Telephone Number: 916-739-1139 Fax Number: 916-739-1216

* Email: sean@cleanfleets.net

* Signature of Authorized Representative: SCE
* Date Signed: 4/28/09

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

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):
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☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Operation Clean Air

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-0262736	830404062

d. Address:

* Street1: 7405 N. First Street
Street2:
* City: Fresno
County:
* State: California
Province:
* Country: U.S.A.
* Zip / Postal Code: 93720

e. Organizational Unit:

Department Name:	Division Name:

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

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

Title: Co-Executive Director of Operation Clean Air, Inc.

Organizational Affiliation:

* Telephone Number: 916-739-1139	Fax Number: 916-739-1216

* Email: sean@edgarinc.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

Recovery Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Not Applicable/Not Identifiable

Title:

Not Applicable/Not Identifiable

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

Region 1 State: Connecticut.

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

Fleet Modernization Program For Heavy Duty Alternative Fuel And 2007 Clean Diesel Equipped Vehicles, and Retrofit of Municipal, Utility and Long-Haul Trucks.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-019 and CA-021
* b. Program/Project: CT-all

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

Add Attachment

17. Proposed Project:
* a. Start Date: June 2009
* b. End Date: September 2010

18. Estimated Funding ($):

* a. Federal	1,237,600
* b. Applicant	3,535,999
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	4,773,599

*** 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 04/28/09.

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

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

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

☐ Yes ☑ No

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

☑ 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: Sean
Middle Name:
* Last Name: Edgar
Suffix:

* Title: Co-Executive Director

* Telephone Number: 916-739-1139 Fax Number: 916-739-1216

* Email: sean@edgarinc.org

* Signature of Authorized Representative: [signature] * Date Signed: 4/28/09

Authorized for Local Reproduction
(Revised 10/2005) Prescribed by
OMB Circular A-102

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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APR 20 2009
STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Operation Clean Air

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0262736

* c. Organizational DUNS: 830404062

d. Address:

* Street1: 7405 N. First Street
Street2:
* City: Fresno
County:
* State: California
Province:
* Country: U.S.A.
* Zip / Postal Code: 93720

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Co-Executive Director of Operation Clean Air, Inc.

Organizational Affiliation:

* Telephone Number: 916-739-1139
Fax Number: 916-739-1216

* Email: sean@edgarinc.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

Recovery Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Not Applicable/Not Identifiable

Title:

Not Applicable/Not Identifiable

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

Region 9: California.

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

Fleet Modernization Program For Heavy Duty Alternative Fuel And 2007 Clean Diesel Equipped Vehicles, and Retrofit of Municipal, Utility and Long-Haul Trucks.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-019 and CA-021
* b. Program/Project: CA-all

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

Add Attachment

17. Proposed Project:
a. Start Date: June 2009
* b. End Date: September 2010

18. Estimated Funding ($):

* a. Federal	9,877,659
* b. Applicant	18,313,873
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	28,191,532

PROPOSAL THREE FUNDING

* 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 04/28/09.

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

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

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

☐ Yes ☒ No

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

☐ 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: Sean
Middle Name:
* Last Name: Edgar
Suffix:

* Title: Co-Executive Director

* Telephone Number: 916-739-1139
Fax Number: 916-739-1216

* Email: sean@cleanfleets.net

* Signature of Authorized Representative:
* Date Signed: 4/28/09

Authorized for Local Reproduction

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

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier:
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier: Nguyen 20091407

RECEIVED
APR 29 2009
STATE CLEARING HOUSE

5. APPLICANT INFORMATION
* Organizational DUNS: 094678394
* Legal Name: The Regents of the University of California
Department: C. for Polymers/Organic Solids
Division:
* Street1: 3227 Cheadle Hall
Street2: University of California
* City: Santa Barbara
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 93106-2050

Person to be contacted on matters involving this application
Prefix: Mr.
* First Name: Kevin
Middle Name: S
* 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:
Mechanistic Studies of Charge Injection from Metallic Electrodes into Organic Semiconductors Mediated by Ionic Functionalities

12. PROPOSED PROJECT:
* Start Date: 01/01/2010
* Ending Date: 12/31/2012

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: 23

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr.
* First Name: Thuc-Quyen
Middle Name:
* Last Name: Nguyen
Suffix:
Position/Title: Professor, Chemistry & Biochemistry
* Organization Name: The Regents of the University of California
Department: C. for Polymers/Organic Solids
Division:
* Street1: 3122 Chemistry
Street2: University of California
* City: Santa Barbara
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 93106-9510
* Phone Number: 805-893-4851
Fax Number: 805-893-6132
* Email: quyen@chem.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	1,200,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	1,200,000.00
d. Estimated Program Income	0.00

16. * 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: 04/29/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Mr. * First Name: Kevin Middle Name: S

* Last Name: Stewart Suffix:

* Position/Title: Sponsored Projects Officer

* Organization: The Regents of the University of California

Department: Office of Research Division:

* Street1: 3227 Cheadle Hall

Street2: University of California

* City: Santa Barbara County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-2050

* Phone Number: 805-893-4034 Fax Number: 805-893-2611

* Email: proposals@research.ucsb.edu

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

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier:
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier: ODETTE20091441

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STATE CLEARING HOUSE

5. APPLICANT INFORMATION
* Organizational DUNS: 09987839
* Legal Name: The Regents of the University of California
Department: Office of Research
Division:
* Street1: UC Santa Barbara
Street2: 3227 Cheadle Hall
* City: Santa Barbara
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* 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: 805-893-4024
Fax Number: 805-893-2611
Email: stewart@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):

* 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:
Thermo-kinetically Stabilized Nano-Dispersion Strengthened Alloys for High Temperature Service in Extreme Environments: A New Paradigm for Far Equilibrium Alloy Design

12. PROPOSED PROJECT:
* Start Date: 09/01/2009
* Ending Date: 08/31/2012

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-023

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr.
* First Name: G.
Middle Name: Robert
* Last Name: Odette
Suffix:
Position/Title: Professor
* Organization Name: The Regents of the University of California
Department: Materials Department
Division:
* Street1: Materials Department
Street2: Bldg. 503, Room 1355
* City: Santa Barbara
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 93106-5050
* Phone Number: 805-893-3525
Fax Number: 805-893-8651
* Email: odette@engineering.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	1,359,494.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	1,359,494.00
d. Estimated Program Income	0.00

16. * 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: 04/29/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Mr. * First Name: Kevin Middle Name:

* Last Name: Stewart Suffix:

* Position/Title: Sponsored Projects Officer

* Organization: The Regents of the University of California

Department: Office of Research Division:

* Street1: UC Santa Barbara

Street2: 3227 Cheadle Hall

* City: Santa Barbara County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-2050

* Phone Number: 805-893-4024 Fax Number: 805-893-2611

* Email: proposals@research.ucsb.edu

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

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted: 5/1/2009
Applicant Identifier:

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

3. Date Rec'd by State:
State Application Identifier:

4. Date Rec'd by Federal:
Federal Identifier:

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APR 29 2009
STATE CLEARING HOUSE

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
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
66.802
Title: Superfund Program - San Gabriel Valley

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

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

13. Proposed Project:

Start Date	End Date
7/1/2009	6/30/2010

14. Congressional District of:
Applicant: 3
Project: 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 22, 2009
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:
	5/1/2009

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted 5/1/2009	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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APR 29 2009
STATE CLEARING HOUSE

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

Organizational Unit:
Division of Water Quality
Name and telephone of person to be contacted on matters involving this application (give area code):
Steve Fagundes
916-341-5487

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
66.460
Title: Nonpoint Source Implementation Grant

11. Descriptive Title of Applicant's Project:
Implement and coordinate activities and projects under the Clean Water Act, Section 319(h) for funding nonpoint source management projects.

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

13. Proposed Project:

Start Date	End Date
7/1/2009	6/30/2014

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$11,037,546
b. Applicant	$0
c. State	$7,358,364
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$18,395,910

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: May 1, 2009
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:
	5/1/2009

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: San Miguel Community Services District	Organizational Unit: Department:
Organizational DUNS: 10-997-3839	Division:
Address: Street: 1150 Mission Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: J. M.
City: San Miguel	Middle Name
County: San Luis Obispo	Last Name: Ellison
State: CA Zip Code: 93451	Suffix:
Country: USA	Email: mellison@sanmiguelcsd.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0538466	Phone Number (give area code): 805-467-3300 Fax Number (give area code): 805-467-9212

RECEIVED
APR 29 2009
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.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA/RUS
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 650,000 gal Water Tank and Water Supply Well
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Luis Obispo County	
13. PROPOSED PROJECT Start Date: 5-1-2009 Ending Date: 9-30-2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22 b. Project 22

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 1,725,000	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$	
c. State	$	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 1,725,000	☐ 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: J. M.	Middle Name
Last Name: Ellison		Suffix
b. Title: General Manager		c. Telephone Number (give area code): 805-467-3300
d. Signature of Authorized Representative:		e. Date Signed: 4-29-09

Previous Edition Usable
Authorized for Local Reproduction

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

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier STEMMER20091453

5. APPLICANT INFORMATION *** Organizational DUNS:** 094878394

* Legal Name: The Regents of the University of California

Department: Office of Research Division:

* Street1: UC Santa Barbara

Street2: 3227 Cheadle Hall

* City: Santa Barbara County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-2050

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APR 29 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: Mr. * First Name: Kevin Middle Name:

* Last Name: Stewart Suffix:

* Phone Number: 805-893-4024 Fax Number: 805-893-2611

Email: stewart@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):

* 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:

Perovskite-based Proton-conducting Electrolytes

12. PROPOSED PROJECT:

* Start Date: 10/01/2009 * Ending Date: 09/30/2012

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-023

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Susanne Middle Name:

* Last Name: Stemmer Suffix:

Position/Title: Professor

* Organization Name: The Regents of the University of California

Department: Materials Department Division:

* Street1: Materials Department

Street2: Bldg. 503, Room 1355

* City: Santa Barbara County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-5050

* Phone Number: 805-893-6128 Fax Number: 805-893-8486

* Email: stemmer@mrl.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	450,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	450,000.00
d. Estimated Program Income	0.00

16. * 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: 04/29/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Mr. * First Name: Kevin Middle Name:

* Last Name: Stewart Suffix:

* Position/Title: Sponsored Projects Officer

* Organization: The Regents of the University of California

Department: Office of Research Division:

* Street1: UC Santa Barbara

Street2: 3227 Cheadle Hall

* City: Santa Barbara County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-2050

* Phone Number: 805-893-4024 Fax Number: 805-893-2611

* Email: proposals@research.ucsb.edu

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

20. Pre-application Add Attachment | Delete Attachment | View Attachment

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted 5/1/2009	Applicant Identifier
3. Date Rec'd by State	State Application Identifier
4. Date Rec'd by Federal	Federal Identifier

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:
Division of Financial Assistance
Name and telephone of person to be contacted on matters involving this application (give area code):
Barbara Evoy
(916) 341-5632

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:
_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 Grant for Clean Water State Revolving Fund 2009

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
7/1/2009	6/30/2019

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$48,667,707
b. Applicant	$0
c. State	$9,733,541
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$58,401,248

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, 2009
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 Dorothy Rice	b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: 5/1/2009

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	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	Green Bus Replacement Program

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

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APR 30 2009
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Cascade Sierra Solutions

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-4463950	621529994

d. Address:

* Street1:	32670 Mill St.
Street2:	P.O. Box 8517
* City:	Coburg
County:	Lane
* State:	OR
Province:	
* Country:	USA
* Zip / Postal Code:	97408

e. Organizational Unit:

Department Name:	Division Name:
Fundraising	

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

Prefix:	Ms.	* First Name:	Kea
Middle Name:			
* Last Name:	Cannon		
Suffix:			

Title: Project Officer

Organizational Affiliation:
Cascade Sierra Solutions

* Telephone Number:	(541) 302-0900 x210	Fax Number:	(541) 345-8727

* Email: kea@cascadesierrasolutions.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:

501(c)3 nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

Region 9; Casa Grande, Seligman, Maricopa, Bullhead City, Glendale, and Peoria, Arizona.

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

Cascade Sierra Solutions Green Bus Replacement Program

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: OR-004 * b. Program/Project: AZ 1-8

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

Add Attachment

17. Proposed Project:

* a. Start Date: 7-1-09 * b. End Date: 9-30-10

18. Estimated Funding ($):

* a. Federal	$567,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	$3,775,000.00
* f. Program Income	
* g. TOTAL	$4,342,500.00

*** 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

☐ 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: Sandor

Middle Name:

* Last Name: Lau

Suffix:

* Title: Director of Fundraising

* Telephone Number: (541) 302-0900 x211 Fax Number: (541) 345-8727

* Email: sandor@cascadesierrasolutions.org

* Signature of Authorized Representative: Sandor * Date Signed: 4-20-09

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.

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	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	Truck Stop Electrification Project region 9

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: Cascade Sierra Solutions

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-4463950	621529994

d. Address:

* Street1:	32670 Mill St.
Street2:	P.O. Box 8517
* City:	Coburg
County:	Lane
* State:	OR
Province:	
* Country:	USA
* Zip / Postal Code:	97408

e. Organizational Unit:

Department Name:	Division Name:
Truck Stop Electrification Project	

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

Prefix:	Ms.	* First Name:	Sharon
Middle Name:	Kay		
* Last Name:	Banks		
Suffix:			

Title: Chief Executive Officer

Organizational Affiliation:
Cascade Sierra Solutions

* Telephone Number:	(541) 302-0900 x204	Fax Number:	(541) 345-8727

* Email: kea@cascadesierrasolutions.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:

501(c)3 nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

All areas of mainland region 9, in particular major freight corridors and urban areas along I-5, I-10, I-99, I-80.

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

Truck Stop Electrification Project, Region 9

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: OR-004
* b. Program/Project: All CA, NV, AZ

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

Add Attachment

17. Proposed Project:

* a. Start Date: 7-1-09
* b. End Date: 9-30-10

18. Estimated Funding ($):

* a. Federal	$2,805,000.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$2,805,000.00

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

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

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

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

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

☐ Yes ☑ No

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Mr. * First Name: Sandor

Middle Name:

* Last Name: Lau

Suffix:

* Title: Development Director

* Telephone Number: (541) 302-0900 x211 Fax Number: (541) 345-8727

* Email: sandor@cascadesierrasolutions.org

* Signature of Authorized Representative: Sandor * Date Signed: 4-20-09

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.

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

Application for Federal Assistance SF-424

Version 02

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* 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.	CSS Exhaust Retrofit/APU program region 9

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: Cascade Sierra Solutions

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-4463950	621529994

d. Address:

* Street1:	32670 Mill St.
Street2:	P.O. Box 8517
* City:	Coburg
County:	Lane
* State:	OR
Province:	
* Country:	USA
* Zip / Postal Code:	97408

e. Organizational Unit:

Department Name:	Division Name:
Exhaust Retrofit/APU Program	

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

Prefix:	Mr.	* First Name:	David
Middle Name:			
* Last Name:	Orton		
Suffix:			

Title: Communications Manager

Organizational Affiliation:
Cascade Sierra Solutions

* Telephone Number:	(541) 302-0900 x202	Fax Number:	(541) 345-8727

* Email: david@cascadesierrasolutions.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

501(c)3 nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

All areas of mainland region 9, in particular major freight corridors and urban areas including Los Angeles, San Francisco Bay Area, San Diego, Las Vegas, Phoenix, Tucson, I-5, I-10, I-80.

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

Cascade Sierra Solutions Exhaust Retrofit/APU Program region 9.

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 OR-004 * b. Program/Project All CA, NV, AZ

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

entire United States | Add Attachment

17. Proposed Project:

* a. Start Date: 7-1-09 * b. End Date: 9-30-10

18. Estimated Funding ($):

* a. Federal	$10,000,000.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$12,805,500.00
* f. Program Income	$0.00
* g. TOTAL	$22,805,500.00

*** 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 .

☐ 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: Sandor

Middle Name:

* Last Name: Lau

Suffix:

* Title: Development Director

* Telephone Number: (541) 302-0900 x211 Fax Number: (541) 345-8727

* Email: sandor@cascadesierrasolutions.org

* Signature of Authorized Representative: Sandor * Date Signed: 4-20-09

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.

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

Application for Federal Assistance SF-424

Version 02

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* 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.	CSS EPA Region 9 Trailer Aerodynamics Program

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: Cascade Sierra Solutions

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-4463950	621529994

d. Address:

* Street1:	32670 Mill St.
Street2:	P.O. Box 8517
* City:	Coburg
County:	Lane
* State:	OR
Province:	
* Country:	USA
* Zip / Postal Code:	97408

e. Organizational Unit:

Department Name:	Division Name:
EPA Region 9 Trailer Aerodynamics Program	

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

Prefix:	Ms	* First Name:	Sharon
Middle Name:			
* Last Name:	Banks		
Suffix:			

Title: CEO

Organizational Affiliation:
Cascade Sierra Solutions

* Telephone Number:	(541) 302-0900 x204	Fax Number:	(541) 345-8727

* Email: sharon@cascadesierrasolutions.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

501(c)3 nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

All areas of mainland EPA Region 9, in particular major trucking routes in California and Arizona

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

Cascade Sierra Solutions EPA Region 9 Trailer Aerodynamics Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: OR-004 All CA, AZ

* a. Applicant: All United States
* b. Program/Project:

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

Add Attachment

17. Proposed Project:
* a. Start Date: 07-01-2009
* b. End Date: 09-30-2010

18. Estimated Funding ($):

* a. Federal	$3,728,171.54
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$5,847,926.56
* f. Program Income	$0.00
* g. TOTAL	$9,576,098.10

*** 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: Sandor

Middle Name:

* Last Name: Lau

Suffix:

* Title: Development Director

* Telephone Number: (541) 302-0900 x211 Fax Number: (541) 345-8727

* Email: sandor@cascadesierrasolutions.org

* Signature of Authorized Representative: Sandor * Date Signed: 4-27-09

Authorized for Local Reproduction

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

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.

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

Application for Federal Assistance SF-424 Version 02

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STATE CLEARING HOUSE

* 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.	The Great SmartWay Rebate Program region 9

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: Cascade Sierra Solutions

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-4463950	621529994

d. Address:

* Street1:	32670 Mill St.
Street2:	P.O. Box 8517
* City:	Coburg
County:	Lane
* State:	OR
Province:	
* Country:	USA
* Zip / Postal Code:	97408

e. Organizational Unit:

Department Name:	Division Name:
Cascade Sierra Solutions	Grants & Rebates Department

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

Prefix:	Mr.	* First Name:	Josh
Middle Name:			
* Last Name:	Capps		
Suffix:			

Title: Project Officer

Organizational Affiliation:
Cascade Sierra Solutions

* Telephone Number:	(541) 302-0900 x222	Fax Number:	(541) 345-8727

* Email: josh@cascadesierrasolutions.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

501(c)3 nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

All areas of mainland region 9, in particular major freight corridors and urban areas including Los Angeles, San Francisco Bay Area, San Diego, Las Vegas, Phoenix, Tucson, I-5, I-10, I-80.

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

The Great SmartWay Rebate Program region 9

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: OR-004
* b. Program/Project: All CA, AZ, NV

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

All districts in USA | Add Attachment

17. Proposed Project:

* a. Start Date: 7-1-09
* b. End Date: 9-30-10

18. Estimated Funding ($):

* a. Federal	$5,000,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	$42,312,500.00
* f. Program Income	
* g. TOTAL	$47,312,500.00

*** 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 .

☐ 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: Sandor

Middle Name:

* Last Name: Lau

Suffix:

* Title: Director of Fundraising

* Telephone Number: (541) 302-0900 x211 Fax Number: (541) 345-8727

* Email: sandor@cascadesierrasolutions.org

* Signature of Authorized Representative: Sandor * Date Signed: 4-20-09

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

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.

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

Application for Federal Assistance SF-424 Version 02

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STATE CLEARING HOUSE

* 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.	Green Truck Replacement Program

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: Cascade Sierra Solutions

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-4463950	621529994

d. Address:

* Street1:	32670 Mill St.
Street2:	P.O. Box 8517
* City:	Coburg
County:	Lane
* State:	OR
Province:	
* Country:	USA
* Zip / Postal Code:	97408

e. Organizational Unit:

Department Name:	Division Name:
Cascade Sierra Solutions	

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

Prefix:	Ms.	* First Name:	Kea
Middle Name:			
* Last Name:	Cannon		
Suffix:			

Title: Project Officer

Organizational Affiliation:

Cascade Sierra Solutions

* Telephone Number:	(541) 302-0900 x210	Fax Number:	(541) 345-8727

* Email: kea@cascadesierrasolutions.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

501(c)3 nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

All States in Region 9: CA, AZ, NV, HI

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

Cascade Sierra Solutions Green Truck Replacement Program

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 OR-004 * b. Program/Project CA 1-53, NV 1-3, AZ1-8

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

Add Attachment

17. Proposed Project:

* a. Start Date: 7-1-09 * b. End Date: 9-30-10

18. Estimated Funding ($):

* a. Federal	$10,000,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	$59,511,465.00
* f. Program Income	
* g. TOTAL	$69,511,465.00

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

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

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

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

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

☐ Yes ☑ No

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Ms. * First Name: Kea

Middle Name:

* Last Name: Cannon

Suffix:

* Title: Project Officer

* Telephone Number: (541) 302-0900 x210 Fax Number: (541) 345-8727

* Email: kea@cascadesierrasolutions.org

* Signature of Authorized Representative: * Date Signed: 4-20-09

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.

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	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	Green Truck Replacement Program

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: Cascade Sierra Solutions

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-4463950	621529994

d. Address:

* Street1:	32670 Mill St.
Street2:	P.O. Box 8517
* City:	Coburg
County:	Lane
* State:	OR
Province:	
* Country:	USA
* Zip / Postal Code:	97408

e. Organizational Unit:

Department Name:	Division Name:
Cascade Sierra Solutions	

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

Prefix:	Ms.	* First Name:	Kea
Middle Name:			
* Last Name:	Cannon		
Suffix:			

Title: Project Officer

Organizational Affiliation:
Cascade Sierra Solutions

* Telephone Number:	(541) 302-0900 x210	Fax Number:	(541) 345-8727

* Email: kea@cascadesierrasolutions.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:

501(c)3 nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-ARRA-OAR-OTAQ-09-06

* Title:

American Recovery and Reinvestment Act Funding for the National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

All States in Region 9: CA, AZ, NV, HI

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

Cascade Sierra Solutions Green Truck Replacement Program

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: OR-004
* b. Program/Project: CA, AZ, NV, HI

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

CA-53, NV-3, HI-2, AZ-8 | Add Attachment

17. Proposed Project:

* a. Start Date: 7-1-09
* b. End Date: 9-30-10

18. Estimated Funding ($):

* a. Federal	$10,000,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	$54,823,591.00
* f. Program Income	
* g. TOTAL	$64,823,591.00

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

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

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

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

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

☐ Yes ☑ No

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Ms. * First Name: Kea

Middle Name:

* Last Name: Cannon

Suffix:

* Title: Project Officer

* Telephone Number: (541) 302-0900 x210 Fax Number: (541) 345-8727

* Email: kea@cascadesierrasolutions.org

* Signature of Authorized Representative: * Date Signed: 4-20-09

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

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ Non-Construction	**2. DATE SUBMITTED** April 28, 2009	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Amador Water Agency	**Organizational Unit:** Department: Administration
Organizational DUNS: 627507536	Division:
Address: Street: 12800 Ridge Road	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Michael
City: Sutter Creek	Middle Name James
County: Amador	Last Name Lee
State: California Zip Code 95685	Suffix:
Country: U.S.	Email: mlee@amadorwa.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0029577	Phone Number (give area code) 209-257-5207 Fax Number (give area code) 209-257-5281

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) G. Special District Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA-RUS
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal and Grant Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** CAWP Buckhorn Disinfection Bi-Products Compliance Project
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Amador County, Ca	
13. PROPOSED PROJECT Start Date: 2009 Ending Date: 2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 03 b. Project 03

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 520,611.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 23, 2009
b. Applicant	$ .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	$ 520,611.00	☐ 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 Mr.	First Name Michael	Middle Name James
Last Name Lee		Suffix
b. Title Financial Services Manager		c. Telephone Number (give area code) 209-257-5207
d. Signature of Authorized Representative		e. Date Signed April 24, 2009

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED April 28, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Amador Water Agency		**Organizational Unit:** Department: Administration	
Organizational DUNS: 627507536		Division:	
Address: Street: 12800 Ridge Road		**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr.	First Name: Michael
City: Sutter Creek		Middle Name James	
County: Amador		Last Name Lee	
State: California	Zip Code 95685	Suffix:	
Country: U.S.		Email: mlee@amadorwa.com	
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0029577		Phone Number (give area code) 209-257-5207	Fax Number (give area code) 209-257-5281

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APR 30 2009
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.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) G. Special District Other (specify) **9. NAME OF FEDERAL AGENCY:** USDA-RUS
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal and Grant Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** CAWP Buckhorn Backwash Improvement Project
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Amador County, Ca	

13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date: 2009	Ending Date: 2009	a. Applicant 03	b. Project 03

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 703,264.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 23, 2009
b. Applicant	$ .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	$ 703,264.00	☐ 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 Mr.	First Name Michael	Middle Name James
Last Name Lee		Suffix
b. Title Financial Services Manager		c. Telephone Number (give area code) 209-257-5207
d. Signature of Authorized Representative		e. Date Signed April 24, 2009

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Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED April 28, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Amador Water Agency	**Organizational Unit:** Department: Administration
Organizational DUNS: 627507536	Division:
Address: Street: 12800 Ridge Road	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. / First Name: Michael
City: Sutter Creek	Middle Name James
County: Amador	Last Name Lee
State: California / Zip Code 95685	Suffix:
Country: U.S.	Email: mlee@amadorwa.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0029577	Phone Number (give area code) 209-257-5207 / Fax Number (give area code) 209-257-5281

RECEIVED
APR 30 2009
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.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) G. Special District Other (specify) **9. NAME OF FEDERAL AGENCY:** USDA-RUS
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal and Grant Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Untreated Raw Ditch Conveyance Treated Water Conversion Project
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Amador County, Ca (Lake Camanche, Ione)	
13. PROPOSED PROJECT Start Date: 2009 / Ending Date: 2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 03 / b. Project 03

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 870,087.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 23, 2009
b. Applicant	$ .00	
c. State	$ 3,000,000.00	
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	$ 3,870,087.00	☐ 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 Mr.	First Name Michael	Middle Name James
Last Name Lee		Suffix
b. Title Financial Services Manager		c. Telephone Number (give area code) 209-257-5207
d. Signature of Authorized Representative		e. Date Signed April 24, 2009

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED April 28, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Amador Water Agency		**Organizational Unit:** Department: Administration	
Organizational DUNS: 627507536		Division:	
Address: Street: 12800 Ridge Road		**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr.	First Name: Michael
City: Sutter Creek		Middle Name James	
County: Amador		Last Name Lee	
State: California	Zip Code 95685	Suffix:	
Country: U.S.		Email: mlee@amadorwa.com	
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0029577		Phone Number (give area code) 209-257-5207	Fax Number (give area code) 209-257-5281

RECEIVED
APR 30 2009
STATE CLEARINGHOUSE

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) G. Special District Other (specify) **9. NAME OF FEDERAL AGENCY:** USDA-RUS
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal and Grant Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Lake Camanche Water ID No. 7 - Water Quality & Disinfection Compliance Project
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Amador County, Ca (Lake Camanche, Ione)	
13. PROPOSED PROJECT Start Date: 2009 / Ending Date: 2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 03 / b. Project 03

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 500,000.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 23, 2009
b. Applicant	$ 89,742.00	
c. State	$ 1,000,000.00	
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	$ 1,589,742.00	☐ 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 Mr.	First Name Michael	Middle Name James
Last Name Lee		Suffix
b. Title Financial Services Manager		c. Telephone Number (give area code) 209-257-5207
d. Signature of Authorized Representative		e. Date Signed April 24, 2009

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE:

State Application Identifier:

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier: DE-FG02-07ER64385 Supplemental

b. Agency Routing Number:

2. DATE SUBMITTED:

Applicant Identifier:

5. APPLICANT INFORMATION

* Organizational DUNS: 072933393

* Legal Name: University of Southern California

Department:

Division:

* Street1: 837 Downey Way

Street2: STO-330

* City: Los Angeles

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 90089-1147

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APR 30 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix:

* First Name: Jean

Middle Name:

* Last Name: Chan

Suffix:

* Phone Number: 213-740-2934

Fax Number:

Email: jchan@ooc.usc.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 195-1642394A1

7. * TYPE OF APPLICANT: O: Private 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:

Integrated Genome-Based Studies of Shewanella Ecophysiology

12. PROPOSED PROJECT:

* Start Date: 06/01/2009

* Ending Date: 05/31/2010

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-033

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name: Kenneth

Middle Name:

* Last Name: Nealson

Suffix:

Position/Title: Professor

* Organization Name: University of Southern California

Department: Earth

Division:

* Street1: 837 Downey Way

Street2: STO-330

* City: Los Angeles

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 90089-1147

* Phone Number: 213-821-2271

Fax Number:

* Email: knealson@usc.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	33,386.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	33,386.00
d. Estimated Program Income	0.00

16. * 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: 04/27/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Jean | Middle Name:

* Last Name: Chan | Suffix:

* Position/Title: Senior Contracts and Grants Administrator

* Organization: University of Southern California

Department: | Division:

* Street1: 837 Downey Way

Street2: STO-330

* City: Los Angeles | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 90089-1147

* Phone Number: 213-740-2934 | Fax Number:

* Email: jchan@ooc.usc.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

SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

Complete the fill able fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted May 15, 2009	Applicant Identifier:	**Type of Submission**	
Date Received by state	State Identifier	**Application**	**Pre-application**
Date Received by HUD	Federal Identifier	☐ Construction	☐ Construction
		☒ Non Construction	☐ Non Construction
Applicant Information			
City of Indio		UOG Code	
100 Civic Center Mall		Organizational DUNS: #073602054	
		City of Indio	
Indio	California	Community Development Department	
92201	Country U.S.A.		
Employer Identification Number (EIN):		Riverside County	
95-6000726		Program Year Start Date (07/01/2009)	
Applicant Type:		**Specify Other Type if necessary:**	
Local Government: City		Specify Other Type	
Program Funding		**U.S. Department of Housing and Urban Development**	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles 1. Fair Housing 2. Code Enforcement 3. Boys & Girls Club Facility Rehabilitation 4. CDBG Planning & Administration		Description of Areas Affected by CDBG Project(s): Jurisdiction of the City of Indio	
$CDBG Grant Amount $930,000	$Additional HUD Grant(s) Leveraged None	Describe Not applicable.	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged	
$Locally Leveraged Funds		$Grantee Funds Leveraged	
$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s)			
Home Investment Partnerships Program		14.239 HOME: **NOT APPLICABLE**	
HOME Project Titles:		Description of Areas Affected by HOME Project(s)	
$HOME Grant Amount:	$Additional HUD Grant(s) Leveraged	Describe	

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$Additional Federal Funds Leveraged	$Additional State Funds Leveraged
$Locally Leveraged Funds	$Grantee Funds Leveraged
$Anticipated Program Income	Other (Describe)
Total Funds Leveraged for HOME-based Project(s)	

Housing Opportunities for People with AIDS	14.241 HOPWA: **NOT APPLICABLE**	
HOPWA Project Titles	Description of Areas Affected by HOPWA Project(s)	
$HOPWA Grant Amount	$Additional HUD Grant(s) Leveraged	Describe
$Additional Federal Funds Leveraged	$Additional State Funds Leveraged	
$Locally Leveraged Funds	$Grantee Funds Leveraged	
$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)		

Emergency Shelter Grants Program	14.231 ESG: **NOT APPLICABLE**	
ESG Project Titles	Description of Areas Affected by ESG Project(s)	
$ESG Grant Amount	$Additional HUD Grant(s) Leveraged	Describe
$Additional Federal Funds Leveraged	$Additional State Funds Leveraged	
$Locally Leveraged Funds	$Grantee Funds Leveraged	
$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)		

Congressional Districts of: 45th District		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts:	Project Districts:		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		☒ Yes	This application was made available to the state EO 12372 process for review on April 28, 2009
		☐ No	Program is not covered by EO 12372
☐ Yes	☒ No	☐ N/A	Program has not been selected by the state for review

Person to be contacted regarding this application

First Name Jesus	**Middle Initial** A	**Last Name** Gomez
Title Housing Programs Manager	**Phone** (760) 541-4260	**Fax** (760) 391-4027
eMail jgomez@indio.org	**Grantee Website** www.indio.org	**Other Contact** Mariano Aguirre, Development Manager (760) 541-4261
Signature of Authorized Representative D.D. SOUTHARD Glenn D. Southard, City Manager		**Date Signed** 4/29/09

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier: 615382772

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Cuyapaipe (Ewiiaapaayp) Band of Mission (Kumeyaay) Indians

* b. Employer/Taxpayer Identification Number (EIN/TIN): 330307702

* c. Organizational DUNS: 615382772

d. Address:

* Street1: 4054 Willows Road
Street2:
* City: Alpine
County: San Diego
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91901

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: William
Middle Name:
* Last Name: Micklin
Suffix:

Title: CEO

Organizational Affiliation:

* Telephone Number: 6194456315
Fax Number: 5194459126

* Email: wmicklin@leaningrock.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

01

Title:

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

East San Diego County and 7 nearby Kumeyaay Indian Reservations.

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

Ewiiaapaayp Band of Kumeyaay Indians' Pinto Healthcare Park.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-052 * b. Program/Project: CA-052

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/03/2009 * b. End Date: 07/30/2010

18. Estimated Funding ($):

* a. Federal	5,940,000.00
* b. Applicant	660,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	6,600,000.00

*** 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 .
- [x] 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

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)**

- [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: Mr. * First Name: William

Middle Name:

* Last Name: Micklin

Suffix:

* Title: CEO

* Telephone Number: 6194456315 Fax Number: 6194459126

* Email: wmicklin@leaningrock.net

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