

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16-31, 2010**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

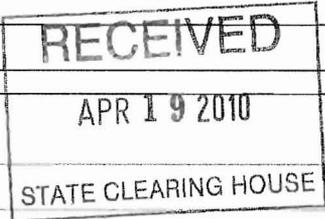
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 03/17/2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: Mendocino Community Health Clinic, Inc.	Organizational Unit: Department:
Organizational DUNS: 08-387-0196	Division:
Address: Street: 333 Laws Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Ukiah	Prefix: Ms.
County: Mendocino	First Name: Linnea
State: CA	Middle Name
Zip Code 95482	Last Name Hunter
Country: USA	Suffix:
	Email: lhunter@mchcinc.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0259045

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

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

9. NAME OF FEDERAL AGENCY:
United States Department of Agriculture

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Community Facilities Grant Program 2010 - Lakeside Health Center Lobby Expansion

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

13. PROPOSED PROJECT
Start Date: 07/01/2010 Ending Date: 06/30/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 1 b. Project 1

15. ESTIMATED FUNDING:

a. Federal	\$	114,950
b. Applicant	\$	94,050
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	209,000

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 PROCESS FOR REVIEW ON DATE: 03/17/2010
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Ms.	First Name Linnea	Middle Name
Last Name Hunter	Suffix	
b. Title Chief Executive Officer	c. Telephone Number (give area code) 707.472.4511	
d. Signature of Authorized Representative <i>Linnea Hunter</i>	e. Date Signed 03/17/2010	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 4-14-10	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Valley Springs Public Utility District		Organizational Unit: Department: NA		
Organizational DUNS: 004956934		Division:		
Address: Street: 150 SEQUOIA AVE.		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Valley Springs		Prefix: Middle Name: First Name: DEE		
County: CALAVERAS		Last Name: MYSHRALL		
State: CA		Suffix:		
Country: USA		Email: vspsud@sbcglobal.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6003780		Phone Number (give area code) 209-272-2650		Fax Number (give area code) 209-972-3069
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		7. TYPE OF APPLICANT: (See back of form for Application Types) G		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Dev		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WET		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement Well + Water Storage Facility		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Valley Springs, CALAVERAS, CA				
13. PROPOSED PROJECT Start Date: 6-2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03		
Ending Date: 11-2010		b. Project 03		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? Yes		
a. Federal	\$ 438,200.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE:		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 438,200.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name	Middle Name		
	MICHAEL	D.		
Last Name	Suffix			
FISCHER				
b. Title	c. Telephone Number (give area code)			
GEN. MANAGER	209-972-2650			
d. Signature of Authorized Representative	e. Date Signed			
<i>[Signature]</i>	4-14-10			

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction	
Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)		STATE APPLICATION IDENTIFIER:	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/15/10	3. DATE RECEIVED BY STATE:	FEDERAL IDENTIFIER:	
2b. APPLICATION ID: 10SR115973	4. DATE RECEIVED BY FEDERAL AGENCY: 04/15/10		
5. APPLICATION INFORMATION			
LEGAL NAME: County of Sacramento Department of Human Assistance DUNS NUMBER: 143698339		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Mary Parker TELEPHONE NUMBER: (916) 875-4242 FAX NUMBER: (916) 875-3789 INTERNET E-MAIL ADDRESS: parkerm@sacounty.net	
ADDRESS (give street address, city, state, zip code and county): 2433 Marconi Avenue Sacramento CA 95821 - 4807 County: Sacramento			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000528		7. TYPE OF APPLICANT: 7a. Local Government - County 7b. Local Government, Municipal	
8. TYPE OF APPLICATION (Check appropriate box). <input checked="" type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;">RECEIVED APR 19 2010 STATE CLEARING HOUSE</div>	
		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sacramento County RSVP	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Sacramento County, Roseville in Placer County, Sutter County		11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT: START DATE: 07/01/10 END DATE: 06/30/13		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="checkbox"/> CA 005 b.Program <input type="checkbox"/> CA 003	
15. ESTIMATED FUNDING: Year #: <input type="checkbox"/> 1		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 21-APR-10 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
a. FEDERAL	\$ 112,669.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
b. APPLICANT	\$ 73,197.00		
c. STATE	\$ 0.00		
d. LOCAL	\$ 72,197.00		
e. OTHER	\$ 1,000.00		
f. PROGRAM INCOME	\$ 0.00		
g. TOTAL	\$ 185,866.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Karla Crawford		b. TITLE: Program Manager, DHA Sr.Volunteer Prog.	c. TELEPHONE NUMBER: (916) 875-4463
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 04/15/10	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: City of San Joaquin

Organizational DUNS: 004940706

Address: 21900 Colorado Ave./P.O. Box 758

City: San Joaquin

County: Fresno

State: CA Zip Code: 93660

Country: USA

Organizational Unit: Department: Water

Division:

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

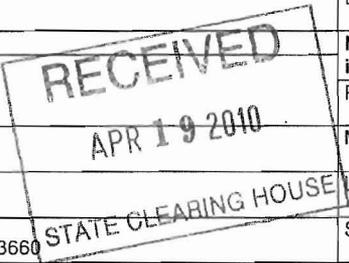
Prefix: First Name: Lupe

Middle Name: N.

Last Name: Estrada

Suffix:

Email: lupeestrada@cityofsanjoaquin.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-60000418

Phone Number (give area code): 559 693-4311

Fax Number (give area code): (559) 693-2193

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"

Other (specify):

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

TITLE (Name of Program):
Water Well No. 6 & Storage Tank Project

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

New Water Well No. 6 and installation of new Water Storage Tank.

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

City of San Joaquin

13. PROPOSED PROJECT

Start Date: July 2010 Ending Date: July 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant CA 20 b. Project CA 20

15. ESTIMATED FUNDING:

a. Federal	\$	1,425,000 ⁰⁰
b. Applicant	\$	475,000 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	1,900,000 ⁰⁰

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

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

DATE:

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Ms. First Name Cruz Middle Name W.

Last Name Ramos Suffix

b. Title

City Manager

c. Telephone Number (give area code)

(559) 693-4311

d. Signature of Authorized Representative

[Signature]

e. Date Signed

04/15/2010

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:

04/15/2010

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:

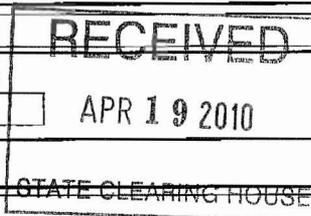
San Manuel Band of Mission Indians

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

33-0526268

* c. Organizational DUNS:

080264604



d. Address:

* Street1:

26569 Community Center Drive

Street2:

* City:

Highland

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92346

e. Organizational Unit:

Department Name:

Department of Public Safety

Division Name:

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

Prefix:

Mr.

* First Name:

Mike

Middle Name:

* Last Name:

Layne

Suffix:

Title:

Grants Administrator

Organizational Affiliation:

* Telephone Number:

(909) 864-8933

Fax Number:

(909) 864-5256

* Email:

m.layne@sanmanuel-nsn.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:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-10-GPD-067-000-02

*** Title:**

Fiscal Year 2010 Tribal Homeland Security Grant Program (THSGP)

13. Competition Identification Number:

Title:

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

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

San Manuel Interoperability Communications Upgrade

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	41	* b. Program/Project
		41
Attach an additional list of Program/Project Congressional Districts if needed.		
<input style="width: 150px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	10/01/2010	* b. End Date:
		09/30/2011
18. Estimated Funding (\$):		
* a. Federal	488,657.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	488,657.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		04/16/2010
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
		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)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	Mr.	* First Name:
		Mike
Middle Name:		
* Last Name:	Layne	
Suffix:		
* Title:	Grants Administrator	
* Telephone Number:	(909) 864-8933	Fax Number:
		(909) 864-5256
* Email:	mlayne@sanmanuel-nsn.gov	
* Signature of Authorized Representative:	Mike Layne	* Date Signed:
		04/15/2010

RECEIVED

APR 19 2010

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
03/24/10

Applicant Identifier
DUNS 136575573

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:
Application Preapplication
Construction Non-Construction
Construction Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: South Coast RC&D Foundation
Address (give city, county, state, and zip code):
4500 Glenwood Ave, Bldg. D., Riverside, CA 92501

Organizational Unit
Name and telephone number of person to be contacted on matters involving this application (give area code)
Scott A. Murray 951-682-3956

6. EMPLOYER IDENTIFICATION (EIN):
33-0820515

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

8. TYPE OF APPLICATION:
 New Continuation Revision
If Revision, enter appropriate letter(s) in
A. Increase Award B. Decrease Award c. Increase Duration
D. Decrease Duration Other (specify):

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-901
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Coordinate enhancement of rural/urban interfaces and improve watershed environmental quality.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
Ventura, Los Angeles, San Bernardino, Riverside, Orange, San Diego

13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:

Start Date: 3/25/2010 Ending Date: 03/11/11 a. Applicant: South Coast RC&D Foundation

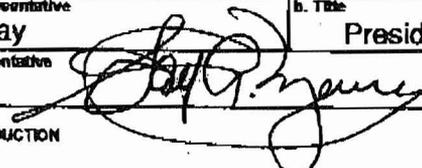
b. Project: Area Plan Implementation

15. ESTIMATED FUNDING

a. Federal	\$	7500.00
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. Total	\$	7500

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 4-19-10
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 (Attach explanation) NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
a. Type Name of Authorized Representative: Scott A. Murray b. Title: President c. Telephone Number: 951-682-3956
d. Signature of Authorized Representative:  e. Date Signed: 3-31-10

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(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:		RECEIVED APR 19 2010 STATE CLEARING HOUSE
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Museum Associates dba Los Angeles County Museum of Art		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2264067	* c. Organizational DUNS: 831374892	
d. Address:		
* Street1: 5905 Wilshire Blvd.	Street2: _____	
* City: Los Angeles	County: Los Angeles	
* State: _____	CA: California	
Province: _____	* Country: _____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 90036		
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: Glenn	
Middle Name: _____	* Last Name: Thompson	
Suffix: _____	Title: Chief of Visitor & Protective Services	
Organizational Affiliation: Museum Associates dba Los Angeles County Museum of Art		
* Telephone Number: 323-857-6568	Fax Number: 323-932-5800	
* Email: gthompson@lacma.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:

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:

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.008

CFDA Title:

Urban Areas Security Initiative

* 12. Funding Opportunity Number:

DHS-10-GPD-008-000-01

* Title:

Fiscal Year 2010 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

13. Competition Identification Number:

Title:

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

City of Los Angeles, County of Los Angeles, California

* 15. Descriptive Title of Applicant's Project:

Security enhancement of facility due to increased involvement in the federally mandated TSA CCSP program.

Attach supporting documents as specified in agency instructions.

Add Attachments

Create 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-033	* b. Program/Project US-all
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	05/03/2010	* b. End Date: 12/30/2011
18. Estimated Funding (\$):		
* a. Federal	75,000.00	
* b. Applicant	10,000.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	85,000.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		04/19/2010
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="button" value="X"/>		
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: Glenn
Middle Name:	<input type="text"/>	
* Last Name:	Thompson	
Suffix:	<input type="text"/>	
* Title:	Chief of Visitor and Protective Services	
* Telephone Number:	323-857-6568	Fax Number: 323-932-5800
* Email:	gthompson@lacma.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

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

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

Application Non-Construction

STATE APPLICATION IDENTIFIER:

RECEIVED

APR-19 2010

STATE CLEARING HOUSE

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

3. DATE RECEIVED BY STATE:

2b. APPLICATION ID:

10SC117163

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: CA Department of Developmental Services

DUNS NUMBER: 143841604

ADDRESS (give street address, city, state, zip code and county):

1600 9th Street
Rm 340 M-S 3-25
Sacramento CA 95814 - 6404
County: Sacramento

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

NAME: Eilinda Williams
TELEPHONE NUMBER: (916) 651-0363
FAX NUMBER: (916) 651-3234
INTERNET E-MAIL ADDRESS: eilinda.williams@dda.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

680282313

7. TYPE OF APPLICANT:

7a. State Government
7b.

8. TYPE OF APPLICATION (Check appropriate box).

NEW 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: 94.016

10b. TITLE: Senior Companion Program

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

SCP CA DDS (Multi-City)

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

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

Santa Clara, Santa Barbara, Ventura, San Luis Obispo, Orange, Riverside, San Bernardino, Tulare, Sonoma, San Joaquin, Stanislaus, Tuolumne, Calaveras, Amador, Napa and Kings Counties.

13. PROPOSED PROJECT: START DATE: 07/01/10

END DATE: 06/30/13

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 005 b.Program CA 005

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	\$	0.00
b. APPLICANT	\$	2,046,625.00
c. STATE	\$	2,046,625.00
d. LOCAL	\$	0.00
e. OTHER	\$	0.00
f. PROGRAM INCOME	\$	0.00
g. TOTAL	\$	2,046,625.00

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

YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 15-APR-10

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

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:

Denyse Curtright

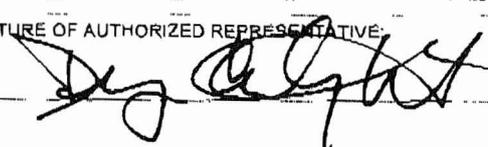
b. TITLE:

Chief

c. TELEPHONE NUMBER:

(916) 654-2208

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:



e. DATE SIGNED:

4-19-2010

DRAFT

PART I - FACE SHEET

RECEIVED
APR 19 2010
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:
Application Non-Construction
STATE APPLICATION IDENTIFIER:

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

3. DATE RECEIVED BY STATE:

2b. APPLICATION ID:

10SF117096

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: CA Department of Developmental Services

DUNS NUMBER: 143841604

ADDRESS (give street address, city, state, zip code and county):

1600 9th Street
Rm 340 M-S 3-25
Sacramento CA 95814 - 6404
County: Sacramento

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

680262313

8. TYPE OF APPLICATION (Check appropriate box).

NEW 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):

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

NAME: Elinda Williams
TELEPHONE NUMBER: (916) 651-0363
FAX NUMBER: (916) 651-3234
INTERNET E-MAIL ADDRESS: elinda.williams@dda.ca.gov

7. TYPE OF APPLICANT:

7a. State Government
7b.

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

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

Amador, Monterey, Santa Clara, San Benito, Santa Cruz, Santa Barbara, Ventura, San Luis Obispo, Orange, Riverside, San Bernardino, Tulare, Sonoma, San Joaquin, Stanislaus, Tuolumne, Calaveras, Kern, Bakersfield, and Kings Counties

13. PROPOSED PROJECT: START DATE:

END DATE:

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	\$ 1,206,020.00
b. APPLICANT	\$ 836,376.00
c. STATE	\$ 836,376.00
d. LOCAL	\$ 0.00
e. OTHER	\$ 0.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 2,042,396.00

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

FGP - DDS (Multi-City)

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

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 005 b.Program CA 005

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

YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 15-APR-10

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

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:

Denyse Curtright

b. TITLE:

Chief

c. TELEPHONE NUMBER:

(916) 654-2208

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

4-19-2010

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

RECEIVED

APR 19 2010

3. Date Received:

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Bishop Area Chamber of Commerce & Visitors Bureau

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-2490894

*c. Organizational DUNS:
168257996

d. Address:

*Street 1: 690 North Main Street

Street 2: _____

*City: Bishop

County: Inyo

*State: CA

Province: _____

*Country: United States

*Zip / Postal Code 93514

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs. *First Name: Tawni

Middle Name: Ann

*Last Name: Thomson

Suffix: _____

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 760-873-8405

Fax Number: 760-873-6999

*Email: execdir@bishopvisitor.com

Application for Federal Assistance SF-424

Version 02

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

E. Regional Organization

Type of Applicant 2: Select Applicant Type:

N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

Nonprofit 501(c)(6)

***10 Name of Federal Agency:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10.769 _____

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Bishop, California and surrounding communities in Inyo and Mono Counties.

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

Retail gap analysis study.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-025		*b. Program/Project: CA-025
17. Proposed Project:		
*a. Start Date: July, 2010		*b. End Date: January, 2011
18. Estimated Funding (\$):		
*a. Federal	\$17,000	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$17,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>4/15/2010</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mrs.		*First Name: Tawni
Middle Name: Ann		
*Last Name: Thomson		
Suffix:		
*Title: Executive Director		
*Telephone Number: 760-873-8405		Fax Number: 760-873-6999
* Email: execdir@bishopvisitor.com		
*Signature of Authorized Representative:		*Date Signed: 4/15/2010

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Glenn County Office of Education		Organizational Unit: Department: Business Department	
Organizational DUNS: 193-21-0937		Division: Business Services	
Address: Street: 311 South Villa Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Willows		Prefix: Mr.	First Name: Erk
County: Glenn		Middle Name M	
State: CA		Last Name Korling	
Zip Code 95988	Suffix:		
Country: USA		Email: ekorling@glenncoe.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6002753		Phone Number (give area code) 530-934-6575 x2105	Fax Number (give area code) 530-934-6576
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B - County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Grant 10-766		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Willows, CA; Orland, CA; Glenn County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GCOE Business Office Upgrade	
13. PROPOSED PROJECT Start Date: July 10, 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 2nd	
Ending Date: July 10, 2012		b. Project CA 2nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 20, 2010	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 210,462 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 260,462 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAAPPLICATION 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 Arturo	Middle Name	
Last Name Barrera		Suffix	
b. Title Superintendent		c. Telephone Number (give area code) 530-934-6575	
d. Signature of Authorized Representative		e. Date Signed	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION:	
Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)		Application <input checked="" type="checkbox"/> Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/21/10		3. DATE RECEIVED BY STATE: STATE APPLICATION IDENTIFIER:	
2b. APPLICATION ID: 10SF115465		4. DATE RECEIVED BY FEDERAL AGENCY: 04/21/10 FEDERAL IDENTIFIER: 08SFPCA006	
5. APPLICATION INFORMATION			
LEGAL NAME: Central County United Way DUNS NUMBER: 008028580		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Lee Anne Adams TELEPHONE NUMBER: (951) 929-0423 FAX NUMBER: (951) 652-0084 INTERNET E-MAIL ADDRESS: services@ccuw.org	
ADDRESS (give street address, city, state, zip code and county): 418 E. Florida Ave. Hemet CA 92543 - 4210 County: Riverside			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956006645		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization	
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(a) in box(es): <input type="text"/> <input type="text"/> 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: FGP of Riverside County 11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Riverside County California			
13. PROPOSED PROJECT: START DATE: 07/01/10 END DATE: 08/30/11		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input checked="" type="checkbox"/> CA 045 b.Program <input checked="" type="checkbox"/> CA 045	
15. ESTIMATED FUNDING: Year #: 2		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 28-APR-10 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
a. FEDERAL \$ 54,257.00 b. APPLICANT \$ 12,057.00 c. STATE \$ 0.00 d. LOCAL \$ 11,427.00 e. OTHER \$ 630.00 f. PROGRAM INCOME \$ 0.00 g. TOTAL \$ 66,314.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Bob Duistermars		b. TITLE: President	
		c. TELEPHONE NUMBER: (951) 929-9661	
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 04/21/10	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction	
Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)			
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/21/10	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:	
2b. APPLICATION ID: 10SC115466	4. DATE RECEIVED BY FEDERAL AGENCY: 04/21/10	FEDERAL IDENTIFIER: 09SCPCA003	
5. APPLICATION INFORMATION			
LEGAL NAME: Central County United Way DUNS NUMBER: 008028560		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Lee Anne Adams TELEPHONE NUMBER: (951) 929-0423 FAX NUMBER: (951) 652-0064 INTERNET E-MAIL ADDRESS: services@ccuw.org	
ADDRESS (give street address, city, state, zip code and county): 418 E. Florida Ave. Hemet CA 92543 - 4210 County: Riverside			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 958006645	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization		
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> 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: 94.016 10b. TITLE: Senior Companion Program	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SCP of Riverside County 11.b. CNCS PROGRAM INITIATIVE (IF ANY):		
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Riverside County, California	14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="CA 045"/> b.Program <input type="text" value="CA 045"/>		
13. PROPOSED PROJECT: START DATE: 07/01/10 END DATE: 06/30/11	15. ESTIMATED FUNDING: Year #: <input type="text" value="2"/>		
a. FEDERAL \$ 71,708.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 28-APR-10 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO		
b. APPLICANT \$ 10,916.00			
c. STATE \$ 0.00			
d. LOCAL \$ 10,486.00			
e. OTHER \$ 430.00			
f. PROGRAM INCOME \$ 0.00			
g. TOTAL \$ 82,624.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Bob Dusterma's	b. TITLE: President	c. TELEPHONE NUMBER: (951) 929-9691	
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 04/21/10	

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:

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: Public Policy Institute of California

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-320-7299

*c. Organizational DUNS:
835131152

d. Address:

*Street 1: 500 Washington Street, Suite 600
Street 2: _____
*City: San Francisco
County: _____
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code 94111

e. Organizational Unit:

Department Name:
Research

Division Name:

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

Prefix: Dr. *First Name: Jed
Middle Name: _____
*Last Name: Kolko
Suffix: _____

Title: Associate Director, Research Fellow

Organizational Affiliation:
Public Policy Institute of California employee

*Telephone Number: 415.291.4483

Fax Number: 415.291.4401

*Email: kolko@ppic.org

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-008

*b. Program/Project:

17. Proposed Project:

*a. Start Date: July 1, 2010

*b. End Date: June 30, 2011

18. Estimated Funding (\$):

*a. Federal	_____	\$89,524
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	\$16,419
*f. Program Income	_____	
*g. TOTAL	_____	\$105,943

***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 4.19.10
- 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:

Lisa Cole

Prefix: _____ *First Name: Lisa
Middle Name: _____
*Last Name: Cole
Suffix: _____

*Title: Associate Director, Grants Administration

*Telephone Number: 415.291.4495 Fax Number: 415.291.4401

* Email: cole@ppic.org

*Signature of Authorized Representative:

[Handwritten Signature]

*Date Signed: 4.19.10

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application Preapplication

Construction Construction

Non-Construction Non-Construction

RECEIVED

APR 21 2010

5. APPLICANT INFORMATION

Legal Name: City of Parlier, CA	Organizational Unit: STATE CLEARING HOUSE
Address (give city, county, state, and zip code): 1100 E. Parlier Ave. Parlier, CA 93648	Name and telephone number of person to be contacted on matters involving this application (give area code) Patricia Barboza, Finance Director 559.646.3545

6. EMPLOYER IDENTIFICATION (EIN):

9 4 - 6 0 0 0 3 9 0

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in

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

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

C

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

9. NAME OF FEDERAL AGENCY:

USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 9

TITLE:

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

City of Parlier, Fresno County, CA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Green Jobs Renewable Technology
Business Development/Lending
Technical Assistance Project**

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/11	Ending Date 6/30/11	a. Applicant 20th - Costa	b. Project 20th - Costa

15. ESTIMATED FUNDING

a. Federal	\$	98,000	.00
b. Applicant	\$.00
c. State	\$.00
d. Local /Lender	\$	150,000	.00
e. Other/Developer	\$	500,000	.00
f. Program Income	\$.00
g. Total	\$	748,000	.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:

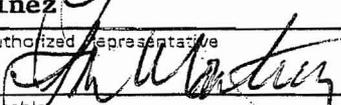
DATE April 9, 2010

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

YES (Attach explanation) NO

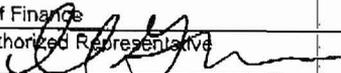
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Lou Martinez	b. Title City Manager	c. Telephone Number 559.646.3545
d. Signature of Authorized Representative 		e. Date Signed April 9, 2010

26A

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

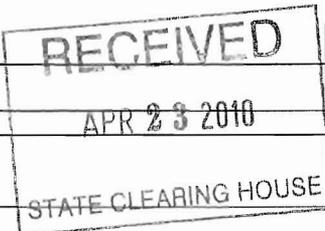
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4-22-2010	Applicant Identifier FTA Recipient ID# 1658	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 22 2010 STATE CLEARING HOUSE </div>		
Legal Name: Sacramento Area Council of Governments				Organizational Unit: Department:
Organizational DUNS: 555895705				Division:
Address: Street: 1415 L Street, Suite 300				Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Barbara
City: Sacramento				Middle Name Jane Evans
County: Sacramento		Last Name VaughanBechtold		
State: California	Zip Code 95814	Suffix:		
Country: USA		Email: bvaughanbechtold@sacog.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text" value="6"/> <input type="text" value="8"/> - <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="2"/>		Phone Number (give area code) 916-321-9000	Fax Number (give area code) 916-321-9551	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="text" value="C"/> <input type="text" value=""/>		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)		
Other (specify) change in funding type from operations to capital		9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text" value="2"/> <input type="text" value="0"/> - <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="6"/>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FFY 2006 JARC Sac Urbanized Area projects		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo and Yuba counties				
13. PROPOSED PROJECT Start Date: 9-1-2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1, 2, 3, 4, & 5		
Ending Date: 9-30-2011		b. Project		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 735,658 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4-22-2010		
b. Applicant	\$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local Subrecipients	\$ 818,299 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 0 ⁰⁰			
g. TOTAL	\$ 1,553,957 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Davis	Middle Name		
Last Name Ghiorso		Suffix		
b. Title Interim Director of Finance		c. Telephone Number (give area code) 916-321-9000		
d. Signature of Authorized Representative 		e. Date Signed 4/22/10		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 22, 2010	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Self-Help Home Improvement Project		Organizational Unit: Department:
Organizational DUNS: 088852603		Division:
Address: Street: 3777 Meadowview Drive #100		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Keith
City: Redding		Middle Name
County: Shasta	Last Name Griffith	Suffix:
State: California	Zip Code 96002	Email: kgrif@shhip.org
Country: USA		Phone Number (give area code) 530-378-6904
		Fax Number (give area code) 530-378-6910

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

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)
 Non-Profit Corporation
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 -

TITLE (Name of Program):
 Mutual Self-Help Housing Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Application for funding of a rural Mutual Self-Help Housing Technical Assistance program for 20 housing units over a two year period.

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

13. PROPOSED PROJECT
 Start Date: October 1, 2010 Ending Date: October 1, 2012

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 2nd b. Project 2nd

15. ESTIMATED FUNDING:

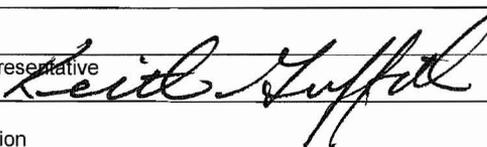
a. Federal	\$	500,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	500,000.00

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 22, 2010
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

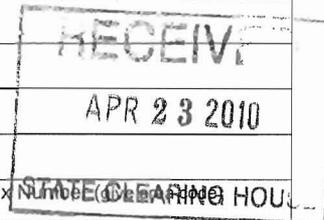
a. Authorized Representative

Prefix	First Name keith	Middle Name
Last Name Griffith	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) 530-378-6904	
d. Signature of Authorized Representative 	e. Date Signed April 22, 2010	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Planada Community Services District		Organizational Unit: Department:	
Organizational DUNS: 053011201		Division:	
Address: Street: Merced County, P O Box 905		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Martha	
City: Planada		Middle Name	
County: Merced		Last Name: Mayo	
State: Ca. Zip Code: 95365		Suffix:	
Country: United States		Email: pcsd103@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1704646		Phone Number (give area code): (209) 382-0213 Fax Number (209) 382-0214	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Planada CSD		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planada Water System Rehabilitation and Conservation Project	
13. PROPOSED PROJECT Start Date: 9/15/2010 End Date: 9/15/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th b. Project 18th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 750,800.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4-21-10	
b. Applicant Contribution	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 249,200.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 1,000,000.00	a. Authorized Representative	
		Prefix Mr. First Name John Middle Name	
		Last Name Adame Suffix	
		b. Title Board President c. Telephone Number (give area code) (209) 382-0213	
d. Signature of Authorized Representative <i>John Adame</i>		e. Date Signed 4-20-10	



OMB Number: 4040-0004

Expiration Date: 03/31/2012

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/>	
		* Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text" value="04/26/2010"/>		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 26 2010 </div>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> STATE CLEARING HOUSE </div>	
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text" value="SureHarvest"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="77-0528132"/>		* c. Organizational DUNS: <input type="text" value="1317582990000"/>	
d. Address:			
* Street1:	<input type="text" value="2901 Park Avenue"/>		
* Street2:	<input type="text" value="Suite A2"/>		
* City:	<input type="text" value="Soquel"/>		
* County/Parish:	<input type="text"/>		
* State:	<input type="text" value="CA: California"/>		
* Province:	<input type="text"/>		
* Country:	<input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code:	<input type="text" value="95073-2831"/>		
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text" value="Dr."/>	* First Name:	<input type="text" value="Cliff"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Ohmart"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Vice President, Professional Services"/>		
Organizational Affiliation: <input type="text"/>			
* Telephone Number:	<input type="text" value="831-477-7797"/>	Fax Number:	<input type="text" value="831-477-7790"/>
* Email:	<input type="text" value="cohmart@sureharvest.com"/>		

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-10-01

*** Title:**

Conservation Innovation Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Clean Stream Dairies - connecting environmental performance with economic and marketplace incentives

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant b. Program/Project

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

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="450,000.00"/>
* b. Applicant	<input type="text" value="190,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="260,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="900,000.00"/>

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

If "Yes", provide explanation and attach

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

 ** I AGREE

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

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/26/2010	Applicant Identifier
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of Butte	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">APR 26 2010</p> <p style="font-size: 12px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department: Information Systems
Organizational DUNS: 832691658		Division: Communications
Address: Street: 308 Nelson Ave		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: 530
City: Oroville		First Name: Weedonette (Weedy)
County: Butte	State: CA	Middle Name Pomalkal
State: CA	Zip Code 95965	Last Name Hannibal
Country: USA		Suffix:
		Email: whannibal@buttecounty.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000508	Phone Number (give area code) (530) 538-7101	Fax Number (give area code) (530) 538-6419
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10.766 Community Facilities Grant Program 10-766	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bloomer Radio Site Development. New radio tower and vault to support Butte County departments, Law, Fire, Public Health and Public Works in times of emergency and daily response to citizen 911 calls.
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Berry Creek, Butte County	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Congressional Districts 2 & 4. b. Project Congressional Districts 2 & 4.
--	---

13. PROPOSED PROJECT Start Date: 7/1/2010 Ending Date: 6/30/2011	18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/26/2010 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal \$ 144,000.00	
b. Applicant \$ 469,278.00	
c. State \$.00	
d. Local \$.00	
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$ 613,278.00	

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

a. Authorized Representative		
Prefix 530	First Name Weedonette	Middle Name Pomalkal
Last Name Hannibal		Suffix
b. Title Telecommunications Manager, County of Butte		c. Telephone Number (give area code) (530) 538-7101
d. Signature of Authorized Representative <i>Weedonette Hannibal</i>		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Planada Community Services District		Organizational Unit:	
Organizational DUNS: 053011201		Department:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: Merced County, P O Box 905		Prefix: Ms.	First Name: Martha
City: Planada		Middle Name	
County: Merced		Last Name Mayo	
State: Ca. Zip Code 95365		Suffix:	
Country: United States		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1704646		Phone Number (give area code) (209) 382-0213	Fax Number (give area code) (209) 382-0214
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program 10-760		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Upgrade, and expand Wastewater Treatment and Disposal Facilities that serve the Community of Planada	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Planada CSD			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: November 2011	Ending Date: August 2012	a. Applicant 18th	b. Project 18th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 8,116,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4-21-10	
b. Applicant Contribution	\$ 324,515 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 102,735 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰		
e. Other	\$ 0 ⁰⁰		
f. Program Income	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 8,543,250 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name John	Middle Name	
Last Name	Adame	Suffix	
b. Title	Board President	c. Telephone Number (give area code) (209) 382-0213	
d. Signature of Authorized Representative <i>John Adame</i>		e. Date Signed 4-20-10	

Application for Federal Assistance SF-424

Version 02

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



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

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Colusa-Glenn-Trinity Community Action Partnership / Glenn County Human Resource Agency

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000691	*c. Organizational DUNS: 797375367
--	---------------------------------------

d. Address:

*Street 1: 420 E. Laurel St.
Street 2: _____
*City: Willows
County: Glenn
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code 95963

e. Organizational Unit:

Department Name: Business Services Office	Division Name: Community Action Division
--	---

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

Prefix: Mr. *First Name: Jeff
Middle Name: _____
*Last Name: Lucas
Suffix: _____

Title: Consultant

Organizational Affiliation:
Glenn County Human Resource Agency

*Telephone Number: (707) 998-9203, ext. 104 Fax Number: (707) 998-9209

*Email: jefflucas@mchsi.com

Application for Federal Assistance SF-424

Version 02

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

B. County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Agriculture / Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Glenn County, CA

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

Local waste material recovery and conversion technical assistance.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-002

*b. Program/Project: CA-002

17. Proposed Project:

*a. Start Date: 06/01/10

*b. End Date: 05/31/11

18. Estimated Funding (\$):

*a. Federal	_____	\$25,000
*b. Applicant	_____	
*c. State	_____	\$26,000
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$51,000

***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 4/20/10
- 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:

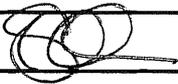
Prefix: Mr. _____ *First Name: Scott _____
Middle Name: _____
*Last Name: Gruendl _____
Suffix: _____

*Title: Director, Glenn County Human Resource Agency

*Telephone Number: (530) 934-6510

Fax Number: (530) 934-6521

* Email: sgruendl@hra.co.glenn.ca.us

*Signature of Authorized Representative: 

*Date Signed: 04/12/10

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier R9 Tracking #10-032
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		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		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	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) _____ A _____ A. State II. 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)	
10. Catalog of Federal Domestic Assistance Number 66.460 Title: Nonpoint Source Implementation Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		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.	
13. Proposed Project: Start Date 7/1/2010 End Date 6/30/2015		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$10,428,771 b. Applicant \$0 c. State \$6,952,514 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$17,381,285		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: April 26, 2010 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
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: 5/3/2010	

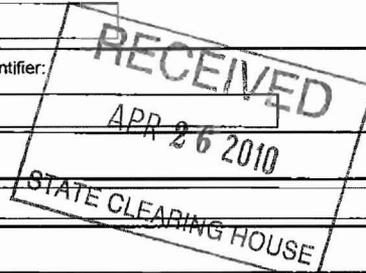
Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: <input type="text"/>		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
4. Applicant Identifier: <input type="text"/>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 28 2010 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: <input type="text"/>		
5b. Federal Award Identifier: <input type="text"/>		
State Use Only:		
6. Date Received by State:	<input type="text"/>	7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Riverbank Senior Associates, a California Limited Partnership"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="(not yet received)"/>		* c. Organizational DUNS: <input type="text" value="(not yet received)"/>
d. Address:		
* Street 1:	<input type="text" value="430 East State Street, Suite 100"/>	
* Street 2:	<input type="text"/>	
* City:	<input type="text" value="Eagle"/>	
* County:	<input type="text" value="Ada"/>	
* State:	<input type="text" value="Idaho"/>	
* Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="83616"/>	
e. Organizational Unit:		
Department Name:	<input type="text" value="California Limited Partnership"/>	
Division Name:	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Margo"/>
Middle Name:	<input type="text" value="E."/>	
* Last Name:	<input type="text" value="Swedberg"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Owner/Consultant"/>	
Organizational Affiliation:	<input type="text" value="Gar-Mar Associates"/>	
* Telephone Number:	<input type="text" value="(530) 823-9250"/>	Fax Number: <input type="text" value="(530) 823-2169"/>
* Email:	<input type="text" value="garmar@ncbb.net"/>	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1 - Select Applicant Type: <input type="text" value="Q - Profit Organization"/> Type of Applicant 2- Select Applicant Type: <input type="text"/> Type of Applicant 3- Select Applicant Type: <input type="text"/> * Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: <input type="text" value="NGMS Agency USDA - Rural Housing Services"/>	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="10-415"/> CFDA Title: <input type="text" value="Rural Rental Housing Loans / Section 515"/>	
* 12. Funding Opportunity Number: <input type="text" value="MBL-SF424 FAMILY-ALL FORMS"/> * Title: <input type="text" value="MBL-SF424 FAMILY - ALL FORMS"/>	
13. Competition Identification Number: <input type="text"/> Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="Riverbank, Stanislaus County, California"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Riverbank Senior Apartments: a 20-unit senior citizens apartment complex; consisting of 16/1-bdrm units, 4/2-bdrm units, and community building - to be located at 3101 Orange Avenue in Riverbank, Stanislaus County, California."/>	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="ID-001"/>	* b. Program/Project <input type="text" value="CA-019"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10-01-2010"/>	* b. End Date: <input type="text" value="10-01-2011"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="\$1,000,000.00"/>	USDA-RD RRH-515 funding
* b. Applicant	<input type="text" value="\$113,413.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$1,500,000.00"/>	City of Parlier / HOME Funds
* d. Local	<input type="text" value="\$210,000.00"/>	Permanent Lender / Conventional Loan
* e. Other	<input type="text" value="\$2,450,087.00"/>	Tax Credit Equity
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$5,063,500.00"/>	Total Development Cost
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04-26-2010"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="text" value="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)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Caleb"/>
Middle Name:	<input type="text" value="J."/>	
* Last Name:	<input type="text" value="Roope"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Development Consultant"/>	
* Telephone Number:	<input type="text" value="(208) 461-0022"/>	Fax Number: <input type="text" value="(208) 461-3267"/>
* Email:	<input type="text" value="calebr@tpchousing.com"/>	
* Signature of Authorized Representative:		* Date Signed: <input type="text" value="04-24-2010"/>

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="text"/> <input type="text"/>
* 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: <u>Parlier Avila Associates, a California Limited Partnership</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>(not yet received)</u>		* c. Organizational DUNS: <u>(not yet received)</u>
d. Address: * Street 1: <u>16633 Ventura Blvd., Suite 1014</u> Street 2: _____ * City: <u>Encino</u> County: <u>Fresno</u> * State: <u>California</u> Province: _____ * Country: <u>USA: UNITED STATES</u> * Zip / Postal Code: <u>91436</u>		
e. Organizational Unit: Department Name: <u>California Limited Partnership</u> Division Name: _____		
f. Name and contact information of person to be contacted on matters involving this application: Prefix: _____ * First Name: <u>Margo</u> Middle Name: <u>E.</u> * Last Name: <u>Swedberg</u> Suffix: _____ Title: <u>Owner/Consultant</u> Organizational Affiliation: <u>Gar-Mar Associates</u> * Telephone Number: <u>(530) 823-9250</u> Fax Number: <u>(530) 823-2169</u> * Email: <u>garmar@ncbb.net</u>		



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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1 - Select Applicant Type: <input type="text" value="Q - Profit Organization"/> Type of Applicant 2- Select Applicant Type: <input type="text"/> Type of Applicant 3- Select Applicant Type: <input type="text"/> * Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: <input type="text" value="NGMS Agency USDA - Rural Housing Services"/>	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="10-415"/> CFDA Title: <input type="text" value="Rural Rental Housing Loans / Section 515"/>	
* 12. Funding Opportunity Number: <input type="text" value="MBL-SF424 FAMILY-ALL FORMS"/> * Title: <input type="text" value="MBL-SF424 FAMILY - ALL FORMS"/>	
13. Competition Identification Number: <input type="text"/> Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="Parlier, Fresno County, California"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Avila Avenue Apartments: a 33-unit multi-family apartment complex; consisting of 8/2-bdrm units, 12/3-bdrm units, 8/4-bdrm units, and community building - to be located at 14100 East Parlier Avenue in Parlier, Fresno County, California."/>	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-021"/>	* b. Program/Project <input type="text" value="CA-021"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10-01-2010"/>	* b. End Date: <input type="text" value="10-01-2011"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="\$1,000,000.00"/>	USDA-RD RRH-515 funding
* b. Applicant	<input type="text" value="\$213,396.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$1,900,000.00"/>	City of Parlier / HOME Funds
* d. Local	<input type="text" value="\$750,000.00"/>	Permanent Lender / Conventional Loan
* e. Other	<input type="text" value="\$4,423,040.00"/>	Tax Credit Equity
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$8,286,436.00"/>	Total Development Cost
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04-26-2010"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="text" value="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)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Caleb"/>
Middle Name:	<input type="text" value="J."/>	
* Last Name:	<input type="text" value="Roope"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Development Consultant"/>	
* Telephone Number:	<input type="text" value="(208) 461-0022"/>	Fax Number: <input type="text" value="(208) 461-3267"/>
* Email:	<input type="text" value="calebr@tpchousing.com"/>	
* Signature of Authorized Representative:		* Date Signed: <input type="text" value="04-24-2010"/>

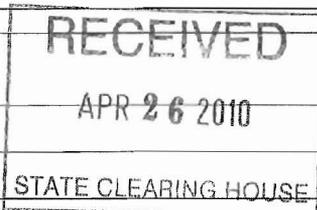
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 4/22/10	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of Sonoma	Organizational Unit: Department: Health Services
Organizational DUNS: 168988681	Division: Prevention & Planning
Address: Street: 490 Mendocino Ave. Ste. 202	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: L. Middle Name: Lynn Last Name: Walton Suffix:
City: Santa Rosa	
County: Sonoma	
State: CA	Zip Code: 95401
Country: USA	Email: lwalton@sonoma-county.org



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

Phone Number (give area code): 707-565-6682
 Fax Number (give area code): 707-565-6619

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

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

9. NAME OF FEDERAL AGENCY:
 USDA

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

TITLE (Name of Program):
 Rural Business Enterprise

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Healthy Food Outlet Program

13. PROPOSED PROJECT
 Start Date: 9/1/10 Ending Date: 8/30/11

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 6 b. Project: 6

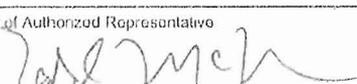
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 85,416 ⁰⁰	a. Yes. <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/22/10
b. Applicant	\$ 27,217 ⁰⁰	b. No. <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E. O. 12372
c. State	\$ 0 ⁰⁰	<input type="checkbox"/>	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 47,000 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 85,416 ⁰⁰		

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

a. Authorized Representative

Prefix Ms.	First Name Barbara	Middle Name
Last Name Graves	Suffix	
b. Title Prevention & Planning Division Director	c. Telephone Number (give area code) 707-565-6629	
d. Signature of Authorized Representative <i>Barbara R Graves</i>	e. Date Signed 4/22/10	<i>4-21-10</i>

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 21, 2010		Applicant Identifier OXR 09-3	
		3. DATE RECEIVED BY STATE		State Applicant Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier NPIAS 3-06-0179-033-2010			
5. APPLICANT INFORMATION					
Legal Name: County of Ventura			Organizational Unit: Department of Airports		
Address (give city, county, state, and zip code): Department of Airports 555 Airport Way Camarillo, CA 93010			Name and telephone number of the person to be contacted on matters involving this application (give area code): Todd McNamee (805) 388-4200		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 9 4 4			7. TYPE OF APPLICANT: (enter appropriate letter in box) B		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6 TITLE: Airport Improvement Program			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration Western Pacific Region		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Ventura County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitate Airport Pavement Runway and Taxiways 168K Sq Yd to Include Enhanced Centerline Markings Relocate hold short position sign Taxiway "D"		
13. PROPOSED PROJECT: Start Date: September 2009 Ending Date: September 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 19 and 21 b. Project: 21			
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:			
b. Applicant	\$ 26,316.00	DATE: _____			
c. State	\$.00	b. NO: <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 526,316.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Todd McNamee			b. Title Director of Airports		c. Telephone number (805) 388-4200
d. Signature of Authorized Representative 					e. Date Signed April 21, 2010

Application for Federal Assistance SF-424

Version 02

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0289333	*c. Organizational DUNS: 146083303
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d. Address:

*Street1: 1442-A Walnut St., #462
 Street 2:
 *City: Berkeley
 County: Alameda
 *State: CA
 Province:
 Country: US *Zip/ Postal Code: 94709

e. Organizational Unit:

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

Prefix: Mr. First Name: Doug
 Middle Name:
 *Last Name: Johnson
 Suffix:

Title: Executive Director

Organizational Affiliation:
 Cal-IPC

*Telephone Number: (510) 843-3902 Fax Number: (510) 217-3500

*Email: dwjohnson@cal-ipc.org

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

* 10. Name of Federal Agency:

USDA Forest Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

California

* 15. Descriptive Title of Applicant's Project:

Mapping Risk of Spread for Invasive Plants that Threaten Forest Lands

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-009

*b. Program/Project: all

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

17. Proposed Project:

*a. Start Date: 6/1/2010

*b. End Date: 5/31/2012

18. Estimated Funding (\$):

*a. Federal	\$43,000.00	*d. Local	
*b. Applicant		*e. Other	\$43,500.00
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$86,500.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 4/26/2010
- 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: Doug

Middle Name:

*Last Name: Johnson

Suffix:

*Title: Executive Director

*Telephone Number: (510) 843-3902

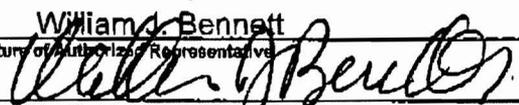
Fax Number: (510) 217-3500

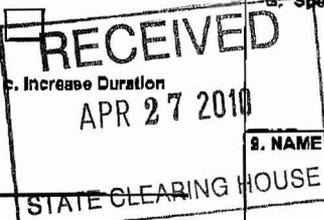
*Email: dwjohnson@cal-ipc.org

*Signature of Authorized Representative:

Date Signed: 4/26/2010

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/16/10	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <u>High Sierra Resource Conservation and D</u> Address (give city, county, state, and zip code): 251 Auburn Ravine Rd., Suite 105 Auburn, CA 95603		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) William J. Bennett 530.823.5687 Ext 5	
6. EMPLOYER IDENTIFICATION (EIN): 7 4 - 3 1 1 1 2 5 8		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-Profit</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 1 0 - 9 0 1		8. NAME OF FEDERAL AGENCY: USDA - NRCS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) El Dorado, Placer, Nevada, Sierra & Yuba C		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To assist RC&D Council in carrying out Area Plan and Annual Plan approved by CA State Conservationist	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
	9/30/10	4th	4th
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 25,000.00	b. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>4/27/10</u>	
b. Applicant	\$	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. Total	\$ 25,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative William J. Bennett		b. Title President	c. Telephone Number (530) 823-5687
d. Signature of Authorized Representative 		e. Date Signed 4/16/10	



PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION:
Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)		Application <input checked="" type="checkbox"/> Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/20/09	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER: 952821938
2b. APPLICATION ID: 09SR097916	4. DATE RECEIVED BY FEDERAL AGENCY: 04/20/09	FEDERAL IDENTIFIER: 09SRPCAD18
5. APPLICATION INFORMATION		
LEGAL NAME: Casa Maravilla, Inc. DUNS NUMBER: 165131434 ADDRESS (give street address, city, state, zip code and county): 4848 Colonia De Las Rosas Los Angeles CA 90022 - 1313 County: Los Angeles	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Ella Serrano TELEPHONE NUMBER: (323) 265-9592 18 FAX NUMBER: (323) 263-9656 INTERNET E-MAIL ADDRESS: rsvp.casamaravilla@yahoo.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952821938	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization	
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input checked="" type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program	11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP of East Los Angeles 11. b. CNCS PROGRAM INITIATIVE (IF ANY):	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Unincorporated East Los Angeles, California Montebello, California	14. CONGRESSIONAL DISTRICT OF: a. Applicant <input checked="" type="checkbox"/> CA 032 b. Program <input checked="" type="checkbox"/> CA 032	
13. PROPOSED PROJECT: START DATE: 07/01/09 END DATE: 06/30/12	15. ESTIMATED FUNDING: Year #: 1	
a. FEDERAL \$ 63,422.00 b. APPLICANT \$ 30,247.00 c. STATE \$ 0.00 d. LOCAL \$ 0.00 e. OTHER \$ 30,247.00 f. PROGRAM INCOME \$ 0.00 g. TOTAL \$ 93,669.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 01-JUL-09 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Lupe Gloria	b. TITLE: Project Sponsor	c. TELEPHONE NUMBER: (323) 263-9858 12
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 04/20/09

APPLICATION FOR FEDERAL ASSISTANCE

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

RECEIVED
 APR 29 2010
 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: High Sierra Resource Conservation and D Organizational Unit: STATE CLEARING HOUSE

Address (give city, county, state, and zip code):
 251 Auburn Ravine Rd., Suite 105
 Auburn, CA 95603

Name and telephone number of person to be contacted on matters involving this application (give area code):
 William J. Bennett 530.823.5687 Ext 5

6. EMPLOYER IDENTIFICATION (EIN):
 7 4 - 3 1 1 1 2 5 8

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

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

8. TYPE OF APPLICATION:
 New Continuation Revision

If Revision, enter appropriate letter(s) in

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

9. NAME OF FEDERAL AGENCY:
 USDA - NRCS

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Next steps for implementation of small and very small harvesting and cut and wrap facilities in California

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 El Dorado, Placer, Nevada, Sierra & Yuba C

13. PROPOSED PROJECT **14. CONGRESSIONAL DISTRICTS OF:**

Start Date 7/1/10	Ending Date 6/30/11	a. Applicant 4th	b. Project 4th
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15. ESTIMATED FUNDING

a. Federal	\$	74,025.00
b. Applicant	\$	2,000.00
c. State	\$	30,000.00
d. Local	\$	14,500.00
e. Other	\$	29,000.00
f. Program Income	\$	
g. Total	\$	149,525.00

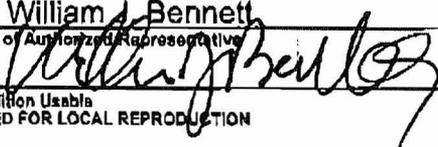
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 4/29/10

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 (Attach explanation) NO

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

a. Type Name of Authorized Representative <u>William J. Bennett</u>	b. Title <u>President</u>	c. Telephone Number <u>(530) 823-5687</u>
d. Signature of Authorized Representative 	e. Date Signed <u>4/29/10</u>	

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
State Use Only:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 29 2010 STATE CLEARING HOUSE </div>
6. Date Received by State:		
8. APPLICANT INFORMATION:		
*a. Legal Name: Merced Irrigation Districe		
*b. Employer/Taxpayer Identification Number (EIN/TIN): TIN: 94-6000911		*c. Organizational DUNS: 005982442
d. Address:		
*Street 1: <u>744 West 20th Street</u>		
Street 2: _____		
*City: <u>Merced</u>		
County: <u>Merced</u>		
*State: <u>California</u>		
Province: _____		
*Country: <u>U.S.A.</u>		
*Zip / Postal Code: <u>95340</u>		
e. Organizational Unit:		
Department Name: Engineering		Division Name: Water Resources
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Mr.</u>		*First Name: <u>Bryan</u>
Middle Name: _____		
*Last Name: <u>Kelly</u>		
Suffix: _____		
Title: <u>Senior Engineer</u>		
Organizational Affiliation: <u>Merced Irrigation District</u>		
*Telephone Number: (209) 722-5761		Fax Number: (209) 726-4176
*Email: <u>BKelly@mercedid.org</u>		

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:**

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of the Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

Water 2025

***12 Funding Opportunity Number:**

R10SF80157

*Title:

WaterSMART: Water & Energy Efficiency Grants for FY2010

13. Competition Identification Number:

N/A

Title:

N/A

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

Portions of the eastern one-half of Merced County

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

Remote Service Area Water Management Project: Installation of SCADA Sites and Canal Automation at Key Sites

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 04/28/2010	Applicant Identifier G1098011
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-50-R-23
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit:	
Organizational DUNS: 808322358		Department: Department of Fish and Game	
Address: Street: 1812 Ninth Street		Division: Grants Management Branch (GMB)	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix:	First Name: Pete
State: California Zip Code 95811		Middle Name	
Country: USA		Last Name Marcellana	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Suffix:	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Email: pmarcellana@dfg.ca.gov	
Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Management of Marine Sport Fish	
13. PROPOSED PROJECT Start Date: 07/01/2010 Ending Date: 08/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,912,305	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$ 1,304,102	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 5,216,407		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Blaine	Middle Name	
Last Name Nickens	Suffix		
b. Title Chief, Grants Management Branch	c. Telephone Number (give area code) (916) 445-9309		
d. Signature of Authorized Representative	e. Date Signed 4/28/2010		

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102