

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-004  
 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: \* If Revision, select appropriate letter(s):

- New  
 Continuation \* Other (Specify)  
 Revision

## \* 3. Date Received:

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: City of Fresno

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

94-6000338

\* c. Organizational DUNS:

071887855

## d. Address:

\* Street1: 2326 Fresno Street

Street2:

\* City: Fresno

County:

\* State: California

Province:

\* Country: USA

\* Zip / Postal Code: 93721

## e. Organizational Unit:

Department Name:

Police Department

Division Name:

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

Prefix: Ms.

\* First Name: Judy

Middle Name:

\* Last Name: Garcia

Suffix:

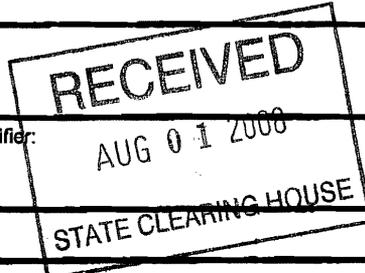
Title: Grants Manager

Organizational Affiliation:

\* Telephone Number: 559-621-2053

Fax Number: (559) 457-1085

\* Email: judy.garcia@fresno.gov



OMB Number: 4040-0001  
Expiration Date: 01/31/2003**Application for Federal Assistance SF-424**

Version 0.2

**9. Type of Applicant 1:**

City

Type of Applicant 2:

Type of Applicant 3:

\* Other (specify):

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

U.S. Department of Justice, COPS office

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

16.710

CFDA Title:

Public Safety and Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-OTHERECH-2008-1

\* Title:

COPS FY2008 Technology Program

**13. Competition Identification Number:**

Title:

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

City of Fresno

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

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant CA020	* b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
* a. Start Date: 09/01/2008	* b. End Date: 09/01/2010
<b>18. Estimated Funding (\$):</b>	
* a. Federal	266,561.00
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	266,561.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>8-1-08</u> <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)</b>  <input checked="" type="checkbox"/> <b>** I AGREE</b>  ** 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.	
<b>Authorized Representative:</b>	
Standard Form 424 (Revised 10/2/05) Prescribed by OMB Circular A-102	
Prefix: Mr.	* First Name: Andrew
Middle Name: _____	_____
* Last Name: Souza	_____
Suffix: _____	_____
* Title: City Manager	
* Telephone Number: 559-621-7782	Fax Number: 559-457-1085
* Email: andy.souza@fresno.gov	
* Signature of Authorized Representative: 	* Date Signed: 6/20/08

Authorized for Local Reproduction

OMB Number: 4040-0034  
 Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

## \* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify):

## \* 3. Date Received:

## 4. Applicant Identifier:

## 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: City of Fresno

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

94-6000338

\* c. Organizational DUNS:

0718878515

**d. Address:**

\* Street1: 2326 Fresno Street

Street2:

\* City: Fresno

County:

\* State: California

Province:

\* Country: USA

\* Zip / Postal Code: 93721

**e. Organizational Unit:**

Department Name:

Police Department

Division Name:

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

Prefix: Ms.

\* First Name: Judy

Middle Name:

\* Last Name: Garcia

Suffix:

Title: Grants Manager

Organizational Affiliation:

\* Telephone Number: 559-621-2053

Fax Number: (559) 457-1085

\* Email: judy.garcia@fresno.gov

OMB Number: 4040-0004  
Expiration Date: 01/31/2009**Application for Federal Assistance SF-424**

Version 0.2

**9. Type of Applicant 1:**

City

Type of Applicant 2:

Type of Applicant 3:

\* Other (specify):

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

U.S. Department of Justice, COPS office

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

16.710

CFDA Title:

Public Safety and Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-OTHERECH-2008-1

\* Title:

COPS FY2008 Technology Program

**13. Competition Identification Number:**

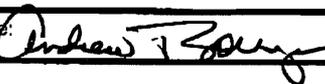
Title:

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

City of Fresno

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
<b>16. Congressional Districts Of:</b>	
* a. Applicant CA020	* b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
* a. Start Date: 09/01/2008	* b. End Date: 09/01/2010
<b>18. Estimated Funding (\$):</b>	
* a. Federal	266,561.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	266,561.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>8-1-08</u> . <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>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 18, Section 1001)</b>  <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.	
<b>Authorized Representative:</b> <span style="float: right;">Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102</span>	
Prefix: Mr.	* First Name: Andrew
Middle Name:	
* Last Name: Souza	
Suffix:	
* Title: City Manager	
* Telephone Number: 559-621-7782	Fax Number: 559-457-1085
* Email: andy.souza@fresno.gov	
* Signature of Authorized Representative: 	* Date Signed: 6/20/08

Authorized for Local Reproduction

# DOT



# FTA

U.S. Department of  
Transportation

Federal Transit Administration

## Application

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-04-0109-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Paratransit Vehicles

### Part 1: Recipient Information

Project Number:	CA-04-0109-00
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

### Union Information

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9822
E-mail:	cheryl@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	AFSCME

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STATE CLEARING HOUSE

Telephone:	(213) 922-7324
Facsimile:	(213) 922-7088
E-mail:	olivianr1315@msn.com
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	LINDA VILLEGAS-FIRTH
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9822
E-mail:	linda@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	MARSHA STEINBERG
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9822
E-mail:	marsha@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3888 CHERRY AVENUE
Address 2:	
City:	LONG BEACH, CA 90807
Contact Name:	CHESTER MORDASINI
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	CMordasini@teamsters911.com
Website:	

Address 2:	
City:	LOS ANGELES, CA 90012
Contact Name:	JUANITA COOK
Telephone:	(213) 922-7324
Facsimile:	(213) 922-7088
E-mail:	olivianr1315@msn.com
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	ONE GATEWAY PLAZA, MS 99-11-13
Address 2:	
City:	LOS ANGELES, CA 90012
Contact Name:	MICHAEL WINSTON
Telephone:	(213) 922-7324
Facsimile:	(213) 922-7088
E-mail:	olivianr1315@msn.com
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	ONE GATEWAY PLAZA, MS 99-11-13
Address 2:	
City:	LOS ANGELES, CA 90012
Contact Name:	FREDDIE FLORES
Telephone:	(213) 922-7324
Facsimile:	(213) 922-7088
E-mail:	olivianr1315@msn.com
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	ONE GATEWAY PLAZA, MS 99-11-13
Address 2:	
City:	LOS ANGELES, CA 90012
Contact Name:	LA VETTE WADE
Telephone:	(213) 922-7324

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1563 (DIV. 1, 2, 9)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	ROBERT GONZALEZ
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1607 (DIV. 3, 6, 10)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	LISA ARREDONDO
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1565 (DIV. 7, 11, 15, 20)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	TIM DEL CAMBRE
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	1744 NO. MAIN STREET
Address 2:	

E-mail:	AAguilar@atu1277.com
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	LOCAL 1277
Address 2:	1744 N. MAIN ST.
City:	LOS ANGELES, CA 90031 1315
Contact Name:	NEIL SILVER
Telephone:	(323) 222-1277
Facsimile:	(323) 222-1335
E-mail:	NSilver@atu1277.com
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 SHATTO PLACE, 3RD FLOOR
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	ERNEST WATERS
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9822
E-mail:	ernest@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	1744 NO. MAIN STREET
Address 2:	
City:	LOS ANGELES, CA 90031
Contact Name:	DOUG KUROWSKI
Telephone:	(323) 222-1277
Facsimile:	(323) 222-1335
E-mail:	DKurowski@atu1277.com
Website:	

## Part 2: Project Information

Paratransit vehicles for the City of Compton, Ca.

The Los Angeles County Metropolitan Transportation Authority (Metro) hereby submits grant application number CA-04-0109 on behalf of the City of Compton as sub grantee for \$317,275 in FY2006, \$133,760 in FY2007, \$144,906 in FY2008 for a total of \$405,584 in Section 5309 Bus and Bus-Related Facilities federal assistance as follows:

Compton (TIP LAOG132)

The City offers curb to curb Dial A Ride Service to anyone within the City who is 55 years old or older or is 18 years old or older and disabled. With these funds, the City will be buying five (5) replacement handicapped accessible, alternate fueled small buses for this service.

Proposition A funds will be used for the local match.

The sub recipient, project manager and transit operations information for the Dial A Ride are as follows:

Sub recipient information:

City of Compton  
205 South Willowbrook Avenue  
Compton, Ca. 90220  
Phone: (310)605-5500 FAX: (310)604-3816

Project Manager:

Mr. Charles Bergson  
Public Works Director/City Engineer  
Phone: (310) 605-5696

Sub Recipient Transit:

Dial-A- Ride Service  
1108 North Oleander Avenue  
Compton, Ca. 90222  
Telephone:(310)-605-5688 Fax:(310)-605-1480

Contact Person for Dial A Ride:

Marvin Hunt  
Community Center Director/ Dollarhide Neighborhood Center  
Telephone: (310) 761-1448

Transit operations for the Dial A Ride are provided by City employees. There are no labor unions involved.

The City also has a fixed route service called Compton Renaissance Transit. The service operates Monday through Saturday from 7:30 Am until 5:30 PM. There are five (5) routes within the City which interface with Metro buses and the Metro Blue Line. The fare is 50 cents with no discounts.

The service is operated by:

MV Transit  
7209 Rosecrans Ave.  
Paramount, Ca 90723  
Attn: Joseph Domingo  
(562) 259-9911

The employees of MV Transit are not represented by a union.

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.11.00	BUS - ROLLING STOCK (TIP LAOG132)	Compressed Natural Gas
11.12.04	BUY REPL <30 FT BUS (LAOG132)	Compressed Natural Gas

Extended Budget Descriptions

111-00	BUS - ROLLING STOCK (TIP LAOG132)	5	\$405,584.00	\$488,656.00
11.12.04	BUY REPL <30 FT BUS (LAOG132)	5	\$405,584.00	\$488,656.00
City of Compton (TIP LAOG132)				
<p>The City will be acquiring five (5) replacement alternate fueled handicapped accessible buses for use in the City's Dial A Ride program. The buses will be less than 30 feet long, able to seat approximately 25 passengers and accommodate two (2) wheelchair passengers.</p>				
<p>The City offers curb to curb Dial A Ride Service to anyone within the City who is 55 years old or older or is 18 years old or older and disabled. The service operates Monday through Friday, 8:30 AM to 4:30 PM within the City as well as for some medical trips to limited areas in neighboring areas.</p>				
<p>A one way fare of \$0.12 is charged for trips within the city. Medical trips outside the city are also \$0.12 one way. Qualifying riders can have one escort accompany them at the same rate of \$0.1 one way.</p>				
<p>The geographical size of the City, and the commonality of desired destinations, lends itself well to the use of small buses instead of cars or vans for this service.</p>				
<p>The City transports about 79,260 passengers per year and collects about \$9500 in revenue. The deficit is paid with Proposition A funds.</p>				
<p>Trips must be scheduled at least 24 hours in advance and can be made as much as a week in advance.</p>				
<p>The City will use Proposition A funds for the local match.</p>				

**Changes since the Prior Budget**

Unable to find change amount information.

	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
<b>III.</b>	<b>Total (I.C and II.C)</b>	<b>5</b>	<b>2</b>	<b>7</b>

Consistent with air quality requirements, the buses that will be sold cannot be sold for further use in California.

The buses that will be removed from everyday service are:

- (1) 1999 Ford 57,945 miles 1FDXE40SXXHA88295
- (2) 1999 Ford 81,530 miles 1FDXE40SXXHA88296
- (3) 2002 El Dorado 75,848 miles 1FDXE45SX1HA97367
- (4) 2002 El Dorado 140,145 miles 1FDXE45X81HA97366
- (5) 2002 El Dorado 81,314 miles 1FDXE45S1HA97365

A final evaluation of the vehicles will be made by City maintenance staff before a final decision is made as to which two (2) will be sold. Two (2) of the remaining vehicles will be used as spares for the Dial A Ride service while the third will be reserved for special events and uses by the City.

There is no federal interest in any of the five (5) vehicles.

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

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

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: Imperial County		Department: Planning & Development Services	
Organizational DUNS: 073-354-573		Division: Economic Development Division	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street: 801 W. Main Street		Prefix: Mr.	First Name: Jurg
City: El Centro		Middle Name	
County: Imperial		Last Name Heuberger	
State: CA	Zip Code 92243	Suffix:	
Country: USA		Email: jurgheuberger@imp0erialcounty.net	

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AUG - 4 2008  
  
STATE CLEARING HOUSE

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 6 0 0 0 9 2 4	Phone Number (give area code) (760) 482-4236 ext. 4310	Fax Number (give area code) (760) 353-8338
--	---	---

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

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE (Name of Program):	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Economic Development Administration Investment Assistance Partnership Planning
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Imperial	<b>9. NAME OF FEDERAL AGENCY:</b> Economic Development Administration

<b>13. PROPOSED PROJECT</b> Start Date: July 1, 2008 Ending Date: June 30, 2009	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 51st b. Project 51st
---	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 50,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 20,000 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ <sup>00</sup>	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ <sup>00</sup>	
g. TOTAL \$ 70,000 <sup>00</sup>	

**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.**

<b>a. Authorized Representative</b>		
Prefix Mr.	First Name Ralph	Middle Name
Last Name Cordova		Suffix Jr.
b. Title County Executive Officer		c. Telephone Number (give area code) (760) 482-4290
Signature of Authorized Representative		e. Date Signed 7.31.08

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> Pending	Applicant Identifier CA-90-X0008
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			New application

**5. APPLICANT INFORMATION**

Legal Name: City of Santa Monica Municipal Bus Lines	<b>Organizational Unit:</b> Department: Transit Programs
Organizational DUNS: 833665896	Division:
<b>Address:</b> Street: 1660 7th Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: David
City: Santa Monica	Middle Name:
County: Los Angeles	Last Name: Feinberg
State: CA Zip Code: 90401	Suffix:
Country: USA	Email: david.feinberg@smgov.net

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
9 5 - 6 0 0 0 7 9 0

Phone Number (give area code) (310) 458-1975 ext. 5848	Fax Number (give area code) (310) 450-4847
---	---

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

Other (specify)

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

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
2 0 - 5 0 7

TITLE (Name of Program):  
Federal Transit Administration

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Bus Procurement (SMC Community Transit)

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
City of Santa Monica, Culver City, Los Angeles

**13. PROPOSED PROJECT**  
Start Date: 7/1/08 Ending Date: 6/30/09

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant: 29, 30, 32, 33, 34, 35, 36, 37, 38  
b. Project:

**15. ESTIMATED FUNDING:**

a. Federal	\$ 1,000,000.00
b. Applicant	\$ .00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 1,000,000.00

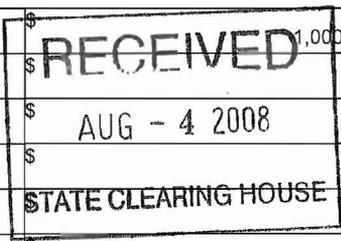
**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: July 8, 2008  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/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 P. Lamont	Middle Name
Last Name Ewell	Suffix	
b. Title City Manager	c. Telephone Number (give area code) (310) 458-8301	
d. Signature of Authorized Representative	e. Date Signed 7/25/08	



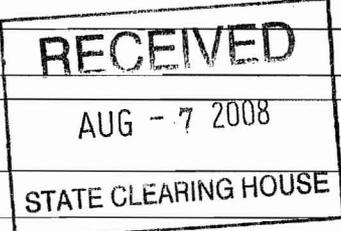
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> July 28, 2008	Applicant Identifier
<input checked="" type="checkbox"/> <b>Construction</b>	<input checked="" type="checkbox"/> <b>Construction</b>	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> <b>Non-Construction</b>	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Pit River Tribe	<b>Organizational Unit:</b> Department: Pit River Tribe Housing Board
Organizational DUNS: 153041538	Division: Indian Housing
<b>Address:</b> Street: 37118 Main Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Allen
City: Burney	Middle Name Evans
County: Shasta	Last Name Lowry
State: CA Zip Code 96013	Suffix:
Country: USA	Email: prthousing@frontiernet.net



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

Phone Number (give area code): 530-335-4809  
 Fax Number (give area code): 530-335-4849

**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)  
 Indian Tribe  
 Other (specify)

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

TITLE (Name of Program):  
 USDA Water and Wastewater Loan and Grant Program

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 Montgomery Creek Rancheria in Shasta County, CA

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Small community water system for Pit River tribal housing at Montgomery Creek Rancheria in Shasta County, CA.

**13. PROPOSED PROJECT**  
 Start Date: 4/1/09    Ending Date: 10/30/09

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant: John Doolittle-District 4    b. Project: John Doolittle-District 4

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 304,739 <sup>00</sup>	
b. Applicant	\$ <sup>00</sup>	
c. State	\$ <sup>00</sup>	
d. Local	\$ <sup>00</sup>	
e. Other	\$ <sup>00</sup>	
f. Program Income	\$ <sup>00</sup>	
g. TOTAL		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <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 Allen	Middle Name Evans
Last Name Lowry		Suffix
b. Title Housing Coordinator		c. Telephone Number (give area code) 530-335-4809
d. Signature of Authorized Representative 		e. Date Signed 7-27-09

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> August 7, 2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Town of Mammoth Lakes		Organizational Unit: Department: Public Works	
Organizational DUNS: 144803339		Division:	
Address: Street: 1 Airport Road		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: William	
City: Mammoth Lakes		Middle Name: B.	
County: Mono		Last Name: Manning	
State: California		Suffix:	
Zip Code: 93546	STATE CLEARING HOUSE		Email: wmanning@cl.mammoth-lakes.ca.us
Country: USA			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77-0043087		Phone Number (give area code) 760-934-3813	Fax Number (give area code) 760-934-3119
<b>8. TYPE OF APPLICATION:</b> <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) Change of Priority		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) D - Township Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-106		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration	
TITLE (Name of Program): Airport Improvement Program		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California Equipment Acquisition: High Capacity Snow Blower 968 Caterpillar Loader Snow Plow Truck	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Town of Mammoth Lakes, California		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 4th b. Project 4th	
<b>13. PROPOSED PROJECT</b> Start Date: 2008 Ending Date: 2008		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 8, 2008 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	
<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 1,263,500 <sup>00</sup>		
b. Applicant	\$ 34,912 <sup>00</sup>		
c. State	\$ 31,588 <sup>00</sup>		
d. Local	\$ <sup>00</sup>		
e. Other	\$ <sup>00</sup>		
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 1,330,000 <sup>00</sup>		
<b>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.</b>			
<b>a. Authorized Representative</b>			
Prefix: Mr.	First Name: William	Middle Name: B.	
Last Name: Manning		Suffix:	
b. Title: Airport Manager		c. Telephone Number (give area code) (760) 934-3813	
d. Signature of Authorized Representative		e. Date Signed: 8 AUG 18	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier N/A
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier 06-01661	
<b>5. APPLICANT INFORMATION</b>			
Legal Name: California - Department of Parks and Recreation		<b>Organizational Unit:</b> Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
<b>Address:</b> Street: PO Box 942896 City: Sacramento County: Sacramento State: California    Zip Code: 94296-0001 Country: USA		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms.    First Name: Betty Middle Name: Last Name: Ettinger Suffix:	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68 - 0303606		Phone Number (give area code): (916) 651-8174 Fax Number (give area code): (916) 653-6511	
<b>8. TYPE OF APPLICATION:</b> <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):		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify):	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Land & Water Conservation Fund 15 - 916		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Interior, National Park Service	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> 06-66000		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> City of San Diego, Parks Linda Vista Community Park Picnic Area 202 C Street, MS 37C San Diego, CA 92101	
<b>13. PROPOSED PROJECT</b> Start Date:    Ending Date: 06/30/2012		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 03    b. Project 53	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 80,325.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/13/08	
b. Applicant	\$ 3,825.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 76,500.00		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 160,650.00		
<b>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.</b>			
<b>a. Authorized Representative</b>			
Prefix Ms.    First Name Betty		Middle Name	
Last Name Ettinger		Suffix	
<b>b. Title</b> Assistant Chief		<b>c. Telephone Number (give area code)</b> (916) 653-7423	
<b>d. Signature of Authorized Representative</b> <i>Betty Ettinger</i>		<b>e. Date Signed</b> 3-20-04	

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify):  <input type="text"/> </p>		
* 3. Date Received: 05/21/2008		* 4. Applicant Identifier: <input type="text"/>
* 5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: 90CV0343
State Use Only:		<b>RECEIVED</b>
6. Date Received by State: <input type="text"/>		AUG 13 2008
7. State Application Identifier: <input type="text"/>		STATE CLEARING HOUSE
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: Prevent Child Abuse California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2860387		* c. Organizational DUNS: 075198098
<b>d. Address:</b>		
* Street1:	4700 Roseville Road, Suite 102	
* Street2:	<input type="text"/>	
* City:	North Highlands	
* County:	<input type="text"/>	
* State:	CA: California	
* Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95660	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr.	* First Name: Stacie	<input type="text"/>
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: Grimes	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: Project Manager	<input type="text"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 916-244-1919	* Fax Number: 916-244-1950	
* Email: sgrimes@thecapcenter.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:**

Administration for Children and Families

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

**CFDA Title:**

**\* 12. Funding Opportunity Number:**

BHS-2008-ACF-CONT-ACYF-FYSB-CV

**\* Title:**

Continuation for Mentoring Children of Prisoners

**13. Competition Identification Number:**

**Title:**

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

California Counties of: Sacramento, Amador, Tuolumne, Lassen

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

Community Mentoring Connections

Attach supporting documents as specified in agency instructions.



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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-005

\* b. Program/Project CA-005

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

CMC Congressional Districts.

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 09/30/2008

\* b. End Date: 09/29/2009

## 18. Estimated Funding (\$):

* a. Federal	340,000.00
* b. Applicant	282,532.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	622,532.00

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

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

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

Yes  No  Explanation

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix: Mr. \* First Name: Jim

Middle Name:

\* Last Name: Hunt

Suffix:

\* Title: Director

\* Telephone Number: 916-244-1943 Fax Number: 916-244-1950

\* Email: jhunt@thecapcenter.org

\* Signature of Authorized Representative: Jim Hunt \* Date Signed: 05/21/2008

# APPLICATION FOR FEDERAL ASSISTANCE

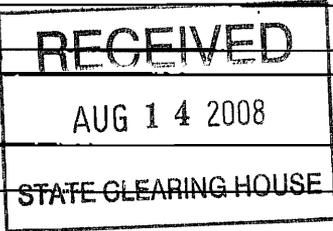
		2. DATE SUBMIT <b>08/13/08</b>	Applicant Identifier <b>R9#08-449</b>
1. TYPE OF SUBMISSION Application		3. DATE RECEIVED BY STATE	State Application Identifier
9 Construction # Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Preapplication 9 Construction 9 Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: <b>Monterey Bay Unified Air Pollution Control District</b>		Organizational Unit: <b>Executive Office</b>	
Address (give city, county, state, and zip code): <b>24580 Silver Cloud Court, Monterey, CA 93940</b> <b>DUNS# 125-103-275</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) <b>Esta Martin, Administrative Services Manager (831) 647-9418 X 229, emartin@mbuapcd.org</b>	
6. EMPLOYER IDENTIFICATION (EIN): <b>94-2301821</b>		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
8. TYPE OF APPLICATION: <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:		9. NAME OF FEDERAL AGENCY: <b>EPA Region IX</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>66.001</b> TITLE: <b>Air Pollution Control Program Support(105)</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Basin Wide Pollution Program</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>Monterey, Santa Cruz, and San Benito Counties in California</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;"><b>RECEIVED</b></p> <p style="font-size: 18px; margin: 0;">AUG 14 2008</p> <p style="font-size: 12px; margin: 0;">STATE CLEANING FUND</p> </div>	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant: <b>16th Congressional District</b>	b. Project <b>Same</b>
<b>10/1/08</b>	<b>9/30/09</b>		
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <b>283,625.00</b>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:  DATE <u>08/13/08</u>	
b. Applicant	\$ <b>2,425,865.00</b>	b. NO. 9 PROGRAM IS NOT COVERED BY E.O. 12372 9 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ <b>1,712,158.00</b>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 9 Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ <b>173,175.00</b>		
e. Other	\$ <b>148,177.00</b>		
f. Program Income	\$ <b>0.00</b>		
g. TOTAL	\$ <b>4,743,000.00</b>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative. <b>Edward Kendig</b>		b. Title: <b>Interim Air Pollution Control Officer</b>	c. Telephone Number <b>(831)647-9411</b>
d. Signature of Authorized Representative 		e. Date Signed <b>08/13/08</b>	

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

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

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: San Fernando Valley Financial Development Corporation		Department: N/A	
Organizational DUNS: 557290595		Division: N/A	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street: 5121 Van Nuys Blvd, 3rd Fl		Prefix:	First Name: Julie
City: Van Nuys		Middle Name	
County: Los Angeles		Last Name Fonseca	
State: CA	Zip Code 91403	Suffix:	
Country: United States		Email: jfonseca@vfdc.org	



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 3 4 6 4 2 4 6	Phone Number (give area code) (818) 205-1770	Fax Number (give area code) (818) 205-1785
--	---	---

<b>8. TYPE OF APPLICATION:</b> <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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Non-Profit 501C Other (specify)
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 1 1 - 3 0 0	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> On site acquisition of land, new construction, landscaping, parking and minor off-site improvements to include sidewalks, curbs and gutters.
---	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Los Angeles	<b>14. CONGRESSIONAL DISTRICTS OF:</b>
---	--

<b>13. PROPOSED PROJECT</b> Start Date: 08/01/2008 Ending Date: 12/31/2009	a. Applicant: 27 b. Project: 28
--	------------------------------------

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 3,200,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/14/2008
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 \$ 800,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 4,000,000.00	

**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.**

<b>a. Authorized Representative</b>		
Prefix	First Name Roberto	Middle Name
Last Name Barragan	Suffix	
b. Title President	c. Telephone Number (give area code) (818) 896-8324	
d. Signature of Authorized Representative	e. Date Signed 8/14/2008	