Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15, 2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED , 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application / Preapplication; Construction / X Construction; ☐ Non-Construction / ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Big Bear Lake	**Organizational Unit:** Department: Public Works
Organizational DUNS: 042298380	Division: Sanitation and Solid Waste
Address:	**Name & telephone number of person to be contacted on matters involving this application (give area code)**
Street: P.O 10000 39707 Big Bear Blvd.	Prefix: Mr. / First Name: David
City: Big Bear Lake	Middle Name: Matthew
County: San Bernardino	Last Name: Lawrence
State: Ca / Zip Code: 92315	Suffix:
Country USA	Email: dlawrence@citybigbearlake.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)* 95-3603975	Phone Number (give area code) (909) 866-5831 ext 198 / Fax Number (give area code) (909) 866-7511
8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision	**7. TYPE OF APPLICANT:** C
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 10-760	**9. NAME OF FEDERAL AGENCY:** USDA Rural Business-Cooperative Service
TITLE (Name of Program): Water and Waste Disposal Grant and Loan Program	**11. DESCRIPTIVE TITLE OF APPLICAN'T PROJECT:** Expansion of Public Work Facility
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States): City of Big Bear Lake and County San Bernardino	
13. PROPOSED PROJECT	**14. CONGRESSIONAL DISTRCITS OF: 41**
Start Date: 4/2010 / Ending Date: 6/2011	a. Applicant / b. Project

15. ESTIMATED FUNDING:	
a. Federal Water And Waste Disposal	$2,495,510
b. Applicant City Funds	$1,947,380
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$4,442,890

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: not applicable

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

17. IS 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: Jeff	Middle Name
Last Name: Mathieu		Suffix
b. Title: City Manager		c. Telephone Number (give area code) (909) 866-5831
d. Signature of Authorized Representative		e. Date Signed 7/30/2009

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 8/3/09	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Sutter	Organizational Unit:
Organizational DUNS: 076123488	Department: Public Works
Address:	Division: Roads
Street: 1130 Civic Center Boulevard	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: Mr. / First Name: Neal
City: Yuba City	Middle Name: Patrick
County: Sutter	Last Name: Hay
State: CA / Zip Code: 95993	Suffix:
Country: United States	Email: nhay@co.sutter.ca.us
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000542	Phone Number (give area code): (530) 822-7450 / Fax Number (give area code): (530) 822-7457

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:
Department of Transportation, Federal Aviation Administration

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Sutter County Airport - Runway Lighting Design

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
October 2009	December 2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
District 2	District 2

15. ESTIMATED FUNDING:

a. Federal	$ 74,100.00
b. Applicant	$ 2,087.00
c. State	$ 1,813.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 78,000.00

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: 08/03/09

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix	First Name: Douglas	Middle Name: R.
Last Name: Gault		Suffix
b. Title: Director of Public Works		c. Telephone Number (give area code): (530) 822-7450
d. Signature of Authorized Representative: Douglas R. Gault		e. Date Signed: 7/31/09

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 8/3/09	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Sutter

Organizational Unit: Department: Public Works

Organizational DUNS: 076123488

Division: Roads

Address:

Street: 1130 Civic Center Boulevard

City: Yuba City

County: Sutter

State: CA

Zip Code: 95993

Country: United States

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

Prefix:

First Name: Neal

Middle Name: Patrick

Last Name: Hay

Suffix:

Email: nhay@co.sutter.ca.us

Phone Number (give area code): (530) 822-7450

Fax Number (give area code): (530) 822-7457

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000542

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: Department of Transportation, Federal Aviation Administration

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sutter County Airport - Layout Plan Update

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

13. PROPOSED PROJECT

Start Date: October 2009

Ending Date: December 2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 2

b. Project: District 2

15. ESTIMATED FUNDING:

a. Federal	$ 132,430.00
b. Applicant	$ 3,729.00
c. State	$ 3,241.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 139,400.00

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: 08/03/09

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix:

First Name: Douglas

Middle Name: R.

Last Name: Gault

Suffix:

b. Title: Director of Public Works

c. Telephone Number (give area code): (530) 822-7450

d. Signature of Authorized Representative: Douglas R. Gault

e. Date Signed: 7/31/09

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

Application for Federal Assistance SF-424 Version 02

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

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission	R9 Tracking Number 09-486

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

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0288069	195930276

d. Address:

* Street1:	1001 I Street
Street2:	P.O. Box 2815
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	95812

e. Organizational Unit:

Department Name:	Division Name:
California Air Resources Board	Administrative Services Division

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

Prefix:	Mr.	* First Name:	Matthew
Middle Name:			
* Last Name:	Singh		
Suffix:			

Title: Staff Services Manager I

Organizational Affiliation:

* Telephone Number:	(916) 322-8201	Fax Number:	(916) 322-9612

* Email: msingh@arb.ca.gov

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 03
* b. Program/Project: CA-all

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/1/09
* b. End Date: 9/30/10

18. Estimated Funding ($):

* a. Federal	$6,596,246.00
* b. Applicant	$20,515,500.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$27,111,746.00

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

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

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

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

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

☐ Yes ☑ No

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Ms. * First Name: Marie

Middle Name:

* Last Name: Stephans

Suffix:

* Title: Chief, Administrative Services

* Telephone Number: (916) 322-8198 Fax Number: (916) 322-5982

* Email: mstephan@arb.ca.gov

* Signature of Authorized Representative: Marie Stephans * Date Signed: 7-30-09

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) _____

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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: South County Housing Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2590572

*c. Organizational DUNS: 09-854-2202

d. Address:

*Street 1: 7455 Carmel Street
Street 2:
*City: Gilroy
County: Santa Clara County
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95020

e. Organizational Unit:

Department Name: N/A

Division Name: N/A

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

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

Title: Construction Program Manager

Organizational Affiliation:

*Telephone Number: 408-592-9666

Fax Number: 408-843-9259

*Email: Seth@SCounty.com

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Agriculture - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-420

CFDA Title:

Rural Self-Help Housing Technical Assistance - RD-523

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Hollister, San Benito County, California

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

The 100% application is for $662,500, for the development of 25 Mutual Self-Help houses under the USDA Section 523 TA grant.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-15 *b. Program/Project: CA-17

17. Proposed Project:

*a. Start Date: August 2009 *b. End Date: June 2011

18. Estimated Funding ($):

*a. Federal	$662,500
*b. Applicant	
*c. State	
*d. Local	
*e. Other	$1,233,000
*f. Program Income	
*g. TOTAL	$1,895,500

***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 8/3/09

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Dennis

Middle Name:

*Last Name: Lalor

Suffix:

*Title: President / CEO

*Telephone Number: 408-842-9181 Fax Number: 408-843-9259

* Email: Dennis@SCounty.com

*Signature of Authorized Representative: *Date Signed:

Application for Federal Assistance SF-424 Version 02

***Applicant Federal Debt Delinquency Explanation**

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

N/A

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

1. TYPE OF SUBMISSION:
Application: ☐ Construction ☐ Non-Construction
Pre-application: XX Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Kelseyville County Water Works Dist. No. 3
Organizational Unit: Department: Lake County Special Districts
Organizational DUNS: 831009739
Division:
Address:
Street: 230 A Main Street
City: Lakeport
County: Lake
State: CA
Zip Code: 95453
Country: U.S.A.
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: First Name: Mark
Middle Name: Don
Last Name: Dellinger
Suffix:
Email: markd@co.lake.ca.us
Phone Number (give area code): (707) 263-0119
Fax Number (give area code): (707) 263-3836

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000825

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

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

9. NAME OF FEDERAL AGENCY: USDA-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Kelseyville Wastewater Treatment Plant Improvements - Phase 2

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

13. PROPOSED PROJECT
Start Date: 6/2010
Ending Date: 9/2011

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

15. ESTIMATED FUNDING:

a. Federal	$ 2,520,000 .00
b. Applicant	$ 75,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,595,000 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. XX THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: August 3, 2009
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. XX 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: Mark
Middle Name: Don
Last Name: Dellinger
Suffix:
b. Title: Special Districts Administrator
c. Telephone Number (give area code): 707/263-0119
d. Signature of Authorized Representative: Mark Don Dellinger
e. Date Signed: 8/5/09

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Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	R9 Tracking # 09-490

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

State Use Only:

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

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Monterey Bay Unified Air Pollution Control District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-2301821	125-103-275

d. Address:

* Street1: 24580 Silver Cloud Court
Street2:
* City: Monterey
County:
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 93940

e. Organizational Unit:

Department Name:	Division Name:
Executive Office	

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

Prefix: Ms. * First Name: Esta
Middle Name:
* Last Name: Martin
Suffix:

Title: Administrative Services Manager

Organizational Affiliation:
MBUAPCD

* Telephone Number: (831) 647-9418 X 229 Fax Number: (831) 647-8501

* Email: emartin@mbuapcd.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Special District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

EPA Region IX

11. Catalog of Federal Domestic Assistance Number:

66.001

CFDA Title:

Air Pollution Control Program Support (105)

*** 12. Funding Opportunity Number:**

Section 105

* Title:

Clean Air Act

13. Competition Identification Number:

Title:

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

San Benito, Santa Cruz, and Monterey Counties

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

Basin Wide Pollution Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 16th
* b. Program/Project: 16th

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	$290,013.00
* b. Applicant	$2,552,624.00
* c. State	$1,589,638.00
* d. Local	$174,483.00
* e. Other	$148,177.00
* f. Program Income	$0.00
* g. TOTAL	$4,754,935.00

*** 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 08/03/09.

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

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

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

☐ Yes ☑ No 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: Richard

Middle Name: A.

* Last Name: Stedman

Suffix:

* Title: Air Pollution Control Officer

* Telephone Number: (831) 647-9411 Fax Number: (831) 647-8501

* Email: rstedman@mbuapcd.org

* Signature of Authorized Representative: * Date Signed: 8/5/09

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

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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: Economic Development Corporation of Los Angeles County

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3643339

* c. Organizational DUNS: 052456654

d. Address:

* Street1: 444 S. Flower Street, 34th Floor
Street2:
* City: Los Angeles
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90071-2901

e. Organizational Unit:

Department Name: Economic and Policy Consulting

Division Name:

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

Prefix: Mr.
* First Name: Gregory
Middle Name:
* Last Name: Freeman
Suffix:

Title: Vice President, Economic & Policy Consulting

Organizational Affiliation:

* Telephone Number: 213-236-4846
Fax Number: 213-622-7100

* Email: greg.freeman@laedc.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:

E: Regional Organization

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.307

CFDA Title:

Economic Adjustment Assistance

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

05

Title:

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

Los Angeles County

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

The Greening of the Los Angeles County Economy

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-022
* b. Program/Project: CA-022

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

SF-424 Attachment, 16. Congr | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/14/2009
* b. End Date: 09/14/2010

18. Estimated Funding ($):

* a. Federal	250,000.00
* b. Applicant	250,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	500,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/06/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: William
Middle Name: C
* Last Name: Allen
Suffix:

* Title: CEO & President

* Telephone Number: 213-236-4814 Fax Number: 213-622-7100

* Email: bill.allen@laedc.org

* Signature of Authorized Representative: William C Allen * Date Signed: 08-06-09

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: ☐ Construction ☐ Non-Construction; Preapplication: ☑ Construction ☐ Non-Construction	2. DATE SUBMITTED: 7/15/09	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED AUG 10 2009 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: Coachella Valley Water District

Organizational Unit:

Address (give city, county, state, and zip code):
85-995 Avenue 52
Coachella, CA 92236

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

6. EMPLOYER IDENTIFICATION (EIN): 9 5 - 6 0 0 0 8 2 7

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

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

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 Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 7 0
TITLE: Water and Waste Disposal Loan and Grant Prog

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Implementation of sewer service in the Pierce Street Community

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
Thermal, Riverside County, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant: 45th Congressional District	b. Project

15. ESTIMATED FUNDING		
a. Federal	$	6,134,895.00
b. Applicant	$	
c. State	$	
d. Local	$	
e. Other	$	0.00
f. Program Income	$	
g. Total	$	6,134,895.00

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 7/15/09

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES (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	b. Title	c. Telephone Number
Steve Robbins, Dan Parks	Assistant General Manager-~~Chief Engineer~~	(760) 398-2651
d. Signature of Authorized Representative		e. Date Signed

Previous Edition Usable
AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier: 95-6000717

* 5b. Federal Award Identifier:

RECEIVED
AUG 1 0 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CITY OF COVINA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000717

* c. Organizational DUNS: 627617152

d. Address:

* Street1: 125 E. College St.
Street2:
* City: Covina
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91723

e. Organizational Unit:

Department Name: POLICE

Division Name: ADMINISTRATION

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

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

Title: POLICE LIEUTENANT

Organizational Affiliation:

* Telephone Number: 626.384.5604

Fax Number: 626.384.5609

* Email: pbuchanan@covinaca.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:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership & Community Policing

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-4

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

City of Covina and neighboring police agencies (West Covina, Azusa, Irwindale, Glendora).

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

In-Car Digital Video Program

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 32 * b. Program/Project 32

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2009 * b. End Date: 08/31/2012

18. Estimated Funding ($):

* a. Federal	153,774.95
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	153,774.95

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/10/2009.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: * First Name: DARYL

Middle Name:

* Last Name: PARRISH

Suffix:

* Title: CITY MANAGER

* Telephone Number: 626.384.5407 Fax Number: 626.384.5420

* Email: dparrish@covinaca.gov

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: ☐ Construction ☐ Non-Construction; Preapplication: ☑ Construction ☐ Non-Construction	2. DATE SUBMITTED: 7/15/09	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED AUG 10 2009 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: Coachella Valley Water District

Organizational Unit:

Address (give city, county, state, and zip code):
85-995 Avenue 52
Coachella, CA 92236

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

6. EMPLOYER IDENTIFICATION (EIN): 9 5 - 6 0 0 0 8 2 7

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

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

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 Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 7 0
TITLE: Water and Waste Disposal Loan and Grant Prog

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Implementation of sewer service in the Pierce Street Community

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
Thermal, Riverside County, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant: 45th Congressional District	b. Project

15. ESTIMATED FUNDING

a. Federal	$	6,134,895.00
b. Applicant	$	
c. State	$	
d. Local	$	
e. Other	$	0.00
f. Program Income	$	
g. Total	$	6,134,895.00

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 7/15/09

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES (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	b. Title	c. Telephone Number
Steve Robbins, Dan Parks	ASSISTANT General Manager ~~Chief Engineer~~	(760) 398-2651
d. Signature of Authorized Representative		e. Date Signed

Previous Edition Usable
AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier: 95-6000717

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CITY OF COVINA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-~~6000717~~ 6006099

* c. Organizational DUNS: 827617152

d. Address:

* Street1: 125 E. College St.
Street2:
* City: Covina
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91723

e. Organizational Unit:

Department Name: POLICE

Division Name: ADMINISTRATION

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

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

Title: POLICE LIEUTENANT

Organizational Affiliation:

* Telephone Number: 626.384.5604
Fax Number: 626.384.5609

* Email: pbuchanan@covinaca.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:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership & Community Policing

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-4

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

City of Covina and neighboring police agencies (West Covina, Azusa, Irwindale, Glendora).

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

In-Car Digital Video Program

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 32 * b. Program/Project 32

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2009 * b. End Date: 08/31/2012

18. Estimated Funding ($):

* a. Federal	153,774.95
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	153,774.95

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/10/2009.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: * First Name: DARYL

Middle Name:

* Last Name: PARRISH

Suffix:

* Title: CITY MANAGER

* Telephone Number: 626.384.5407 Fax Number: 626.384.5420

* Email: dparrish@covinaca.gov

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

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE | **State Application Identifier**

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

4. a. Federal Identifier DE-FG02-06ER46305
b. Agency Routing Identifier

2. DATE SUBMITTED | **Applicant Identifier**

5. APPLICANT INFORMATION *** Organizational DUNS:** 055752331

RECEIVED
AUG 11 2009
STATE CLEARING HOUSE

* Legal Name: The University Corporation
Department: | Division:
* Street1: 18111 Nordhoff St.
Street2:
* City: Northridge | County / Parish: Los Angeles
* State: CA: California | Province:
* Country: USA: UNITED STATES | * ZIP / Postal Code: 91330-8232

Person to be contacted on matters involving this application
Prefix: Mr. | * First Name: Scott | Middle Name:
* Last Name: Perez | Suffix:
* Phone Number: 818-677-2901 | Fax Number: 818-677-4691
Email: scott.perez@csun.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-1992732

7. * TYPE OF APPLICANT: S: Hispanic-serving Institution
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

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

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

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Novel Charge and Spin Fractional Quantum Hall Effects and New Emerging Quantum Phases in Intersecting and Spin-Orbit Coupling Electronic Materials

12. PROPOSED PROJECT:
* Start Date: 02/01/2010 | * Ending Date: 01/31/2013

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-027

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. | * First Name: Dong-Ning | Middle Name:
* Last Name: Sheng | Suffix:
Position/Title: Professor
* Organization Name: The University Corporation
Department: | Division:
* Street1: 18111 Nordhoff St.
Street2:
* City: Northridge | County / Parish: Los Angeles
* State: CA: California | Province:
* Country: USA: UNITED STATES | * ZIP / Postal Code: 91330-8232
* Phone Number: 818-677-2775 | Fax Number: 818-677-3234
* Email: donna.sheng@csun.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	335,226.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	335,226.00
d. Estimated Program Income	0.00

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

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

DATE: 08/03/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 16, Section 1001)

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Mr. * First Name: Scott Middle Name:

* Last Name: Perez Suffix:

* Position/Title: Director

* Organization: California State University, Northridge

Department: Research & Sponsored Projects Division:

* Street1: 18111 Nordhoff St.

Street2:

* City: Northridge County / Parish: Los Angeles

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 91330-8232

* Phone Number: 818-677-2901 Fax Number: 818-677-4691

* Email: scott.perez@csun.edu

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

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier: 95-600699

* 5b. Federal Award Identifier:

RECEIVED
AUG 11 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CITY OF COVINA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000699

* c. Organizational DUNS: 627617152

d. Address:

* Street1: 125 E. College St.
Street2:
* City: Covina
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91723

e. Organizational Unit:

Department Name: POLICE

Division Name: ADMINISTRATION

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

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

Title: POLICE LIEUTENANT

Organizational Affiliation:

* Telephone Number: 626.384.5604
Fax Number: 626.384.5690

* Email: pbuchanan@covinaca.gov

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

Application for Federal Assistance SF-424 Version 02

8. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-4

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

The cities of Alhambra, Arcadia, Azusa, Baldwin Park, Claremont, Covina, El Monte, Glendora, Irwindale,La Verne, Monrovia, Monterey Park, Pasadena, Pomona, San Gabriel, San Marino, Sierra Madre, South Pasadena, and West Covina.

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

San Gabriel Valley Law Enforcement Agencies Regional Training Equipment Program

Attach supporting documents as specified in agency instructions.

[redacted] [redacted] [redacted]

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 32
* b. Program/Project: 32

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

Congressional Districts Part [redacted]

17. Proposed Project:

* a. Start Date: 09/01/2009
* b. End Date: 08/31/2012

18. Estimated Funding ($):

* a. Federal	64,977.78
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	64,977.78

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/11/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

[redacted]

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:	
* First Name:	DARYL
Middle Name:	
* Last Name:	PARRISH
Suffix:	
* Title:	CITY MANAGER
* Telephone Number:	626.384.5407
Fax Number:	626.384.5420
* Email:	dparrish@covinaca.gov
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED July 2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Lockeford Community Services District	Organizational Unit: Department: Water Division
Organizational DUNS: 195941455	Division:
Address: Street: 17725 North Tully Road, P.O. Box Z	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Joseph
City: Lockeford	Middle Name
County: San Joaquin	Last Name Salzman
State: California Zip Code 95237	Suffix:
Country: United States	Email: lcsd@softcom.net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 2 8 6 7 9 3	Phone Number (give area code) (209) 727-5035 / Fax Number (give area code) (209) 727-5204
8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District Other (specify)
	9. NAME OF FEDERAL AGENCY: US Dept. of Agriculture, Rural Utility Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0 TITLE (Name of Program): Water and Wastewater Disposal Loan and Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lockeford CSD Well 2 Replacement
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lockeford, CA	
13. PROPOSED PROJECT Start Date: 9/1/2009 Ending Date: 4/1/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 11 b. Project Same

15. ESTIMATED FUNDING:

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

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: July 2009

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix / First Name Joesph	Middle Name
Last Name Salzman	Suffix
b. Title Project Director	c. Telephone Number (give area code) (209) 727-5204
d. Signature of Authorized Representative	e. Date Signed 08/03/09

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Prescribed by OMB Circular A-102

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DE-FG02-06ER15626

b. Agency Routing Identifier

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION *** Organizational DUNS:** 046705849

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STATE CLEARING HOUSE

* Legal Name: The Regents of the University of California
Department: Office of Research Admin. Division: Sponsored Projects
* Street1: 300 University Tower
Street2:
* City: Ivine County / Parish:
* State: CA: California Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 92697-7600

Person to be contacted on matters involving this application
Prefix: Ms. * First Name: Judith Middle Name:
* Last Name: Aguirre Suffix:
* Phone Number: 949-824-0446 Fax Number: 949-824-2094
Email: judith.aguirre@uci.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-2226406

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

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

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

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Single-Molecule Interfacial Electron Transfer

12. PROPOSED PROJECT:
* Start Date: 04/01/2010 * Ending Date: 03/31/2013

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-048

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. * First Name: Wilson Middle Name:
* Last Name: Ho Suffix:
Position/Title: Professor
* Organization Name: The Regents of the University of California
Department: Physics and Astronomy Division: School of Physical Sciences
* Street1: 4129 Frederick Reines Hall
Street2:
* City: Ivine County / Parish:
* State: CA: California Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 92697-7600
* Phone Number: 949-824-5224 Fax Number:
* Email: wilsonho@uci.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	405,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	405,000.00
d. Estimated Program Income	0.00

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

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

DATE: 08/15/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

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

* Last Name: Aguirre Suffix:

* Position/Title: Contract and Grant Officer

* Organization: The Regents of the University of California

Department: Office of Research Admin. Division: Sponsored Projects

* Street1: 300 University Tower

Street2:

* City: Irvine County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 92697-7600

* Phone Number: 949-824-0446 Fax Number: 949-824-2094

* Email: judith.aguirre@uci.edu

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

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED	Applicant Identifier 780835034
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☑ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Kings County Association of Governments

Organizational Unit:

Address *(give city, county, State, and zip code)*: 339 W. "D" Street, Suite B, Lemoore, CA, 93245-2959

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Ms. Christina Lehn, 559-582-3211

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 74 — 3186127 7

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: OEA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 12 — 610

TITLE: COMMUNITY ECONOMIC ADJUSTMENT PLANNING ASSISTANC

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lemoore NAS

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12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of Lemoore, County of Kings, and County of Fresno

13. PROPOSED PROJECT

Start Date	Ending Date
9/1/09	12/31/10

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 20

b. Project: 20, 21

15. ESTIMATED FUNDING:

a. Federal	$ 225,000.00
b. Applicant	$ 25,000.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 250,000.00

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 08/06/09

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: August 6, 2009

Applicant Identifier:

TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: CIC Oakridge Apts., L.P.

Organizational Unit:

Address (give city, county, State, and zip code): 5993 Avenida Encinas, #101, Carlsbad, CA 92008

Name and telephone number of person to be contacted on matters involving this application (give area code): Erin Autry Montgomery 760-456-6000 ext. 115

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 26-2747366

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: Rural Housing Service, Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-415

TITLE: Transfer

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oakridge Apartments (Rehabilitation Project)

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

13. PROPOSED PROJECT

Start Date: 10/1/09
Ending Date: 4/1/10

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 50th
b. Project: 19th

15. ESTIMATED FUNDING:

a. Federal USDA 515	$ 1,598,000.00
b. Applicant Deferred Developer Fee	$ 33,135.00
c. State Tax Credit Equity	$ 1,430,000.00
d. Local City of Oakdale	$ 1,000,000.00
e. Other Permanent Loan	$ 1,421,778.00
f. Program Income	$ .00
g. TOTAL	$ 5,482,913.00

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 8/12/09

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: mes J. Schmid
b. Title: President Chelsea Investment Corp.
c. Telephone Number: (760) 456-6000
d. Signature of Authorized Representative:
e. Date Signed:

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