

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1 - 15, 2011**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/22/11	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE /	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: County of Sutter	Organizational Unit: Department: Public Works		
Organizational DUNS: 076123488	Division: Roads		
Address: 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: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-106	9. NAME OF FEDERAL AGENCY: Department of Transportation, Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sutter	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sutter County Airport - Runway Lighting Improvements		
13. PROPOSED PROJECT Start Date: November 2011	Ending Date: April 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 b. Project District 2	
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 566,880.00 b. Applicant \$ 15,664.00 c. State \$ 14,172.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 596,716.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/25/11 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		
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: Douglas	Middle Name: R.	Suffix:
Last Name: Gault		c. Telephone Number (give area code): (530) 822-7450	
b. Title: Director of Public Works		e. Date Signed: 7/22/11	
d. Signature of Authorized Representative: <i>Douglas Gault</i>			

Previous Edition Usable
 Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY Version 01.1

<p>* 1.a. Type of Submission:</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Plan</p> <p><input type="checkbox"/> Funding Request</p> <p><input type="checkbox"/> Other</p> <p>* Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>* 1.b. Frequency:</p> <p><input checked="" type="checkbox"/> Annual</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Other</p> <p>* Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>* 1.d. Version:</p> <p><input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">* 2. Date Received:</td> <td style="width: 50%;">STATE USE ONLY:</td> </tr> <tr> <td>07/29/2011</td> <td></td> </tr> <tr> <td>3. Applicant Identifier:</td> <td>5. Date Received by State:</td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> <tr> <td>4a. Federal Entity Identifier:</td> <td>6. State Application Identifier:</td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> <tr> <td>4b. Federal Award Identifier:</td> <td></td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td></td> </tr> </table>	* 2. Date Received:	STATE USE ONLY:	07/29/2011		3. Applicant Identifier:	5. Date Received by State:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4a. Federal Entity Identifier:	6. State Application Identifier:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4b. Federal Award Identifier:		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* 2. Date Received:	STATE USE ONLY:																	
07/29/2011																		
3. Applicant Identifier:	5. Date Received by State:																	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
4a. Federal Entity Identifier:	6. State Application Identifier:																	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
4b. Federal Award Identifier:																		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																		
<p>1.c. Consolidated Application/Plan/Funding Request?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation</p>																		

7. APPLICANT INFORMATION:

* a. Legal Name:		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">AUG 1 2011</p> <p style="font-size: 1.2em; margin: 0;">STATE CLEARING HOUSE</p> </div>
City of Fresno, Fresno Area Express		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
946000338	169204872	
d. Address:		
* Street1:	Street2:	
2223 G Street		
* City:	County:	
Fresno		
* State:	Province:	
CA: California		
* Country:	* Zip / Postal Code:	
USA: UNITED STATES	93706	
e. Organizational Unit:		
Department Name:	Division Name:	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix:	* First Name:	Middle Name:
	Darlene	
* Last Name:	Suffix:	
Christiansen		
Title:		
Organizational Affiliation:		
* Telephone Number:	Fax Number:	
5596211469		
* Email: darlene.christiansen@fresno.gov		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 8a. TYPE OF APPLICANT:		
<input type="text" value="C: City or Township Government"/>		
* Other (specify): <input type="text"/>		
b. Additional Description: <input type="text"/>		
* 9. Name of Federal Agency:		
<input type="text" value="DOT/Federal Transit Administration"/>		
10. Catalog of Federal Domestic Assistance Number:		
<input type="text" value="20.500"/>		
CFDA Title: <input type="text" value="Federal Transit_Capital Investment Grants"/>		
11. Areas Affected by Funding:		
<input type="text"/>		
12. CONGRESSIONAL DISTRICTS OF:		
* a. Applicant: <input type="text" value="CA-020"/>	b. Program/Project: <input type="text" value="CA-020"/>	
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text" value="AddCongressionalDistricts.t"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
13. FUNDING PERIOD:		
a. Start Date: <input type="text" value="11/15/2011"/>	b. End Date: <input type="text" value="09/30/2014"/>	
14. ESTIMATED FUNDING:		
* a. Federal (\$): <input type="text" value="11,049,600.00"/>	b. Match (\$): <input type="text" value="3,400,600.00"/>	
* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?		
<input checked="" type="checkbox"/> a. This submission was made available to the State under the Executive Order 12372 Process for review on:		<input type="text" value="07/29/2011"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

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 218, Section 1001)**

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

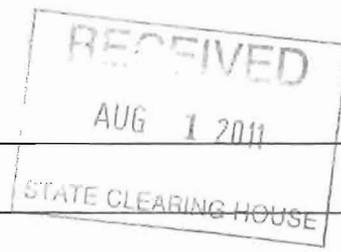
* Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		*If Revision, select appropriate letter(s): * Other (Specify)
*3. Date Received:		4. Application Identifier: FI 405-3010		
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 Los Angeles, Department of Water and Power

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-600007636 ***c. Organizational DUNS:** 103872516

d. Address:
***Street1:** 111 North Hope St
Street 2:
***City:** Los Angeles
County:
***State:** Californian
Province:
Country: ***Zip/ Postal Code:** 90012

e. Organizational Unit:

Department Name: Water and Power	Division Name: Water Quality
--	--

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

Prefix: Mr. **First Name:** Robert
Middle Name: C
***Last Name:** Mc Kinney
Suffix:

Title: Waterworks Engineer

Organizational Affiliation:

***Telephone Number:** (213)367-0921 **Fax Number:** (213)367-3297
***Email:** robert.mckinney@ladwp.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:
- Select One -

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify):
Municipal

*10. Name of Federal Agency:
United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
66-802
CFDA Title:
Remedial Cleanups

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

San Fernando Valley, City of Los Angeles, Los Angeles County, California

*15. Descriptive Title of Applicant's Project:

North Hollywood Operable Unit (NHOU)
Operation and Maintenance (O&M)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant City of Los Angeles, DWP

*b. Program/Project: NHOU O&M-D27, D-28, D-29, D-30

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

17. Proposed Project:

*a. Start Date: 7/1/10

*b. End Date: 6/30/13

18. Estimated Funding (\$):

*a. Federal \$949,207.00

*b. Applicant \$105,469.00

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$1,054,676.00

***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 ____ pending

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: Dr.

*First Name: Pankaj

Middle Name:

*Last Name: Parekh

Suffix:

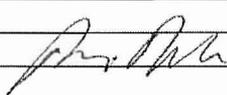
*Title: Dr. Pankaj Parekh, Director of Water Quality Division

*Telephone Number: (213)367-3191

Fax Number: (213)367-3297

*Email: Pankaj.parekh@ladwp.com

*Signature of Authorized Representative:



Date Signed:

6/30/13

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 1.a. Type of Submission:**

- Application
- Plan
- Funding Request
- Other

* Other (specify)

[Empty text box for other submission type]

*** 1.b. Frequency:**

- Annual
- Quarterly
- Other

* Other (specify)

[Empty text box for other frequency]

*** 1.d. Version:**

- Initial
- Resubmission
- Revision
- Update

*** 2. Date Received:**

Completed by Grants.gov upon submission.

3. Applicant Identifier:

NA

4a. Federal Entity Identifier:

00123100

4b. Federal Award Identifier:

NA

STATE USE ONLY:

5. Date Received by State:

[Empty date box]

6. State Application Identifier:

[Empty text box for state application identifier]

1.c. Consolidated Application/Plan/Funding Request?

Yes No

EXPIRATION

7. APPLICANT INFORMATION:

*** a. Legal Name:**

Los Rios Community College District

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

94-1576340

*** c. Organizational DUNS:**

071553739

d. Address:

*** Street1:**

1919 Spanos Court

Street2:

[Empty text box for street 2]

RECEIVED

AUG 1 2011

*** City:**

Sacramento

County:

Sacramento

STATE CLEARING HOUSE

*** State:**

CA: California

Province:

[Empty text box for province]

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95825

e. Organizational Unit:

Department Name:

Small Business Development Ctr

Division Name:

Workforce & Econ Development

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

Prefix:

Ms.

*** First Name:**

Panda

Middle Name:

[Empty text box for middle name]

*** Last Name:**

Morgan

Suffix:

[Empty text box for suffix]

Title: Director, Northeastern California Small Busin

Organizational Affiliation:

NA

*** Telephone Number:** 916-563-3220

Fax Number: 916-563-3266

*** Email:** morganp@losrios.edu

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 8a. TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

* Other (specify):

b. Additional Description:

SBA - Small Business Development Center

* 9. Name of Federal Agency:

Business and Cooperative Programs

10. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grants

11. Areas Affected by Funding:

El Dorado County, Nevada County, Placer County, Plumas County, Sacramento County, Sierra County, Yolo County

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-005

b. Program/Project:

CA-004

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

SBDC-Congressional Districts



13. FUNDING PERIOD:

a. Start Date:

10/01/2011

b. End Date:

09/30/2013

14. ESTIMATED FUNDING:

* a. Federal (\$):

50,000.00

b. Match (\$):

0.00

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

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

08/01/2011

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No 

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 218, Section 1001)

** I Agree

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

Authorized Representative:

Prefix:

Dr.

* First Name:

Sandra

Middle Name:

* Last Name:

Kirschenmann

Suffix:

* Title:

Vice Chancellor, Resource Development

Organizational Affiliation:

* Telephone Number:

916-568-3075

* Fax Number:

916-286-3657

* Email:

k.krscha@losrios.edu

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

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

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

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: 11-9706-1415-CA
---------------------------------------	--

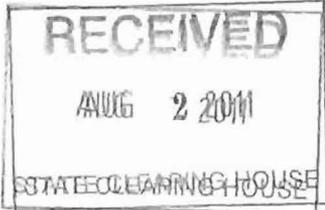
State Use Only:

6. Date Received by State:	7. State Application Identifier: 10-0092-FR
-----------------------------------	--

8. APPLICANT INFORMATION:

*a. Legal Name: California Department of Food and Agriculture	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	*c. Organizational DUNS: 807-487-665

d. Address:

*Street 1: 1220 N Street	
Street 2:	
*City: Sacramento Place: 64000	
County: Sacramento County:067	
*State: CA 06	
Province:	
*Country: USA GSA:3150	
*Zip / Postal Code 95814	

e. Organizational Unit:

Department Name: California Department of Food and Agriculture	Division Name: Animal Health and Food Safety Services
--	---

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

Prefix: Dr.	*First Name: Hector
Middle Name:	
*Last Name: Webster	
Suffix:	

Title: Research Program Specialist II
--

Organizational Affiliation: None
--

*Telephone Number: (916) 657-5041	Fax Number: (916) 653-2215
--	-----------------------------------

*Email: hwebster@cdfa.ca.gov

Application for Federal Assistance SF-424

Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA, APHIS, Veterinary Services

11. Catalog of Federal Domestic Assistance Number:

Plant Pest and Animal Disease _____

CFDA Title:

Scrapie _____

***12 Funding Opportunity Number:**

10-025 _____

*Title:

Plant Pest and Animal Disease _____

13. Competition Identification Number:

Title:

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

Entire State of California (06)

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

Scrapie

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 05

*b. Program/Project: Statewide

17. Proposed Project:

*a. Start Date: 4/1/11

*b. End Date: 3/31/12

18. Estimated Funding (\$):

*a. Federal	_____	89,000
*b. Applicant	_____	
*c. State	_____	30,306
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	119,306

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

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

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

- Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Kathy _____

Middle Name: _____

*Last Name: Alameda _____

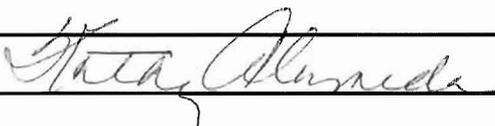
Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: (916) 651-9888

Fax Number: -

* Email: KAlameda@cdfa.ca.gov

*Signature of Authorized Representative: 

*Date Signed: 8/2/11

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application 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: Corporation for Better Housing					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322			*c. Organizational DUNS: 602791829		
d. Address:					
*Street 1: 15303 Ventura Blve., Suite 1100					
Street 2:					
*City: Sherman Oaks					
County:					
*State: CA					
Province:					
Country:					
*Zip/ Postal Code: 91403					
e. Organizational Unit:					
Department Name:			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: David			
Middle Name:					
*Last Name: Sclafani					
Suffix:					
Title: Senior Vice President					
Organizational Affiliation:					
*Telephone Number: 818-905-2430			Fax Number: 818-905-2440		
*Email: dsclafani@sbcglobal.net					

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 and 10.427

CFDA Title:

Rural Rental Housing Loans and Rural Rental Assistance Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Reedley, CA

*15. Descriptive Title of Applicant's Project:

See Attached Description

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant
CA-027*b. Program/Project:
CA-021

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

17. Proposed Project:

*a. Start Date: 2/1/2012

*b. End Date: 2/1/2013

18. Estimated Funding (\$):

*a. Federal	\$3,000,000.00
*b. Applicant	\$170,620.00
*c. State	\$1,750,000.00
*d. Local	\$14,252,980.00
*e. Other	
*f. Program Income	
*g. TOTAL	\$19,173,600.00

***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 8/2/2011
- 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: David

Middle Name:

*Last Name: Sclafani

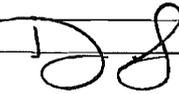
Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430

Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: 

Date Signed: 8/1/2011

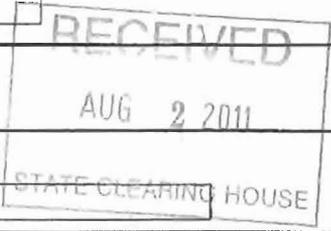
Application for Federal Assistance SF-424

Version 02

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

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

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



State Use Only:

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

B. APPLICANT INFORMATION:

* a. Legal Name: San Diego State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6042721	* c. Organizational DUNS: 073371346
---	--

d. Address:

* Street1: 5250 Campanile Drive
Street2: _____
* City: San Diego
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92182-1931

e. Organizational Unit:

Department Name: _____	Division Name: _____
------------------------	----------------------

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

Prefix: Ms.	* First Name: Jennie
Middle Name: _____	
* Last Name: Amison	
Suffix: _____	
Title: Director, Sponsored Research Development	

Organizational Affiliation: _____

* Telephone Number: 619-594-4478	Fax Number: 619-594-4950
----------------------------------	--------------------------

* Email: awards@foundation.sdsu.edu

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:

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.117

CFDA Title:

Energy Efficiency and Renewable Energy Information Dissemination, Outreach, Training and Technical Analysis/Assistance

* 12. Funding Opportunity Number:

DE-FOA-0000490

* Title:

Industrial Assessment Centers

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Industrial Assessment Center, DE-FOA-0000490, CFDA Number: 81.117

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="200,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="200,000.00"/>

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

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

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

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:

Middle Name:

* Last Name:

Suffix:

* Title:

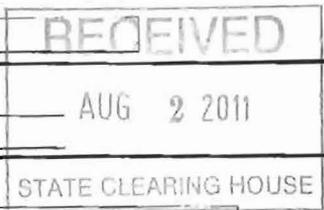
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424 Version 02

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



* 3. Date Received: <small>Completed by Grants.gov upon submission.</small>	4. Applicant Identifier: <input type="text"/>
--	--

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
--	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--	--

B. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Pueblo Unido CDC"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="26-3547211"/>	* c. Organizational DUNS: <input type="text" value="025633288"/>

d. Address:

* Street1:	<input type="text" value="53-040 Avenida Mendoza"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="La Quinta"/>
County:	<input type="text" value="Riverside"/>
* State:	<input type="text" value="California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="92253"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

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

Prefix:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Sergio"/>
Middle Name:	<input type="text" value="I."/>		
* Last Name:	<input type="text" value="Carranza"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Executive Director"/>		
Organizational Affiliation:	<input type="text"/>		

* Telephone Number:	<input type="text" value="(760) 777-7550"/>	Fax Number:	<input type="text" value="(760) 771-0271"/>
---------------------	---	-------------	---

* Email:	<input type="text" value="scarranza@pucdc.org"/>
----------	--

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: 45th Congressional District

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$): 1,000,000

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

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

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

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

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

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

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)**

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

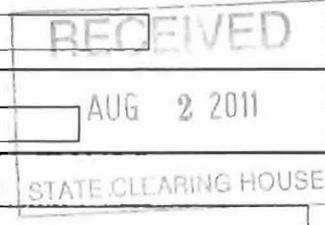
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)



* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

University Enterprises, Inc., on behalf of CSU Sacramento

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

941337638

* c. Organizational DUNS:

029031796

d. Address:

* Street1:

6000 J Street, Bookstore Bldg, Suite 3400

Street2:

* City:

Sacramento

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95819-6111

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

David

Middle Name:

* Last Name:

Earwicker

Suffix:

Title:

Asst VP, Research Admin & Contract Admin

Organizational Affiliation:

California State University, Sacramento

* Telephone Number:

916-278-7565

Fax Number:

* Email:

david.earwicker@csus.edu

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.117

CFDA Title:

Energy Efficiency and Renewable Energy Information Dissemination, Outreach, Training and Technical Analysis/Assistance

*** 12. Funding Opportunity Number:**

DE-FOA-0000490

* Title:

Industrial Assessment Centers

13. Competition Identification Number:

Title:

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

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

Sacramento State Industrial Assessment Center

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	<input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA-005"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10/01/2011"/>	* b. End Date: <input type="text" value="09/30/2016"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="1,500,000.00"/>	
* b. Applicant	<input type="text" value="250,000.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="1,750,000.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="08/02/2011"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="David"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Earwicker"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Asst VP, Research Admin & Contract Admin"/>	
* Telephone Number:	<input type="text" value="916-278-7565"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="david.earwicker@csus.edu"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:		4. Application Identifier:		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED AUG 4 2011 STATE CLEARING HOUSE </div>	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:			
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: The Nature Conservancy					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 53-0242652			*c. Organizational DUNS: 072656630		
d. Address:					
*Street1: 201 Mission Street, 4th Floor					
Street 2:					
*City: San Francisco					
County: San Francisco					
*State: CA					
Province:					
Country: United States			*Zip/ Postal Code: 94105		
e. Organizational Unit:					
Department Name:			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Jaymee			
Middle Name:					
*Last Name: Marty					
Suffix:					
Title: Associate Director of Science					
Organizational Affiliation:					
*Telephone Number: 916-596-6677			Fax Number: 916-442-2377		
*Email: jmarty@tnc.org					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1; Select Applicant Type: N. Nonprofit

Type of Applicant 2; Select Applicant Type:

- Select One -

Type of Applicant 3; Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U.S. Department of the Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.631

CFDA Title:

Partners for Fish & Wildlife

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Sacramento County, California

*15. Descriptive Title of Applicant's Project:

Oneto Denier Restoration Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: California

*a. Applicant
CA-008*b. Program/Project:
CA-004

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

17. Proposed Project: Oneto Denier Restoration Project

*a. Start Date: 1 September 2011

*b. End Date: 30 September 2016

18. Estimated Funding (\$):

*a. Federal	\$25,000.00
*b. Applicant	\$25,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$50,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 7/27/11
8/3/11
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Dawit

Middle Name:

*Last Name: Zeleke

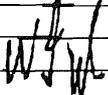
Suffix:

*Title: Ecoregional Director

*Telephone Number: 530-518-7244

Fax Number: (530) 342-0257

*Email: dzeleke@tnc.org

*Signature of Authorized Representative: 

Date Signed: 7/27/11

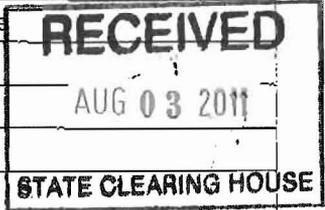
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier G1198045
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-156-D-1

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: CA Dept. of Fish and Game
Organizational DUNS: 808322358	Division: Grants Management Branch
Address: Street: 1831 Ninth Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Pete
City: Sacramento	Middle Name
County: Sacramento	Last Name: Marcellana
State: CA Zip Code: 95811	Suffix:
Country:	Email: pmarcellana@dfg.ca.gov



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

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605
TITLE (Name of Program): Sport Fish Restoration Act

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Region 4 (R4) FERC Re-Licensing Evaluation Assistance

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

13. PROPOSED PROJECT
Start Date: 07/01/2011 Ending Date: 06/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3 b. Project 99

15. ESTIMATED FUNDING:

a. Federal	\$	254,996
b. Applicant	\$	
c. State	\$	84,999
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	339,995

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

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

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

a. Authorized Representative

Prefix	First Name: Blaine	Middle Name
Last Name: Nickens	Suffix	
b. Title: Chief, Grants Management Branch	c. Telephone Number (give area code)	
d. Signature of Authorized Representative	e. Date Signed: 7/27/2011	

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. Application Identifier:

R9 Tracking #11-407

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: Monterey Bay Unified Air Pollution Control District

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-2301821

*c. Organizational DUNS:
125-103-275

d. Address:

*Street1: 24580 Silver Cloud Court

Street 2:

*City: MONTEREY

County: MONTEREY

*State: CA

Province:

Country: USA

*Zip/ Postal Code: 93940

e. Organizational Unit:

Department Name:

Division Name:

Administration

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

Prefix: Mrs.

First Name: Joyce

Middle Name: E.

*Last Name: Giuffre

Suffix:

Title: Administrative Services Manager

Organizational Affiliation:

Monterey Bay Unified Air Pollution Control District

*Telephone Number: 831-647-9411, ext 229

Fax Number: 831-647-8501

*Email: jgiuffre@mbuapcd.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: D. Special District Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*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.

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.

17. Proposed Project:

*a. Start Date: 10/1/2011

*b. End Date: 9/30/2012

18. Estimated Funding (\$):

*a. Federal	\$313,519.00	*d. Local	
*b. Applicant	\$3,001,250.00	*e. Other	\$286,990.00
*c. State	\$1,710,000.00	*f. Program Income	
*d. Local		*g. TOTAL	\$5,311,759.00

***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 8/1/11
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: 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: 28 July 2011

on Behalf of
Richard Stedman



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

Application for Federal Assistance SF-424		Version 02			
<table border="0"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table>			* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____			
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>AUG 4 2011</p> <p>STATE CLEARING HOUSE</p> </div>			
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: University Enterprises, Inc. on behalf of CSU Sacramento					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 941337638	* c. Organizational DUNS: 029031796				
d. Address:					
* Street1: 6000 J Street	Street2: _____				
* City: Sacramento	County: _____				
* State: CA: California	Province: _____				
* Country: USA: UNITED STATES	* Zip / Postal Code: 95819-6111				
e. Organizational Unit:					
Department Name: Biological Sciences	Division Name: Natural Sciences & Mathematics				
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Dr.	* First Name: Ronald	Middle Name: _____			
* Last Name: Coleman	Suffix: _____				
Title: Associate Professor					
Organizational Affiliation: California State University, Sacramento					
* Telephone Number: 916-278-3474	Fax Number: _____				
* Email: rcoleman@csua.edu					

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

CSUS 501c3 nonprofit auxiliary

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

WaterSMART (Sustaining and Manage America's Resources for Tomorrow)

*** 12. Funding Opportunity Number:**

R11SF81307

* Title:

WaterSMART Applied Science Grants for the Desert Landscape Conservation Cooperative

13. Competition Identification Number:

R11SF81307

Title:

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

Sacramento, Sacramento County, California
Salton Sea, Imperial County, California

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

Experimental Manipulation of Phytoremediation Water Treatment Cells for the Enhancement of the Desert Pupfish (Cyprinodon macularis)

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	<input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA-045"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="02/01/2012"/>	* b. End Date: <input type="text" value="01/31/2014"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="175,539.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="177,527.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="353,066.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="08/04/2011"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="David"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Earwicker"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Assistant Vice President"/>	
* Telephone Number:	<input type="text" value="916-278-3668"/>	Fax Number: <input type="text" value="916-278-6163"/>
* Email:	<input type="text" value="david.earwicker@csus.edu"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/9/2011	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		<input type="checkbox"/> Non-Construction	

5. APPLICANT INFORMATION		Organizational Unit	
Legal Name: The Nature Conservancy		Department: n/a	
Organizational DUNS: 072856630	RECEIVED AUG 8 2011 STATE CLEARING HOUSE	Division: n/a	
Address: Street: 201 Mission Street, 4th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Francisco		Prefix:	First Name: Amy
County: San Francisco		Middle Name	
State: CA	Zip Code: 94105	Last Name: Hoss	
Country: USA		Suffix:	
		Email: ahoss@inc.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 53-0242652		Phone Number (give area code) (530) 926-3199	Fax Number (give area code) (530) 926-1850
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types)	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		O. Not for Profit Organization Other (specify)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Partners for Fish and Wildlife		9. NAME OF FEDERAL AGENCY: Department of the Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Siakyou County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Nelson Ranch Riparian Control Fencing and Planting 2011.PARTNERS.HR.08	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: upon signature	Ending Date: 9/30/2016	a. Applicant 8	b. Project 2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 27,256	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/8/11	
b. Applicant	\$ 5,848	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other Other Federal	\$ 17,091	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 50,195		

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 Amy	Middle Name	
Last Name Hoss			Suffix
b. Title Project Director			c. Telephone Number (give area code) (530) 926-3199
d. Signature of Authorized Representative			e. Date Signed 5/9/2011

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:		*2. Type of Application		* If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		*Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		
3. Date Received: 08/03/2011		4. Applicant Identifier: CA-04-90-Y931		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 8 2011 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: 5624		*5b. Federal Award Identifier:		
State Use Only:				
6. Date Received by State:		7. State Application Identifier:		
8. APPLICANT INFORMATION:				
*a. Legal Name: Western Contra Costa Transit Authority				
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0162086		*c. Organizational DUNS: 103429301		
d. Address:				
*Street 1:	601 Walter ave			
Street 2:				
*City:	Pinole			
County:				
*State:	CA			
Province:				
*Country:	USA			
*Zip / Postal Code	94564			
e. Organizational Unit:				
Department Name:		Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix:	Mr.	*First Name:	Robert	
Middle Name:	John			
*Last Name:	Thompson			
Suffix:				
Title:	Grants Manager			
Organizational Affiliation:				
*Telephone Number: 510-724-3331		Fax Number: 510-724-5551		
*Email: rob@westcat.org				

Application for Federal Assistance SF-424

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:20507

CFDA Title:

Federal Transit Capital Investment Grants***12 Funding Opportunity Number:**5307-2

*Title:

urbanized area formula funds**13. Competition Identification Number:**

Title:

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

City of Hercules, Pinole. Unincorporated areas of Contra Coista County (Port Costa, Rodeo and Crockett)

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

ADA set aside for suppling operating costs

Replacement of 2 40' 1998 vehicles at end of useful life with 2 45' over the road coaches

Purchase of a Bus Wash to replace one installed in 1991

Rehab of 2 1998 vehciles to extent usueful life

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-007

*b. Program/Project: CA-007

17. Proposed Project:

*a. Start Date:

*b. End Date:

18. Estimated Funding (\$):

*a. Federal	_____	1,485,253
*b. Applicant	_____	0
*c. State	_____	0
*d. Local	_____	483,667
*e. Other	_____	0
*f. Program Income	_____	0
*g. TOTAL	_____	1,948,920

***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 08/03/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes No

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

 ** I AGREE

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

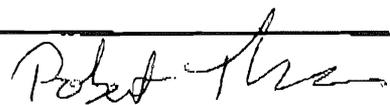
Authorized Representative:

Prefix: Mr *First Name: Robert

Middle Name: John

*Last Name: Thompson

Suffix: _____

*Title: Manager of Grants*Telephone Number: 510-724-331Fax Number: 510-724-5551* Email: rob@westcat.org*Signature of Authorized Representative: *Date Signed: 08/03/2011

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input style="width: 100%; height: 20px;" type="text"/>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input style="width: 100%; height: 20px;" type="text"/>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <hr/> * 2. Date Received: <input style="width: 100%; height: 20px;" type="text" value="07/28/2011"/> <hr/> 3. Applicant Identifier: <input style="width: 100%; height: 20px;" type="text"/> <hr/> 4a. Federal Entity Identifier: <input style="width: 100%; height: 20px;" type="text"/> <hr/> 4b. Federal Award Identifier: <input style="width: 100%; height: 20px;" type="text"/>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation		STATE USE ONLY: <hr/> 5. Date Received by State: <input style="width: 100%; height: 20px;" type="text"/> <hr/> 6. State Application Identifier: <input style="width: 100%; height: 20px;" type="text"/>
7. APPLICANT INFORMATION:		
* a. Legal Name: <input style="width: 100%; height: 20px;" type="text" value="Los Angeles County Metropolitan Transportation Authority"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width: 100%; height: 20px;" type="text" value="95-4401975"/>	* c. Organizational DUNS: <input style="width: 100%; height: 20px;" type="text" value="044055523"/>	<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">AUG - 9 2011</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>
d. Address:		
* Street1: <input style="width: 100%; height: 20px;" type="text" value="One Gateway Plaza"/>	Street2: <input style="width: 100%; height: 20px;" type="text"/>	
* City: <input style="width: 100%; height: 20px;" type="text" value="Los Angeles"/>	County: <input style="width: 100%; height: 20px;" type="text"/>	
* State: <input style="width: 100%; height: 20px;" type="text" value="CA: California"/>	Province: <input style="width: 100%; height: 20px;" type="text"/>	
* Country: <input style="width: 100%; height: 20px;" type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input style="width: 100%; height: 20px;" type="text" value="90012"/>	
e. Organizational Unit:		
Department Name: <input style="width: 100%; height: 20px;" type="text"/>	Division Name: <input style="width: 100%; height: 20px;" type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input style="width: 100%; height: 20px;" type="text"/>	* First Name: <input style="width: 100%; height: 20px;" type="text" value="Ashad"/>	Middle Name: <input style="width: 100%; height: 20px;" type="text"/>
* Last Name: <input style="width: 100%; height: 20px;" type="text" value="Hamideh"/>		Suffix: <input style="width: 100%; height: 20px;" type="text" value="PhD"/>
Title: <input style="width: 100%; height: 20px;" type="text" value="Transportation Program Manager"/>		
Organizational Affiliation: <input style="width: 100%; height: 20px;" type="text"/>		
* Telephone Number: <input style="width: 100%; height: 20px;" type="text" value="213-922-4299"/>	Fax Number: <input style="width: 100%; height: 20px;" type="text"/>	
* Email: <input style="width: 100%; height: 20px;" type="text" value="hamidehA@metro.net"/>		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Regional Transportation Planning Agency & Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-037

b. Program/Project:

CA-037

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/30/2011

b. End Date:

05/01/2014

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

4,400,000.00

b. Match (\$):

1,100,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/29/2011

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

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

Grant Application: The Rosa Parks Transit Station Improvement Project

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

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 218, Section 1001)**

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <hr/> * 2. Date Received: 07/28/2011 <hr/> 3. Applicant Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> 4a. Federal Entity Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> 4b. Federal Award Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation		<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED AUG - 9 2011 STATE CLEARING HOUSE </div>
7. APPLICANT INFORMATION:		
* a. Legal Name: Los Angeles County Metropolitan Transportation Authority		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4401975	* c. Organizational DUNS: 044055523	
d. Address:		
* Street1: One Gateway Plaza	Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* City: Los Angeles	County: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* State: CA: California	Province: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 90012	
e. Organizational Unit:		
Department Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Division Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* First Name: Ashad	Middle Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
* Last Name: Hamideh	Suffix: PhD	
Title: Transportation Program Manager		
Organizational Affiliation: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
* Telephone Number: 213-922-4299	Fax Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* Email: hamideha@metro.net		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency and Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

Los Angeles County Area

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-031

b. Program/Project:

CA-031

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/30/2011

b. End Date:

05/01/2014

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

4,000,000.00

b. Match (\$):

1,000,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/29/2011

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

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

Grant Application: Sustainable Retrofit and Operation of Existing LACMTA Facilities

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

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 218, Section 1001)**

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

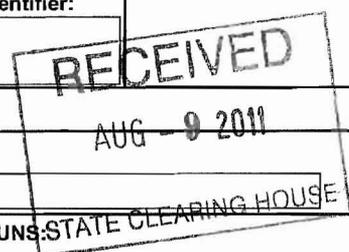
Grant Application: Procurement of 700 Compressed Natural Gas Replacement Buses

OMB Number: 4040-0002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: <input type="text" value="07/28/2011"/>		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>					



7. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Los Angeles County Metropolitan Transportation Authority"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-4401975"/>	* c. Organizational DUNS:STATE CLEARING HOUSE: <input type="text" value="044055523"/>

d. Address:	
* Street1: <input type="text" value="One Gateway Plaza"/>	Street2: <input type="text"/>
* City: <input type="text" value="Los Angeles"/>	County: <input type="text"/>
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="90012"/>

e. Organizational Unit:	
Department Name: <input type="text"/>	Division Name: <input type="text"/>

f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Ashad"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Hamideh"/>	Suffix: <input type="text" value="PhD"/>	
Title: <input type="text" value="Transportation Program Manager"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="213-922-4299"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="hamideha@metro.net"/>		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-031

b. Program/Project:

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

Congressional Districts.pdf

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/30/2011

b. End Date:

09/30/2014

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

59,234,000.00

b. Match (\$):

247,499,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/29/2011

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

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

Grant Application: Procurement of 700 Compressed Natural Gas Replacement Buses

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

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 218, Section 1001)**

** I Agree

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Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

Grant Application: Transit Link Between Glendale Community College and Metrolink Project

OMB Number: 4040-0002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <hr/> * 2. Date Received: 07/28/2011 <hr/> 3. Applicant Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> 4a. Federal Entity Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> 4b. Federal Award Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG - 9 2011 </div>
7. APPLICANT INFORMATION:		
* a. Legal Name: Los Angeles County Metropolitan Transportation Authority		STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4401975	* c. Organizational DUNS: 044055523	
d. Address:		
* Street1: One Gateway Plaza	Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* City: Los Angeles	County: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* State: CA: California	Province: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 90012	
e. Organizational Unit:		
Department Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Division Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* First Name: Ashad	Middle Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
* Last Name: Hamideh	Suffix: PhD	
Title: Transportation Program Manager		
Organizational Affiliation: LACMTA is serving as the Pass-through Agency for Glendale CC		
* Telephone Number: 213-922-4299	Fax Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* Email: hamidehA@metro.net		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Regional Transportation Planning Agency & Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

Glendale Community College District in Glendale, CA

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-031

b. Program/Project:

CA-029

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/30/2011

b. End Date:

05/01/2014

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

240,000.00

b. Match (\$):

48,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/29/2011

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

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

Grant Application: Transit Link Between Glendale Community College and Metrolink Project

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

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 218, Section 1001)**

** I Agree

** This 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:

Ashad

Middle Name:

* Last Name:

Hamideh

Suffix:

PhD

* Title:

Transportation Program Manager

Organizational Affiliation:

* Telephone Number:

213-922-4299

* Fax Number:

213-922-2476

* Email:

hamideha@metro.net

* Signature of Authorized Representative:

Ashad Hamideh

* Date Signed:

07/28/2011

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: <input type="text" value="07/28/2011"/>		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			

1.c. Consolidated Application/Plan/Funding Request?
 Yes No



7. APPLICANT INFORMATION:

*** a. Legal Name:**

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-4401975"/>	* c. Organizational DUNS: <input type="text" value="044055523"/>
---	--

d. Address:

* Street1: <input type="text" value="One Gateway Plaza"/>	Street2: <input type="text"/>
* City: <input type="text" value="Los Angeles"/>	County: <input type="text"/>
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="90012"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

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

Prefix: <input type="text"/>	* First Name: <input type="text" value="Ashad"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Hamideh"/>	Suffix: <input type="text" value="PhD"/>	

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Regional Transportation Planning Agency & Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

Downtown Inglewood, Los Angeles County

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-031

b. Program/Project:

CA-035

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/30/2011

b. End Date:

12/31/2018

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

20,000,000.00

b. Match (\$):

5,000,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

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

07/29/2011

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

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

Grant Application: Downtown Inglewood Intermodal Transfer Facility and Park and Ride Lot

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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 218, Section 1001)

** I Agree

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix: * Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

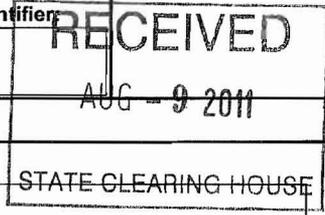
* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input style="width: 100%; height: 20px;" type="text"/>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input style="width: 100%; height: 20px;" type="text"/>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <hr/> * 2. Date Received: <input style="width: 100%; height: 20px;" type="text" value="07/28/2011"/>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation		STATE USE ONLY: <hr/> 3. Applicant Identifier: <input style="width: 100%; height: 20px;" type="text"/> <hr/> 4a. Federal Entity Identifier: <input style="width: 100%; height: 20px;" type="text"/> <hr/> 4b. Federal Award Identifier: <input style="width: 100%; height: 20px;" type="text"/>
7. APPLICANT INFORMATION: <hr/> * a. Legal Name: <input style="width: 100%; height: 20px;" type="text" value="Los Angeles County Metropolitan Transportation Authority"/>		5. Date Received by State: <input style="width: 100%; height: 20px;" type="text"/> <hr/> 6. State Application Identifier: <input style="width: 100%; height: 20px;" type="text"/>
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width: 100%; height: 20px;" type="text" value="95-4401975"/>	* c. Organizational DUNS: <input style="width: 100%; height: 20px;" type="text" value="044055523"/>	
d. Address: <hr/> * Street1: <input style="width: 100%; height: 20px;" type="text" value="One Gateway Plaza"/>		
* City: <input style="width: 100%; height: 20px;" type="text" value="Los Angeles"/>	Street2: <input style="width: 100%; height: 20px;" type="text"/> <hr/> County: <input style="width: 100%; height: 20px;" type="text"/>	
* State: <input style="width: 100%; height: 20px;" type="text" value="CA: California"/>	Province: <input style="width: 100%; height: 20px;" type="text"/>	
* Country: <input style="width: 100%; height: 20px;" type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input style="width: 100%; height: 20px;" type="text" value="90012"/>	
e. Organizational Unit: <hr/> Department Name: <input style="width: 100%; height: 20px;" type="text"/>		
Division Name: <input style="width: 100%; height: 20px;" type="text"/>		
f. Name and contact information of person to be contacted on matters involving this submission: <hr/> Prefix: <input style="width: 100%; height: 20px;" type="text"/>		
* First Name: <input style="width: 100%; height: 20px;" type="text" value="Ashad"/>	Middle Name: <input style="width: 100%; height: 20px;" type="text"/>	
* Last Name: <input style="width: 100%; height: 20px;" type="text" value="Hamideh"/>	Suffix: <input style="width: 100%; height: 20px;" type="text" value="PhD"/>	
Title: <input style="width: 100%; height: 20px;" type="text" value="Transportation Program Manager"/>		
Organizational Affiliation: <input style="width: 100%; height: 20px;" type="text"/>		
* Telephone Number: <input style="width: 100%; height: 20px;" type="text" value="213-922-4299"/>	Fax Number: <input style="width: 100%; height: 20px;" type="text"/>	
* Email: <input style="width: 100%; height: 20px;" type="text" value="hamidehA@metro.net"/>		



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Regional Transportation Planning Agency & Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

Downtown the City of Los Angeles

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-031

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/30/2011

b. End Date:

05/01/2014

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

9,679,000.00

b. Match (\$):

5,690,364.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/29/2011

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

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

Grant Application: Patsaouras Plaza Connector

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

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 218, Section 1001)**

** I Agree

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Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input style="width: 100%; height: 20px;" type="text"/>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input style="width: 100%; height: 20px;" type="text"/>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <hr/> * 2. Date Received: <input style="width: 100%; height: 20px;" type="text" value="07/28/2011"/> <hr/> 3. Applicant Identifier: <input style="width: 100%; height: 20px;" type="text"/> <hr/> 4a. Federal Entity Identifier: <input style="width: 100%; height: 20px;" type="text"/> <hr/> 4b. Federal Award Identifier: <input style="width: 100%; height: 20px;" type="text"/> <hr/> STATE USE ONLY: <hr/> 5. Date Received by State: <input style="width: 100%; height: 20px;" type="text"/> <hr/> 6. State Application Identifier: <input style="width: 100%; height: 20px;" type="text"/>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation		
7. APPLICANT INFORMATION:		
* a. Legal Name: <input style="width: 100%; height: 20px;" type="text" value="Los Angeles County Metropolitan Transportation Authority"/>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="margin: 0; font-weight: bold; font-size: 1.2em;">AUG - 9 2011</p> </div>
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width: 100%; height: 20px;" type="text" value="95-4401975"/>	* c. Organizational DUNS: <input style="width: 100%; height: 20px;" type="text" value="044055523"/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> STATE CLEARING HOUSE </div>
d. Address:		
* Street1: <input style="width: 100%; height: 20px;" type="text" value="One Gateway Plaza"/>	Street2: <input style="width: 100%; height: 20px;" type="text"/>	
* City: <input style="width: 100%; height: 20px;" type="text" value="Los Angeles"/>	County: <input style="width: 100%; height: 20px;" type="text"/>	
* State: <input style="width: 100%; height: 20px;" type="text" value="CA: California"/>	Province: <input style="width: 100%; height: 20px;" type="text"/>	
* Country: <input style="width: 100%; height: 20px;" type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input style="width: 100%; height: 20px;" type="text" value="90012"/>	
e. Organizational Unit:		
Department Name: <input style="width: 100%; height: 20px;" type="text"/>	Division Name: <input style="width: 100%; height: 20px;" type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input style="width: 100%; height: 20px;" type="text"/>	* First Name: <input style="width: 100%; height: 20px;" type="text" value="Ashad"/>	Middle Name: <input style="width: 100%; height: 20px;" type="text"/>
* Last Name: <input style="width: 100%; height: 20px;" type="text" value="Hamideh"/>		Suffix: <input style="width: 100%; height: 20px;" type="text" value="PhD"/>
Title: <input style="width: 100%; height: 20px;" type="text" value="Transportation Program Manager"/>		
Organizational Affiliation: <input style="width: 100%; height: 20px;" type="text"/>		
* Telephone Number: <input style="width: 100%; height: 20px;" type="text" value="213-922-4299"/>	Fax Number: <input style="width: 100%; height: 20px;" type="text"/>	
* Email: <input style="width: 100%; height: 20px;" type="text" value="hamidehA@metro.net"/>		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Regional Transportation Planning Agency & Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

Los Angeles County

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-031

b. Program/Project:

CA-033

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

13. FUNDING PERIOD:

a. Start Date:

09/30/2011

b. End Date:

12/31/2018

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

24,000,000.00

b. Match (\$):

6,000,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

- a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/29/2011
- b. Program is subject to E.O. 12372 but has not been selected by State for review.
- c. Program is not covered by E.O. 12372.

Grant Application: Crenshaw/Exposition Intermodal Transfer Facility, Park and Ride Lot and Layover Facility

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

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 218, Section 1001)**

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: State Theatre for the Arts	Organizational Unit: Department:
Organizational OUNS: 198019986	Division:
Address: Street: 333 Oak Street	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Red Bluff	First Name: J.B.
County: Tehama	Last Name: Stacy
State: California	Suffix:
Zip Code: 96080	Email:
Country: USA	

RECEIVED
 AUG 9 2011
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 01-2010459	Phone Number (give area code): 530 528 4702	Fax Number (give area code):
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) 0 Other (specify)	
	9. NAME OF FEDERAL AGENCY: USDA Rural Development	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): Community Facilities	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Acquisition only of the State Theatre in downtown Red Bluff, CA.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Red Bluff, Tehama County.	

13. PROPOSED PROJECT Start Date: August 1, 2011 Ending Date: September 30, 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant II b. Project II
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 391,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/9/2011
b. Applicant \$ 96,000.00	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 \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 487,000.00	

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

a. Authorized Representative

Prefix	First Name William	Middle Name A
Last Name Cornelius		Suffix
b. Title President	c. Telephone Number (give area code) 530 528 4702	
d. Signature of Authorized Representative <i>William A. Cornelius</i>	e. Date Signed July 28, 2011	

Previous Edition Usable
Authorized for Local Reproduction

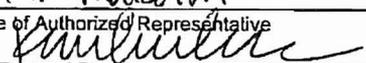
Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 26, 2011	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED
AUG 10 2011

5. APPLICANT INFORMATION Legal Name: <u>Community Energy Services Corp.</u>		Organizational Unit: <u>STATE CLEARING HOUSE</u>
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Kim Malcolm</u> <u>510 9817761</u>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-3032388</u>	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) <u>Nonprofit 501(c)(3)</u>	
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: <u>US Department of Agriculture</u>
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-433</u> TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>San Mateo County Home Safety Repair and Rehabilitation</u>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		
13. PROPOSED PROJECT Start Date: <u>12/1/11</u> Ending Date: <u>12/31/12</u>	14. CONGRESSIONAL DISTRICTS OF: <u>12th and 14th</u>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ <u>88,000.00</u>	a. Applicant \$ <u>4,400.00</u>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/10/11</u>
b. Applicant \$ <u>4,400.00</u>	c. State \$ <u>0.00</u>	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 \$ <u>0.00</u>	d. Local \$ <u>0.00</u>	
e. Other <u>Leveraged</u> \$ <u>4,400.00</u>	f. Program Income \$ <u>0.00</u>	
g. TOTAL \$ <u>96,800.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative <u>Kim Malcolm</u>	b. Title <u>Executive Director</u>	c. Telephone Number <u>510 9817761</u>
d. Signature of Authorized Representative 		e. Date Signed <u>Aug 10, 2011</u>

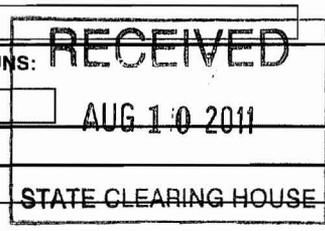
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: <input type="text" value="08/01/2011"/>		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>					

7. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="California Indian Manpower Consortium, Inc."/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-2465274"/>	* c. Organizational DUNS: <input type="text" value="098086424"/>
d. Address:	
* Street1: <input type="text" value="738 North Market Boulevard"/>	Street2: <input type="text"/>
* City: <input type="text" value="Sacramento"/>	County: <input type="text" value="Sacramento"/>
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="95834"/>
e. Organizational Unit:	
Department Name: <input type="text"/>	Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this submission:	
Prefix: <input type="text" value="Mrs."/>	* First Name: <input type="text" value="Lorenda"/>
	Middle Name: <input type="text" value="T."/>
* Last Name: <input type="text" value="Sanchez"/>	Suffix: <input type="text"/>
Title: <input type="text" value="Executive Director"/>	
Organizational Affiliation: <input type="text"/>	
* Telephone Number: <input type="text" value="916 920-0285"/>	Fax Number: <input type="text" value="916 641-6338"/>
* Email: <input type="text" value="lorendas@cimcinc.com"/>	



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

X: Indian/Native American Tribally Designated Organization

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

Business and Cooperative Programs

10. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grants

11. Areas Affected by Funding:

State of California, Federally Recognized Tribes within the following Counties: Amador, Butte, Colusa, Del Norte, Fresno, Inyo, Lake, Lassen, Madera, Mendocino, Modoc, Mono, Riverside, San Bernardino, San Diego, Shasta, Sonoma, and Tuolumne.

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

5th

b. Program/Project:

1st, 2n

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

RBOG 2011 Congressional Dist

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/01/2011

b. End Date:

08/31/2012

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

164,793.00

b. Match (\$):

0.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

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

08/04/2011

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

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	*Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 12 2011 </div>
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	STATE CLEARING HOUSE
8. APPLICANT INFORMATION:		
*a. Legal Name: NeighborWorks® HomeOwnership Center Sacramento Region		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0118032	*c. Organizational DUNS: 96-8611905	
d. Address:		
*Street 1:	<u>2400 Alhambra Blvd</u>	
Street 2:	_____	
*City:	<u>Sacramento</u>	
County:	<u>Sacramento</u>	
*State:	<u>CA</u>	
Province:	<u>N/A</u>	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>95817</u>	
e. Organizational Unit:		
Department Name: Community Development	Division Name: Sacramento Region	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>David</u>	
Middle Name: _____		
*Last Name: <u>Wilkinson</u>		
Suffix: _____		
Title:	<u>Homeownership Director</u>	
Organizational Affiliation: Private Non Profit		
*Telephone Number: 916-452-5356	Fax Number: 916-431-3200	
*Email: <u>david@nwsac.org</u>		

Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10-433 _____

CFDA Title:

Rural Housing Preservation Grants _____

***12 Funding Opportunity Number:**

Section 533 _____

*Title:

Notice of Funds Availability for the Section 533 Housing Preservation Grants for Fiscal Year 2011 _____

13. Competition Identification Number:Title:
_____**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Unincorporated areas of Colusa County, CA

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

NeighborWorks® HomeOwnership Center Sacramento Region, Housing Rehabilitation for the unincorporated areas of Colusa County,

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-02

*b. Program/Project:

17. Proposed Project:

*a. Start Date: 09-2011

*b. End Date: 09-2012

18. Estimated Funding (\$):

*a. Federal	_____	100000
*b. Applicant	_____	200000
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	300000

***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 8/12/11
- 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: Pam

Middle Name: _____

*Last Name: Canada

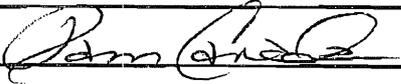
Suffix: _____

*Title: Chief Executive Officer

*Telephone Number: 916-452-5356

Fax Number: 916-431-3200

* Email: pam@nwsac.org

*Signature of Authorized Representative: 

*Date Signed: 8-11-21

Application for Federal Assistance SF-424

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

* 3. Date Received: 08/12/2011	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

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

State Use Only:

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

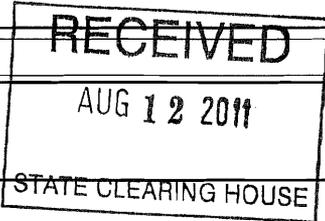
8. APPLICANT INFORMATION:

* a. Legal Name: Terra Green Community Development Copropration

* b. Employer/Taxpayer Identification Number (EIN/TIN): 331217398	* c. Organizational DUNS: 0033580140000
--	--

d. Address:

* Street1: 117 Cardigan Bay
Street2: _____
* City: Alameda
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94502-7984



e. Organizational Unit:

Department Name: _____	Division Name: _____
---------------------------	-------------------------

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

Prefix: _____ * First Name: Marie
Middle Name: _____
* Last Name: Roberts De La Parra
Suffix: _____

Title: _____

Organizational Affiliation:

* Telephone Number: (510) 835-1181 Fax Number: _____

* Email: marie@terragreencdc.org

Application for Federal Assistance SF-424

*** 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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.703

CFDA Title:

Sustainable Communities Regional Planning Grant Program

*** 12. Funding Opportunity Number:**

FR-5500-N-30PA

* Title:

Sustainable Communities Regional Planning Grant Pre-Application

13. Competition Identification Number:

SCR-30

Title:

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

HUD 14.703 mapping and population info.pdf

Add Attachment

Delete Attachment

View Attachment

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

Regional Connectivity for Global Competitiveness that Creates Long Term Economic Sustainability. This plain will consist of creating jobs, address infrastructure issues, and community revitalization.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="5,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="1,000,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="6,000,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Close Form

Next

Print Page

About

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

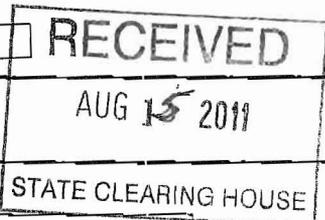
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):



* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Habitat for Humanity Lake County, CA

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name:

Habitat for Humanity Lake County CA, Inc

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

68-0459756

* c. Organizational DUNS:

616479205

d. Address:

* Street1:

P.O. Box 1830

Street2:

* City:

Lower Lake

County:

Lake County

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95457

e. Organizational Unit:

Department Name:

Resource Development

Division Name:

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

Prefix:

* First Name:

Richard

Middle Name:

* Last Name:

Birk

Suffix:

Title: President

Organizational Affiliation:

President of Habitat for Humanity, Lake County, CA

* Telephone Number:

707 994-1100

Fax Number:

707 94-1450

* Email:

main@lakehabitat.org

Close Form

Previous

Next

Print Page

About

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:

Non-profit affordable housing, 501 (c) 3 corporation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

Housing Preservation Grant

* 12. Funding Opportunity Number:

USDA-RD-HPG-533-2011

* Title:

Housing Preservation Grant

13. Competition Identification Number:

Habitat for Humanity, Lake County, CA

Title:

HRR Project 2

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

Lake County, CA

* 15. Descriptive Title of Applicant's Project:

Home Repair and Rehabilitation Project 2

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Close Form

Previous

Next

Print Page

About

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant **California 1**

* b. Program/Project **California 1**

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

17. Proposed Project:

* a. Start Date: **10/01/11**

* b. End Date: **9/30/2012**

18. Estimated Funding (\$): **\$91,000.00**

* a. Federal	75,000.00
* b. Applicant	16,000.00
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	91,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **7-13-11**
- 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 216, 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: **Richard**

Middle Name:

* Last Name: **Birk**

Suffix:

* Title: **President**

* Telephone Number: **707 994-1100**

Fax Number: **707 994-1450**

* Email: **main@lakehabitat.org**

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

RECEIVED
AUG 16 2011
STATE CLEARING HOUSE

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 Lakeport

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6001434	*c. Organizational DUNS: 086131034
---	--

d. Address:

***Street 1:** 225 Park Street
Street 2: _____
***City:** Lakeport
County: Lake
***State:** CA
Province: _____
***Country:** USA
***Zip / Postal Code** 95453

e. Organizational Unit:

Department Name: Office of the City Manager	Division Name:
---	-----------------------

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

Prefix: Ms. ***First Name:** Lorie
Middle Name: Ann
***Last Name:** Adams
Suffix: _____
Title: Principal

Organizational Affiliation:
Consultant - Adams Ashby Group

***Telephone Number:** 916-449-3944 **Fax Number:** 916-449-3934

***Email:** ladams@adamsashbygroup.com

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:**

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

Water and Waste Disposal System for Rural Communities _____

CFDA Title:

10-760 _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

The city limits of the City of Lakeport

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

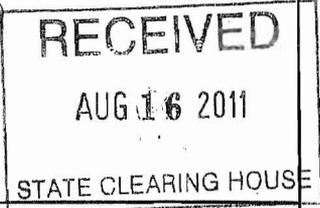
City of Lakeport Water System Improvement Project 2011

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 1	*b. Program/Project: 1	
17. Proposed Project:		
*a. Start Date: April 2012	*b. End Date: April 2013	
18. Estimated Funding (\$):		
*a. Federal	_____	4,754,400
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	4,754,400
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Ms.	_____	*First Name: Margaret _____
Middle Name: Marie	_____	
*Last Name: Silveira	_____	
Suffix:	_____	
*Title: City Manager	<i>Margaret Silveira</i>	
*Telephone Number: (707) 263-5615 ext 32	Fax Number: _____	
* Email: msilveira@cityoflakeport.com		
*Signature of Authorized Representative:		*Date Signed: 5/20/11

Application for Federal Assistance SF-424

Version 02

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



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

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: City of Lakeport

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6001464 *c. Organizational DUNS: 086131034

d. Address:

*Street 1: 225 Park Street
Street 2: _____
*City: Lakeport
County: Lake
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code 95453

e. Organizational Unit:

Department Name: Office of the City Manager Division Name: _____

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

Prefix: Ms. *First Name: Lorie
Middle Name: Ann
*Last Name: Adams
Suffix: _____
Title: Principal

Organizational Affiliation:
Consultant - Adams Ashby Group

*Telephone Number: 916-449-3944 Fax Number: 916-449-3934

*Email: ladams@adamsashbygroup.com

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:**

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

Water and Waste Disposal System for Rural Communities

CFDA Title:

10-760

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

The city limits of the City of Lakeport

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

City of Lakeport Sewer System Improvement Project 2011

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 1

*b. Program/Project: 1

17. Proposed Project:

*a. Start Date: April 2012

*b. End Date: April 2013

18. Estimated Funding (\$):

*a. Federal	3,188,400.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	3,188,400.00

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

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

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: Ms. _____ *First Name: Margaret _____
Middle Name: Marie _____
*Last Name: Silveira _____
Suffix: _____

*Title: City Manager

*Telephone Number: (707) 263-5615 ext 32

Fax Number:

* Email: msilveira@cityoflakeport.com

*Signature of Authorized Representative:



*Date Signed: 5/20/11

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application 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: Corporation for Better Housing					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322			*c. Organizational DUNS: 602791829		
d. Address:					
*Street1: 15303 Ventura Blvd., Suite 1100					
Street 2:					
*City: Sherman Oaks					
County:					
*State: CA					
Province:					
Country:					
*Zip/ Postal Code: 91403					
e. Organizational Unit:					
Department Name:			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: David			
Middle Name:					
*Last Name: Sclafani					
Suffix:					
Title: Senior Vice President					
Organizational Affiliation:					
*Telephone Number: 818-905-2430			Fax Number: 818-905-2440		
*Email: dsclafani@sbcglobal.net					

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 and 10.427

CFDA Title:

Rural Rental Housing Loans and Rural Rental Assistance Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Reedley, CA

*15. Descriptive Title of Applicant's Project:

See Attached Description

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-027

*b. Program/Project: CA-021

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

17. Proposed Project:

*a. Start Date: 2/1/2012

*b. End Date: 2/1/2013

18. Estimated Funding (\$):

*a. Federal	\$3,000,000.00
*b. Applicant	\$970,845.00
*c. State	\$1,750,000.00
*d. Local	\$15,341,544.00
*e. Other	
*f. Program Income	
*g. TOTAL	\$21,062,389.00

***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 8/16/2011
- 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: David

Middle Name:

*Last Name: Sciafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430

Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: 

Date Signed: 8/1/2011