Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1 - 15, 2012.** 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.

Mail on 7-31-12

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

- ☐ Preapplication
- ☐ Application
- ☐ Changed/Corrected Application

*2. Type of Application

- ☑ New
- ☐ Continuation
- ☐ Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
AUG 02 2012
STATE CLEARING HOUSE

*3. Date Received: July 28, 2012

4. Application Identifier: Southern California Regional Rail Authority

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: Southern California Regional Rail Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663

*c. Organizational DUNS: 8361404750000

d. Address:

*Street1: One Gateway Plaza, Los Angeles, CA 90012
Street 2:
*City:
County:
*State:
Province:
Country:
*Zip/ Postal Code:

e. Organizational Unit:

Department Name: Grants Administration

Division Name: Finance

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

Prefix: Ms.
First Name: Yolanda
Middle Name:
*Last Name: Daugherty
Suffix:

Title: Manager, Capital Budgets and Financial Administration

Organizational Affiliation:
Southern California Regional Rail Authority

*Telephone Number: 213-452-0233
Fax Number: 213-452-0420

*Email: daughertyy@scrra.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title: FY 10 5309 Federal Formula Funds

13. Competition Identification Number:

Title:

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

Anaheim, California

*15. Descriptive Title of Applicant's Project:

Orange County Fiber Optics Installation (Signal Communication Upgrade).

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: 47

*a. Applicant Southern California Regional Rail A

*b. Program/Project: FY 10 5309 Funidng

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

Orange County Fiber Optics Installation (Signal Communication Upgrade).

17. Proposed Project:

*a. Start Date: 07/12

*b. End Date: 07/14

18. Estimated Funding ($):

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

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

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

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Donald

Midd le N ame:

*Last Name: Del Rio

Suffix:

*Title: Interim, CEO, Administration and General Counsel

*Telephone Number: 213-452-0331

Fax Number: 213-452-0422

*Email: delriod@scrra.net

*Signature of Authorized Representative:

Date Signed: 7/31/12

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

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

*If Revision, select appropriate letter(s):

* Other (Specify)

*3. Date Received:

4. Application Identifier:

RECEIVED
AUG 02 2012
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CRA/LA, a Designated Local Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 80-0782408

*c. Organizational DUNS: 078482562

d. Address:

*Street1: 1200 West Seventh Street
Street 2: Suite 200
*City: Los Angeles
County: Los Angeles
*State: California
Province:
Country: United States
*Zip/ Postal Code: 90017

e. Organizational Unit:

Department Name: Project Operations

Division Name:

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

Prefix: Mr.
First Name: Josh
Middle Name: Michael
*Last Name: Rohmer
Suffix:

Title: Project Manager

Organizational Affiliation:
Employee of CRA/LA, A Designated Local Authority and Successor in Interest to the Community Redevelopment Agency of the City of Los Angeles

*Telephone Number: 213-977-1814
Fax Number:

*Email: jrohmer@crala.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):
Designated Local Authority, Successor to a Redevelopment Agency

*10. Name of Federal Agency:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
66.818

CFDA Title:

*12. Funding Opportunity Number: EPA-560-F-1-237

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles City and County, California

*15. Descriptive Title of Applicant's Project:
Project will assist remediation of the Slauson/Wall site, a 7-acre parcel that has been home to a variety of industrial uses including metal plating and auto body shops. The site is contaminated with petroleum hydrocarbons and VOCs from former operations on the property. Grant funds will be used to address VOC and asbestos contamination.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: Rep. Maxine Waters, 35th District

*a. Applicant multiple *b. Program/Project: Maxine Waters, 35th District

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

17. Proposed Project: Slauson / Wall Remediation

*a. Start Date: October 2012 *b. End Date: October 2015

18. Estimated Funding ($):

*a. Federal	$200,000.00	*d. Local	
*b. Applicant	$40,000.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	$240,000.00

***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 July 30, 2012
☐ 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: Christine

Middle Name:

*Last Name: Essel

Suffix:

*Title: Chief Executive Officer

*Telephone Number: 213-977-1600 Fax Number:

*Email: cessel@crala.org

*Signature of Authorized Representative: Date Signed:

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

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

*2. Type of Application

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

*If Revision, select appropriate letter(s):

* Other (Specify)

*3. Date Received:

4. Application Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CRA/LA, a Designated Local Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 80-0782408

*c. Organizational DUNS: 078482562

d. Address:

*Street1: 1200 West Seventh Street
Street 2: Suite 200
*City: Los Angeles
County: Los Angeles
*State: California
Province:
Country: United States
*Zip/ Postal Code: 90017

e. Organizational Unit:

Department Name: Project Operations

Division Name:

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

Prefix: Mr.
First Name: Josh
Middle Name: Michael
*Last Name: Rohmer
Suffix:

Title: Project Manager

Organizational Affiliation:

Employee of CRA/LA, A Designated Local Authority and Successor in Interest to the Community Redevelopment Agency of the City of Los Angeles

*Telephone Number: 213-977-1814

Fax Number:

*Email: jrohmer@crala.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):
Designated Local Authority, Successor to a Redevelopment Agency

*10. Name of Federal Agency:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

*12. Funding Opportunity Number: EPA-560-F-1-237

*Title:

13. Competition Identification Number:

Title:

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

Los Angeles City and County, California

*15. Descriptive Title of Applicant's Project:

Project will assist remediation of the Wilmington Block 27 site, a 1-acre parcel that is the former location of oil well operations and a marine salvage yard. The site is contaminated with petroleum hydrocarbons. Phase I and Phase II site assessments have been performed. CRA/LA plans to redevelop the site as industrial property. Grant funds will be used to address petroleum contamination.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: Rep. Janice Hahn, District 36

*a. Applicant multiple *b. Program/Project: Janice Hahn, District 36

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

17. Proposed Project: Wilmington Block 27 remediation

*a. Start Date: October 2012 *b. End Date: October 2015

18. Estimated Funding ($):

*a. Federal	$200,000.00	*d. Local	
*b. Applicant	$40,000.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	$240,000.00

***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 July 30, 2012
☐ 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: Christine

Middle Name:

*Last Name: Essel

Suffix:

*Title: Chief Executive Officer

*Telephone Number: 213-977-1600 Fax Number:

*Email: cessel@crala.org

*Signature of Authorized Representative: Date Signed:

OMB Number: 4040-0002
Expiration Date: 8/31/2006

Version 01.1

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

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

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

*** a. Legal Name:** City of Cloverdale

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STATE CLEARING HOUSE

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000310

*** c. Organizational DUNS:** 004952867

d. Address:

* Street1: 124 N. Cloverdale Boulevard

Street2:

* City: Cloverdale

County: Sonoma

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95425

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.

* First Name: Nina

Middle Name:

* Last Name: Regor

Suffix:

Title: City Manager

Organizational Affiliation:

* Telephone Number: 707-894-1710

Fax Number: 707-894-3451

* Email: nregor@ci.cloverdale.ca.us

OMB Number: 4040-0002
Expiration Date: 08/31/2008

Version 01.1

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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

C: City or Township Government

* 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:

City of Cloverdale & surrounding rural unincorporated areas of Sonoma County

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: CA-1

b. Program/Project: CA-1

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 10/31/2012

b. End Date: 10/31/2014

14. ESTIMATED FUNDING:

* a. Federal ($): 50,000.00

b. Match ($): 48,000.00

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

[X] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/02/2012

[ ] 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.

OMB Number: 4040-0002
Expiration Date: 08/31/2009

Version 01.1

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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

Yes ☐ No ☒ Explanation

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: Ms.

* First Name: Nina

Middle Name:

* Last Name: Regor

Suffix:

* Title: City Manager

Organizational Affiliation:

* Telephone Number: 707-894-1710

* Fax Number: 707-894-3451

* Email: nregor@ci.cloverdale.ca.us

* 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.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

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STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:

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: Sacramento-San Joaquin Delta Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
01 0967313	965989193

d. Address:

* Street1:	3500 Industrial Blvd
Street2:	
* City:	West Sacramento
County:	Yolo
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	95691

e. Organizational Unit:

Department Name:	Division Name:
Sacramento San-Joaquin Delta Conservancy	

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

Prefix:	Ms.	* First Name:	Susan
Middle Name:	L		
* Last Name:	Roberts		
Suffix:			

Title: Contract Manager

Organizational Affiliation:

* Telephone Number:	(916) 375-2088	Fax Number:	(916) 376-9688

* Email: sroberts@deltaconservancy.ca.gov

OMB Number: 4040-0004

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A. State

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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AUG 02 2012
STATE CLEARING HOUSE

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

U.S. Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grants

*** 12. Funding Opportunity Number:**

RDBCP-2012-RBOG

* Title:

Rural Business Opportunity Grant

13. Competition Identification Number:

Title:

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

The "Delta" which is composed of parts of Contra Costa, Sacramento, San Joaquin, Solano and Yolo counties.

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

Phase I of the Delta Branding Project
Phase I includes assessment, strength/weakness/opportunity/threats, of business groups in the Delta resulting in a "preliminary findings" report to be used for the balance of the project.

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: CA-1
* b. Program/Project: CA-1, 3,10, 11, 19

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 11/01/2012
* b. End Date: 04/15/2013

18. Estimated Funding ($):

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

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/02/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ****I AGREE**

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

Authorized Representative:

Prefix: Ms.
* First Name: Susan
Middle Name: L
* Last Name: Roberts
Suffix:

* Title: Contract Manager

* Telephone Number: (916) 375-2088
Fax Number: (916) 376-9688

* Email: sroberts@deltaconservancy.ca.gov

* Signature of Authorized Representative: Susan L. Roberts
* Date Signed: 08/02/2012

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

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

*2. Type of Application

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

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

* Other (Specify)
Replacement

*3. Date Received:

4. Application Identifier:

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AUG 03 2012
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Calistoga Affordable Housing, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0472556

*c. Organizational DUNS: 086934044

d. Address:

*Street1: 1332 Lincoln Avenue
Street 2:
*City: Calistoga
County:
*State: CA
Province:
Country: United States
*Zip/ Postal Code: 94515

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs.
First Name: Erica
Middle Name: Roetman
*Last Name: Sklar
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (707) 942-5920
Fax Number: (707) 942-1201

*Email: erica@calistogaaffordablehousing.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit 501 (c) (3)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA

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.):
Napa and Lake Counties, California

*15. Descriptive Title of Applicant's Project:
Mutual Self-Help Housing Development.

CAH is continuing its Mutual Self-Help Housing Program. CAH will locate properties in Napa and Lake Counties appropriate for small infill Mutual Self-Help projects.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-001

*b. Program/Project: CA-001

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

17. Proposed Project:

*a. Start Date: September 2012

*b. End Date: September 2013

18. Estimated Funding ($):

*a. Federal	$10,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$10,000.00

***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 07/31/12
☐ 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: Mrs.

*First Name: Erica

Middle Name Roetman

*Last Name: Sklar

Suffix:

*Title: Executive Director

*Telephone Number: (707) 942-5920

Fax Number: (707) 942-1201

*Email: erica@calistogaaffordablehousing.org

*Signature of Authorized Representative: Erica R. Sklar

Date Signed: 8-1-12

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED August 3, 2012	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Yosmite/Sequoia Resource Conservation and Developm

Organizational Unit:

Address (give city, county, State, and zip code): P.O. Box 415, North Fork, Ca 93643

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

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 91-2155866

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-773

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Leadership Training and Capacity-Building for Biomass Industrial Park Developers in California's Sierra Nevada Region

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Madera, Calaveras, and Plumas Co. California

13. PROPOSED PROJECT

Start Date	Ending Date
11/1/12	10/31/14

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 19th District- Rep. Jeff Denham

b. Project: 4th District- Rep. Tom McClintock, 19th District Rep. Jeff D

15. ESTIMATED FUNDING:

a. Federal	$ 50,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 60,000.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 110,000.00

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

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

DATE 08/03/12

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Steve Haze	b. Title: Exec. Director, 1st. V.P.	c. Telephone Number: (559) 877-8663
d. Signature of Authorized Representative: Steve Haze		e. Date Signed: August 3, 2012

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

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

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

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

7. APPLICANT INFORMATION:

*** a. Legal Name:** Quechan Tribally Designated Housing Entity

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 860198896

*** c. Organizational DUNS:** 042233911

d. Address:

*** Street1:** 1860 W. Sapphire Lane

Street2:

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*** City:** Winterhaven

County: Imperial

*** State:** CA: California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 92283

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.

*** First Name:** Tad

Middle Name: Louis

*** Last Name:** Zavodsky

Suffix:

Title: Grants Coordinator

Organizational Affiliation: Quechan Tribally Designated Housing Entity

*** Telephone Number:** 760-572-0243

Fax Number: 760-572-0245

*** Email:** tzavodsky@quechanhousing.org

OMB Number: 4040-0002
Expiration Date: 08/31/2009

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

L: Public/Indian Housing Authority

* 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:

Tribal Land in Arizona and in California on the Sonora Mexico, and Baja California Mexico border. The areas to be served and affected are Yuma County, Imperial County, San Luis Sonora Mexico, and Algodones Baja California Mexico.

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: CA-051

b. Program/Project: CA-051

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

other Congressional District [Delete Attachment] [View Attachment]

13. FUNDING PERIOD:

a. Start Date: 11/01/2012

b. End Date: 10/31/2014

14. ESTIMATED FUNDING:

* a. Federal ($): 74,500.00

b. Match ($): 25,000.00

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

[X] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/03/2012

[ ] 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.

OMB Number: 4040-0002
Expiration Date: 08/31/2006

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:
Mr.	Tad

Middle Name: Louis

* Last Name: Zavodsky

Suffix:	* Title:
	Grants Coordinator

Organizational Affiliation: Quechan Tribally Designated Housing Entity

* Telephone Number: 760-572-0243

* Fax Number: 760-572-0245

* Email: tzavodsky@quechanhousing.org

* 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.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

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

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* 3. Date Received:	4. Applicant Identifier:

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: County of San Luis Obispo

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-6000939	118246060

d. Address:

* Street 1: County Government Center, Room 207
Street 2:
* City: San Luis Obispo
County: San Luis Obispo County
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93408

e. Organizational Unit:

Department Name:	Division Name:
Public Works	Utilities

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

Prefix: Mr. * First Name: Eric
Middle Name:
* Last Name: Laurie
Suffix:

Title: Project Manager

Organizational Affiliation:
Utilities Division

* Telephone Number: (805) 788-2758 Fax Number: (805) 788-2182

* Email: elaurie@co.slo.ca.us

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Rural Utilities Services Loans and Grants

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

NA

Title:

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

Cayucos, CA

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

County Service Area 10A Water System Improvements

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 23
* b. Program/Project: 23

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05-13-2012
* b. End Date: 09-16-2013

18. Estimated Funding ($):

* a. Federal	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$1,621,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06-27-2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix:	Mr.
* First Name:	Paavo
Middle Name:	
* Last Name:	Ogren
Suffix:	
* Title:	Director of Public Works
*Telephone Number:	(805) 781-5291
Fax Number:	(805) 781-1229
* Email:	pogren@co.slo.ca.us
* Signature of Authorized Representative:	Paavo Og
* Date Signed:	6-27-2012

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 6/19/07 (6/18/07)	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 6/18/07	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Visionary Home Builders of California, Inc.

Organizational Unit:
Department:
Division:

Organizational DUNS: 19-673-7563

Address:
Street: 315 N. San Joaquin Street
City: Stockton
County: Sa Joaquin
State: CA
Zip Code: 95202
Country: United States

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Joan
Middle Name: M.
Last Name: Jacobs
Suffix:
Email: jjacobs@visionaryhomebuilders.org
Phone Number (give area code): 209-466-6811
Fax Number (give area code): 209-466-3465

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0062062

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

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

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-485
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Stockton, San Joaquin County, CA

13. PROPOSED PROJECT
Start Date: 11/08
Ending Date: 5/10

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 18
b. Project: 18

15. ESTIMATED FUNDING:

a. Federal	$ 2,153,740.00
b. Applicant	$ 100.00
c. State	$ 1,000,000.00
d. Local	$ 5,844,115.00
e. Other	$ 14,952,888.00
f. Program Income	$ .00
g. TOTAL	$ 23,950,843.00

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

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

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

a. Authorized Representative
Prefix: Ms.
First Name: Carol
Middle Name: J.
Last Name: Ornelas
Suffix:
b. Title: Chief Executive Officer
c. Telephone Number (give area code): 209-466-6811
d. Signature of Authorized Representative: Carol J. Ornelas
e. Date Signed: 6/18/07

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: US Federation of Worker Cooperatives

Organizational Unit:
Department:
Division:

Organizational DUNS: 059775659

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Address:
Street: 564 Market Street, # 611
City: San Francisco
County: San Francisco
State: California
Zip Code: 94104
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Melissa
Middle Name:
Last Name: Hoover
Suffix:
Email: melissa@usworker.coop
Phone Number (give area code): 415-379-9201
Fax Number (give area code):

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-3778257

7. TYPE OF APPLICANT: (See back of form for Application Types)
M - Nonprofit without 501(c)3 not institution of higher learning
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: US Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-771
TITLE (Name of Program): Rural Cooperative Development Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
National Center for Worker Cooperative Enterprise

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

13. PROPOSED PROJECT
Start Date: 10/1/2012
Ending Date: 9/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-08
b. Project: US-all

15. ESTIMATED FUNDING:

a. Federal	$ 175,000.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 76,924.00
f. Program Income	$ .00
g. TOTAL	$ 251,924.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 8/6/2012
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Ms
First Name: Melissa
Middle Name:
Last Name: Hoover
Suffix:
b. Title: Executive Director
c. Telephone Number (give area code): 415-379-9201
d. Signature of Authorized Representative: [signature]
e. Date Signed:

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

CCR CAGE CODE APPLIED FOR - NOT YET RECEIVED

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED August 1, 2012	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ **Construction**	☑ **Construction**
☐ **Non-Construction**	☐ **Non-Construction**

5. APPLICANT INFORMATION

Legal Name: Sweetwater Springs Water District

Organizational DUNS: 020599481

Address:

Street: PO Box 48

City: Guerneville

County: Sonoma

State: California

Zip Code 95446

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: First Name: Stephen

Middle Name F.

Last Name Mack

Suffix:

Email: smack@sweetwatersprings.com

Phone Number (give area code) 707-869-4000

~~Fax Number (give area code)~~ 707-869-4005

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0240474

8. TYPE OF APPLICATION:

☑ **New** ☐ **Continuation** ☐ **Revision**

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

Other (specify)

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

G. Special District

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE (Name of Program): Water and Wastewater Disposal Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Replacement of 5,800 lineal feet (lf) of existing main (2-inch with 6-inch) and appurtenances with 50 services on Old Monte Rio Road in Guernewood Park (Guerneville System) and replacement of 3,900 lf of existing main (2-inch with 6-inch) and appurtenances with 67 services on Hidden Valley Road in Guernewood Park (Guerneville System).

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

Guerneville, Sonoma, California

13. PROPOSED PROJECT

Start Date: June 1, 2013

Ending Date: November 30, 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: California 6th Congressional District

b. Project: same

15. ESTIMATED FUNDING:

a. Federal	$ 1,754,800.00
b. Applicant	$ 36,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,790,800.00

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

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

DATE: August 1, 2012

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 Stephen

Middle Name F.

Last Name Mack

Suffix

b. Title General Manager, Sweetwater Springs Water District

c. Telephone Number (give area code) 707-869-4000

d. Signature of Authorized Representative

e. Date Signed 8-1-2012

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Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

Application	Pre-application
☑ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Big Lagoon Rancheria

Organizational Unit:
Department:
Division:

Organizational DUNS: 148036742

Address:
Street: P.O. Box 3060
City: Trinidad
County: Humboldt
State: California
Zip Code: 95570
Country:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Virgil
Middle Name: D.
Last Name: Moorehead
Suffix:
Email: vmoorehead@earthlink.net
Phone Number (give area code): 707-826-2079
Fax Number (give area code): 707-826-0495

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0022652

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
Type K, Indian Tribe.
Other (specify)

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Construction of a two story Tribal community facility on Tribal fee property zoned for commercial development.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
City of Mckinleyville, Humboldt County, California

13. PROPOSED PROJECT
Start Date: January 1, 2013
Ending Date: November 1, 2013

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

15. ESTIMATED FUNDING:

a. Federal	$ 1,155,848.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,155,848.00

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

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

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

a. Authorized Representative
Prefix:
First Name: Virgil
Middle Name: D.
Last Name: Moorehead
Suffix:
b. Title: Tribal Chairperson
c. Telephone Number (give area code): 707-826-2079
d. Signature of Authorized Representative:
e. Date Signed: 7/26/2012

Previous Edition Usable
Authorized for Local Reproduction

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

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION: Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/30/12

2b. APPLICATION ID: 12SC139316

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED BY FEDERAL AGENCY: 04/30/12

STATE APPLICATION IDENTIFIER:

FEDERAL IDENTIFIER: 12SCPCA005

5. APPLICATION INFORMATION

LEGAL NAME: Family Services Agency of San Francisco

DUNS NUMBER: 060128600

ADDRESS (give street address, city, state, zip code and county):
1010 Gough St
San Francisco CA 94109 - 7622
County: San Mateo

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

NAME: Karen Garrison

TELEPHONE NUMBER: (415) 751-9786 238

FAX NUMBER: (415) 751-9787

INTERNET E-MAIL ADDRESS: kgarrison@fasf.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941156530

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization

8. TYPE OF APPLICATION (Check appropriate box).

[X] NEW [ ] NEW/PREVIOUS GRANTEE

[ ] CONTINUATION [ ] AMENDMENT

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

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER *(specify below)*:

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

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016

10b. TITLE: Senior Companion Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Senior Companion Program

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

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

13. PROPOSED PROJECT: START DATE: 07/01/12 END DATE: 06/30/15

14. CONGRESSIONAL DISTRICT OF a.Applicant CA 008 b.Program CA 008

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 28,476.00
b. APPLICANT	$ 23,288.00
c. STATE	$ 0.00
d. LOCAL	$ 23,288.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 51,766.00

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

[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 15-JUL-12

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Cathy Spensley

b. TITLE: Senior Division Director

c. TELEPHONE NUMBER: (415) 474-7310 435

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: C Spensley

e. DATE SIGNED: 8/6/12

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**

- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**

- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:**

Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

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

Yes [ ] No [x] Explanation

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7. APPLICANT INFORMATION:

*** a. Legal Name:**

Association of California Community & Energy Services (ACCES

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

30-0021466

*** c. Organizational DUNS:**

018524779

d. Address:

* Street1:

941 Palms Blvd.

Street2:

* City:

Venice

County:

Los Angeles

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

90291

e. Organizational Unit:

Department Name:

N/A

Division Name:

N/A

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

Prefix:

Ms.

* First Name:

Arleen

Middle Name:

* Last Name:

Novotney

Suffix:

Title: Executive Director

Organizational Affiliation:

Executive Director of ACCES

* Telephone Number: 310-827-7666

Fax Number: 310-356-3552

* Email: anovotney@accesadmin.com

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

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

* 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:

The list of the counties that would be affected should we receive this funding is submitted as an attachment with the Congressional district listing below.

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: CA-036

b. Program/Project:

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

Agency list with Counties an | Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 11/01/2012

b. End Date: 11/01/2013

14. ESTIMATED FUNDING:

* a. Federal ($): 50,000.00

b. Match ($):

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/06/2012
- [ ] 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 ☒ Explanation

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:
Ms.	Arleen

Middle Name:

*

* Last Name:

Novotney

Suffix:	* Title:
	Executive Director

Organizational Affiliation:

Executive Director of ACCES

* Telephone Number:

310-827-7666

* Fax Number:

310-356-3552

* Email:

anovotney@accesadmin.com

* 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.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received:

4. Applicant Identifier:

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Hughson Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received

d. Address:

* Street 1: 3351 M Street, Suite 100
Street 2:
* City: Merced
County: Merced
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95348

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:

* First Name: Margo

Middle Name: E.

* Last Name: Swedberg

Suffix:

Title: Owner/Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: (530) 823-9250

Fax Number: (530) 823-2169

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loan / Section 514

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Hughson, Stanislaus County, California

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

Hughson Family Apartments: a 49-unit farm labor housing complex; consisting of 16/2-bdrm units,25/3-bdrm units,8/4-bdrm units and a community building - to be located at 7713 Fox Road in Hughson,Stanislaus County,CA.APN:018-022-031(3.12 acres)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-019
* b. Program/Project: CA-017

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04-01-2013
* b. End Date: 04-01-2014

18. Estimated Funding ($):

* a. Federal	$2,500,000.00	USDA-RD FLH-514 funding
* b. Applicant	$380,000.00	Sponsor's Contribution
* c. State	$10,855,435.00	Tax Credit Equity
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	$13,735,435.00	Total Development Cost

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07-25-2011.
- [ ] 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
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Caleb
Middle Name: J.
* Last Name: Roope, Manager for:
Suffix:

* Title: TPC Holdings V, LLC - General Partner

*Telephone Number: (208) 461-0022
Fax Number: (208) 461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative:
* Date Signed: 08-06-2012

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

Version 01.1

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

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

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

*** a. Legal Name:** Kohte'li Foundation

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 27-147-6812

*** c. Organizational DUNS:** 0261173710000

d. Address:

*** Street1:** 15540 United States Highway 101 North

Street2:

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*** City:** Klamath

County:

*** State:** CA: California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 95548-9351

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.

*** First Name:** Judith

Middle Name: Lee

*** Last Name:** Marasco

Suffix:

Title: Executive Director

Organizational Affiliation: Kohte'li Foundation

*** Telephone Number:** 707-482-1506, x-1002

Fax Number: 707-482-3117

*** Email:** jmarasco@yurokhousing.com

OMB Number: 4040-0002
Expiration Date: 08/31/2008

Version 01.1

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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

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

* Other (specify):

b. Additional Description:

Native American/Tribally Designated Nonprofit

*** 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:

Del Norte County, California
Humboldt County, California

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: CA-01

b. Program/Project: CA-01

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 11/05/2012

b. End Date: 11/05/2014

14. ESTIMATED FUNDING:

* a. Federal ($): 60,000.00

b. Match ($): 20,000.00

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

[X] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/06/2012

[ ] 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.

OMB Number: 4040-0002
Expiration Date: 08/31/2008

Version 01.1

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 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:
Ms.	Judith

Middle Name: Lee

* Last Name: Marasco

Suffix:	* Title:
	Executive Director

Organizational Affiliation: Kohte'li Foundation

* Telephone Number: 707-482-1506, x-1002

* Fax Number: 707-482-3117

* Email: jmarasco@yurokhousing.com

* 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.

Add Attachments | Delete Attachments | View Attachments

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

Version 01.1

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

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

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

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1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] EXPLANATION

7. 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:**
92128

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.

*** First Name:** Jennie

Middle Name:

*** Last Name:** Amison

Suffix:

Title: Director, Sponsored Research Development

Organizational Affiliation:

*** Telephone Number:** 619-594-5731

Fax Number:

*** Email:** awards@foundation.sdsu.edu

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 8a. TYPE OF APPLICANT:

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

* 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:

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: CA-053

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: 10/01/2012

b. End Date: 09/30/2013

14. ESTIMATED FUNDING:

* a. Federal ($): 49,903.00

b. Match ($):

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

[X] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/06/2012

[ ] 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.

OMB Number: 4040-0002
Expiration Date: 06/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes ☐ No ☒ [Explain]

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:
Dr.	Dena

Middle Name:

* Last Name: Plemmons

Suffix:	* Title:
	Director, Division of Research Affairs

Organizational Affiliation:

* Telephone Number: 619-594-5938

* Fax Number: 619-594-4109

* Email: awards@foundation.sdsu.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.

[Add Attachments] [Delete Attachments] [View Attachments]

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

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

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

*** a. Legal Name:** Indian Dispute Resolution Services

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-3145119

*** c. Organizational DUNS:** 849671375

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STATE CLEARING HOUSE

d. Address:

* Street1: 1325 Howe Ave.

Street2: Suite 201

* City: Sacramento

County: Sacramento

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95825

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.

* First Name: Steven

Middle Name:

* Last Name: Haberfeld

Suffix: PhD

Title: Executive Director

Organizational Affiliation:

* Telephone Number: (916) 482-5800

Fax Number: (916) 482-5808

* Email: steven@indiandispute.com

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

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

* 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:

KINGS, INYO, MONO, KERN, FRESNO, TULARE COUNTIES IN CENTRAL CALIFORNIA

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: CA-05

b. Program/Project: CA-25

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

Congressional Districts impa | Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 11/01/2012

b. End Date: 10/31/2013

14. ESTIMATED FUNDING:

* a. Federal ($): 99,033.00

b. Match ($): 36,000.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/06/2012
- [ ] 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.

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes ☐ No ☒ Explanation

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:
Mr.	Steven

Middle Name:

* Last Name: Haberfeld

Suffix:	* Title:
PhD	Executive Director

Organizational Affiliation:

* Telephone Number: (916) 482-5800

* Fax Number: (916) 482-5808

* Email: steven@indiandispute.com

* Signature of Authorized Representative: Steven Haberfeld

* Date Signed: August 6, 2012

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED August 8, 2012	Applicant Identifier California Department of Food and Agriculture
3. DATE RECEIVED BY STATE July 30, 2012	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-1165-CA

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California	**Organizational Unit:**
	Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Street: 1220 N Street, Room 325	Prefix: Ms. / First Name: Carol
City: Sacramento	Middle Name
County: Sacramento	Last Name Gentry
State: CA / Zip Code 95814	Suffix:
Country: USA	Email: carol.gentry@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:	Phone Number (give area code): (916) 262-1696 / Fax Number (give area code): (916) 262-2020
6 8 - 0 3 2 5 1 0 4	

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AUG 07 2012
STATE CLEARING HOUSE

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

A - State

Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA/ APHIS/ PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 0 - 0 2 5

TITLE (Name of Program):
Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Detector Dog Teams

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
July 1, 2012	June 30, 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
California	California

15. ESTIMATED FUNDING:

a. Federal	$ 3,037,012.00
b. Applicant	$ .00
c. State	$ 0.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 3,037,012.00

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

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

DATE: August 8, 2012

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative Prefix: Ms. / First Name: Kathy	Middle Name
Last Name Alameda	Suffix
b. Title Federal Funds Manager	c. Telephone Number (give area code) (916) 403-6525
d. Signature of Authorized Representative Kathy Alameda	e. Date Signed 8/7/12

Previous Edition Usable
Authorized for Local Reproduction

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

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:

RECEIVED
AUG 0 9 2012
STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Imperial Valley Economic Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
33 0873809	015605806

d. Address:

* Street1:	1405 N. Imperial Ave.
Street2:	Suite 1
* City:	El Centro
County:	Imperial
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	92243

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:	Timothy
Middle Name:	Edward		
* Last Name:	Kelley		
Suffix:			

Title: President/CEO

Organizational Affiliation:

* Telephone Number:	(760) 353-8332	Fax Number:	(760) 353-9149

* Email: tim@ivedc.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

O. Not for Profit Organization

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:

10.773

CFDA Title:

Rural Business Opportunity Grant

*** 12. Funding Opportunity Number:**

RDBCP-2012-RBOG

* Title:

Rural Business Opportunity Grant

13. Competition Identification Number:

Title:

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

Cities of Imperial County, CA
Cities of Eastern San Diego County, CA
Cities of Southern Riverside County, CA

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

"Cultivating Regional Economic Prosperity Through Cooperation"

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: 40 * b. Program/Project: 36

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

37 Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012 * b. End Date: 09/30/2013

18. Estimated Funding ($):

* a. Federal	50,000.00
* b. Applicant	50,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	100,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 8/4/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix: Mr. * First Name: Timothy

Middle Name: Edward

* Last Name: Kelley

Suffix:

* Title: President/CEO

* Telephone Number: (760) 353-8332 Fax Number: (760) 353-9149

* Email: tim@ivedc.com

* Signature of Authorized Representative: Timothy E. Kelley * Date Signed: Aug. 1, 2012

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**

- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**

- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:** 08/06/2012

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

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

Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

*** a. Legal Name:** California Indian Manpower Consortium, Inc.

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-2472564

*** c. Organizational DUNS:** 098086424

d. Address:

* Street1: 738 North Market Boulevard

Street2:

* City: Sacramento

County: Sacramento

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95834

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs.

* First Name: Lorenda

Middle Name: T.

* Last Name: Sanchez

Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 916 920-0285

Fax Number: 916 641-6338

* Email: lorendas@cimcinc.com

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

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

* Other (specify):

b. Additional Description:

K: Indian/Native American Tribally Designated Org

*** 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

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: 5th

b. Program/Project: CA

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 10/01/2012

b. End Date: 09/30/2013

14. ESTIMATED FUNDING:

* a. Federal ($): 49,987.00

b. Match ($):

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/07/2012
- [ ] 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 ☒ Explanation

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:
Mrs.	Lorenda

Middle Name: T.

* Last Name: Sanchez

Suffix:	* Title:
	Executive Director

Organizational Affiliation:

* Telephone Number: 916 920-0285

* Fax Number: 916 64-6338

* Email: lorendas@cimcinc.com

* Signature of Authorized Representative: Lorenda Sanchez

* Date Signed: 08/06/2012

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**

- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**

- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:** 08/06/2012

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

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

Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

*** a. Legal Name:** California Indian Manpower Consortium, Inc.

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-2472564

*** c. Organizational DUNS:** 098086424

d. Address:

* Street1: 738 North Market Boulevard

Street2:

* City: Sacramento

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95834

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: Lorenda

Middle Name: T

* Last Name: Sanchez

Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 916 920-0285

Fax Number: 916 6416338

* Email: lorendas@cimcinc.com

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

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

* Other (specify):

b. Additional Description:

Indian/Native American Tribally Designated Org.

*** 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

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: 5th

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: 10/01/2012

b. End Date: 09/30/2013

14. ESTIMATED FUNDING:

* a. Federal ($): 112,983.00

b. Match ($):

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/07/2012
- [ ] 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 ☒ Explanation

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: Lorenda

Middle Name: T

* Last Name: Sanchez

Suffix:

* Title: Executive Director

Organizational Affiliation:

* Telephone Number: 916 920-0285

* Fax Number: 916 641-6338

* Email: lorendas@cimcinc.com

* Signature of Authorized Representative: Lorenda Sanchez

* Date Signed: 08/06/2012

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**

- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**

[x] Initial [ ] Resubmission [ ] Revision [ ] Update

*** 2. Date Received:** 08/06/2012

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

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

Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

*** a. Legal Name:** California Indian Manpower Consortium, Inc.

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-2472564

*** c. Organizational DUNS:** 098086424

d. Address:

* Street1: 738 North Market Boulevard

Street2:

* City: Sacramento

County: Sacramento

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95834

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs.

* First Name: Lorenda

Middle Name: T.

* Last Name: Sanchez

Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 916 920-0285

Fax Number: 916 641-6338

* Email: lorendas@cimcinc.com

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

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

* Other (specify):

b. Additional Description:

K: Indian/Native American Tribally Designated Org

*** 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

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: 5th

b. Program/Project: CA

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 10/01/2012

b. End Date: 09/30/2013

14. ESTIMATED FUNDING:

* a. Federal ($): 131,472.00

b. Match ($):

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/07/2012
- [ ] 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 ☒ Explanation

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:
Mrs.	Lorenda

Middle Name: T.

* Last Name: Sanchez

Suffix:	* Title:
	Executive Director

Organizational Affiliation:

* Telephone Number: 916 920-0285

* Fax Number: 916 641-6338

* Email: lorendas@cimcinc.com

* Signature of Authorized Representative: Lorenda Sanchez

* Date Signed: 08/06/2012

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED August 9, 2012		Applicant Identifier California Department of Food and Agriculture
3. DATE RECEIVED BY STATE August 8, 2012		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 12-8506-0572-CA

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational DUNS: 807487665

Address:

Street: 1220 N Street, Room 325

City: Sacramento

County: Sacramento

State: California

Zip Code: 95814

Country: USA

Organizational Unit:

Department: Food and Agriculture

Division: Plant Health and Pest Prevention Services

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

Prefix: Ms. First Name: Carol

Middle Name

Last Name: Gentry

Suffix:

Email: cgentry@cdfa.ca.gov

Phone Number (give area code): (916) 262-1696

Fax Number (give area code): (916) 262-2020

RECEIVED AUG 10 2012 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104

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.) ☐ ☒ A

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA/ APHIS/ PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025

TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Phytophthora ramorum Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California (statewide)

13. PROPOSED PROJECT

Start Date: July 1, 2012

Ending Date: June 30, 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: California

b. Project: California

15. ESTIMATED FUNDING:

a. Federal	$ 50,000.00
b. Applicant	$ .00
c. State	$ 0.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 50,000.00

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

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

DATE: August 10, 2012

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Ms. First Name: Kathy Middle Name

Last Name: Alameda Suffix

b. Title: Federal Funds Manager

c. Telephone Number (give area code): (916) 651-9888

d. Signature of Authorized Representative: Kathy Alameda

e. Date Signed: 8/9/12

Previous Edition Usable
Authorized for Local Reproduction

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

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

* 3. Date Received: 4. 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: City of Auburn, California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000295

*c. Organizational DUNS: 004949137

d. Address:

* Street1: 1225 Lincoln Way
Street 2:
* City: Auburn
County: Placer
* State: California
Province:
Country: United States of America *Zip/ Postal Code: 95603

e. Organizational Unit:

Department Name: Department of Public Works

Division Name: Auburn Municipal Airport

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

Prefix: Ms. First Name: Bernie
Middle Name:
* Last Name: Schroeder
Suffix:

Title: Director of Public Works

Organizational Affiliation:

* Telephone Number: 530-823-4211 Ext. 144 Fax Number: 530-885-5508

* Email: bschroeder@auburn.ca.gov

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township 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:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Auburn, Placer County, California

* 15. Descriptive Title of Applicant's Project:

Design of Airport Perimeter Fence
Design and Construction of Airfield/Apron Lighting, Signage and Marking
See Figure 1, Attached

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

16. Congressional Districts Of:

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

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

17. Proposed Project:

* a. Start Date: 06-01-2012 * b. End Date: 12-31-2012

18. Estimated Funding ($):

*a. Federal	$239,356.00
*b. Applicant	$14,627.00
*c. State	$11,968.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$265,951.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 08-10-2012
☐ 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: Bernie

Middle Name:

*Last Name: Schroeder

Suffix:

*Title: Director of Public Works

*Telephone Number: 530-823-4211 Ext. 144 Fax Number: 530-885-5508

*Email: bschroeder@auburn.ca.gov

*Signature of Authorized Representative: Date Signed:

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

The City of Auburn is not responsible for any Delinquent Federal Debt.

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

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received:

4. Applicant Identifier:

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Livingston Lincoln Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received

d. Address:

* Street 1: 3351 M Street, Suite 100
Street 2:
* City: Merced
County: Merced
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95348

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:

* First Name: Margo

Middle Name: E.

* Last Name: Swedberg

Suffix:

Title: Owner/Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: (530) 823-9250

Fax Number: (530) 823-2169

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loan / Section 514

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Livingston, Merced County, California

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

Lincoln Courtyard Apartments: a 49-unit farm labor housing complex; consisting of 16/2-bdrm units,25/3-bdrm units,8/4-bdrm units and a community building, at 1972 Main St., Livingston, Merced County, CA. Portion of APN:047-280-029(4.65 acres)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-019
* b. Program/Project: CA-017

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04-01-2013
* b. End Date: 04-01-2014

18. Estimated Funding ($):

* a. Federal	$2,250,000.00	USDA-RD FLH-514 funding
* b. Applicant	$675,000.00	Sponsor's Contribution
* c. State	$11,022,181.00	Tax Credit Equity
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	$13,947,181.00	Total Development Cost

*** 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 08-13-2012.

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

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

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

☐ Yes ☑ No Explanation

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix:
* First Name: Caleb
Middle Name: J.
* Last Name: Roope, Manager for:
Suffix:

* Title: TPC Holdings V, LLC - General Partner

*Telephone Number: (208) 461-0022 Fax Number: (208) 461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: [signature] * Date Signed: 08-13-2012

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Not Applicable.

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

• Other (Specify)

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* 3. Date Received:

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: Parlier Avila Associates II, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received

d. Address:

• Street 1: 3351 M Street, Suite 100
Street 2:
* City: Merced
County: Merced
* State: California
Province:
* Country: USA: UNITED STATES
• Zip / Postal Code: 95348

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:
* First Name: Margo
Middle Name: E.
• Last Name: Swedberg
Suffix:

Title: Owner/Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: (530) 823-9250
Fax Number: (530) 823-2169

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loan / Section 514

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Parlier, Fresno County, California

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

Avila Avenue Apartments II:a 33-unit farm labor housing complex; consisting of 8/2-bdrm units,17/3-bdrm units,8/4-bdrm units and a community building - located at 14100 Avila Avenue, Parlier in Fresno County, CA. APN:355-020-082(2.5 acres)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-019
* b. Program/Project: CA-020

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04-01-2013
* b. End Date: 04-01-2014

18. Estimated Funding ($):

* a. Federal	$1,500,000.00	USDA-RD FLH-514 funding
* b. Applicant	$50,000.00	Sponsor's Contribution
* c. State	$6,110,907.00	Tax Credit Equity
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	$7,660,907.00	Total Development Cost

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08-13-2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix:
* First Name: Caleb
Middle Name: J.
* Last Name: Roope, Manager for:
Suffix:

* Title: TPC Holdings V, LLC - General Partner

*Telephone Number: (208) 461-0022
Fax Number: (208) 461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative:
* Date Signed: 08-06-2012

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Not Applicable.

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

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

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

*** a. Legal Name:** Paso Robles Chamber of Commerce Inc.

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-1509178

*** c. Organizational DUNS:** 083020537

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d. Address:

* Street1: 1225 Park Street

Street2:

* City: Paso Robles

County: San Luis Obispo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 93446

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.

* First Name: Pamela

Middle Name:

* Last Name: Avila

Suffix:

Title: Director

Organizational Affiliation:

* Telephone Number: 805-238-3872

Fax Number: 805-238-0527

* Email: pavila@pasorobleschamber.com

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

* 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:

San Luis Obispo County rural, Paso Robles city, Atascadero city, and the rural communities of Templeton, Creston, California Valley, Santa Margarita, Shandon and San Miguel

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: CA-022

b. Program/Project: CA-022

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 11/01/2012

b. End Date: 10/31/2013

14. ESTIMATED FUNDING:

* a. Federal ($): 43,850.00

b. Match ($): 127,527.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/06/2012
- [ ] 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.

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes ☐ No ☒ Explanation

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:
	Michael

Middle Name:

* Last Name:
Gibson

Suffix:	* Title:
	President/CEO

Organizational Affiliation:

* Telephone Number:
805-238-0506

* Fax Number:
805-238-0527

* Email:
mgibson@pasorobleschamber.com

* 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.

Add Attachments | Delete Attachments | View Attachments

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

Application: ☒ Construction ☐ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Community food Bank of San Benito county, Inc

Organizational DUNS: 847545340

Address:
Street: 1133 San Felipe Road
City: Hollister
County: San Benito
State: California
Zip Code: 95023
Country: Unites State of America

Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Mary Anne
Middle Name
Last Name: Hughes
Suffix:
Email: maryanne@communityfoodbankofsbc.org
Phone Number (give area code): (831) 637-0340
Fax Number (give area code): (831) 637-0840

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0306871

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

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

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-780
TITLE (Name of Program): Community Facilities Loan Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
To build a new facility designed for a Food Bank to serve the entire County.

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

13. PROPOSED PROJECT
Start Date: February 2013
Ending Date: February 2014

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 17th
b. Project: 17th

15. ESTIMATED FUNDING:

a. Federal	$ 1,350,000.00
b. Applicant	$ 400,000.00
c. State	$
d. Local	$ 150,000.00
e. Other	$
f. Program Income	$ 150,000.00
g. TOTAL	$ 2,050,000.00

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

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

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

a. Authorized Representative
Prefix
First Name: Mary Anne
Middle Name
Last Name: Hughes
Suffix
b. Title: Executive Director
c. Telephone Number (give area code): (831) 637-0340
d. Signature of Authorized Representative: Mary Anne Hughes
e. Date Signed: 8/10/12

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