Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **August 16th through 31st, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION *Application* ☐ Construction ☒ Non-Construction	*Preapplication* ☐ Construction ☒ Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY AUG 30 2002	Federal Identifier N/A

RECEIVED
STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: **California Highway Patrol**

Organizational Unit: **Research and Planning Section**

Address *(give city, county, state, and zip code)*:
2555 First Avenue
Sacramento, CA 95818

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Name: **Captain Chris Madigan**
Phone: **916-657-7237**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
942257827

7. TYPE OF APPLICANT: *(enter appropriate letter in box)* [A]

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
Department of Justice
Office of Community Oriented Policing Services

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

TITLE: **2002 In-Car Camera Initiative**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
In-Car Video Camera Project

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
California - statewide

13. PROPOSED PROJECT:

Start Date	Ending Date
8/1/2002	7/30/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant Robert T. Matsui 5th Congressional
b. Project **In-Car Camera Initiative**

15. ESTIMATED FUNDING:

a. Federal	$	248,741 .00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	248,741 .00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THESTATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE August 28, 2002

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. Typed Name of Authorized Representative D. O. Helmick	b. Title Commissioner	c. Telephone number 916-657-7152
d. Signature of Authorized Representative D. O. Helmick		e. Date Signed Aug 29 02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
August 28, 2002	
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
☑ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: WILLITS MENDOCINO ASSOCIATES, A CALIFORNIA

Organizational Unit: LIMITED PARTNERSHIP

Address *(give city, county, State, and zip code)*:
13 - 12th Avenue South, Nampa
Canyon County, Idaho 83653

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Gar-Mar Associates / Attn: Margo 530/823-9250

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
5 4 — 2 0 6 9 0 7 2

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) Partnership

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
UNITED STATES DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 0 — 4 1 5
TITLE: Rural Rental Housing Section 515 (RRH-515)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
GATEWAY VILLAGE - Affordable rental housing apartment project - 64 total units consisting of 26 2-bdrm, 32 3-bdrm, & 6 4-bdrm units to be built on 5.59 acres on the corner of Margie Count just off Monica Lane in Willits, Mendocino County, California.

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

13. PROPOSED PROJECT

Start Date	Ending Date
12/1/02	8/1/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
District #1	District #1

15. ESTIMATED FUNDING:

a. Federal	$ 125,000.00
b. Applicant	$ 375,000.00
c. State	$ 3,865,313.00
d. Local	$ 1,000,000.00
e. Other	$ 1,000,000.00
f. Program Income	$ 0.00
g. TOTAL	$ 6,365,313.00

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. Type Name of Authorized Representative	b. Title	c. Telephone Number
Caleb Roope, Manager of: ROOPE, LLC	General Partner	(208) 461-0022
d. Signature of Authorized Representative		e. Date Signed

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Prescribed by OMB Circular A-102

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AUG 29 2002
STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
August 27, 2002	
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
☑ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: LAKE TERRACE ASSOCIATES, A CALIFORNIA

Organizational Unit: LIMITED PARTNERSHIP

Address *(give city, county, State, and zip code)*:
13 - 12th Avenue South, Nampa
Canyon County, Idaho 83653

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Gar-Mar Associates / Attn: Margo 530/823-9250

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: ☐☐ — ☐☐☐☐☐☐☐

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) Partnership

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
UNITED STATES DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10 — 415
TITLE: Rural Rental Housing Section 515 (RRH-515)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
LAKE TERRACE APARTMENTS - Affordable rental housing apartment project - 60 total units consisting of 24 2-bdrm, 28 3-bdrm, & 8 4-bdrm units to be built on 6.1 acres at 7055 Old Highway 53 in Clearlake, Lake County, California.

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

13. PROPOSED PROJECT

Start Date	Ending Date
12/1/02	10/1/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
District #1	District #1

15. ESTIMATED FUNDING:

a. Federal	$ 125,000.00
b. Applicant	$ 375,000.00
c. State	$ 4,220,380.00
d. Local	$ 1,000,000.00
e. Other	$ 775,000.00
f. Program Income	$ .00
g. TOTAL	$ 6,495,380.00

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. Type Name of Authorized Representative	b. Title	c. Telephone Number
Caleb Roope, Manager of: ROOPE, LLC	General Partner	(208) 461-0022

d. Signature of Authorized Representative

e. Date Signed

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STATE CLEARING HOUSE

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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AUG 29 2002
STATE CLEARING HOUSE

2. DATE SUBMITTED: August 28, 2002	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: California Human Development Corporation (CHDC)

Organizational Unit: Housing Division

Address *(give city, county, State, and zip code)*: 3315 Airway Dr. Santa Rosa, CA 95401

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Tony Silva (916) 329-9315

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1653023

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) 501 (C) (3) NPO

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: 10-405

TITLE: 514 / 516 Farm Labor Housing Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Design& construction of new community facility, installation of security gates and fencing, repaint of Phase 1 of existing facility, installation of speed bumps, and purchase of laundry equipment.

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

Yuba City / Marysville, Yolo County, California

13. PROPOSED PROJECT

Start Date: 11/4/02 Ending Date: 5/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Second (2nd) District

b. Project: First (1st) District

15. ESTIMATED FUNDING:

a. Federal	$ 656,000.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ .00
g. TOTAL	$ 656,000.00

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. Type Name of Authorized Representative: George L. Ortiz	b. Title: President / CEO - CHDC	c. Telephone Number: (707) 523-1155
d. Signature of Authorized Representative		e. Date Signed

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 08/28/2002	Applicant Identifier: SBAHQ-01-Y-0150	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: 1.7029.1032A	

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

5. APPLICANT INFORMATION

Legal Name: The New America Foundation

Organizational Unit: Same

Address *(give city, county, state, and zip code)*: 2974 Adeline Street, Berkeley, CA 94703

Name and telephone number of the person to be contacted on matters involving this application *(give area code)*: Sylvia Rosales-Fike (510)540-7785

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-3342658

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 Organization

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: U.S. Small Business Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-049

TITLE: Microenterprise PRIME

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Assets 2000 Virtual Business Incubator (Training and Technical Assistance Components)

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*: San Francisco, Oakland, Berkeley and Richmond

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13. PROPOSED PROJECT:

Start Date	Ending Date
09/30/2002	09/29/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
9	7, 8, & 10

15. ESTIMATED FUNDING:

a. Federal	$	78,556.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	39,278.00
f. Program Income	$	.00
g. TOTAL	$	117,834.00

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 08/28/2002

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

☐ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Sylvia Rosales-Fike	President	(510) 540-7785

d. Signature of Authorized Representative: Sylvia Rosales-Fike

e. Date Signed: 08/28/2002

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application: [X] Construction [ ] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Long Beach

Organizational Unit: Department of Parks, Recreation & Marine

Address *(give city, county, State, and zip code)*: 2760 N. Studebaker Road, Long Beach, CA 90815-1697

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Anna Mendiola (562) 570-3165

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6000733

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

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

8. TYPE OF APPLICATION:

[X] 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: 1443 National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-919

TITLE: Urban Park and Recreation Recovery

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Silverado Park Pool Rehabilitation

Rehabilitation of inner-city indoor pool, roof, bathhouse, and lifeguard/staff area to resolve safety, access and maintenance issues.

APPROVED AS TO FORM

8/6, 2002

ROBERT E. SHANNON, City Attorney

By _____ DEPUTY CITY A...

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

13. PROPOSED PROJECT

Start Date: 9/1/02 Ending Date: 12/31/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 37th & 38th

b. Project: 37th

15. ESTIMATED FUNDING:

a. Federal	$ 907,675.00
b. Applicant	$ .00
c. State	$ 75,025.00
d. Local	$ 206,800.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,189,500.00

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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 23, 2002

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation. [XX] No

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Henry Taboada	ASSISTANT City Manager	(562) 570-7150

d. Signature of Authorized Representative: _____ EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.

e. Date Signed: Aug. 22, 2002

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

. DATE SUBMITTED July 31,2002

icant Identifier

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

3. DATE RECEIVED BY STATE

State Application Identifier

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AUG 27 2002
STATE CLEARING HOUSE

. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier A-009019-03-0

5. APPLICANT INFORMATION

Legal Name: Santa Barbara County Air Pollution Control District

Organizational Unit: Air Pollution Control District

Address (give city, county, state, and zip code):
26 Castilian Drive, B-23
P O Box 8120
Goleta, CA 93118

Name and telephone number of the person to be contacted on matters involving this application (give area code)
John M. Nicholas, (805) 961-8854

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
[7][7]-[0][3][8][4][1][6][7]

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

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

8. TYPE OF APPLICATION: [X] 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: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [6][6]-[0][0][1]
TITLE: Air Pollution Control Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Air Pollution Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc):
Santa Barbara County

13. PROPOSED PROJECT:

Start Date	Ending Date
10-01-02	09-30-03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
Santa Barbara County	Santa Barbara County

15. ESTIMATED FUNDING:

a. FEDERAL	$	771,575
b. APPLICANT	$	3,368,161
c. STATE	$	103,000
d. LOCAL	$	.00
e. OTHER	$	.00
f. PROGRAM INCOME	$	.00
g. **TOTAL**	$	4,242,736

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES:THIS PREAPPLICATION/APPLICATION WAS DATE _____
b. NO:
[ ] OR PROGRAM HAS NOT BEEN SELECTED BY

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	b. Title	c. Telephone number
John M. Nicholas	Business Manager	(805) 961-8854

d. Signature of Authorized Representative: John Nicholas

e. Date Signed 7/31/02

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32658

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

RECEIVED
AUG 26 2002
STATE CLEARING HOUSE

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

5. APPLICANT INFORMATION — IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☒ NO IF YES, LIST ACRONYM(S)

Legal Name: Regents of the University of California

Organizational Unit: School of Social Ecology

Address (give city, county, state, and zip code):
Office of Sponsored Projects Administration
University of California, Irvine
CA 92697-7600

Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)
PI: OGUNSEITAN, Oladele Ajiola-949824-8350-oaogunse@uci.edu
ADMIN. CONTACT: Michelle Nelson-949-824-8109-nelsonm@uci.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2226406

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

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) I

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:
U.S. Environmental Protection Agency - ORD - NCER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.500
TITLE: 2002-STAR - R-1

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Towards Unleaded Electronic Products: Comparative Assessment of Corporate Environmental Behaviors Under Lead-Free Initiatives and Regulations.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Irvine, Orange County, California

13. PROPOSED PROJECT: Start Date	Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant	b. Project
July 2003	June 2006	47	

15. ESTIMATED TOTAL PROJECT FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 144,963 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE Faxed 8/26/02
b. Applicant	$ .00	b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
c. State	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	$ .00	
e. Other	$ .00	
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ☐ Yes If "Yes," attach an explanation. ☒ No
g. TOTAL	$ 144,963 .00	

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Michelle Nelson	Grant Officer	949-824-8109

d. Signature of Authorized Representative: Eileen Lamb for MICHELLE NELSON GRANTS OFFICER
e. Date Signed: 8/26/02

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
08/20/2002	
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
San Bernardino County Medical Society	Medical Reserve Corps for San Bernardino County, CA
Address *(give city, county, state, and zip code)*: 952 So. Mt. Vernon Ave., Suite C Colton, CA 92324 San Bernardino County	**Name and telephone number of the person to be contacted on matters involving this application** *(give area code)*: Linda Stratton (909) 825-6526

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-1878903

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 organization

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:

Dept of Health Services,Office of Public Health & Science,Office of

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

TITLE: Medical Reserve Corps Demonstration Project - Small

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The San Bernardino County Medical Society will develop a local Medical Reserve Corps Unit to assist medical response professionals and facilities during large-scale local emergencies. The MRC will serve as a supplement to existing public response systems, providing volunteers who are trained to function effectively in emergency situations. Volunteer roles may vary, but shall include direct patient care, assessment, triage, counseling, support and management activities.

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:

The most population dense area of San Bernardino County, the largest geographic county in the nation, spanning over 20,000 square miles to the Nevada and Arizona borders.

13. PROPOSED PROJECT:

Start Date	Ending Date
09/30/2002	09/29/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
40th & 42nd	40th & 42nd

15. ESTIMATED FUNDING:

a. Federal	$	50,000.00
b. Applicant	$	30,350.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	80,350.00

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 08/20/2002

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

☐ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

RECEIVED
AUG 26 2002
STATE CLEARINGHOUSE

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Linda Stratton	Executive Director	(909) 825-6526

d. Signature of Authorized Representative: Linda Stratton

e. Date Signed: 8-20-02

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Prescribed by OMB Circular A-102

DOT FTA

U.S. Department of Transportation Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1695
Recipient Name:	GOLDEN EMPIRE TRANSIT DISTRICT
Project ID:	CA-90-Y181-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Capital assistance

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y181-00
Project Description:	Capital assistance
Recipient Type:	Other Governmental Organization
FTA Project Mgr:	.
Recipient Contact:	Steve Woods
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Oct. 01, 2002 - Dec. 31, 2003
Recvd. By State:	
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Aug. 19, 2002
Program Page:	.
Application Type:	Electronic

Gross Project Cost:	$4,386,600
Adjustment Amt:	$0
Total Eligible Cost:	$4,386,600
Total FTA Amt:	$3,545,533
Total State Amt:	$0
Total Local Amt:	$841,067
Other Federal Amt:	$0
Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	30-Sep-2002
Pre-Award Authority?:	No
Fed. Debt Authority?:	No
Final Budget?:	No

AUG 2 6 2002

Supp. Agreement?:	No
Debt. Delinq. Details:	

Urbanized Areas

UZA ID	UZA Name
69530	BAKERSFIELD, CA

Congressional Districts

State ID	District Code	District Official
6	20	Calvin M Dooley

Project Details

Capital assistance to purchase 5 paratransit vehicles equipped with wheel chair lifts. Purchase paratransit reservation and scheduling software upgrades and hardware. Procure an electric generator for CNG compression and several other capital items detailed in the milestone schedule. Preventive maintenance expenses procured are part of this application.

If there any questions or concerns please contact me. We appreciates FTA's best efforts to expedite this project and shall be available if/when any information is needed.

Steve Woods

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	3	$192,000	$240,000
ACTIVITY			
11.12.04 BUY REPLACEMENT <30 FT BUS	3	$192,000	$240,000
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	6	$2,977,280	$3,721,600
ACTIVITY			
11.42.07 ACQUIRE - ADP HARDWARE	1	$56,000	$70,000
11.42.08 ACQUIRE - ADP SOFTWARE	1	$56,000	$70,000
11.42.11 ACQUIRE - SUPPORT VEHICLES	1	$32,000	$40,000
11.44.01 REHAB/RENOVATE - ADMINISTRATIVE FACILITY	1	$400,000	$500,000
11.44.02 REHAB/RENOVATE -	1	$7,200	$9,000

MAINTENANCE FACILITY			
11.44.05 REHAB/RENOVATE - YARDS AND SHOPS	1	$52,800	$66,000
11.7A.00 PREVENTIVE MAINTENANCE	0	$2,293,280	$2,866,600
11.43.05 CONSTRUCT - YARDS AND SHOPS	0	$80,000	$100,000
SCOPE			
116-00 SIGNAL & COMM EQUIPMENT (BUS)	0	$376,253	$425,000
ACTIVITY			
11.62.01 PURCHASE CONTROL/SIGNAL EQUIP	0	$376,253	$425,000
		Estimated Total Eligible Cost:	**$4,386,600**
		Federal Share:	**$3,545,533**
		Local Share:	**$841,067**

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.12.04	BUY REPLACEMENT <30 FT BUS	Compressed Natural Gas
11.44.05	REHAB/RENOVATE - YARDS AND SHOPS	Compressed Natural Gas
11.43.05	CONSTRUCT - YARDS AND SHOPS	Compressed Natural Gas

Extended Budget Descriptions

11.42.07	ACQUIRE - ADP HARDWARE	1	$56,000	$70,000
Acquire two servers and related peripheral items to provide new software for paratransit operations and software.				
11.42.08	ACQUIRE - ADP SOFTWARE	1	$56,000	$70,000
Acquire software for paratransit reservations and scheduling. Our current version is obsolete and upgrades are available. This is a sole source procurement. The upgrade is from the original provider.				

11.42.11	ACQUIRE - SUPPORT VEHICLES	1	$32,000	$40,000
Acquire a heavy duty trash collection truck to keep bus stops and terminals clean.				
11.44.01	REHAB/RENOVATE - ADMINISTRATIVE FACILITY	1	$400,000	$500,000
GET`s administrative building is over 20 years old and we have explained beyond its capacity. Remodeling can optimize our existing space and to add more square footage for future growth.				
11.44.02	REHAB/RENOVATE - MAINTENANCE FACILITY	1	$7,200	$9,000
GET requests funding to remove (fill in) a maintenance pit. Currently the pit is covered with steel grads. For safety GET would rather fill it in.				
11.44.05	REHAB/RENOVATE - YARDS AND SHOPS	1	$52,800	$66,000
Relocal our diesel bus pumps from the fuel island to the diesel fuel tanks.				
11.7A.00	PREVENTIVE MAINTENANCE	0	$2,293,280	$2,866,600
This is for GET`s fiscal year 2001-02.				
11.43.05	CONSTRUCT - YARDS AND SHOPS	0	$80,000	$100,000
Append FTA grant CA-90-Y093, for additional funding for adding a electrical comopressor for the CNG fueling facility. Initial estimates were about $400,000. However revised estimates indicate a larger budget is needed.				
11.62.01	PURCHASE CONTROL/SIGNAL EQUIP	0	$376,253	$425,000
To append FTA Grant # CA-90-X972, an additional $376,253 in CMAQ funds and $48,747 in local funding. The additional funding will be used to add 62 automated passenger counters to our fixed route buses and 14 AVL units for paratransit vehicles.				

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.12.04	BUY REPLACEMENT <30 FT BUS	3	$192,000	$240,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB OUT FOR BID	Jun. 15, 2002
	GET has a contract with Sunset Bus and Commercial and there is an option for five more buses. If grant is approved, GET shall exercise the option. The dates above are from the current contract.	
2.	CONTRACT AWARDED	Aug. 15, 2002
3.	FIRST VEHICLE DELIVERED	Dec. 15, 2002
4.	ALL VEHICLES DELIVERED	Jan. 31, 2003
5.	CONTRACT COMPLETE	Feb. 28, 2003

11.42.07 ACQUIRE - ADP HARDWARE 1 $56,000 $70,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Sep. 15, 2002
2.	Contract Award	Nov. 15, 2002
3.	Contract Complete	Dec. 31, 2002

11.42.08 ACQUIRE - ADP SOFTWARE 1 $56,000 $70,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Sep. 30, 2002
	This paratransit software procurement is an upgrade from older software. If there are other competitors who are as cost effective as the upgrade, GET shall issue an RFP.	
2.	Contract Award	Oct. 31, 2002
3.	Contract Complete	Dec. 31, 2002

11.42.11 ACQUIRE - SUPPORT VEHICLES 1 $32,000 $40,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Nov. 15, 2002
	Purchase a small dump style truck to handle trash collection and dumping.	
2.	Contract Award	Jan. 15, 2003
3.	Contract Complete	Mar. 15, 2003

11.44.01 REHAB/RENOVATE - ADMINISTRATIVE FACILITY 1 $400,000 $500,000

	Milestone Description	Est. Comp. Date

1.	RFP/IFB Issued	Oct. 15, 2002
	Remodel plans are complete and funded with local funding. The bid documents are being completed and GET shall issue a RFP as specified above. Given the scope of the project, it shall take approximately 6 months to complete.	
2.	Contract Award	Dec. 15, 2002
3.	Contract Complete	Jun. 30, 2003

11.44.02 REHAB/RENOVATE - MAINTENANCE FACILITY 1 $7,200 $9,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Jan. 15, 2003
	Fill in a hoist pit currently covered with a steel grad.	
2.	Contract Award	Feb. 15, 2003
3.	Contract Complete	Mar. 15, 2003

11.44.05 REHAB/RENOVATE - YARDS AND SHOPS 1 $52,800 $66,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Oct. 30, 2002
	Relocal the Diesel fueling pumps closer to the storage tanks. This will allow the remaining diesel buses to be filled at another location and allowing faster CNG fueling.	
2.	Contract Award	Dec. 15, 2002
3.	Contract Complete	Feb. 15, 2003

11.43.05 CONSTRUCT - YARDS AND SHOPS 0 $80,000 $100,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Feb. 25, 2003
2.	Contract Award	Mar. 29, 2003
3.	Contract Complete	May. 24, 2003

11.62.01 PURCHASE CONTROL/SIGNAL EQUIP 0 $376,253 $425,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Jun. 18, 2001
2.	Contract Award	Dec. 18, 2001

3.	Contract Complete	Jun. 08, 2003

Part 5. Environmental Findings

111204 BUY REPLACEMENT <30 FT BUS 3 $192,000 $240,000

Finding No. 1 - Class II(c)

C17 - Purchase of vehicles
The purchase of vehicles by the applicant where the use of these vehicles can be accommodated by existing facilities or by new facilities which themselves are within a CE.

114207 ACQUIRE - ADP HARDWARE 1 $56,000 $70,000

Finding No. 1 - Class II(c)

C19 - Install purchase maintenance equipment
Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

114208 ACQUIRE - ADP SOFTWARE 1 $56,000 $70,000

Finding No. 1 - Class II(c)

C19 - Install purchase maintenance equipment
Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

Part 6: Fleet Status

Fixed Route

		Before	Change	After
I.	**Active Fleet**			
	A. Peak Requirement	65	0	65
	B. Spares	14	0	14
	C. Total (A+B)	79	0	79
	D. Spare Ratio (B/A)	21.54%	0.00%	21.54%
II.	**Inactive Fleet**			

	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	**Total (I.C and II.C)**	79	0	79

Paratransit

		Before	Change	After
I.	**Active Fleet**			
	A. Peak Requirement	11	0	11
	B. Spares	2	1	3
	C. Total (A+B)	13	1	14
	D. Spare Ratio (B/A)	18.18%	0.00%	27.27%
II.	**Inactive Fleet**			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	**Total (I.C and II.C)**	13	1	14

Part 7. FTA Comments

No information found.

Part 8: Results of Reviews

The reviewer did not find any errors

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
08/22/2002	
3. DATE RECEIVED BY STATE	State Application Identifier
08/23/2002	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
08/23/2002	

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

5. APPLICANT INFORMATION

Legal Name: County of Marin, Dept of Health & Human Services

Organizational Unit: Department of Health and Human Services

Address *(give city, county, state, and zip code)*: 20 N. San Pedro Road, Suite 2028, San Rafael, CA 94903

Name and telephone number of the person to be contacted on matters involving this application *(give area code)*: Liz Rottger, Director, Division of Aging, (415) 499-7396

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000519

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

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

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
Office of Minority Health, Office of Public Health and Science

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

TITLE: Pending

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Marin County Medical Reserve Corps Project

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
County of Marin, California and all cities therin.

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AUG 26 2002

13. PROPOSED PROJECT:

Start Date	Ending Date
09/30/2002	09/29/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
6th Congressional District	6th Congressional District

15. ESTIMATED FUNDING:

a. Federal	$	50,000.00
b. Applicant	$	.00
c. State	$	.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 08/22/2002

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

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?
☐ YES If "Yes," attach an explanation. ☑ No

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Steve Kinsey	2nd Vice President	(415) 499-3092

d. Signature of Authorized Representative: S. J. Kinsey

e. Date Signed: 8/20/02

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of San Mateo Service Area No. 11

Organizational Unit: Department of Public Works

Address *(give city, county, State, and zip code)*:
555 County Center, 5th Floor
Redwood City, CA 94063

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Walter Callahan
(650) 599-1417

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
9 4 — 6 0 0 0 3 2

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
U. S. Department of Agriculture

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

TITLE: Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Installation of Production Well to provide drinking water for the Town of Pescadero

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AUG 23 2002
STATE CLEARING HOUSE

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

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
6/1/03	10/1/03	Anna Eshoo	Anna Eshoo

15. ESTIMATED FUNDING:

a. Federal	$ 200,000.00
b. Applicant	$ 50,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 250,000.00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Neil R. Cullen	Director of Public Works	(650) 363-4100

d. Signature of Authorized Representative: Neil R. Cullen

e. Date Signed: 8/21/02

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RECEIVED
AUG 22 2002
STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: August 6, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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

5. APPLICANT INFORMATION

Legal Name: Alfred Courchesne / Frog Hollow Farm
Organizational Unit: sole proprietorship
Address (give city, county, State, and zip code): PO Box 872, 11435 Brentwood Blvd., Brentwood, Contra Costa County, CA 94513
Name and telephone number of person to be contacted on matters involving this application (give area code): Rebecca Smith

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2856289

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

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

8. TYPE OF APPLICATION:
[X] 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: 10-405
TITLE: 514/516 Farmlabor Housing Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 6. single-family strawbale dwelling 1. strawbale day-care center

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Brentwood, Byron, East Contra Costa County, California

13. PROPOSED PROJECT
Start Date: 4/2003 Ending Date: 4/2004

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: District 10
b. Project: SAME

15. ESTIMATED FUNDING:

a. Federal	$ $40,000 00
b. Applicant	$ 00
c. State	$ 00
d. Local	$ 00
e. Other	$ 00
f. Program Income	$ 00
g. TOTAL	$ $40,000 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 8/22/02
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: REBECCA SMITH	b. Title: project manager	c. Telephone Number: 925/634-2445
d. Signature of Authorized Representative: Rebecca Smith		e. Date Signed: August 6, 2002

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
August 15, 2002	
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	*Preapplication*
☒ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: **Port of Oakland**

Organizational Unit: **Port of Oakland Acting by and through its Board of Port Commissioners**

Address *(give city, county, state, and zip code)*: **530 Water Street, Oakland, CA 94607**

Name and telephone number of the person to be contracted on matters involving this application *(give area code)*: **Christina Lee (510) 627-1510**

EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2

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

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

8. TYPE OF APPLICATION:

☒ 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)*

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9. NAME OF FEDERAL AGENCY

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6

TITLE: **Airport Improvement Program (AIP)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

1. Terminal 2 Building improvements for Baggage and Security Checkpoint Areas (Security Improvements)
2. Security System Interactive Information Database
3. Overlay of Taxiway U
4. Construction of Overlay of Taxiways D and A and Storm Drain Improvemtns

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*: **San Francisco Bay Area**

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
June 2003	Oct. 2004	7	4

15. ESTIMATED FUNDING

a. Federal	$	9,298,000 .00
b. Applicant	$	10,460,800 .00
c. State	$	.
d. Local	$	.
e. Other	$	.
f. Program income	$	.
g. TOTAL	$	19,758,800 .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 15, 2002**

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 ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Joseph K. Wong	**Director of Enginering**	**(510) 627-1240**
d. Signature of Authorized Representative		e. Date Signed
		August 15, 2002

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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
8/15/02	

1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application Identifier
Application	Preapplication		
☐ Construction ■ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Air Resources Board

Organizational Unit: Administrative Services Division

Address (give city, county, state, and zip code):
1001 I Street
P. O. Box 2815
Sacramento, CA 95812

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Yalinda Debbs, Administrative (916) 322-8201
Lynn Terry, Program (916) 322-2739

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6. EMPLOYER IDENTIFICATION (EIN):
68-0288069

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

8. TYPE OF APPLICATION:
XX New Continuation Revision
If Revision, enter appropriate letter(s) in box(es): ☐ A ☐
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:

9. NAME OF FEDERAL AGENCY:
Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001

TITLE: Air Pollution Control Program Support

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standards.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

State of California

AUG 19 2002

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:	b. Project
10/1/02	9/30/03	03	Statewide

15. Estimated Funding:		
a. Federal	$	6,271,038.00
b. Applicant	$	20,515,127.00
c. State	$	
d. Local	$	
e. Other	$	
f. Program Income	$	
g. TOTAL		26,786,165.00

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

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

DATE Signature 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. 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.	b. Title:	c. Telephone Number
Larry Morris	Chief, Administrative Services	(916) 322-8198
d. Signature of Authorized Representative		e. Date Signed
		8/15/02

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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
8/15/02	

1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application Identifier
Application	Preapplication		
□ Construction ■ Non-Construction	□ Construction □ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Air Resources Board	Organizational Unit: Administrative Services Division
Address (give city, county, state, and zip code): 1001 I Street P. O. Box 2815 Sacramento, CA 95812	Name and telephone number of the person to be contacted on matters involving this application (give area code) Valinda Debbs, Administrative (916) 322-8201 Lynn Terry, Program (916) 322-2739
6. EMPLOYER IDENTIFICATION (EIN): 68-0288069	7. TYPE OF APPLICANT: (enter appropriate letter here) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____
8. TYPE OF APPLICATION: New Continuation XX Revision If Revision, enter appropriate letter(s) in box(es): □ A □ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE: Air Pollution Control Program Support	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standards.
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of California	

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13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:	b. Project
10/1/01	9/30/02	03	Statewide

15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 8,309,674.00	a. X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:
b. Applicant	$ 20,515,127.00	DATE Signature date
c. State	$	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	$	
e. Other	$	
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 28,824,801.00	□ 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:	b. Title:	c. Telephone Number
Larry Morris	Chief, Administrative Services	(916) 322-8198
d. Signature of Authorized Representative		e. Date Signed 8/15/02

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