

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

5. APPLICANT INFORMATION

Legal Name: Central Sierra Resource Conservation & Development	Organizational Unit: Central Sierra RC&D
Address (give city, county, state, and zip code): 235 New York Ranch Road, Suite C Jackson CA 95642 Dun & Bradstreet #136584179	Name and telephone number of the person to be contacted on matters involving this application (give area code) Lee Seaton, Chairperson 209-533-0361, ext 242

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 42 - 1586576	7. TYPE OF APPLICANT: (enter appropriate letter in box) N
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit</u>
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	9. NAME OF FEDERAL AGENCY: Natural Resources Conservation Service
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Central Sierra RC&D Cooperative Agreement
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alpine, Amador, Calaveras, Northern Mono, Tuolumne Counties
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13. PROPOSED PROJECT Start Date: 8/30/04 Ending Date: 12/31/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: 3, 19
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 15000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/30/04</u>
b. Applicant \$.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
d. Local \$.00	
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$ 15,000.00	

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

a. Type Name of Authorized Representative Alfred Nunes	b. Title Secretary/Treasurer	c. Telephone Number (209) 223-1851
d. Signature of Authorized Representative <i>Alfred A Nunes</i>	e. Date Signed	

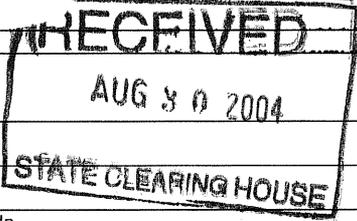
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 9-9-04	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Riverside County Department of Community Action	Organizational Unit: Department:
Organizational DUNS: 105820057	Division:
Address: Street: 2038 Iowa Avenue, Suite B-102 City: Riverside County: Riverside State: CA Zip Code: 92507	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Maria Middle Name: Y. Last Name: Juarez Suffix:
Country: U.S.A.	Email: mjuarez@riversidedpss.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000930	Phone Number (give area code) 951-955-4900	Fax Number (give area code) 951-955-8508
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> Now <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) B - County Government Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-670 TITLE (Name of Program): CSBG T/TA Program - EITC & Other Asset Formation Opportunities	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asset Building Collaborative
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California and Nevada	13. PROPOSED PROJECT Start Date: 10/01/04 Ending Date: 09/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 41, 43, 44, 45, 49 b. Project: 41, 43, 44, 45, 49
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15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>70,000⁰⁰</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>23,400⁰⁰</td></tr> <tr><td>c. State</td><td>\$</td><td></td></tr> <tr><td>d. Local</td><td>\$</td><td>46,600⁰⁰</td></tr> <tr><td>e. Other</td><td>\$</td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>140,000⁰⁰</td></tr> </table>	a. Federal	\$	70,000 ⁰⁰	b. Applicant	\$	23,400 ⁰⁰	c. State	\$		d. Local	\$	46,600 ⁰⁰	e. Other	\$		f. Program Income	\$		g. TOTAL	\$	140,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	70,000 ⁰⁰																				
b. Applicant	\$	23,400 ⁰⁰																				
c. State	\$																					
d. Local	\$	46,600 ⁰⁰																				
e. Other	\$																					
f. Program Income	\$																					
g. TOTAL	\$	140,000 ⁰⁰																				

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

a. Authorized Representative Prefix: Mrs. First Name: Lois Middle Name: J. Last Name: Carson Suffix:	c. Telephone Number (give area code) 951-955-4900
b. Title Executive Director	d. Date Signed August 30, 2004

Lois J. Carson

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

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		August 12, 2004	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: CSU, Chico Research Foundation		Organizational Unit: Center for Economic Development	
Address (give city, county, State, and zip code): c/o Center for Economic Development Building 35, CSU, Chico Chico, CA 95929-0765		Name and telephone number of person to be contacted on matters involving this application (give area code) Janice Rhodd 530-898-4598	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0386518		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> I	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		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) _____	
		9. NAME OF FEDERAL AGENCY: U.S. SMALL BUSINESS ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-037 TITLE: SMALL BUSINESS DEVELOPMENT CENTER		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CSU, Chico Research Foundation - Center for Economic Development Lead SBDC Application (one year)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arnador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Shasta, San Joaquin, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo, and Yuba counties			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/1/05	Ending Date 12/31/05	a. Applicant Second	b. Project First, Second, Third, Fourth
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,049,431 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ _____ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ _____ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ _____ ⁰⁰		
e. Other	\$ 1,244,681 ⁰⁰		
f. Program Income	\$ _____ ⁰⁰		
g. TOTAL	\$ 2,294,112 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. Type Name of Authorized Representative Jeff Wright		b. Title Director, Sponsored Programs	c. Telephone Number (530) 898-5700
d. Signature of Authorized Representative <i>Virginia Staver for Jeff Wright</i>		e. Date Signed 8/12/04	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED JUN - 1 2004	Applicant Identifier
	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

5. APPLICANT INFORMATION

Legal Name: South Tulare County Memorial District	Organizational Unit: Department:
Organizational DUNS: 36-180-0626	Division:
Address: Street: P.O. Box 10148	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Joe Middle Name: Ray Last Name: McPhetridge
City: Earlimart County: Tulare State: CA Zip Code: 93219-0148	Suffix:
Country:	Email:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-6024065

Phone Number (give area code) (559) 757-3870	Fax Number (give area code) (559) 757-5403
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8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)

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

9. NAME OF FEDERAL AGENCY:
 USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-766

TITLE (Name of Program): Community Facilities Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Parking lot renovation at Richgrove and Earlimart Veterans Memorial Buildings

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Earlimart and Richgrove, California

13. PROPOSED PROJECT
 Start Date: 10/1/04 Ending Date: 9/30/05

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant Rep. Devin Nunes b. Project Rep. Devin Nunes

15. ESTIMATED FUNDING:

a. Federal	\$ 87,444
b. Applicant	\$ 71,545
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 158,989

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 Mr.	First Name Joe	Middle Name Ray
Last Name McPhetridge		Suffix
b. Title Director		c. Telephone Number (give area code) (559) 757-3870
d. Signature of Authorized Representative [Signature]		e. Date Signed 5/26/04

RECEIVED
 AUG 26 2004
 STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA-90-Y185
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y185
5. APPLICANT INFORMATION			
Legal Name: Foothill Transit		Organizational Unit: Department: Finance	
Organizational DUNS:		Division:	
Address: Street: 100 N. Barranca Ave., Suite #100		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: West Covina		Prefix: Mr.	First Name: Gil
County: Los Angeles County		Middle Name	
State: CA		Last Name Victorio	
Zip Code 91791	Suffix: N/A		
Country: U.S.A		Email: gvictorio@foothilltransit.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 4 6 6 8 2 1 8		Phone Number (give area code) 5 (626) 967-2274 ext. 234	Fax Number (give area code) (626) 915-1143
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Joint Powers Authority	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Universal Fare System; El Monte Transit Stores Rehabilitation; Replacement of CNG Buses; Bus Stop Signage; Smart Bus Project-Bus Equipment for Accurate Revenue and Passenger Count	
2 0 - 5 0 7			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 Cities in the Los Angeles County, California			
13. PROPOSED PROJECT Start Date: 06/30/2004		Ending Date: 06/30/2006	
14. CONGRESSIONAL DISTRICTS OF:		a. Applicant District No. 26,29,32,38,42	
15. ESTIMATED FUNDING:		b. Project	
a. Federal	\$	28,009,377	.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$	13,296,723	.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	41,306,100	.00
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/16/2004			
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Gil		Middle Name
Last Name Victorio		Suffix Mr.	
b. Title Finance Manager		c. Telephone Number (give area code) (626) 967-2274 Ext 234	
d. Signature of Authorized Representative <i>Gil Victorio</i>		e. Date Signed 8/17/04	

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 28, 2004	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE N/A	State Application Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 95-9000934

5. APPLICANT INFORMATION

Legal Name: County of San Diego	Organizational Unit: Department: Public Works
Organizational DUNS:	Division: Airports
Address: Street: 1960 Joe Crosson Drive	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Sherry
City: El Cajon	Middle Name:
County: San Diego	Last Name: Miller
State: CA Zip Code: 92020	Suffix:
Country: USA	Email: sherry.miller@sdcounty.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 9 0 0 0 9 3 4

Phone number (give area code): **(619) 956-4837**
FAX number (give area code): **(619) 956-4801**

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

B

Other (specify):

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Conduct Phase II of Part 150 Noise Control and Land Use Compatibility Study :

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

City of Carlsbad, San Diego County, State of California

13. PROPOSED PROJECT

Start Date

August 2004

Ending Date

December 2005

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

51st

b. Project

51st

15. ESTIMATED FUNDING

a. Federal	\$	52,264	.00
b. Applicant	\$	5807	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	58,071	.00

RECEIVED
AUG 20 2004
STATE CLEARING HOUSE

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: **Phase I, March 9, 2000**

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

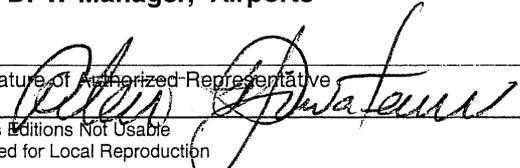
OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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 Peter	Middle Name
Last Name Drinkwater	Suffix	
b. Title DPW Manager, Airports	c. Telephone number (give area code) (619) 956-4839	
d. Signature of Authorized Representative 	e. Date Signed 8-17-04	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 12, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Crescent City	Organizational Unit: Municipality
Address (give city, county, State, and zip code): 377 J Street Crescent City, CA 95531	Name and telephone number of person to be contacted on matters involving this application (give area code) Charlaime Mazzei, (707) 464-1496

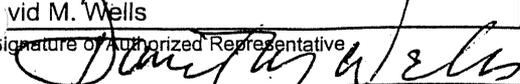
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 60000552	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 760 TITLE: Water & Waste Disposal Loan & Grant Program AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Crescent City, County of Del Norte	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Crescent City Wastewater Treatment Plant Upgrade
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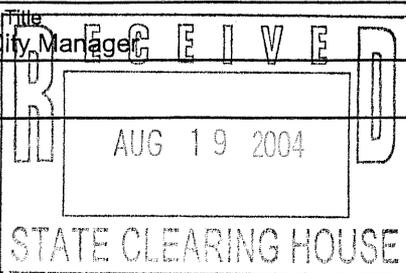
13. PROPOSED PROJECT Start Date: 4/1/05 Ending Date: 6/30/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: First b. Project: First
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15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>20,000,000⁰⁰</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>c. State</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>d. Local</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>e. Other</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>20,000,000⁰⁰</td></tr> </table>	a. Federal	\$	20,000,000 ⁰⁰	b. Applicant	\$	⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	20,000,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/16/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	20,000,000 ⁰⁰																				
b. Applicant	\$	⁰⁰																				
c. State	\$	⁰⁰																				
d. Local	\$	⁰⁰																				
e. Other	\$	⁰⁰																				
f. Program Income	\$	⁰⁰																				
g. TOTAL	\$	20,000,000 ⁰⁰																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						

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

a. Type Name of Authorized Representative vid M. Wells	b. Title City Manager	c. Telephone Number (707) 464-7483
Signature of Authorized Representative 		e. Date Signed 8/16/04

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 8/12/04	Applicant Identifier B-04-SP-CA-0064
		3. DATE RECEIVED BY STATE 8/12/04	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-04-SP-CA-0064

5. APPLICANT INFORMATION

Legal Name: City of Oxnard	Organizational Unit: Department: Library
Organizational DUNS: 159581180	Division:
Address: Street: 251 S. A St.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Robin
City: Oxnard	Middle Name Louise
County: Ventura	Last Name Middleton
State: CA Zip Code 93030	Suffix:
Country: USA	Email: Robin.Middleton@ci.oxnard.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000756	Phone Number (give area code) (805) 385-7524	Fax Number (give area code) (805) 385-7526
--	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): CDBG - Economic Development Initiative-Special Projects	9. NAME OF FEDERAL AGENCY: U.S. Dept. of Housing and Urban Development
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oxnard	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Economic Development Initiative - Special Projects, South Oxnard Library
---	---

13. PROPOSED PROJECT Start Date: 10/01/04 Ending Date: 2/28/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23 b. Project 23
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
------------------------	--

a. Federal \$ 74,558 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/12/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant \$ 3,115,410 ⁰⁰	
c. State \$ 5,785,761 ⁰⁰	
d. Local \$ 0 ⁰⁰	
e. Other \$ 18,500 ⁰⁰	
f. Program Income \$	
g. TOTAL \$ 8,994,229 ⁰⁰	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

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

a. Authorized Representative		
Prefix Mr.	First Name Edmund	Middle Name F.
Last Name Sotelo	Suffix	
b. Title City Manager	c. Telephone Number (give area code) (805) 385-7449	
d. Signature of Authorized Representative <i>Karen R. Brunham (jr)</i>	e. Date Signed 8/12/04	

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 8/16/04	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: Community Housing Improvement Program, Incorporated	Organizational Unit: Department: N/A
Organizational DUNS: 010998797	Division:
Address: Street: 1001 Willow Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: David
City: Chico	Middle Name T.
County: Butte	Last Name Ferrier
State: CA Zip Code 95928	Suffix:
Country:	Email: dferrier@chiphousing.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 2 3 3 9 8	Phone Number (give area code) 530-891-6931	Fax Number (give area code) 530-891-8547
--	---	---

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) A	7. TYPE OF APPLICANT: (See back of form for Application Types) O-Not for Profit Organization Other (specify)
---	---

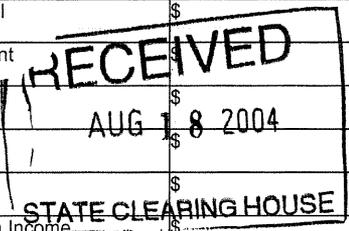
9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Farm Labor Housing Loans & Grants 1 0 - 4 0 5	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The project will be approximately a 1,700 square foot expansion of an existing community room. In addition, the existing playground area will also be expanded and new playground equipment will be installed.
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Chico, Butte County, CA

13. PROPOSED PROJECT Start Date: 04/01/05 (est.) Ending Date: 09/30/05 (est.)	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 b. Project District 2
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 320,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/16/04
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 320,000.00	



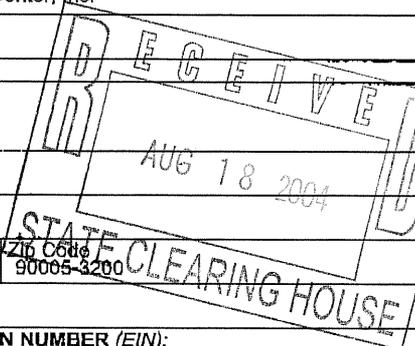
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Mr.	First Name David	Middle Name T.
Last Name Ferrier		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 530-891-6931
d. Signature of Authorized Representative		e. Date Signed 8/16/04

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/16/04	Applicant Identifier 04-504
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Korean Youth and Community Center, Inc.		Organizational Unit: Department: Environmental Services Unit	
Organizational DUNS: 126670959		Division:	
Address: Street: 680 South Wilton Place		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Los Angeles		Prefix: Mr.	First Name: Dore
County: Los Angeles		Middle Name:	
State: CA		Last Name: Burry	
Country: United States		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3779389		Phone Number (give area code) 213.743.8750	Fax Number (give area code) 213.743.8755
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) 501.c.3 Nonprofit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Indoor Air Quality Tools for Schools 66-034		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Assist K-12 grade schools implementing the EPA IAQ Tools for Schools Program.	
13. PROPOSED PROJECT Start Date: 10/01/2004 <i>due to expiring funds</i> Ending Date: 9/30/2005 <i>10/31/2005</i>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 34 b. Project 34	
15. ESTIMATED FUNDING: a. Federal <i>noticed 8/16</i> \$ 20,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 20,000 <i>PO notified 8/10/04</i>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix: Mr. First Name: John Ho Middle Name: Last Name: Song Suffix:		c. Telephone Number (give area code) 213.365.7400 ext. 131	
b. Title: Executive Director		e. Date Signed: 6/16/04	
d. Signature of Authorized Representative: <i>John Ho</i>			

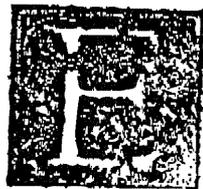


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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: CALLAHAN WATER DISTRICT		Organizational Unit: COMMUNITY SERVICE DISTRICT	
Address (give city, county, State, and zip code): PO BOX 1537 CALLAHAN, CA 96014 SISKIYOU COUNTY		Name and telephone number of person to be contacted on matters involving this application (give area code) DAVID B. HAMMOND 541-776-3327	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0063774		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		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) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM TITLE: _____		9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COMMUNITY OF CALLAHAN, Siskiyou Cnty, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY WATER SYSTEM REPLACEMENT	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: CALIFORNIA	
Start Date 8/04	Ending Date 6/06	a. Applicant Second	b. Project Second
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal CDBG	\$ 416,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/13/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant USDA, RD	\$ 530,000.00		
c. State DWR-SRF	\$ 430,000.00 *		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,376,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Type Name of Authorized Representative JAMES D. COLLINS	b. Title PRESIDENT, B of D	c. Telephone Number 530-467-5252	
d. Signature of Authorized Representative <i>James D. Collins</i>		e. Date Signed 8/11/04	

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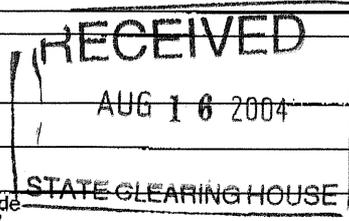
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 12, 2004	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: California Department of Health Services		Organizational Unit: Department: Hazard Evaluation System and Information Service (HESIS) Section	
Organizational DUNS: 968257675		Division: Environmental and Occupational Disease Control	
Address: Street: 1515 Clay Street, Suite 1901		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Oakland		Prefix: Dr.	First Name: Julia
County: Alameda		Middle Name: Bell	
State: CA		Last Name: Quint	
Zip Code: 94612	Suffix: PhD		
Country: USA		Email: jquint@dhs.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0317191		Phone Number (give area code) (510) 622-4325	Fax Number (give area code) (510) 822-4310
---	--	--	--

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

9. NAME OF FEDERAL AGENCY: US EPA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-708 TITLE (Name of Program): 2004 Pollution Prevention Grants Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluation of Use, Toxicity and Alternatives to New and Emerging Industrial Solvents
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	

13. PROPOSED PROJECT Start Date: 10/01/04 Ending Date: 9/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Statewide b. Project: Statewide
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal 48.56% \$ 88,942.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/16/04
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State (In-Kind) 51.44% \$ 94,217.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 183,159.00	

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

a. Authorized Representative		
Prefix Dr.	First Name Richard	Middle Name Joseph
Last Name Jackson		Suffix MD, MPH
b. Title California State Public Health Officer		c. Telephone Number (give area code) (916) 440-7400
d. Signature of Authorized Representative <i>Richard Joseph Jackson</i>		e. Date Signed 5/20/04

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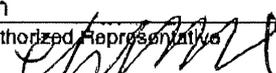
**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 17, 2004	Applicant Identifier N/A																																																																						
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT																																																																						
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																																																																						
5. APPLICANT INFORMATION																																																																									
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation																																																																							
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 08 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174																																																																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">A</div>																																																																							
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		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) _____																																																																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">15-916</div> TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443																																																																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-17568		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Municipal Pool Development City of Culver City 9770 Culver Blvd. Culver City, CA 90232																																																																							
13. PROPOSED PROJECT Start Date: 11/1/04 Ending Date: 6/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 03 b. Project:																																																																							
15. ESTIMATED FUNDING:		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: 8/17/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		a. Federal	\$									b. Applicant	\$									c. State	\$									d. Local	\$									e. Other	\$									f. Program Income	\$									g. TOTAL	\$									17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
a. Federal	\$																																																																								
b. Applicant	\$																																																																								
c. State	\$																																																																								
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g. TOTAL	\$																																																																								
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 Ruth Coleman		b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423																																																																						
d. Signature of Authorized Representative		e. Date Signed																																																																							

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED August 12, 2004	Applicant Identifier N/A
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01553
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): AUG 17 2004		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> 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) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 20px; height: 20px; margin-left: auto;">A</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15 - 916 TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oxnard Beach Park <i>DEV.</i> City of Oxnard 1060 Pacific Avenue, Building #3 Oxnard, CA 93030	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-54652			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/04	Ending Date 6/30/08	a. Applicant 03	b. Project 42
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 101,490 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/17/04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 101,490 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 202,980 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative 		e. Date Signed 8/17/04	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

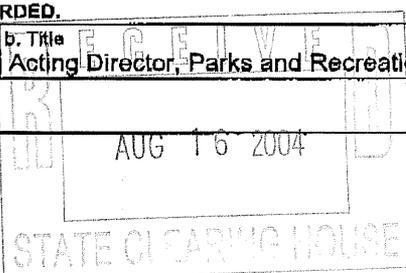
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED August 13, 2004	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California Air Resources Board			Organizational Unit: Department:		
Organizational DUNS: 828321871			Division: Administrative Services Division		
Address: Street: 1001 I Street P.O. Box 2815 City: Sacramento County:			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Valinda Middle Name:		
State: CA Zip Code: 95812			Last Name Debbs		
Country: USA			Suffix: Email: vdebbs@arb.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0288069			Phone Number (give area code) (916) 322-8201		Fax Number (give area code) (916) 322-9612
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			9. NAME OF FEDERAL AGENCY: Federal Highway Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To support for the Central California Ozone Study		
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project Statewide		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	250,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Signature Date		
b. Applicant	\$	62,500 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	⁰⁰			
g. TOTAL	\$	312,500 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.	First Name Marie		Middle Name		
Last Name LaVergne			Suffix		
b. Title Chief, Administrative Services			c. Telephone Number (give area code) (916) 322-8198		
d. Signature of Authorized Representative <i>Marie LaVergne</i>			e. Date Signed 8-13-04		

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 10, 2004	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01548
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		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) _____	
		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Willits Ballfield Development City of Willits 111 East Commercial Street Willits, CA 95490	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-85600			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 152,775 ⁰⁰	(a) YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/16/04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 447,854 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 600,629 ⁰⁰		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
d. Signature of Authorized Representative <i>Betty Ettinger</i>		c. Telephone Number (916) 653-7423	
e. Date Signed 8-12-04			

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

