

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31 2006**. 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 SF 424 (R&R)

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

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION * Organizational DUNS: 0471200840000

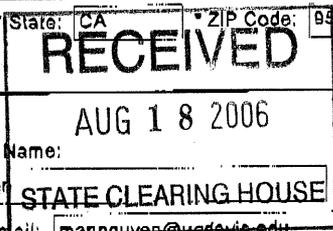
* Legal Name: The Regents of the University of California

Department: Sponsored Programs Division: Office of Research

* Street1: 1850 Research Park Drive, Suite 300 Street2: University of California

* City: Davis County: Yolo State: CA * ZIP Code: 95616

* Country: USA



Person to be contacted on matters involving this application

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

Mr. Matt Nguyen

* Phone Number: 530-747-3912 Fax Number: 530-754-3929 Email: manguyen@ucdavis.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

948036494

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

Other (Specify):

Women Owned Socially and Economically Disadvantaged

Small Business Organization Type

8. * TYPE OF APPLICATION: New

Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es):

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration E. Other (specify):

* Is this application being submitted to other agencies? Yes No

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

Office of Science

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Development and Application of Analysis Methods for Dark Energy Probes

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

Batavia, Illinois; Davis, California

13. PROPOSED PROJECT:

* Start Date * Ending Date

01/01/2007 12/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project

XIV

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Dr. Lloyd Knox PhD

Position/Title: Professor * Organization Name: The Regents of the University of California

Department: Physics Division: L&S College

* Street1: One Shields Avenue Street2: University of California

* City: Davis County: Yolo * State: CA * ZIP Code: 95616

* Country: USA

* Phone Number: 530-754-7352 Fax Number: 530-752-4717 * Email: lknox@ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	182,467.00
b. * Total Federal & Non-Federal Funds	182,467.00
c. * Estimated Program Income	0.00

17. * 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: 08/14/2006

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

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

* I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mr.	Matt		Nguyen	PhD
* Position/Title:	Contract and Grant Analyst		* Organization:	The Regents of the University of California
Department:	Sponsored Programs		Division:	Office of Research
* Street1:	1850 Research Park Drive, Suite 300		Street2:	University of California
* City:	Davis	County:	Yolo	* State: CA * ZIP Code: 95616
* Country:	USA			
* Phone Number:	530-747-3912	Fax Number:	530-747-3929	* Email: mannguyen@ucdavis.edu

* Signature of Authorized Representative

* Date Signed

Completed on submission to Grants.gov

Completed on submission to Grants.gov

20. Pre-application

 [Delete Attachment](#) [View Attachment](#)

Application for Federal Assistance SF-424

Version 02

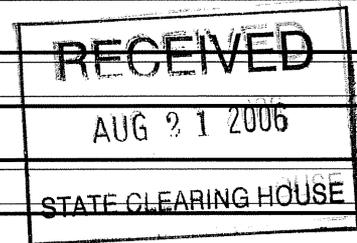
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
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* 3. Date Received: <input type="text" value="Completed by Grants.gov upon submission."/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

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

* a. Legal Name: <input type="text" value="Bell Gardens City of - Bell Gardens Police Department"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="952141830"/>	* c. Organizational DUNS: <input type="text" value="021147645"/>

d. Address:

* Street1: <input type="text" value="7100 S. Garfield Ave."/>
Street2: <input type="text"/>
* City: <input type="text" value="Bell Gardens"/>
County: <input type="text"/>
* State: <input type="text" value="CA: California"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text" value="90201"/>

e. Organizational Unit:

Department Name: <input type="text" value="Bell Gardens Police Department"/>	Division Name: <input type="text"/>
---	--

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

Prefix: <input type="text"/>	* First Name: <input type="text" value="Elias"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Magdaleno"/>	
Suffix: <input type="text"/>	
Title: <input type="text" value="Captain"/>	
Organizational Affiliation: <input type="text"/>	

* Telephone Number: <input type="text" value="(562) 806-7615"/>	Fax Number: <input type="text" value="(562) 806-6291"/>
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* Email: <input type="text" value="emagdaleno@bgpd.org"/>
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Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

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

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

Communications Interoperability System

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="148,084.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="148,084.00"/>

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

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

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

Yes No

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

**** I AGREE**

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED MARCH 01, 2006	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State Assistance Fund for Enterprise, Business & Industrial Development Corp.

Organizational Unit: Department: Division:

Organizational DUNS: 01 299 1295

Address: Street: 1211 N. DUTTON AVE., STE D

City: SANTA ROSA

County: SONOMA

State: CA Zip Code: 95401

Country: UNITED STATES

Name and telephone number of person to be contacted on matters involving this application (give area code):
Prefix: MS. First Name: MARY JO
Middle Name: Last Name: DUTRA
Suffix:

Email: MJD@SAFE-BIDCO.COM

Phone Number (give area code): 800-273-8637 Fax Number (give area code): 707-577-7348

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 4 - 2 7 1 7 3 5 8

7. TYPE OF APPLICANT: (See back of form for Application Types)
 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)
 O - NOT-FOR-PROFIT
 Other (specify)

8. TYPE OF APPLICATION:

9. NAME OF FEDERAL AGENCY:
UNITED STATES DEPT OF AGRICULTURE / RURAL DEV

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE (Name of Program): 2006 RBEG
1 0 - 7 6 9

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
NORTHERN CALIFORNIA NATIVE AMERICAN REVOLVING LOAN FUND - PILOT (SEE ATTACHED SUMMARY)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
NORTHERN CALIFORNIA (SEE ATTACHED SUMMARY)

13. PROPOSED PROJECT
Start Date: 01/01/2007 Ending Date: 12/31/2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 01 b. Project 01, 02, 03, 04, 05, 06, 11

15. ESTIMATED FUNDING:

a. Federal	\$	350,000 ⁰⁰
b. Applicant	\$	35,000 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	50,000 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	435,000 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: MARCH 01, 2006
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

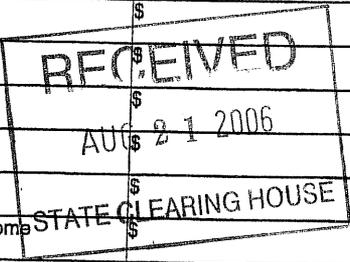
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: MS. First Name: MARY JO Middle Name: Last Name: DUTRA Suffix: Title: PRESIDENT/CEO

c. Telephone Number (give area code): 800-273-8637

d. Signature of Authorized Representative e. Date Signed: MARCH 01, 2006



PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 07/28/06	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 06SC06N129	4. DATE RECEIVED: 07/28/06	GRANT NUMBER: 06SCPCA001														
5. APPLICATION INFORMATION																
LEGAL NAME: Assistance League of Southern California DUNS NUMBER: 140737699	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Leticia Martinez TELEPHONE NUMBER: (323) 460-7032 FAX NUMBER: (323) 460-6893 INTERNET E-MAIL ADDRESS: rep@ivohn.net															
ADDRESS (give street address, city, state and zip code): 8134 Van Nuya Blvd. #200 Panorama City CA 91402-4H18																
G. EMPLOYER IDENTIFICATION NUMBER (EIN): 951641960	7. TYPE OF APPLICANT: 7A. Non-Profit 7b. Volunteer Management Organization															
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): <input type="checkbox"/> DR <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Budget changes needed	RECEIVED AUG 22 2006 STATE CLEARING HOUSE															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.018 10b. TITLE: Senior Companion Program	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): City of Los Angeles, West Los Angeles, in the County of Los Angeles, California.	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SCP of Los Angeles															
13. PROPOSED PROJECT: START DATE: 04/01/06 END DATE: 03/31/09	14. PERFORMANCE PERIOD: START DATE: END DATE:															
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 01-APR-06															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="text-align: right;">\$ 243,422.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 38,465.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 18,186.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 20,279.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 281,887.00</td> </tr> </table>	a. FEDERAL	\$ 243,422.00	b. APPLICANT	\$ 38,465.00	c. STATE	\$ 0.00	d. LOCAL	\$ 18,186.00	e. OTHER	\$ 20,279.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 281,887.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 243,422.00															
b. APPLICANT	\$ 38,465.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 18,186.00															
e. OTHER	\$ 20,279.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 281,887.00															
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: Jim E. Leahy Jr.	b. TITLE: Executive Director	c. TELEPHONE NUMBER: 818-908-5068														
		d. DATE: 07/28/06														

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 08/02/06	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 06SR0671RH	4. DATE RECEIVED: 08/02/06	GRANT NUMBER: 06SRPCA009
5. APPLICATION INFORMATION		
LEGAL NAME: Assistance League of Southern California DUNS NUMBER: 140737598		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give org codes): NAME: Maiza Youssef TELEPHONE NUMBER: (818) 908-5070 FAX NUMBER: INTERNET E-MAIL ADDRESS: emr@vcln.net
ADDRESS (give street address, city, state and zip code): 8134 Van Nuys Blvd. #200 Panorama City CA 91402 - 481R		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951641960		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Volunteer Management Organization
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): <input type="checkbox"/> DR <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration We need to make corrections to the budget.		
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;">RECEIVED AUG 22 2006 STATE CLEARING HOUSE</div>
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Volunteer Center of Los Angeles RSVF		
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): The Cities of Los Angeles, Glendale, Santa Clarita, San Fernando Valleys all are located in the County of Los Angeles, State of California.		13. PROPOSED PROJECT: START DATE: 04/01/06 END DATE: 03/31/09
14. PERFORMANCE PERIOD: START DATE: END DATE:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 31-JAN-06
15. ESTIMATED FUNDING:		
a. FEDERAL	\$ 211,747.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
b. APPLICANT	\$ 90,749.00	
c. STATE	\$ 0.00	
d. LOCAL	\$ 24,567.00	
e. OTHER	\$ 66,182.00	
f. PROGRAM INCOME	\$ 0.00	
g. TOTAL	\$ 302,496.00	
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: Jim E. Lealy Jr.	b. TITLE: Executive Director	c. TELEPHONE NUMBER: 818-908-5068
		d. DATE: 08/02/06

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 08/21/06	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 06SP067631	4. DATE RECEIVED: 08/21/06	GRANT NUMBER: 06SP067631
5. APPLICATION INFORMATION		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give a/b/c codes): NAME: Yelena Skiba TELEPHONE NUMBER: (213) 625-0760 FAX NUMBER: (213) 625-0809 INTERNET E-MAIL ADDRESS: fgp@vcla.net
LEGAL NAME: Assistance League of Southern California DUNS NUMBER: 140737508	ADDRESS (give street address, city, state and zip code): 8134 Van Nuys Blvd. #200 Panorama City CA 91402 - 4818	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951641960	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Volunteer Management Organization	<div style="border: 2px solid black; padding: 10px; text-align: center;"> <p>RECEIVED</p> <p>AUG 22 2006</p> <p>STATE CLEARING HOUSE</p> </div>
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): <input type="checkbox"/> BR <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Changing number of positions	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Foster Grandparent Program	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Los Angeles City and County, California. Cities and areas include: the Atwater Glendale area, Lincoln Heights, City of Commerce, El Monte, South Gate, South Central LA and War	13. PROPOSED PROJECT: START DATE: 01/01/06 END DATE: 12/31/08	14. PERFORMANCE PERIOD: START DATE: END DATE:
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 01-JAN-06	
a. FEDERAL \$ 364,286.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
b. APPLICANT \$ 54,461.00		
c. STATE \$ 0.00		
d. LOCAL \$ 1,000.00		
e. OTHER \$ 51,461.00		
f. PROGRAM INCOME \$ 0.00		
g. TOTAL \$ 438,747.00		
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: Jim P. Lanby Jr.	b. TITLE: Executive Director	c. TELEPHONE NUMBER: 818-908-5068
		d. DATE: 08/21/06

RECEIVED

AUG 22 2006

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: STATE CLEARING HOUSE
Non-Construction

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

07/28/06

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

06SC068129

4. DATE RECEIVED:

07/28/06

GRANT NUMBER:

06SCPCA001

5. APPLICATION INFORMATION

LEGAL NAME: Assistance League of Southern California

DUNS NUMBER: 110737588

ADDRESS (give street address, city, state and zip code):

1134 Van Nuys Blvd, #200
Panorama City CA 91402 - 4818

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

NAME: Leticia Martinez

TELEPHONE NUMBER: (323) 460-7032

FAX NUMBER: (323) 460-6893

INTERNET E-MAIL ADDRESS: rep@vcla.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

951641960

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Volunteer Management Organization

8. TYPE OF APPLICATION:

NEW

CONTINUATION

REVISION

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

RR

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration

Budget changes needed

RECEIVED

AUG 22 2006

STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016

10b. TITLE: Senior Companion Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

SCP of Los Angeles

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

City of Los Angeles, West Los Angeles, in the County of Los Angeles, California.

13. PROPOSED PROJECT START DATE: 04/01/06

END DATE: 03/31/09

14. PERFORMANCE PERIOD START DATE:

END DATE:

16. ESTIMATED FUNDING:

a. FEDERAL

\$ 243,422.00

b. APPLICANT

\$ 38,465.00

c. STATE

\$ 0.00

d. LOCAL

\$ 18,186.00

e. OTHER

\$ 20,279.00

f. PROGRAM INCOME

\$ 0.00

g. TOTAL

\$ 281,897.00

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

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

DATE: 01-APR-06

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:

Jan E. Leahy Jr.

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Jim E. Leahy Jr.

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

618-908-5068

d. DATE:

07/28/06

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2006	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01614
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: Department: California Department of Park and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty
City: Sacramento	Middle Name
County: Sacramento	Last Name Ettinger
State: California Zip Code 94296-0001	Suffix:
Country: USA	Email: betti@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511
---	---

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

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

9. NAME OF FEDERAL AGENCY:
 U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 15-916
 TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 East Bay Regional Park District
 Las Trampas ACQ
 18501 Bollinger Canyon Road
 San Ramon, CA 94583

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 06-68378

13. PROPOSED PROJECT
 Start Date: Ending Date: 06/30/2010

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 03 b. Project 10 & 11

15. ESTIMATED FUNDING:

a. Federal	\$	82,548.00
b. Applicant	\$	2,467,452.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	2,550,000.00

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: 08/17/2006
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Ms.	First Name Betty	Middle Name
Last Name Ettinger		Suffix
b. Title Chief, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 08-17-06

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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		2. DATE SUBMITTED 08/17/2006	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01616
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: betti@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511
---	---	---

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. State Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-68294	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of San Carlos Brentz Lane Park DEV 5511 Morrow Drive San Pablo, CA 94806
--	--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 07
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 69,852.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/17/2006
b. Applicant \$ 89,018.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 158,870.00	

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		b. Title Assistant Chief, Office of Grants and Local Services	
Prefix Ms.	First Name Betty	Middle Name	c. Telephone Number (give area code) (916) 653-7423
Last Name Ettinger		Suffix	e. Date Signed 8-17-06
d. Signature of Authorized Representative <i>Betty Ettinger</i>			

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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		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 08/17/2006	Applicant Identifier N/A
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01623

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: Department: California Department of Park and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty
City: Sacramento	Middle Name
County: Sacramento	Last Name Ettinger
State: California Zip Code 94296-0001	Suffix:
Country: USA	Email: betti@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511
---	---

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916

TITLE (Name of Program): Land & Water Conservation Fund

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-82996

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Vista
Raintree Park Development
545 East Los Angeles Street
Vista, CA 92084

13. PROPOSED PROJECT
Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 48

15. ESTIMATED FUNDING:

a. Federal	\$	68,500.00
b. Applicant	\$	68,500.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	137,000.00

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: 08/17/2006
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Ms.	First Name Betty	Middle Name
Last Name Ettinger		Suffix
b. Title Assistant Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>	e. Date Signed 8-17-06	

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**APPLICATION FOR
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Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2006	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01611
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: Department: California Department of Park and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty
City: Sacramento	Middle Name
County: Sacramento	Last Name Ettinger
State: California Zip Code 94296-0001	Suffix:
Country: USA	Email: betti@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511
---	---	---

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. State Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Sacramento John Mackey Park DEV 1910 Kenwood Street Sacramento, CA 95815
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-58016	

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 05
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 78,888.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/17/2006
b. Applicant \$ 78,888.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	
e. Other \$	
f. Program Income \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 157,776.00	<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 Ms.	First Name Betty	Middle Name
Last Name Ettinger		Suffix
b. Title Assistant Chief, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 8-17-06

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/17/2006	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier 06-01620
<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 Parks and Recreation	Organizational Unit:
Organizational DUNS: 172070807	Department: California Department of Park and Recreation
Address: Street: PO Box 942896	Division: Office of Grants and Local Services
City: Sacramento	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Sacramento	Prefix: Ms. First Name: Betty
State: California Zip Code 94296-0001	Middle Name
Country: USA	Last Name Ettinger
	Suffix:
	Email: betti@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511
---	---

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Sycamore Canyon Park Trail Development

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-19192

13. PROPOSED PROJECT
Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 41

15. ESTIMATED FUNDING:

a. Federal	\$	136,000.00
b. Applicant	\$	136,000.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	272,000.00

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: 08/17/2006
 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 Betty	Middle Name
Last Name Ettinger	Suffix	
b. Title Assistant Chief	c. Telephone Number (give area code) (916) 651-8174	
d. Signature of Authorized Representative	e. Date Signed 8-17-06	

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/17/2006	Applicant Identifier N/A
<input checked="" 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 06-01617
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: Street: PO Box 942896

City: Sacramento

County: Sacramento

State: California Zip Code 94296-0001

Country: USA

Organizational Unit: Department: California Department of Park and Recreation

Division: Office of Grants and Local Services

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

Prefix: Ms. First Name: Betty

Middle Name

Last Name Ettinger

Suffix:

Email: betti@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0303606

Phone Number (give area code) (916) 651-8174

Fax Number (give area code) (916) 953-6511

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

City of Reedley
Pioneer Park Dev.
850 G Street
Reedley, CA 93654

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

06-60242

13. PROPOSED PROJECT

Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 03 b. Project 19

15. ESTIMATED FUNDING:

a. Federal	\$	55,000.00
b. Applicant	\$	55,000.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	110,000.00

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

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

DATE: 08/17/2006

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Ms. First Name Betty Middle Name

Last Name Ettinger Suffix

b. Title Assistant Chief

c. Telephone Number (give area code) (916) 653-7423

d. Signature of Authorized Representative *Betty Ettinger*

e. Date Signed 8/17/06

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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 08/17/2006	Applicant Identifier N/A	
3. DATE RECEIVED BY STATE		State Application Identifier		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION		Federal Identifier 06-01615			
Legal Name: California - Department of Parks and Recreation			Organizational Unit: Department: California Department of Park and Recreation		
Organizational DUNS: 172070807			Division: Office of Grants and Local Services		
Address: Street: PO Box 942896			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty		
City: Sacramento			Middle Name		
County: Sacramento			Last Name Ettinger		
State: California		Zip Code 94296-0001	Suffix:		
Country: USA			Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 953-6511
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. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-27000			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Fresno, Parks Al Radka Park Dev. 5897 E. Belmont Avenue Fresno, CA 93727-2701		
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 20		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal		\$ 70,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/17/2005		
b. Applicant		\$ 70,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State		\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local		\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other		\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
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 Ms.		First Name Betty		Middle Name	
Last Name Ettinger			Suffix		
b. Title Assistant Chief			c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Betty Ettinger</i>			e. Date Signed 8/17/06		

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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 08/17/2006	Applicant Identifier N/A	
5. APPLICANT INFORMATION			3. DATE RECEIVED BY STATE	State Application Identifier	
Legal Name: California - Department of Parks and Recreation			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01618	
Organizational DUNS: 172070807			Organizational Unit: Department: California Department of Park and Recreation		
Address: Street: PO Box 942896			Division: Office of Grants and Local Services		
City: Sacramento			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty		
County: Sacramento			Middle Name		
State: California Zip Code 94296-0001			Last Name Ettinger		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68] - [0303606]			Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 953-6511
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. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15] - [916] TITLE (Name of Program): Land & Water Conservation Fund			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-27000			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Calwa Recreation and Park District Calwa Park Dev. 4545 East Church Avenue Fresno, CA93725		
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 20		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	30,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/17/2006		
b. Applicant	\$	30,885.00	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	\$		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	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	60,885.00			
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 Betty		Middle Name		
Last Name Ettinger			Suffix		
b. Title Assistant Chief			c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Betty Ettinger</i>			e. Date Signed 8/17/06		

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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		2. DATE SUBMITTED 08/17/2006	Applicant Identifier N/A
Pre-application <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 06-01612

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: Department: California Department of Park and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty
City: Sacramento	Middle Name
County: Sacramento	Last Name Ettinger
State: California Zip Code 94296-0001	Suffix:
Country: USA	Email: betti@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511
---	---	---

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. State Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: River Bluff Regional Park Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-12524	

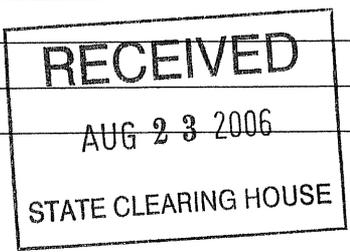
13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 18
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 73,895.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/26/02
b. Applicant \$ 73,895.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 147,790.00	

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 Betty	Middle Name
Last Name Ettinger	Suffix	
b. Title Assistant Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>	e. Date Signed 8-17-06	



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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 08/17/2006	Applicant Identifier N/A
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-06-01613

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Park and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California		Middle Name	
Zip Code: 94296-0001	Last Name: Ettinger		
Country: USA		Suffix:	
		Email: betti@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511
---	---

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

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

9. NAME OF FEDERAL AGENCY:
 U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 15-916
 TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Walnut Sports Complex Dev

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 06-42006

13. PROPOSED PROJECT
 Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 03 b. Project 18

15. ESTIMATED FUNDING:

a. Federal	\$	50,000.00
b. Applicant	\$	80,000.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	130,000.00

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: 8/17/06
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix: Ms.	First Name: Betty	Middle Name:
Last Name: Ettinger		Suffix:
b. Title: Assistant Chief		c. Telephone Number (give area code): (916) 653-7423
d. Signature of Authorized Representative: <i>Betty Ettinger</i>		e. Date Signed: 8/17/06

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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	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 08/17/2006	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01626

5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: betti@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511
---	---	---

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. State Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Long Beach River View Shore Trail Golden Shore & Shoreline Drive, Long Beach, CA
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-43000	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 46
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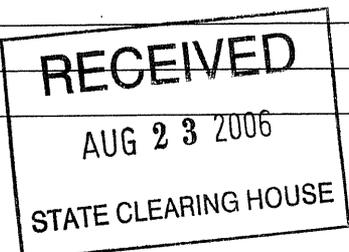
13. PROPOSED PROJECT Start Date: Ending Date:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/17/2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
-------------------------------	--

a. Federal \$ 98,274.00 b. Applicant \$ 101,726.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 200,000.00
--

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 Ms. First Name Betty Middle Name Last Name Ettinger Suffix	c. Telephone Number (give area code) (916) 653-7423 e. Date Signed 8-17-06
b. Title Assistant Chief	
d. Signature of Authorized Representative <i>Betty Ettinger</i>	

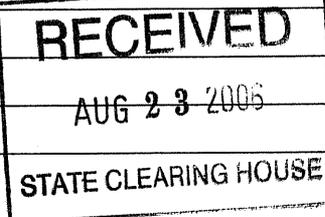


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**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/17/2006	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <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 06-01622
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code 94296-0001	Suffix:		
Country: USA	Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511
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. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
TITLE (Name of Program): Land & Water Conservation Fund		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Santa Ana Parks, Recreation, and Community Services Agency Santa Ana Zoo Development 2535 North Main Street, Santa Ana, CA 92705	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-69000		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 48	
13. PROPOSED PROJECT Start Date: Ending Date:		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: 08/17/2006 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	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 150,000.00		
b. Applicant	\$ 350,000.00		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 500,000.00		
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 Ms.	First Name Betty	Middle Name	
Last Name Ettinger			Suffix
b. Title Assistant Chief.			c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative <i>Betty Ettinger</i>			e. Date Signed 8-17-06



**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 08/17/2006	Applicant Identifier N/A	
			3. DATE RECEIVED BY STATE	State Application Identifier 06-01624	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit: Department: California Department of Park and Recreation		
Organizational DUNS: 172070807			Division: Office of Grants and Local Services		
Address: Street: PO Box 942896			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty		
City: Sacramento			Middle Name		
County: Sacramento			Last Name Ettinger		
State: California		Zip Code 94296-0001	Suffix:		
Country: USA			Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 953-6511
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. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-53448			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: North of the River RPD McCray Park DEV 600 Linda Vista Drive Bakersfield, CA 93308		
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2010			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 22		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/17/2006		
b. Applicant	\$	90,750.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	140,750.00			
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 Betty		Middle Name	
Last Name Ettinger				Suffix	
b. Title Assistant Chief, Office of Grants and Local Services				c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative				e. Date Signed 8-17-06	

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STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)
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APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. Federal Identifier	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 24 2006 STATE CLEARING HOUSE </div>	
5. APPLICANT INFORMATION				
* Legal Name: The Regents of the University of California		* Organizational DUNS: 0471200840000		
Department: Sponsored Programs	Division: Office of Research			
* Street1: 1850 Research Park Drive, Suite 300	Street2: University of California			
* City: Davis	County: Yolo	* State: CA	* ZIP Code: 95618	
* Country: USA				
Person to be contacted on matters involving this application				
Prefix: Mr.	* First Name: Matt	Middle Name:	* Last Name: Nguyen	Suffix:
* Phone Number: 530-747-3812	Fax Number: 530-747-3929	Email: nguyen@ucdavis.edu		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:		
94-6036494		F: State-Controlled Institution of Higher Education		
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New		Other (Specify):		
<input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> Women Owned <input type="checkbox"/> Small Business Organization Type <input type="checkbox"/> Socially and Economically Disadvantaged		
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGENCY:		
<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input checked="" type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):		Office of Science		
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		
What other Agencies?		81,049		
		TITLE: Office of Science Financial Assistance Program		
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
Thermodynamic and Spectral Properties of Quantum Magnets and Strongly Correlated Electron Systems				
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)				
Davis, California, Yolo County				
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:		
* Start Date	* Ending Date	a. * Applicant	b. * Project	
07/01/2007	06/30/2010			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION				
Prefix: Dr.	* First Name: Rajiv	Middle Name:	* Last Name: Singh	Suffix: PhD
Position/Title: Professor	* Organization Name: The Regents of the University of California			
Department: Physics Department	Division: College of Letters and Science			
* Street1: One Shields Avenue	Street2: University of California			
* City: Davis	County: Yolo	* State: CA	* ZIP Code: 95618	
* Country: USA				
* Phone Number: 530-752-4710	Fax Number: 530-752-4717	* Email: singh@physics.ucdavis.edu		

OMB Number: 4040-0001

Expiration Date: 04/30/2006

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

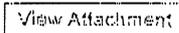
Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	483,461.00	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	483,461.00	DATE:	08/22/2006
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372; OR
		<input type="checkbox"/>	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative			
Prefix:	* First Name:	Middle Name:	* Last Name:
Mr.	Matt		Nguyen
Suffix:			
* Position/Title:	Contract and Grant Analyst	* Organization:	The Regents of the University of California
Department:	Sponsored Programs	Division:	Office of Research
* Street1:	1850 Research Park Drive, Suite 300	Street2:	University of California
* City:	Davis	County:	Yolo
* State:	CA	* ZIP Code:	95618
* Country:	USA		
* Phone Number:	530 747-3912	Fax Number:	530 747-3929
* Email:	mannguyen@ucdavis.edu		
* Signature of Authorized Representative		* Date Signed	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	
20. Pre-application			
			Delete Attachment
			View Attachment

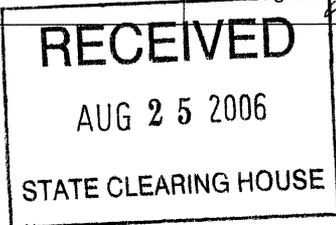
OMB Number: 4040-0001
Expiration Date: 04/30/2008

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California State University, Long Beach Foundation		Organizational Unit: Department: Department of Biological Sciences	
Organizational DUNS: 006199129		Division: College of Natural Sciences and Mathematics	
Address: Street: 6300 State University Dr., Suite #332		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Long Beach		Prefix:	First Name: Esteban
County: Los Angeles		Middle Name	
State: CA	Zip Code 90815	Last Name Fernandez-Juricic	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6106694		Phone Number (give area code) 562-985-7597	Fax Number (give area code) 562-985-8878
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.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N. Other (specify) higher education auxiliary for fiscal management	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-028		9. NAME OF FEDERAL AGENCY: US Dept of Agriculture, APHIS, National Wildlife Research Center	
TITLE (Name of Program): Wildlife Services		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Visual acuity and visual fields of two bird species implicated in bird-aircraft collisions: Brown-headed Cowbird and Mourning Dove	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 46th	
13. PROPOSED PROJECT Start Date: 08/31/06		b. Project 46th	
Ending Date: 11/14/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
15. ESTIMATED FUNDING:		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/25/06	
a. Federal	\$ 6,500.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
b. Applicant	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 0.00		
f. Program Income	\$ 0.00		
g. TOTAL	\$ 6,500.00		
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 Dr.	First Name Elizabeth	Middle Name L.	Suffix
Last Name Ambos	c. Telephone Number (give area code) 562-985-5314		e. Date Signed <i>August 23, 2006</i>
b. Title Associate VP for Research and External Support	d. Signature of Authorized Representative <i>Elizabeth L. Ambos</i>		

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

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 8/21/2006	Agency Identifier 09CH0031
3. DATE RECEIVED BY STATE:	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION Application	Preapplication
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: Human Resource Council, Inc.	Organizational Unit: Department: HRC Calaveras Head Start State Preschool
Organizational DUNS: 04-690-8018	Division:
Address: Street: P.O. Box 1225 42 HWY 26	Name and telephone number of the person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: Nancy
City: Valley Springs	Middle Name: Ann
County: Calaveras	Last Name: Tiffany
State: CA Zip Code: 95252	Suffix:
Country: USA	Email: nancyt@hrchs.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN) 9 4 - 2 7 0 5 7 9 0	Phone Number (give area code) 209-772-3980 ext.107	Fax Number (give area code) 209-772-3984
--	---	---

8. TYPE OF APPLICATION <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision
If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/>
Other (specify)

7. TYPE OF APPLICANT (enter appropriate letter in box) <input type="checkbox"/>
Other (specify)

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

9. NAME OF FEDERAL AGENCY: DHHS-ACF-Head Start
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RECEIVED AUG 25 2006 STATE CLEARING HOUSE

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

13. PROPOSED PROJECT: Start Date: 12/01/2006 Ending Date: 11/30/2007

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

15. ESTIMATED FUNDING	
a Federal	\$ 2,457,840 .00
b Applicant	\$ 614,460 .00
c State	\$.00
d Local	\$.00
e Other	\$.00
f Program Income	\$.00
g Total	\$ 3,072,300 .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 8/21/2006 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION 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 Lin Middle Name
Last Name Reed	Suffix
b. Title Executive Director	c. Telephone number 209-754-3114
d. Signature of Authorized Representative	e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

- Pre-application Application
- Changed/Corrected Application

4. Federal Identifier

RECEIVED

5. APPLICANT INFORMATION

* Organizational DUNS: 0471200840000

AUG 28 2006

* Legal Name: The Regents of University of California

Department: Sponsored Programs

Division: Office of Research

* Street1: 1650 Research Park Drive, Suite 300

Street2: University of California

* City: Davis

County: Yolo

* State: CA

* ZIP Code: 95618

* Country: USA

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

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

Mr. Matt Nguyen

* Phone Number: 530-747-3912 Fax Number: 530-7473937 Email: manguyen@ucdavis.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-6036484

7. TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. TYPE OF APPLICATION:

- New
- Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

- Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

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

9. NAME OF FEDERAL AGENCY:

Office of Science

* Is this application being submitted to other agencies? Yes No

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Developing Precision Probes of Dark Matter and Dark Energy

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

Davis, California

13. PROPOSED PROJECT:

* Start Date: 01/01/2007 * Ending Date: 12/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Dr. J. Anthony Tyson PhD

Position/Title: Professor

* Organization Name: The Regents of University of California

Department: Physics Department

Division: College of Letters and Science

* Street1: One Shields Avenue

Street2: University of California

* City: Davis

County: Yolo

* State: CA

* ZIP Code: 95616

* Country: USA

* Phone Number: 530-752-3830

Fax Number: 530-752-4717

* Email: tyson@physics.ucdavis.edu

SF 424 (R&R) APPLIC. ON FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * 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

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

* I agree

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

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Delete Attachment

View Attachment

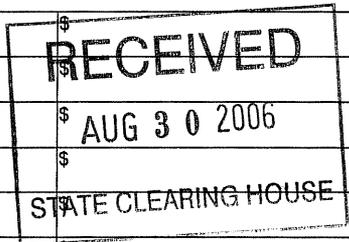
OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 29, 2006	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Central Sierra Economic Development District		Organizational Unit: Department: None	
Organizational DUNS: 157658485		Division:	
Address: Street: 53 West Bradford, Suite 200		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Larry	
City: Sonora		Middle Name	
County: Tuolumne		Last Name Busby	
State: CA	Zip Code 95370	Suffix:	
Country: US		Email: cspc@mlode.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 3 8 8 6 8 1		Phone Number (give area code) 209-532-8960	Fax Number (give area code) 209-532-7599
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" 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) Other (specify) Economic Development District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 2 TITLE (Name of Program): Economic Development Support for Planning		9. NAME OF FEDERAL AGENCY: Economic Development Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alpine, Amador, Calaveras and Tuolumne Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Areawide Economic Development Planning and Implementation	
13. PROPOSED PROJECT Start Date: 7/1/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 and 19	
Ending Date: 6/30/07		b. Project 3 and 19	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 26,000.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 28, 2006	
b. Applicant	\$ 26,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00	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.	
g. TOTAL	\$ 52,000.00	a. Authorized Representative	
		Prefix Mr.	First Name Larry
		Middle Name	
		Last Name Busby	
		Suffix	
		b. Title Executive Director	
		c. Telephone Number (give area code) 209-532-8960	
		d. Signature of Authorized Representative <i>L. Busby</i>	
		e. Date Signed August 29, 2006	



APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

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

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: 0471200840000

* Legal Name: Regents of the University of California

Department: Office of Research

Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis

County: YOLO

* Country: USA

RECEIVED

AUG 30 2006
* State: CA Code: 95618

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Matt

Nguyen

* Phone Number: 530-747-3912

Fax Number: 530-747-3929

Email: mannguyen@ucdavis.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-6038494

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged8. * TYPE OF APPLICATION: New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).

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

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81,049

TITLE: Office of Science Financial Assistance Program

* Is this application being submitted to other agencies? Yes No

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Optimized materials and nanostructures from predictive computer simulations

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

USA

13. PROPOSED PROJECT:

* Start Date

* Ending Date

01/01/2007

12/31/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-001

CA-001

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Giulia

Gall

PhD

Position/Title: Professor

* Organization Name: Regents of the University of California

Department: Chemistry

Division: Letters & Science/Math-Phys Sc

* Street1: One Shields Avenue

Street2: University of California

* City: Davis

County: YOLO

* State: CA

* ZIP Code: 95616

* Country: USA

* Phone Number: 530-754-9554

Fax Number: 530-752-8995

* Email: gagalli@ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	675,228.80
b. * Total Federal & Non-Federal Funds	0.00
c. * Estimated Program Income	0.00

17. * 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: 06/30/2006

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

PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

Prefix: First Name: Middle Name: Last Name: Suffix:

Matt Nguyen

* Position/Title: Contracts & Grants Analyst * Organization: Regents of the University of California

Department: Office of Research Division: Sponsored Programs

* Street1: 1850 Research Park Drive Street2: Suite 300

* City: Davis County: YOLO * State: CA * ZIP Code: 95618

* Country: USA

* Phone Number: 530-747-3912 Fax Number: 530-747-3929 * Email: mannguyen@ucdavis.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application



OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

 Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

6. APPLICANT INFORMATION

* Organizational DUNS: 0471200840000

* Legal Name: Regents of the University of California

Department: Office of Research

Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis

County: YOLO

* State: CA

* ZIP Code: 95618

* Country: USA

RECEIVED
 AUG 30 2006
 STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Matt

Nguyen

* Phone Number: 530-747-3912

Fax Number: 530-747-3929

Email: mannguyen@ucdavis.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-6036494

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged8. * TYPE OF APPLICATION: New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).

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

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81,049

TITLE: Office of Science Financial Assistance Program

* Is this application being submitted to other agencies? Yes No

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Optimized materials and nanostructures from predictive computer simulations

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

USA

13. PROPOSED PROJECT:

* Start Date

* Ending Date

01/01/2007

12/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-001

CA-001

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Giulla

Galli

PhD

Position/Title: Professor

* Organization Name: Regents of the University of California

Department: Chemistry

Division: Letters & Science/Math-Phys Sc

* Street1: One Shields Avenue

Street2: University of California

* City: Davis

County: YOLO

* State: CA

* ZIP Code: 95616

* Country: USA

* Phone Number: 530-754-9554

Fax Number: 530-752-8995

* Email: gagalli@ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * 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

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

* I agree

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

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application