

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

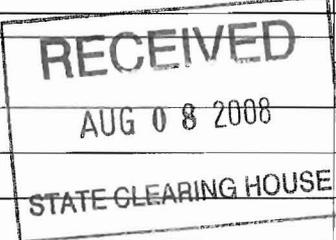
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/20/2008	Applicant Identifier B-08-MC-06-0534
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE 07/01/2008	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-08-MC-06-0534
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: CITY OF OXNARD	Organizational Unit: Department: FINANCE DEPARTMENT
Organizational DUNS: 081790214	Division: GRANTS MANAGEMENT DIVISION
Address: Street: 300 WEST THIRD STREET, SUITE 302	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: NORMA
City: OXNARD	Middle Name: J.
County: VENTURA	Last Name: OWENS
State: CALIFORNIA Zip Code: 93030	Suffix:
Country: USA	Email: norma.owens@ci.oxnard.ca.us



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 0 7 5 6	Phone Number (give area code) (805) 385-7477	Fax Number (give area code) (805) 385-7466
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8. TYPE OF APPLICATION:

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

9. NAME OF FEDERAL AGENCY:

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 4 - 2 1 8

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

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

CITY OF OXNARD

13. PROPOSED PROJECT

Start Date: 07/01/2008	Ending Date: 06/30/2009	14. CONGRESSIONAL DISTRICTS OF:
		a. Applicant CA-23 b. Project CA-23

15. ESTIMATED FUNDING:

a. Federal	\$	2,708,769 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	⁰⁰	
c. State	\$	⁰⁰	
d. Local	\$	⁰⁰	
e. Other	\$	⁰⁰	
f. Program Income	\$	53,870 ⁰⁰	
g. TOTAL	\$	2,762,639 ⁰⁰	

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix: MR.	First Name: EDMUND	Middle Name: F.
Last Name: SOTELO	Suffix:	
b. Title: CITY MANAGER	c. Telephone Number (give area code): (805) 385-7428	
d. Signature of Authorized Representative:	e. Date Signed: 6/20/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/20/2008	Applicant Identifier S-08-MC-06-0534
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE 07/01/2008	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-08-MC-06-0534

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: CITY OF OXNARD		Department: FINANCE DEPARTMENT	
Organizational DUNS: 081790214		Division: GRANTS MANAGEMENT DIVISION	
Address: Street: 300 WEST THIRD STREET, SUITE 302		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: OXNARD		Prefix: MS	First Name: NORMA
County: VENTURA		Middle Name J.	
State: CALIFORNIA		Last Name OWENS	
Zip Code 93030	Suffix:		
Country: USA		Email: norma.owens@ci.oxnard.ca.us	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000756	Phone Number (give area code) (805) 385-7477	Fax Number (give area code) (805) 385-7466
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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) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-231	9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
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11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: EMERGENCY SHELTER GRANT (ESG) PROGRAM	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF OXNARD
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13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-23 b. Project CA-23
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 121,107.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$.00	DATE:
c. State \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 121,107.00	

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

a. Authorized Representative		
Prefix MR.	First Name EDMUND	Middle Name F.
Last Name SOTELO		Suffix
b. Title CITY MANAGER	c. Telephone Number (give area code) (805) 385-7428	
d. Signature of Authorized Representative	e. Date Signed 6/20/08	

OMB Number: 4040-0004
 Expiration Date: 07/31/2006

Version 02

Application for Federal Assistance SF-424

RECEIVED
 AUG 18 2008
 STATE CLEARING HOUSE

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

R9 Tracking Number 08-436

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego County Air Pollution Control District

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

33-0488415

* c. Organizational DUNS:

00-9581646

d. Address:

* Street1: 10124 Old Grove Road
 * Street2:
 * City: San Diego
 * County: San Diego
 * State: CA
 * Province:
 * Country: United States of America
 * Zip / Postal Code: 92131

Post-it® Fax Note	7671	Date	8/18/08	# of pages	3
To	STATE CLEARINGHOUSE	From	Fernan Alvar		
Co./Dept.		Co.	APCD SAN DIEGO		
Phone #		Phone #	619-586-2630		
Fax #	916-323-3018	Fax #	619-586-2601		

e. Organizational Unit:

Department Name:

Air Pollution Control District

Division Name:

Monitoring, Compliance

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

Prefix: Ms. * First Name: Cecilia
 Middle Name:
 * Last Name: Redondo
 Suffix:

Title: Group Program Manager

Organizational Affiliation:

* Telephone Number: (858)586-2607

Fax Number: (858)586-2701

* Email: cecilia.redondo@sdcounty.ca.gov

OMB Number: 4040-0004
Expiration Date: 07/31/2008

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-001

CFDA Title:

FY 09 CLEAN AIR ACT SECTION 105 GRANT

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

County of San Diego

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

County Air Pollution Control Program maintenance of basic air pollution control program and regional cooperative air quality planning process. Preparation, updating & implementation of plans for attaining & maintaining national ambient air quality standards.

Attach supporting documents as specified in agency instructions.

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

OMB Number: 4040-0004
Expiration Date: 07/31/2008

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
* a. Applicant CA-52 * b. Program/Project 50,52,53

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

17. Proposed Project:
* a. Start Date: 10-01-2008 * b. End Date: 09-30-2009

18. Estimated Funding (\$):	
* a. Federal	<u>\$1,593,032.00</u>
* b. Applicant	<u>\$17,429,398.00</u>
* c. State	<u>\$755,000.00</u>
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	<u>\$19,777,430.00</u>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on 8/01/2008
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

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

Authorized Representative:

Prefix: Mr. * First Name: Robert
 Middle Name: _____
 * Last Name: Kard
 Suffix: _____

* Title: Air Pollution Control Officer

* Telephone Number: (858)586-2700 Fax Number: (858)586-2701

* Email: robert.kard@sdcounty.ca.gov

* Signature of Authorized Representative: *for Robert Kard* * Date Signed: 7/31/08

Authorized for Local Reproduction

g h

by [Signature]

DOT



FTA

U.S. Department of
Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-04-0094
Budget Number:	1 - Budget Pending Approval
Project Information:	Vans,planning, IT system, pass/ped amen

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,389,677
Project Number:	CA-04-0094	Adjustment Amt:	\$0
Project Description:	Vans,planning, IT system, pass/ped amen	Total Eligible Cost:	\$4,389,677
		Total FTA Amt:	\$3,514,424
Recipient Type:	Transit Authority	Total State Amt:	\$0
FTA Project Mgr:	Ray Tellis (213) 2022-3956	Total Local Amt:	\$875,253
Recipient Contact:	Richard Christie (213) 922-6022	Other Federal Amt:	\$0
New/Amendment:	None Specified	Special Cond Amt:	\$0
Amend Reason:	Initial Application		
		Special Condition:	None Specified
Fed Dom Asst. #:	20500	S.C. Tgt. Date:	None Specified
Sec. of Statute:	5309-6	S.C. Eff. Date:	None Specified
State Appl. ID:	None Specified	Est. Oblig Date:	None Specified
Start/End Date:	Oct. 20, 2008 - Mar. 24, 2011	Pre-Award Authority?:	No
Recvd. By State:		Fed. Debt Authority?:	No
EO 12372 Rev:	Not Applicable	Final Budget?:	No
Review Date:	None Specified		
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 02, 2006		
Program Page:	5,8 and 16		

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AUG 18 2008

STATE CLEARING HOUSE

The City will be using the funds for planning, engineering, design and environmental work for the Burbank Empire Area Transit Center. The proposed transit and bus facility near Bob Hope Airport (formerly Burbank Airport) will better integrate local and regional bus lines with nearby existing Metrolink and Amtrak rail platform. The facility will include a passenger waiting area, bicycle parking, restrooms and bus loading areas. The facility will serve regional and local bus routes, the airport shuttle, the Metrolink commuter train and Amtrak. The service will streamline transfers to the nearby airport and train station.

The City will use Proposition A funds for the local match.

The City of Burbank is located in California Congressional Districts 27 and 29: District Officials: Brad Sherman and Adam Schiff respectively.

Sub-recipient information:

City of Burbank
Community Development Department
275 East Olive Ave.
Burbank, CA 91510-6459
Telephone (818) 238-5270 FAX (818) 238-5264

Project Manager: David Kriske
Telephone(818)238-5269 FAX (818)238-5254

2. Pasadena

Pasadena operates a fixed-route, local circulator system known as the Pasadena Area Rapid Transit System (ARTS). ARTS is a transit service designed to provide convenient public transportation between many of the city's residential neighborhoods and retail, business and entertainment centers. Most of the routes are within the City, although some major attractions in nearby areas are served. Funds will be used for the Pasadena Real Time Arrival System project.

The City will use Proposition A funds for the local match.

Sub- recipient information:

City of Pasadena
Department of Transportation: Transit Division
221 E. Walnut St. Suite 199
Pasadena, Ca. 91105
(626) 744-4055 Telephone (626) 396-8957 FAX

Project Manager: Valerie Gibson
Telephone (626) 744-7452 FAX(626) 396-8955

The employees of the ARTS system are represented by the Teamsters as follows:

Teamsters Local 848
818 Oak Park Road
Covina, CA 91742
Phone - 626-732-4700
FAX - 626-732-4704
Email - noscabs42@aol.com
Contact - Eric Tate, Business Representative

Some other employees are represented by unions as follows:
Pasadena Management Association

4. Rosemary Children's Services

Rosemary Children's Services (Rosemary) is a non-profit organization with headquarters and most of its facilities in the City of Pasadena, Los Angeles County, California.

The organization is dedicated to providing assistance and support to abused, neglected or abandoned children up to the age of 18. It was founded in 1929 as a home for teenage girls. Rosemary has grown to offer a variety of services to children from newborn to 18 years of age including residential facilities, foster care, an accredited school, and mental health services. Rosemary can provide residence to over 40 at risk teen girls. Foster care is provided to over 300 boys and girls. The school is for grades 7 through 12.

In conjunction with its services, Rosemary operates five (5) vans. Rosemary intends to purchase four (4) additional vans. The vans will be alternate fuel powered, 15 passenger, handicapped accessible.

Rosemary has approximately 110 full time employees plus foster care providers and volunteers. None of the employees of Rosemary is represented by a union.

Rosemary will use general operating revenues for the local match.

Sub-recipient information:

Rosemary Children's Services

36 S Kinneloa Ave # 110

Pasadena, Ca. 91107

Telephone (626) 844-3033 FAX (626) 844-3034

Project Manager:

Theresa Suppande

Telephone (626) 844-3033 FAX (626) 844-3034

Rosemary Children's Service with headquarters in Pasadena, Ca. is in California Congressional District 29: District Official: Adam Schiff.

Earmarks

Earmark Details

Earmark ID	Earmark Name	Orig. Balance	Amount Applied
E2004-BUSP-037	Burbank Empire Area Transit	\$728,156	\$728,156
E2006-BUSP-071	Burbank, CA Construction of	\$47,589	\$47,589
E2006-BUSP-126	Monrovia, California-Transit	\$571,072	\$571,072
E2006-BUSP-127	Monrovia, Los Angeles County	\$1,485,000	\$1,485,000
E2006-BUSP-151	Pasadena, CA ITS Improvement	\$190,357	\$190,357
E2006-BUSP-158	Rosemary Children's Services	\$74,250	\$74,250
E2007-BUSP-0103	Pasadena, CA ITS Improvement	\$200,640	\$200,640
E2008-BUSP-0103	Pasadena, CA ITS Improvement	\$217,360	\$217,360

11.62.02 PURC COMM SYSTEM (LAE3790)	1	\$608,357.00	\$760,447.00
Estimated Total Eligible Cost:			\$5,359,359.00
Federal Share:			\$4,290,169.00
Local Share:			\$1,069,190.00

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

	<u>Quantity</u>	<u>FTA Amount</u>	<u>Tot. Elig. Cost</u>
<u>SCOPE</u>			
995-00 TRAVELER INFORMATION	1	\$500,000.00	\$625,000.00
<u>ACTIVITY</u>			
11.62.02 PURC REAL TIME AVL SYSTEM (LAE3790)	1	\$500,000.00	\$625,000.00

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.13.15	VAN - SVC EXPAN (Rosemary LAOG130)	Compressed Natural Gas
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Extended Budget Descriptions

114-00	BUS: SUPPORT EQUIP AND FACILITIES	4	\$74,250.00	\$89,458.00
Expansion vans for Rosemary Children`s Services in Pasadena, Ca. (LAOG130)				
11.13.15	VAN - SVC EXPAN (Rosemary LAOG130)	4	\$74,250.00	\$89,458.00
Rosemary Children`s Services. (TIP LAOG130)				
Rosemary Children`s Services operates a fleet of five (5) vans. The vans are used to transport children to school, special events and to foster care. The vans are not used in regular route service and there is no fare structure as only Rosemary participants and employees use the vans.				
The oldest van Rosemary owns will be designated as a spare leaving an active fleet of seven (7).				
Rosemary will use general operating funds for the local match.				

City of Monrovia (TIP LAEO039).

The City of Monrovia will be constructing decorative walkways and sidewalks within the Transit Village along Myrtle Ave. from Duarte road to Central Ave.

The City of Monrovia will be constructing decorative walkways and sidewalks within the Transit Village along Myrtle Ave. from Duarte road to Central Ave. This project will also include sidewalk and crosswalk widening to accommodate the increased pedestrian access for transit users.

The construction will improve the flow of pedestrian traffic and make movement safer. The construction will improve the flow of pedestrian traffic and make movement safer.

The City will use Propostion A funds for the local match.

Some funds may be used for management and administration of the Project.

113-00	BUS - STATION/STOPS/TERMINALS	1	\$775,745.00	\$969,682.00
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Planning, engineering and environmental work in association with the Empire Area Transit Center by the City of Burbank, Ca. (LAEO396)

11.31.03	TERMI, INTERMOD (TRANSIT) LAEO396	1	\$775,745.00	\$969,682.00
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The City of Burbank. (SAFETEA-LU 396) (TIP LAEO396))

The City will be using the funds for planning, engineering, design and environmental work for the Burbank Empire Area Transit Center. The transit and bus facility near Bob Hope Airport (formerly Burbank Airport) will better integrate local and regional bus lines with nearby existing Metrolink and Amtrak rail platform. The proposed facility will include a passenger waiting area, bicycle parking, ticket and information kiosks, restrooms and bus loading areas. The facility will serve regional bus routes and Burbank transit routes, the airport shuttle, and the Metrolink commuter train and Amtrak. The service will streamline transfers to the nearby airport and train station.

The airport serves the Los Angeles area including Glendale, Pasadena, and the San Fernando Valley and is the only airport in the greater Los Angeles area with a direct rail connection to downtown Los Angeles.

The project would expand mass transit alternatives for passengers traveling to and from the airport, and also would improve transit services for commuters who work at nearby retail and office developments.

The City will use Propostion A funds for the local match.

Some funds may be used for management and administration of the project.

116-00	SIGNAL & COMM EQUIPMENT (BUS)	1	\$608,357.00	\$760,447.00
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as many stops as funding will allow once the hardware and software have been acquired.

The City will use Proposition A funds for the local match.

Some funds may also be used for management and administration of the grant.

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.13.15 VAN - SVC EXPAN (Rosemary LAOG130) 4 \$74,250 \$89,458

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB OUT FOR BID	Aug. 25, 2009
2.	CONTRACT AWARDED	Nov. 19, 2009
3.	FIRST VEHICLE DELIVERED	Jan. 15, 2010
4.	ALL VEHICLES DELIVERED	Mar. 18, 2010
5.	CONTRACT COMPLETE	Jun. 10, 2010

11.93.02 CONST - BUS SHELTERS (LAE0039) 1 \$571,072 \$713,840

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued (Monrovia)	Dec. 10, 2008
2.	Contract Award	Mar. 10, 2009
3.	Construction Begins	Apr. 07, 2009
4.	Construction Complete	Dec. 10, 2010
5.	Contract Complete	Mar. 24, 2011

11.93.03 CONSTRUCT LANDS / BEAUTIF (LAE0039) 1 \$445,000 \$556,250

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued (Monrovia)	Dec. 10, 2008
2.	Contract Award	Mar. 10, 2009
3.	Construction Begins	Apr. 07, 2009

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued	Dec. 01, 2008
2.	Contract Award	Feb. 18, 2009
3.	Contract Work Begins	Apr. 07, 2009
4.	Contract Work Complete	Feb. 11, 2010
5.	Contract Complete	Apr. 14, 2010

Part 5. Environmental Findings

PRJBUD Project Budget 9 \$3,514,424 \$4,389,677

Finding No. 1 - Class II(d)

D13 - Other
Other

111315 VAN - SVC EXPAN (Rosemary LAOG130) 4 \$74,250 \$89,458

Finding No. 1 - Class II(c)

C17 - Purchase of vehicles

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

Finding Details: Rosemary Children's Services will be purchasing vans to support its school and foster care programs of at risk teens.

119302 CONST - BUS SHELTERS (LAE0039) 1 \$571,072 \$713,840

Finding No. 1 - Class II(c)

C08 - Install Shelters, fencing, & Amenities

Installation of fencing, signs, pavement markings, small passenger shelters, traffic signals, and railroad warning devices where no substantial land acquisition or traffic disruption will occur.

Finding Details: The City of Pasadena will be purchasing a Real Time Vehicle Location System (AVL) to be used in conjunction with the City's transit system.

Part 6: Fleet Status

Other

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	5	3	8
	B. Spares	0	1	1
	C. Total (A+B)	5	4	9
	D. Spare Ratio (B/A)	0.00%	33.33%	12.50%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	5	4	9

Rosemary Children's Services, Pasadena, Los Angeles County, Ca. TIP LAEO212.

Rosemary uses five (5) vans for a variety of purposes. The primary purposes are to transport the program participants to special events and to transport the participants between school and the dispersed foster homes that are part of Rosemary Children's Services.

The vans will be alternate fueled, handicapped accessible 15 passenger vans. Once the new vans have been acquired, the oldest, least reliable van will be designated as a spare. Currently there is not spare. When a mechanical problem arises, Rosemary schedule sometimes experiences severe disruption.

Paratransit

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	0	0	0
	B. Spares	0	0	0
	C. Total (A+B)	0	0	0
	D. Spare Ratio (B/A)	0.00%	0.00%	0.00%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0

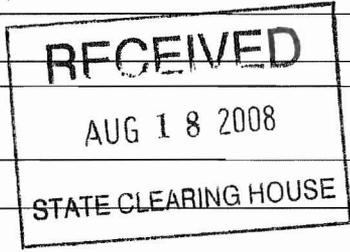
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 13, 2008	Applicant Identifier MYF
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier KMYF
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier KMYF
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: City of San Diego Montgomery Field Airport	Organizational Unit: Department: Public Works
Organizational DUNS: 00-958-1208	Division: Airports
Address: Street: 3750 John J. Montgomery drive	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Mike
City: San Diego	Middle Name Curtis
County: San Diego	Last Name Tussey
State: California Zip Code 92123	Suffix:
Country: USA	Email: mtussey@sandiego.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 7 7 6	Phone Number (give area code) (858)573-1441	Fax Number (give area code) (858)279-0536
--	--	--

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program (AIP) 2 0 - 1 0 6	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design of Montgomery Field Airport Runway 5/23 Rehabilitation
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of San Diego	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
--	--

13. PROPOSED PROJECT Start Date: 4/1/2009 Ending Date: 1/18/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52nd b. Project 52nd
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 570,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 13, 2008
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 14,250.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local City of San Diego \$ 15,750.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 600,000.00	

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

a. Authorized Representative		
Prefix Mr.	First Name Mike	Middle Name Curtis
Last Name Tussey		Suffix
b. Title Airports Deputy Director		c. Telephone Number (give area code) (858)573-1441
d. Signature of Authorized Representative <i>Mike Tussey</i>		e. Date Signed 14 August 2008

**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 August 13, 2008	Applicant Identifier MYF
		3. DATE RECEIVED BY STATE	State Application Identifier KMYF
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier KMYF

5. APPLICANT INFORMATION

Legal Name: City of San Diego Montgomery Field Airport	Organizational Unit: Department: Public Works
Organizational DUNS: 00-958-1208	Division: Airports
Address: Street: 3750 John J. Montgomery drive	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Mike
City: San Diego	Middle Name Curtis
County: San Diego	Last Name Tussey
State: California Zip Code 92123	Suffix:
Country: USA	Email: mtussey@sandiego.gov

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6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 95-6000776

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

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

9. NAME OF FEDERAL AGENCY:
 Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 20-106

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Construction of Montgomery Field Airport Runway 10L/28R Rehabilitation

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 City and County of San Diego

13. PROPOSED PROJECT
 Start Date: 4/1/2009 Ending Date: 2/15/2010

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 52nd b. Project 52nd

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 4,522,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 13, 2008
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 113,050.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local City of San Diego \$ 124,950.00	
e. Other \$.00	
f. Program Income \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 4,760,000.00	<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 Mr.	First Name Mike	Middle Name Curtis
Last Name Tussey		Suffix
b. Title Airports Deputy Director		c. Telephone Number (give area code) (858)573-1441
d. Signature of Authorized Representative		e. Date Signed August 2008

**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	Applicant Identifier
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

5. APPLICANT INFORMATION

Legal Name: Merced County Economic Development Corporation	Organizational Unit: Department:
Organizational DUNS: 090845512	Division:
Address: Street: 470 W. Main Street, Suite 7	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Scott
City: Merced	Middle Name
County: Merced	Last Name Galbraith
State: California Zip Code 95340	Suffix:
Country: United States	Email: sgalbraith@mcedco.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
77-0354079

Phone Number (give area code) (209) 723-3889	Fax Number (give area code) (209) 723-4450
---	---

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)
 Not for Profit Organization
Other (specify)

9. NAME OF FEDERAL AGENCY:
Rural Business-Cooperative Service (RBS), USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE (Name of Program): Rural Business Opportunity Grant
10-773

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
"Positioning for Innovation and Entrepreneurs" - Strategic Planning for Western Merced County (Gustine and Los Banos)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Cities of Gustine and Los Banos, Merced County

13. PROPOSED PROJECT
Start Date: October 1, 2008 Ending Date: October 1, 2009

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

15. ESTIMATED FUNDING:

a. Federal	\$	50,000 ⁰⁰
b. Applicant	\$	44,578 ⁰⁰
c. State	\$	
d. Local	\$	9,600 ⁰⁰
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	104,178 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: 8/12/08
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 Scott	Middle Name
Last Name Galbraith		Suffix
b. Title President & CEO		c. Telephone Number (give area code) (209) 723-3889
d. Signature of Authorized Representative		e. Date Signed August 12, 2008

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

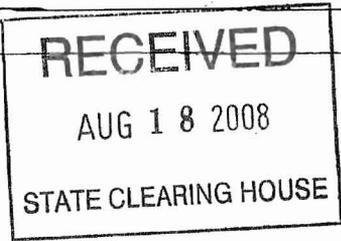
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION: Legal Name: Crescent City Harbor District		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: 004959060		Organizational Unit: Department: N/A		Division: N/A	
Address: Street: 101 Citizens Dock Road		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Larry		Middle Name: Alan	
City: Crescent City		County: Del Norte		Last Name: Keller	
State: CA Zip Code: 95531		Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6003247		Phone Number (give area code): 310-418-5024		Fax Number (give area code): 949-261-2134	
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) Other (specify)		9. NAME OF FEDERAL AGENCY: EDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program) 11.201		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Crescent City Harbor Reconstruction of Inner Basin		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Crescent City, Del Norte County, State of CA	
13. PROPOSED PROJECT Start Date: February 2, 2009 Ending Date: November 20, 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 1 b. Project: District 1		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 5,700,000 b. Applicant \$ c. State \$ 17,100,000 d. Local \$ e. Other \$ f. Program Income \$ 0 g. TOTAL \$ 22,800,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix: Mr. First Name: Richard Middle Name: Last Name: Young Suffix:		b. Title: CEO/Harbor Master		c. Telephone Number (give area code): 707-464-6174	
d. Signature of Authorized Representative		e. Date Signed			

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



APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: Leavitt Lake Community Services District

Organizational DUNS: 121807663

Address: 471-830 Buffum Lane
City: Susanville
County: Lassen
State: California Zip Code: 96130

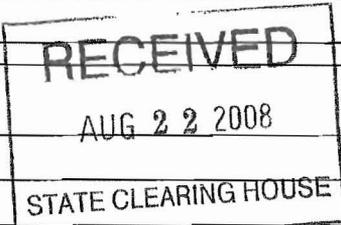
Country: USA

Organizational Unit: Department: _____

Division: _____

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: MS First Name: Catherine
Middle Name: Maudine
Last Name: Seabourn
Suffix: _____

Email: leavittcsd@frontiernet.net



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-2831599

Phone Number (give area code): 530-257-7977 Fax Number (give area code): 530 257-7984

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)
Special District
Other (specify) _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
Water and Waste Disposal Loan and Grant Program 10-760

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Installation of 258 remote reading water meters, including meter boxes, meter setters with shut off valves, styrofoam insulation blocks, and connection to existing water service line. Remote meters shall include GPS reading module and related equipment.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Leavitt Lake sub-division of Susanville, CA

13. PROPOSED PROJECT
Start Date: 4/2009 Ending Date: 8/2009

15. ESTIMATED FUNDING:

a. Federal	\$	167,500.00
b. Applicant	\$	10,100.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	177,500.00

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 2 b. Project: 2

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

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

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

a. Authorized Representative

Prefix: Ms. First Name: Catherine Middle Name: Maudine
Last Name: Seabourn Suffix: _____

b. Title: Manager

c. Telephone Number (give area code): (530) 257-7977

d. Signature of Authorized Representative: Catherine Seabourn

e. Date Signed: 8/22/08

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

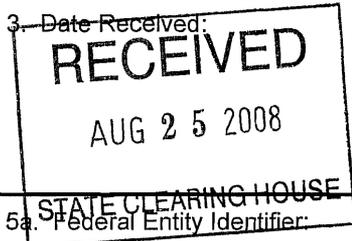
*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:



4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Center for Employment Training

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1658311

*c. Organizational DUNS:
076317098

d. Address:

*Street 1: 701 Vine Street
Street 2: _____
*City: San Jose
County: Santa Clara County
*State: California
Province: _____
*Country: United States
*Zip / Postal Code: 95110

e. Organizational Unit:

Department Name:
Corporate Headquarters

Division Name:
same

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

Prefix: Ms. *First Name: Hermelinda
Middle Name: _____
*Last Name: Sapien
Suffix: _____

Title: President/Chief Executive Officer

Organizational Affiliation:
Executive Director

*Telephone Number: 408-534-5230

Fax Number: 408-534-5286

*Email: hsapien@cet2000.org

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

Application for Federal Assistance SF-424

Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Commerce, Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.201 _____

CFDA Title:

11.300 _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Santa Clara County, CA

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

CET Building Renovation; See Attached Summary

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 8/25/08	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Leavitt Lake Community Services District		Organizational Unit: Department:		
Organizational DUNS: 121807663		Division:		
Address: Street: 471-830 Buffum Lane		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Catherine		
City: Susanville		Middle Name Maudine		
County: Lassen		Last Name Seabourn		
State: CA Zip Code 96130		Suffix:		
Country: USA		Email: leavittcsd@frontiernet.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2831599		Phone Number (give area code) (530) 257-7977		Fax Number (give area code) (530) 257-7984
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Special District Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program 10-760		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Install new sewage lift station with all required piping, electrical and pumps.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Leavitt Lake sub-division of Susanville CA				
13. PROPOSED PROJECT Start Date: 4/2009 Ending Date: 12/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project 2		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 150,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/26/08		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other	\$.00			
f. Program Income	\$.00			
g. TOTAL	\$ 150,000.00			
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 Catherine		Middle Name Maudine		
Last Name Seabourn		Suffix		
b. Title Manager		c. Telephone Number (give area code) (530) 257-7977		
d. Signature of Authorized Representative <i>Catherine Seabourn</i>		e. Date Signed 8/25/08		

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APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier 45184
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

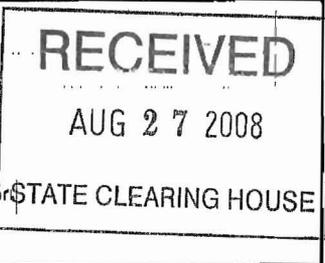
1. TYPE OF SUBMISSION

Pre-application
 Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

Organizational DUNS: 046705849

* Legal Name: The Regents of the University of California
 Department: Office of Research Admin Division:
 * Street1: 300 University Tower Street2:
 * City: Irvine County: Orange * State: CA, California
 Province: * Country: UNITED ST * ZIP / Postal Code: 92697-7600



Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:
 Ms. Gillian Fischer
 * Phone Number: 949-824-2844 Fax Number: 949-824-2094 Email: gfischer@uci.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):
95-2226406

7. TYPE OF APPLICANT:
H: Public/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:
Chicago Service Center

* 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:
Multiphase Fluid Flow In Deformable Variable-Aperture Fractures

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

13. PROPOSED PROJECT:

* Start Date: 10/01/2008 * Ending Date: 09/30/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-048 b. * Project: CA-048

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:
 Dr Russell Detwiler
 Position/Title: Professor * Organization Name: The Regents of the University of California
 Department: Office of Research Admin Division:
 * Street1: E4130 Engineering Gateway Street2:
 * City: Irvine County: Orange * State: CA, California
 Province: * Country: UNITED ST * ZIP / Postal Code: 92697-2175
 * Phone Number: 949-824-7162 Fax Number: 949-824-2117 * Email: detwiler@lrl.uci.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	593,497.00	b. 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	593,497.00	DATE: 08/27/2008	
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 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:
Ma.	Gillian		Fischer	
* Position/Title:	Contract & Grant Officer	* Organization:	The Regents of the University of California	
Department:	Office of Research Admin.	Division:		
* Street1:	300 University Tower	Street2:		
* City:	Irvine	County:	Orange	* State:
Province:		* Country:	UNITED ST	* ZIP / Postal Code:
* Phone Number:	949-824-2644	Fax Number:	949-824-2094	* Email:
				gfischer@uci.edu
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

20. Pro-application

21. Attach an additional list of Project Congressional Districts if needed.

OMB Number: 4040-0004
Expiration Date: 01/31/2008

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"/>		
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only: 6. Date Received by State: <input type="text"/> 7. State Application Identifier: <input type="text"/>		
8. APPLICANT INFORMATION:		
* a. Legal Name: The CSU, Chico Research Foundation		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 28 2008 STATE CLEARING HOUSE </div>
* b. Employer/Taxpayer Identification Number (EIN/TIN): 680386518		
* c. Organizational DUNS: 612177162		
d. Address:		
* Street1: Building 25, CSU, Chico Street2: <input type="text"/> * City: Chico County: Butte * State: CA: California Province: <input type="text"/> * Country: USA: UNITED STATES * Zip / Postal Code: 95929-0870		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: Carol
Middle Name: <input type="text"/>		
* Last Name: Sager		
Suffix: <input type="text"/>		
Title: Director, Office of Research & Sponsored Prog		
Organizational Affiliation: The CSU, Chico Research Foundation		
* Telephone Number: 530-898-5700		Fax Number: 530-898-6804
* Email: casager@csuchico.edu		

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Small Business Administration

11. Catalog of Federal Domestic Assistance Number:

59.037

CFDA Title:

Small Business Development Center

* 12. Funding Opportunity Number:

OSBDC-2009-02

* Title:

Small Business Development Center

13. Competition Identification Number:

Title:

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

Counties of Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lake, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo, Yuba; State of California

* 15. Descriptive Title of Applicant's Project:

Northeastern California Small Business Development Center Program - CSU, Chico Research Foundation

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-004
Expiration Date: 01/31/2008

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-002	* b. Program/Project Attach
Attach an additional list of Program/Project Congressional Districts if needed.		
Program Congressional District	Add Attachment	Delete Attachment View Attachment
17. Proposed Project:		
* a. Start Date:	01/01/2009	* b. End Date: 12/31/2009
18. Estimated Funding (\$):		
* a. Federal	1,158,680.00	
* b. Applicant	28,500.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	1,731,115.00	
* f. Program Income	0.00	
* g. TOTAL	2,918,295.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	08/28/2008	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Explanation:
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)		
<input checked="" type="checkbox"/> I AGREE		
The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	First Name: Carol	
Middle Name:	A.	
Last Name:	Sager	
Suffix:		
* Title:	Director, Office of Research & Sponsored Prog	
* Telephone Number:	530-898-5700	Fax Number: 530-898-6804
* Email:	csager@cuchico.edu	
* Signature of Authorized Representative:		* Date Signed: 8/28/08

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Standard Form 424 (Revised 10/2005)
Prescribed by QMB Circular A-102

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

Version 02

Application for Federal Assistance SF-424

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Berkeley	<table border="1"> <tr><td>RECEIVED</td></tr> <tr><td>AUG 28 2008</td></tr> </table>	RECEIVED	AUG 28 2008
RECEIVED			
AUG 28 2008			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-8000299	* c. Organizational DUNS: 076529924		

d. Address:	STATE CLEARING HOUSE
-------------	----------------------

* Street1: 2100 Martin Luther King Jr Way
Street2:
* City: Berkeley
County: Alameda
* State: California
Province:
* Country: United States
* Zip / Postal Code: 94704

e. Organizational Unit:

Department Name: Police Department	Division Name: Bureau of Inspections and Control
---------------------------------------	---

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

Prefix:	* First Name: Lynne
Middle Name: Elisabeth	
* Last Name: Ohlson	
Suffix:	

Title: Public Safety Business Manager

Organizational Affiliation: Municipal Law Enforcement Agency

* Telephone Number: 510-981-5976	Fax Number: (510) 981-5704
----------------------------------	----------------------------

* Email: loh/son@cl.berkeley.ca.us

Application for Federal Assistance SF-424

9. Type of Applicant 1:

C: City or Township Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

US Department of Justice, Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

16.710

*** 12. Funding Opportunity Number:**

COPS OTHERTECH-2008-1

* Title:

COPS FY2008 Technology Program (Tech)

13. Competition Identification Number:

Title:

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

City of Berkeley, California

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

Berkeley Police Department Online Reporting and Digital Photo Management

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <u>CA-009</u>	* b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: <u>09/01/2008</u>	* b. End Date: <u>08/30/2011</u>
18. Estimated Funding (\$):	
* a. Federal	<u>93,530.00</u>
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>\$93,530.00</u>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>8/28/08</u>	
<input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes	<input checked="" type="radio"/> No
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative: Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix: _____	* First Name: <u>Douglas</u>
Middle Name: <u>N.</u>	_____
* Last Name: <u>Hambleton</u>	_____
Suffix: _____	
* Title: <u>Chief of Police</u>	
* Telephone Number: <u>510-981-5700</u>	Fax Number: <u>510-981-5704</u>
* Email: <u>dhambleton@cl.berkeley.ca.us</u>	
* Signature of Authorized Representative: 	* Date Signed: <u>8/28/08</u>

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 25, 2008	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: City of Morro Bay	Organizational Unit: Department: Fire Department
Organizational DUNS: 060890571	Division: N/A
Address: Street: 715 Harbor Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: First Name: Michael
City: Morro Bay	Middle Name: S.
County: San Luis Obispo	Last Name: Pond
State: California	Zip Code: 93442
Country:	Suffix:
	Email: mpond@morro-bay.ca.us

RECEIVED
AUG 28 2008
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 5 - 2 3 0 8 6 2 9

7. TYPE OF APPLICANT: (See back of form for Application Types)
Municipal (Fire Responder)
Other (specify)

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

9. NAME OF FEDERAL AGENCY:

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
California "Medium Rescue" vehicle for response to major emergencies such as fires, floods, earthquakes, and mass casualty incidents.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City of Morro Bay, plus automatic and mutual aid to the county/state

This project is a cooperative effort with funding from the City of Morro Bay, a local non-profit, Homeland Security through SLO County, and the USDA. All funding with the exception of the USDA is currently approved.

13. PROPOSED PROJECT
Start Date: November 1, 2008
Ending Date: September 30, 2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 23rd Congressional District
b. Project: 23rd Congressional District

15. ESTIMATED FUNDING:

a. Federal	\$	55,000 ⁰⁰
b. Applicant	\$	125,000 ⁰⁰
c. State	\$	⁰⁰
d. Local Homeland Security/SLO C	\$	15,000 ⁰⁰
e. Other Friends of MBFD	\$	70,000 ⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	265,000 ⁰⁰

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

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

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

a. Authorized Representative

Prefix	First Name Andrea	Middle Name
Last Name Lueker	Suffix	
b. Title City Manager	c. Telephone Number (give area code) (805) 772-6205	
d. Signature of Authorized Representative	e. Date Signed 8-25-08	