

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31, 2009**. 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

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:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED

AUG 17 2009

B. APPLICANT INFORMATION:

STATE CLEARING HOUSE

*** a. Legal Name:**

City of Newark Police Department

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

94-6027360

*** c. Organizational DUNS:**

080716731

d. Address:

*** Street1:**

37101 Newark Blvd.

Street2:

*** City:**

Newark

County:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94560

e. Organizational Unit:

Department Name:

Newark Police Department

Division Name:

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

Prefix:

*** First Name:**

Misa

Middle Name:

*** Last Name:**

Leal

Suffix:

Title:

Sr. Admin Analyst

Organizational Affiliation:

*** Telephone Number:**

(510) 578-4351

Fax Number:

(510) 578-4277

*** Email:**

misa.leal@newark.org

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-SSI-2009-1

*** Title:**

COPS Safe Schools Initiative

13. Competition Identification Number:

Title:

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

City of Newark

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

School Resource Officer

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="150,000.00"/>
* b. Applicant	<input type="text" value="8,758.00"/>
* 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="158,758.00"/>

* 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 216, 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:

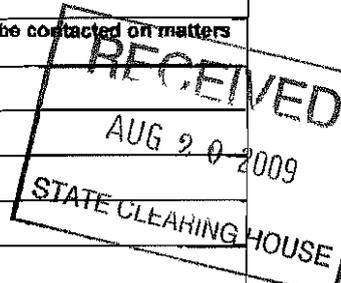
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction	7/7/08 al	

5. APPLICANT INFORMATION

Legal Name: The Mutual Water Company of the Strickland Tract, CA Corp. # C-0271746	Organizational Unit: Department:
Organizational DUNS:	Division:
Address: Street: 4908 Strickland Drive	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Paul
City: Oxnard	Middle Name Douglas
County: Ventura	Last Name Wilvert
State: CA Zip Code 93036	Suffix: Senior
Country: United States	Email:



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-1879836

Phone Number (give area code) 805 647 7783	Fax Number (give area code) 805 647 7783
---	---

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)
 Non-profit organization
 Other (specify)

9. NAME OF FEDERAL AGENCY:
Rural Utilities Service, Department of Agriculture

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

TITLE (Name of Program):
Water and Waste Disposal Systems for Rural Communities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Mutual Water System repairs and replacement of end of life tanks, piping, etc., installation of metering, emergency power generator...

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

13. PROPOSED PROJECT

Start Date: August 1, 2008	Ending Date: December 2010
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14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 23rd b. Project 23rd

15. ESTIMATED FUNDING:

a. Federal	\$	300,000 ⁰⁰
b. Applicant	\$	30,000 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	330,000 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: June 23, 2008
 b. No PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Mr.	First Name Paul	Middle Name Douglas
Last Name Wilvert	Suffix Senior	
b. Title System Operator and Secretary	c. Telephone Number (give area code) 805 208 4974 Cell phone	
d. Signature of Authorized Representative <i>Paul D Wilvert Sen.</i>	e. Date Signed June 22, 2008	

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

Form RD 3575-1
(6-00)

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT

Form Approved
OMB No. 0575-0137

APPLICATION FOR LOAN AND GUARANTEE
 Community Facilities Program Water and Waste Disposal Programs

PART A - Guarantee Request:

Loan Amount \$ 346,100 Percent of Guarantee Requested 90 % Repayment Term 15 Yrs.
 Proposed Interest Rate 8.0000 % Variable or Fixed? Variable If Rate is Variable, Provide Index and
 Frequency of Adjustments
Wall Street Journal Prime + 4.75% adjusted every calendar quarter

PART B - Lender Information:

Name: County Commerce Bank Tax ID Number: 75-3049066
 Address: 2400 E. Gonzales Rd. Date organized: 10-22-2002
Oxnard CA Zip 93036 - 0679 Phone: (805) 477-7608
 Contact Person: Mark Dufresne Fax: (805) 445-7299
 Contact's Extension: _____

PART C - Organization Information:

Name: Strickland Mutual Water Co. Tax ID Number: 95-1879836
 Address: 4908 Strickland Drive Date organized: 3-53
Oxnard CA Zip 93036 - 1053 Phone: (805) 443-6263
 Contact Person: Paul McDaniel Fax: (805) 982-4832
 Contact's Extension: _____

Part D - Facility Information:

Name: Strickland Mutual Water Co. NAICS CODE (RHS only): 237110
 Address: APN #147-0-024-050 County: Ventura
Oxnard CA Zip 93030 Date Established: 3-53
 Contact Person: Paul McDaniel Phone: (805) 443-6263
 Population of city, town, etc. _____ Fax: (805) 982-4832
 Contact's Extension: _____
 Population Served: _____

PART E - Project Purpose & Funding	Project Budget	Guaranteed Loan	Owner Funds	Other Funding
Purchase Land				
Real Estate Improvements	\$297,770	\$263,070	\$34,700	
Furnishings				
Equipment				
Debt Restructuring	\$61,627	\$61,627		
Initial O&M				
Professional Fees				
Lender & Guarantee Fees	\$21,403	\$21,403		
Working Capital				
Other				
TOTAL PROJECT	\$380,800	\$346,100	\$34,700	\$0

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0137. The time required to complete this information collection is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

random ID # 562439896

received in
S.M. Service
12/16

16

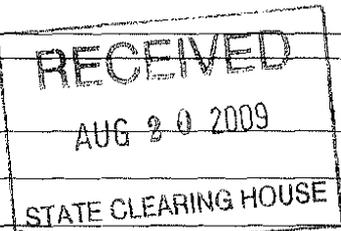
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED August 18, 2009	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Cuyama Community Services District	Organizational Unit Department: Water Department
Organizational DUNS: 112728282	Division:
Address: Street: 4885 Primero Street City: New Cuyama County: Santa Barbara State: California	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.
Zip Code: 93254-0368	First Name: U.S. Middle Name:
Country: United States of America	Last Name: Wilson Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3247756	Email: ccscd@inreach.com Phone Number (give area code): 5 (661) 766-2780 Fax Number (give area code): (661) 766-2632



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) G - Special District Other (specify):
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water Systems for Rural Communities	9. NAME OF FEDERAL AGENCY: USDA Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Arsenic Removal Water Treatment Plant Upgrade Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town Site of New Cuyama	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22A b. Project 22A
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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 type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																					
15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>91,000.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td></td></tr> <tr><td>c. State</td><td>\$</td><td>364,000.00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td></tr> <tr><td>e. Other</td><td>\$</td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>455,000.00</td></tr> </table>	a. Federal	\$	91,000.00	b. Applicant	\$		c. State	\$	364,000.00	d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	455,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	91,000.00																				
b. Applicant	\$																					
c. State	\$	364,000.00																				
d. Local	\$																					
e. Other	\$																					
f. Program Income	\$																					
g. TOTAL	\$	455,000.00																				

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: U.S. Middle Name: Last Name: Wilson Suffix:	b. Title Manager c. Telephone Number (give area code) (661) 766-2780 cell (661) 619-1873 e. Date Signed August 18, 2009
d. Signature of Authorized Representative <i>U.S. Wilson</i>	

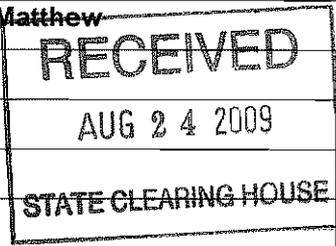
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED August 19, 2009	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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

5. APPLICANT INFORMATION

Legal Name: County of Kern, California	Organizational Unit: Department: Department of Airports
Organizational DUNS: 94-916-9015	Division:
Address: Street: 3701 Wings Way, Suite 300	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: Matthew
City: Bakersfield	Middle Name: D
County: Kern	Last Name: Maass
State: CA Zip Code: 93308	Suffix:
Country: USA	Email: maassm@co.kern.ca.us



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	5	-	6	0	0	0	9	2	5
---	---	---	---	---	---	---	---	---	---

 Phone number (give area code): **(661) 391-1800**
 FAX number (give area code): **(661) 391-1801**

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2	0	-	1	0	6
---	---	---	---	---	---

 TITLE:

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration
 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Wildlife Hazard Assessment at Meadows Field Airport (BFL) :

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Bakersfield, Kern County, California, USA

13. PROPOSED PROJECT

Start Date 12/1/2009	Ending Date 12/1/2010
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14. CONGRESSIONAL DISTRICTS OF
 a. Applicant **22** b. Project **22**

15. ESTIMATED FUNDING

a. Federal	\$	100,000	.00
b. Applicant	\$	5,264	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	105,264	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: **August 21, 2009**
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

a. Authorized Representative
 Prefix **Mr** First Name **Matthew** Middle Name **D**
 Last Name **Maass** Suffix
 b. Title **Deputy Director of Airports** c. Telephone number (give area code) **(661) 391-1800**
 d. Signature of Authorized Representative *Matthew Maass* e. Date Signed **August 19, 2009**

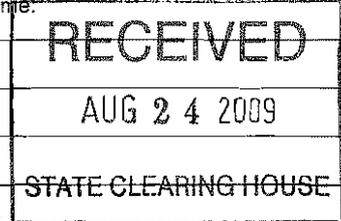
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 8/19/2009	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Big Bear Lake	Organizational Unit: Department: Department of Water and Power
Organizational DUNS: 042298380	Division:
Address: Street: 41972 Garstin Drive	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Joel Middle Name: A. Last Name: Dickson Suffix:
City: Big Bear Lake County: San Bernardino State: CA Zip Code: 92315	Email: jdickson@citybigbearlake.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3603975	Phone Number (give area code) (909) 866-5050	Fax Number (give area code) (909) 866-3184
---	--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Big Bear Lake and portions of unincorporated San Bernardino county	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

13. PROPOSED PROJECT Start Date: 4/1/2010 Ending Date: 8/31/2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 41 b. Project: 41
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 21,591,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 21,591,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/19/2009 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/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: Joel Middle Name: A. Last Name: Dickson Suffix:	b. Title General Manager, Department of Water and Power	c. Telephone Number (give area code) (909) 866-5050
d. Signature of Authorized Representative 	e. Date Signed 8/19/09	

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): _____ * Other (Specify): _____
--	--	--

* 3. Date Received: Completed by Grants.gov upon submission	4. Applicant Identifier: _____
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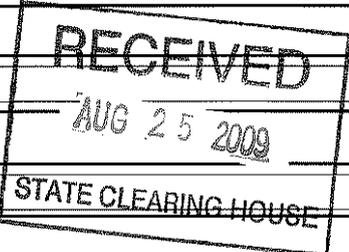
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
---	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of East Palo Alto	* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2911826	* c. Organizational DUNS: 155104870
---	--	-------------------------------------



d. Address:

* Street1: 2415 University Avenue	Street2: _____
* City: East Palo Alto	County: _____
* State: CA: California	Province: _____
* Country: USA: UNITED STATES	* Zip / Postal Code: 94303

e. Organizational Unit:

Department Name: Office of City Manager	Division Name: Redevelopment Agency
---	-------------------------------------

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

Prefix: Mr.	* First Name: Russell
Middle Name: _____	* Last Name: Averhart
Suffix: _____	

Title: Redevelopment Project Manager

Organizational Affiliation: _____

* Telephone Number: 650/853-3126	Fax Number: 650/853-3158
----------------------------------	--------------------------

* Email: raverhart@cityofepa.org

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:**

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

01

Title:

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

City of East Palo Alto, CA

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

Bay Road Downstream Improvement Project

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 14th

* b Program/Project 14th

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009

* b. End Date: 09/30/2011

18. Estimated Funding (\$):

* a. Federal	4,000,000.00
* b. Applicant	1,000,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	5,000,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 08/19/2009 .
- 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: Alvin
Middle Name: D.
* Last Name: James
Suffix:

* Title: City Manager/Executive Director

* Telephone Number: 650/853-3136 Fax Number: 650/853-3115

* Email: ajames@cityofepa.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission * Date Signed: Completed by Grants.gov upon submission

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED August 2009	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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

5. APPLICANT INFORMATION

Legal Name: City of Redding, California	Organizational Unit: Redding Municipal Airport Department: Transportation & Engineering
Organizational DUNS: 07-378-0413	Division: -
Address: Street: 777 Cypress Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Rod
City: Redding	Middle Name: A.
County: Shasta	Last Name: Dinger
State: CA Zip Code: 96001-2718	Suffix: -
Country: USA	Email: rdinger@ci.redding.ca.us

6. EMPLOYER IDENTIFICATION NUMBER EIN:

9 4 - 6 0 0 0 4 0 1

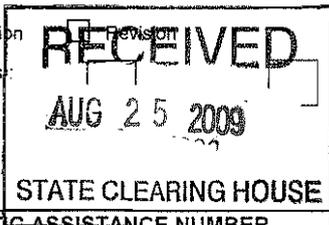
Phone number (give area code): (530) 224-4321	FAX number (give area code): (530) 224-4318
---	---

8. TYPE OF APPLICATION:

New Continuation

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)

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

1. Wildlife Hazard Assessment and Wildlife Hazard Management Plan

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

Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date 09/01/09	Ending Date 02/28/11
-------------------------------	--------------------------------

14. CONGRESSIONAL DISTRICTS OF

a. Applicant #02	b. Project #02
----------------------------	--------------------------

15. ESTIMATED FUNDING

a. Federal	\$	142,500	.00
b. Applicant	\$	7,500	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program income	\$	0	.00
g. TOTAL	\$	150,000	.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: **8/3/09**

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation No

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

a. Authorized Representative

Prefix Mr. First Name Brian Middle Name -
Last Name Crane Suffix -
b. Title Director, Transportation and Engineering c. Telephone number (give area code) (530) 245-7155
d. Signature of Authorized Representative e. Date Signed 8/7/2009

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

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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

3-603001-20066-01

RECEIVED

AUG 27 2009

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

* a. Legal Name: CSU Fullerton Auxiliary Services Corporation

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

95-2081258

* c. Organizational DUNS:

106670755

d. Address:

* Street1: 800 N. State College Blvd., CP-205

Street2:

* City: Fullerton

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 92831-3599

e. Organizational Unit:

Department Name:

Office of Grants and Contracts

Division Name:

Academic Affairs

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

Prefix:

Ms.

* First Name:

Jamie

Middle Name:

* Last Name:

Huynh

Suffix:

Title: Grants and Contracts Coordinator

Organizational Affiliation:

California State University, Fullerton

* Telephone Number: 657-278-4390

Fax Number: 657-278-1243

* Email: jahuynh@fullerton.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:

R: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

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

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-2010-02

* Title:

Small Business Development Center - CY Renewal of the Cooperative Agreement for Current Recipient Organizations

13. Competition Identification Number:

Title:

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

Orange County, Riverside County and San Bernardino County, California.

* 15. Descriptive Title of Applicant's Project:

Small Business Development Center

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,028,118.00"/>
* b. Applicant	<input type="text" value="195,615.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="1,836,344.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="4,060,077.00"/>

* 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:

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input 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"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 27 2009 STATE CLEARING HOUSE </div>
7. State Application Identifier: <input type="text"/>		
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="The County of Yolo"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000548"/>		* c. Organizational DUNS: <input type="text" value="073770646"/>
d. Address:		
* Street1: <input type="text" value="625 Court Street, Room 202"/>		
Street2: <input type="text"/>		
* City: <input type="text" value="Woodland"/>		
County: <input type="text" value="Yolo"/>		
* 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="95695"/>		
e. Organizational Unit:		
Department Name: <input type="text" value="Office of County Administrator"/>		Division Name: <input type="text" value="Economic Development Division"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Wesley"/>	
Middle Name: <input type="text" value="Jared"/>		
* Last Name: <input type="text" value="Ervin"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Manager of Economic Development"/>		
Organizational Affiliation: <input type="text" value="Office of the County Administrator"/>		
* Telephone Number: <input type="text" value="530-666-8066"/>		Fax Number: <input type="text" value="530-666-4029"/>
* Email: <input type="text" value="wes.ervin@yolocounty.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:

9: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.303

CFDA Title:

Economic Development Technical Assistance

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

*** Title:**

Economic Development Assistance Programs

13. Competition Identification Number:

03

Title:

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

Communities of Esparto, Madison, Cacheville (Yolo) and Knights Landing.

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

Planning Infrastructure Expansions and Improvements for the unincorporated communities of Esparto, Madison, Knights Landing and Cacheville in the County of Yolo.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-001

* b. Program/Project CA-001

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

17. Proposed Project:

* a. Start Date: 11/01/2009

* b. End Date: 10/31/2010

18. Estimated Funding (\$):

* a. Federal	124,000.00
* b. Applicant	31,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	155,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 08/27/2009
- 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: Wesley

Middle Name: Jarel

* Last Name: Ervin

Suffix:

* Title: Manager of Economic Development

* Telephone Number: (530) 666-8066 Fax Number: (530) 666-4029

* Email: wes.ervin@yolocounty.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission * Date Signed: Completed by Grants.gov upon submission.