

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31, 2010**. 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: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s) *Other (Specify) _____
--	--	---	--	--

3. Date Received: _____	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	*5b. Federal Award Identifier: CA0447B9D000802
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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B. APPLICANT INFORMATION:

***a. Legal Name:** Positive Alternatives for Youth/ DBA Bridge Focus

*b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7064161	*c. Organizational DUNS: 623116142
---	--

d. Address:

***Street 1:** 14418 Chase Street Suite 205
Street 2: _____
***City:** Panorama City
County: _____
***State:** CA
Province: _____
***Country:** USA
***Zip / Postal Code** 91402

e. Organizational Unit:

Department Name: _____	Division Name: _____
-------------------------------	-----------------------------

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

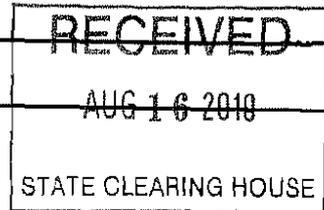
Prefix: Mr. ***First Name:** Jose
Middle Name: _____
***Last Name:** Alvarez
Suffix: _____

Title: Program Supervisor

Organizational Affiliation: _____

***Telephone Number:** (818) 895-5132 **Fax Number:** (818) 895-5135

***Email:** jalvarez@ltpays.org



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:**
US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:
14.235
CFDA Title:
Supportive Housing Program

***12 Funding Opportunity Number:**
FR-5409-N-01

*Title:
Continuum of Care Homeless Assistance Program

13. Competition Identification Number:
CoC-01
Title:
2010 SuperNOFA Continuum of Care

14. Areas Affected by Project (Cities, Counties, States, etc.):
San Fernando Valley, Los Angeles County, California

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 28

*b. Program/Project:

17. Proposed Project:

*a. Start Date: 2011

*b. End Date: 2011

18. Estimated Funding (\$):

*a. Federal	_____	\$99,225.00
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	99,225.00

*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 08/16/2010
- 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: Anthony _____
Middle Name: _____
*Last Name: Robles _____
Suffix: _____

*Title: Executive Director

*Telephone Number: (818) 895-5132

Fax Number: (818) 895-5135

* Email: arobles@itpays.org

*Signature of Authorized Representative:



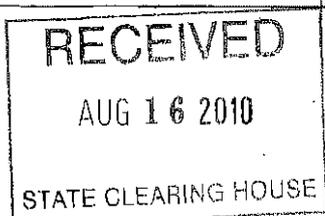
*Date Signed: 8-16-10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 18, 2010	Applicant Identifier Dept. of Food and Agriculture	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE August 9, 2010	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 10-8520-1317-CA	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application			
5. APPLICANT INFORMATION				
Legal Name: State of California		Organizational Unit: Department: Food and Agriculture		
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services		
Address: Street: 1220 N Street, Room 315		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix:	First Name: Joanne	
County: Sacramento		Middle Name		
State: California		Last Name Shimada		
Zip Code 95814		Suffix:		
Country: United States		Email: jshimada@cdfa.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) A		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Grape Commodity & European Grapevine Moth (EGVM) Survey		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Grape commodity and European grapevine moth (EGVM) surveys in California		
13. PROPOSED PROJECT Start Date: January 1, 2010 Ending Date: December 31, 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California b. Project Grape Commodity & EGVM		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,932,500.00	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	\$ 0.00	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	\$ 1,932,500.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name Kathy		Middle Name
Last Name Alameda		Suffix		
b. Title Manager, Federal Funds Management Unit		c. Telephone Number (give area code) (916) 651-9888		
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

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 15, 2010	Applicant Identifier Dept. of Food and Agriculture
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE March 12, 2010	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 10-8520-1317-CA

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487865	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Joanne
City: Sacramento	Middle Name
County: Sacramento	Last Name Shimada
State: California	Suffix:
Zip Code 95814	Email: jshimada@odfa.ca.gov
Country: United States	Phone Number (give area code) (916) 654-1211
	Fax Number (give area code) (916) 654-0555

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

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

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

9. NAME OF FEDERAL AGENCY:
 USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 -

TITLE (Name of Program):
 Grape Commodity & European Grapevine Moth (EGVM) Survey

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Grape commodity and European grapevine moth (EGVM) surveys in California

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

13. PROPOSED PROJECT
 Start Date: January 1, 2010 Ending Date: December 31, 2010

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: California b. Project: Grape Commodity & EGVM

15. ESTIMATED FUNDING:

a. Federal	\$	2,000,000 ⁰⁰
b. Applicant	\$	
c. State	\$	1,118,623 ⁰⁰
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	3,118,623 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 Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Manager, Federal Funds Management Unit	c. Telephone Number (give area code) (916) 651-9888	
d. Signature of Authorized Representative <i>Kathy Alameda</i>	e. Date Signed 3-24-10	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 24, 2010	Applicant Identifier Dept. of Food and Agriculture	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE June 7, 2010	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 10-8520-1317-CA	
5. APPLICANT INFORMATION				
Legal Name: State of California		Organizational Unit: Department: Food and Agriculture		
Organizational DUNS: 807487655		Division: Plant Health and Pest Prevention Services		
Address: Street: 1220 N Street, Room 315		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: First Name: Joanne		
City: Sacramento		Middle Name:		
County: Sacramento		Last Name: Shimada		
State: California		Suffix:		
Zip Code: 95814		Email: jshimada@cdfa.ca.gov		
Country: United States		Phone Number (give area code): (916) 854-1211		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Fax Number (give area code): (916) 664-0555		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) A		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Plant + Animal Disease Pest Control + Animal Care TITLE (Name of Program): Grape Commodity & European Grapevine Moth (EGVM) Survey		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Grape commodity and European grapevine moth (EGVM) surveys in California		
13. PROPOSED PROJECT Start Date: January 1, 2010 Ending Date: December 31, 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California b. Project: Grape Commodity & EGVM		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 700,000.00	a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$	b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 0.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 700,000.00	a. Authorized Representative		
Prefix		First Name: Kathy		Middle Name
Last Name: Alameda				Suffix
b. Title: Manager, Federal Funds Management Unit		c. Telephone Number (give area code): (916) 851-9886		
d. Signature of Authorized Representative: <i>Kathy Alameda</i>		e. Date Signed: 6/25/10		

Application for Federal Assistance SF-424		Version 02			
<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: none;"> *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width: 40%; border: none;"> *2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision </td> <td style="width: 30%; border: none;"></td> </tr> </table>			*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision	
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision				
3. Date Received:		4. Applicant Identifier:			
5a. Federal Entity Identifier:		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center; padding: 5px;">RECEIVED</td> </tr> <tr> <td style="text-align: center; padding: 5px;">AUG 17 2010</td> </tr> <tr> <td style="text-align: center; padding: 5px;">STATE CLEARING HOUSE</td> </tr> </table>	RECEIVED	AUG 17 2010	STATE CLEARING HOUSE
RECEIVED					
AUG 17 2010					
STATE CLEARING HOUSE					
5b. Federal Award Identifier: CA 0406B9D000802					
State Use Only:					
6. Date Received by State:	7. State Application Identifier:				
8. APPLICANT INFORMATION:					
*a. Legal Name: <u>New Economics for Women</u>					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3969029		*c. Organizational DUNS: 197689474			
d. Address:					
*Street 1:	<u>303 South Loma Drive</u>				
Street 2:	_____				
*City:	<u>Los Angeles</u>				
County:	<u>Los Angeles</u>				
*State:	<u>CA</u>				
Province:	_____				
*Country:	<u>USA: United States</u>				
*Zip / Postal Code	<u>90017</u>				
e. Organizational Unit:					
Department Name:		Division Name:			
_____		_____			
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:	<u>Ms.</u>	*First Name: <u>Maggie</u>			
Middle Name:	_____				
*Last Name:	<u>Cervantes</u>				
Suffix:	_____				
Title:	<u>Executive Director</u>				
Organizational Affiliation: _____					
*Telephone Number: (213) 483-2060 x304		Fax Number: (213) 483-7848			
*Email: <u>mcervantes@neworg.us</u>					

Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu)</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: U.S. Department of Housing and Urban Development (HUD)</p>	
<p>11. Catalog of Federal Domestic Assistance Number: <u>14.235</u></p> <p>CFDA Title: <u>Supportive Housing Program</u></p>	
<p>*12 Funding Opportunity Number: <u>FR-5409-N-01</u></p> <p>*Title: <u>Continuum of Care Homeless Assistance Program</u></p>	
<p>13. Competition Identification Number: <u>CoC-01</u></p> <p>Title: <u>2010 Super NOFA Continuum of Care</u></p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): Los Angeles City and County Coc</p>	
<p>*15. Descriptive Title of Applicant's Project: Transitional Housing for Single Teen Mothers and Their Children</p>	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 34	*b. Program/Project: 34	
17. Proposed Project:		
*a. Start Date: Feb 2011	*b. End Date: Jan. 2012	
18. Estimated Funding (\$):		
*a. Federal	\$155,254.00	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	\$155,254.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input checked="" 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		
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 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: Ms.	*First Name: Maggie	
Middle Name:	_____	
*Last Name: Cervantes	_____	
Suffix:	_____	
*Title: Executive Director		
*Telephone Number: (213) 483-2060 ext 304	Fax Number: (213) 483-7848	
* Email: mcervantes@neworg.us		
*Signature of Authorized Representative: <i>Maggie Cervantes</i>		*Date Signed: 8/16/2010

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)

RECEIVED

AUG 18 2010

3. Date Received:

4. Applicant Identifier:

STATE CLEARING HOUSE

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: Weingart Center Association

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

95-6054617

*c. Organizational DUNS:

122030190

d. Address:

*Street 1: 566 S. San Pedro St.

Street 2: _____

*City: Los AngelesCounty: Los Angeles*State: CA

Province: _____

*Country: United States*Zip / Postal Code: 90013

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: _____ *First Name: Monica

Middle Name: _____

*Last Name: Waggoner

Suffix: _____

Title: Director of Foundation and Corporate Giving

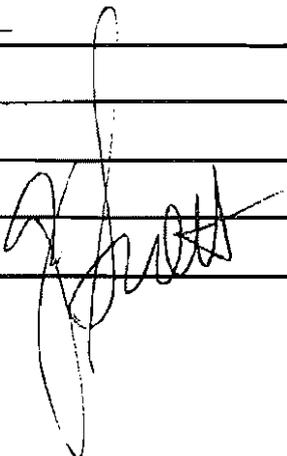
Organizational Affiliation:

*Telephone Number: 213-688-2222

Fax Number:

*Email: monicaw@weingart.org

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 Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number: 14.235 CFDA Title: Supportive Housing Program	
*12 Funding Opportunity Number: FR-5409-N-01 *Title: Continuum of Care Homeless Assistance Program	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
*15. Descriptive Title of Applicant's Project: Project Paycheck residential services for homeless individuals with a history of substance abuse	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 34	*b. Program/Project: 34	
17. Proposed Project:		
*a. Start Date: ongoing	*b. End Date: ongoing	
18. Estimated Funding (\$):		
*a. Federal	314478	
*b. Applicant	0	
*c. State	0	
*d. Local	47172	
*e. Other	40485	
*f. Program Income	0	
*g. TOTAL	402135	
*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 <u>8/12/2010</u>		
<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		
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		
Prefix: Mr. _____	*First Name: <u>Gregory</u> _____	
Middle Name: _____		
*Last Name: <u>Scott</u> _____		
Suffix: _____		
*Title: President & CEO		
*Telephone Number: (213) 689-2180		Fax Number: (213) 612-0811
* Email: gscott@weingart.org		
*Signature of Authorized Representative: 		*Date Signed: 8/12/2010

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:		*2. Type of Application		* If Revision, select appropriate letter(s)	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation		*Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		_____	
3. Date Received:		4. Applicant Identifier:			
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">AUG 18 2010</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>					
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
*a. Legal Name: Weingart Center Association					
*b. Employer/Taxpayer Identification Number (EIN/TIN):			*c. Organizational DUNS:		
95-6054617			122030190		
*d. Address:					
*Street 1:		<u>566 S. San Pedro St.</u>			
Street 2:		_____			
*City:		<u>Los Angeles</u>			
County:		<u>Los Angeles</u>			
*State:		<u>CA</u>			
Province:		_____			
*Country:		<u>United States</u>			
*Zip / Postal Code		<u>90013</u>			
*e. Organizational Unit:					
Department Name:			Division Name:		
*f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____		*First Name: <u>Monica</u>			
Middle Name: _____					
*Last Name: <u>Waggoner</u>					
Suffix: _____					
Title:		<u>Director of Foundation and Corporate Giving</u>			
Organizational Affiliation:					
*Telephone Number: 213-689-2222			Fax Number:		
*Email: <u>monicaw@weingart.org</u>					

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 Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:
 14.235
CFDA Title:
 Supportive Housing Program

***12 Funding Opportunity Number:**
 FR-5409-N-01

***Title:**
 Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

Title:

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

***15. Descriptive Title of Applicant's Project:**
 Substance Abuse multi-diagnosed specialized services project

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 34

*b. Program/Project: 34

17. Proposed Project:

*a. Start Date: ongoing

*b. End Date: ongoing

18. Estimated Funding (\$):

*a. Federal	170760
*b. Applicant	0
*c. State	0
*d. Local	25614
*e. Other	15063
*f. Program Income	0
*g. TOTAL	211437

*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 8/13/2010
- 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

Prefix: Mr. *First Name: Gregory

Middle Name: _____

*Last Name: Scott

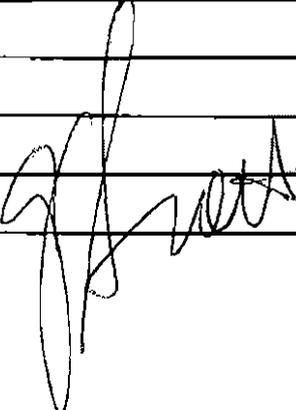
Suffix: _____

*Title: President & CEO

*Telephone Number: (213) 689-2180

Fax Number: (213) 612-0611

* Email: gscoll@weingart.org

*Signature of Authorized Representative: 

*Date Signed: 8/12/2010

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision * If Revision, select appropriate letter(s) A. Increase Award A. Increase Award *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 18 2010 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: 1697	*5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: City and County of San Francisco		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 941160893	*c. Organizational DUNS: 956617435	
d. Address:		
*Street 1:	<u>1 South Van Ness Avenue</u>	
Street 2:	_____	
*City:	<u>San Francisco</u>	
County:	_____	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>94109</u>	
e. Organizational Unit:		
Department Name: San Francisco Municipal Transportation Agency	Division Name: Finance and Information Technology	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
Title:	<u>Principal Grants Analyst</u>	
Organizational Affiliation:		
*Telephone Number: 415-701-4336	Fax Number:	
*Email: <u>leda.young@sfmta.com</u>		

Application for Federal Assistance SF-424

Version 02

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

B. County Government

Type of Applicant 2: Select Applicant Type:

C. City or Township Government

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20500

CFDA Title:

Federal Transit - Capital Investment Grants

***12 Funding Opportunity Number:**

49 U.S.C. 5309

*Title:

Bus and Bus-Related Facilities

13. Competition Identification Number:

Title:

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

City and County of San Francisco, CA

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

Islais Creek & ITS on MUNI transit system

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-008, CA-012		*b. Program/Project: CA-008, CA-012
17. Proposed Project:		
*a. Start Date: 10/1/10		*b. End Date: 12/31/14
18. Estimated Funding (\$):		
*a. Federal	<u>2,031,480</u>	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	<u>507,870</u>	
*f. Program Income	_____	
*g. TOTAL	<u>2,539,350</u>	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" 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		
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:		
Prefix: _____	*First Name: <u>Leda</u> _____	
Middle Name: _____		
*Last Name: <u>Young</u> _____		
Suffix: _____		
*Title: Principal Grants Analyst		
*Telephone Number: 415-701-4336	Fax Number: _____	
* Email: leda.young@sfmta.com		
*Signature of Authorized Representative:		*Date Signed:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	* If Revision, select appropriate letter(s)
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	A. Increase Award A. Increase Award
<input checked="" type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> Revision	*Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier: 1697		*5b. Federal Award Identifier
State Use Only:		RECEIVED AUG 18 2010 STATE CLEARING HOUSE
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: City and County of San Francisco		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 941160893		*c. Organizational DUNS: 956617435
d. Address:		
*Street 1:	<u>1 South Van Ness Avenue</u>	
Street 2:	_____	
*City:	<u>San Francisco</u>	
County:	_____	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>94109</u>	
e. Organizational Unit:		
Department Name: San Francisco Municipal Transportation Agency		Division Name: Finance and Information Technology
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
Title:	<u>Principal Grants Analyst</u>	
Organizational Affiliation:		
*Telephone Number: 415-701-4336		Fax Number:
*Email: <u>leda.young@sfmta.com</u>		

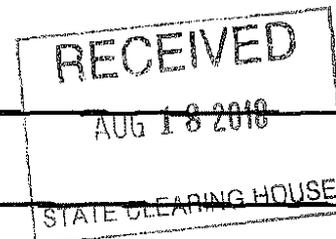
Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
B. County Government	
Type of Applicant 2: Select Applicant Type:	
C. City or Township Government	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency:	
DOT/Federal Transit Administration	
11. Catalog of Federal Domestic Assistance Number:	
20500	
CFDA Title:	
Federal Transit - Capital Investment Grants	
*12 Funding Opportunity Number:	
49 U.S.C. 5309	
*Title:	
New Starts and Small Starts	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City and County of San Francisco, CA	
*15. Descriptive Title of Applicant's Project:	
CENTRAL SUBWAY - 3RD STREET LIGHT RAIL PROJECT - PHASE 2	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-008, CA-012		*b. Program/Project: CA-008, CA-012
17. Proposed Project:		
*a. Start Date: 10/1/10		*b. End Date: 12/31/18
18. Estimated Funding (\$):		
*a. Federal	6,000,000	
*b. Applicant		
*c. State		
*d. Local		
*e. Other	1,500,000	
*f. Program Income		
*g. TOTAL	7,500,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" 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		
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:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
*Title: Principal Grants Analyst		
*Telephone Number: 415-701-4336	Fax Number: _____	
* Email: leda.young@sfmta.com		
*Signature of Authorized Representative: _____		*Date Signed: _____

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier: 1697	*5b. Federal Award Identifier:	
State Use Only: 6. Date Received by State: 7. State Application Identifier:		
8. APPLICANT INFORMATION:		
*a. Legal Name: City and County of San Francisco		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 941160893	*c. Organizational DUNS: 956617435	
d. Address:		
*Street 1:	<u>1 South Van Ness Avenue</u>	
Street 2:	_____	
*City:	<u>San Francisco</u>	
County:	_____	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>94109</u>	
e. Organizational Unit:		
Department Name: San Francisco Municipal Transportation Agency	Division Name: Finance and Information Technology	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
Title: <u>Principal Grants Analyst</u>		
Organizational Affiliation:		
*Telephone Number: 415-701-4336	Fax Number:	
*Email: <u>leda.young@sfmta.com</u>		



Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
B. County Government

Type of Applicant 2: Select Applicant Type:
C. City or Township Government

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:
20500

CFDA Title:
Federal Transit - Capital Investment Grants

***12 Funding Opportunity Number:**
49 U.S.C. 5309

*Title:
New Starts and Small Starts

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
City and County of San Francisco, CA

***15. Descriptive Title of Applicant's Project:**
Van Ness Avenue BRT

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-008, CA-012		*b. Program/Project: CA-008, CA-012
17. Proposed Project:		
*a. Start Date: 7/1/10		*b. End Date: 12/31/14
18. Estimated Funding (\$):		
*a. Federal	<u>396,000</u>	
*b. Applicant	<u> </u>	
*c. State	<u> </u>	
*d. Local	<u> </u>	
*e. Other	<u>99,000</u>	
*f. Program Income	<u> </u>	
*g. TOTAL	<u>495,000</u>	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" 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		
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:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
*Title: <u>Principal Grants Analyst</u>		
*Telephone Number: <u>415-701-4336</u>	Fax Number: _____	
* Email: <u>leda.young@sfmta.com</u>		
*Signature of Authorized Representative: _____		*Date Signed: _____

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision * If Revision, select appropriate letter(s) A. Increase Award A. Increase Award *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 18 2010 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: 1697	5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: City and County of San Francisco		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 941160893		*c. Organizational DUNS: 956617435
*d. Address:		
*Street 1:	<u>1 South Van Ness Avenue</u>	
Street 2:	_____	
*City:	<u>San Francisco</u>	
County:	_____	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>94109</u>	
*e. Organizational Unit:		
Department Name: San Francisco Municipal Transportation Agency		Division Name: Finance and Information Technology
*f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
Title:	<u>Principal Grants Analyst</u>	
Organizational Affiliation:		
*Telephone Number: 415-701-4336	Fax Number:	
*Email: <u>leda.young@sfmta.com</u>		

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
B. County Government	
Type of Applicant 2: Select Applicant Type:	
C. City or Township Government	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency:	
DOT/Federal Transit Administration	
11. Catalog of Federal Domestic Assistance Number:	
20500 _____	
CFDA Title:	
Federal Transit - Capital Investment Grants _____	
*12 Funding Opportunity Number:	
49 U.S.C. 5309 _____	
*Title:	
Bus and Bus-Related Facilities _____	
13. Competition Identification Number:	

Title:	

14. Areas Affected by Project (Cities, Counties, States, etc.):	
City and County of San Francisco, CA	
*15. Descriptive Title of Applicant's Project:	
HPP FLEX FUNDS FOR SFGO	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-008, CA-012		*b. Program/Project: CA-008, CA-012
17. Proposed Project:		
*a. Start Date: 10/1/10		*b. End Date: 12/31/13
18. Estimated Funding (\$):		
*a. Federal	1,048,880	
*b. Applicant		
*c. State		
*d. Local		
*e. Other	262,220	
*f. Program Income		
*g. TOTAL	1,311,100	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input checked="" 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		
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:		
Prefix: _____	*First Name: <u>Leda</u> _____	
Middle Name: _____		
*Last Name: <u>Young</u> _____		
Suffix: _____		
*Title: <u>Principal Grants Analyst</u>		
*Telephone Number: <u>415-701-4336</u>	Fax Number: _____	
* Email: <u>leda.young@sfmta.com</u>		
*Signature of Authorized Representative: _____		*Date Signed: _____

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)

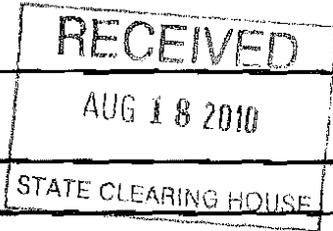
3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

1697

*5b. Federal Award Identifier:



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City and County of San Francisco

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

941160893

*c. Organizational DUNS:

956617435

d. Address:

*Street 1: 1 South Van Ness Avenue

Street 2: _____

*City: San Francisco

County: _____

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code: 94109

e. Organizational Unit:

Department Name:

San Francisco Municipal Transportation Agency

Division Name:

Finance and Information Technology

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

Prefix: _____ *First Name: Leda

Middle Name: _____

*Last Name: Young

Suffix: _____

Title: Principal Grants Analyst

Organizational Affiliation:

*Telephone Number: 415-701-4336

Fax Number:

*Email: leda.young@sfmta.com

Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: B. County Government</p> <p>Type of Applicant 2: Select Applicant Type: C. City or Township Government</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: DOT/Federal Transit Administration</p>	
<p>11. Catalog of Federal Domestic Assistance Number: 20507</p> <p>CFDA Title: Federal Transit - Formula Grants</p>	
<p>*12 Funding Opportunity Number: 49 U.S.C. 5307</p> <p>*Title: Urbanized Area Formula Program</p>	
<p>13. Competition Identification Number: _____</p> <p>Title: _____</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): City and County of San Francisco, CA</p>	
<p>*15. Descriptive Title of Applicant's Project: FY 2010 Section 5307 Formula Funds</p>	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-008, CA-012		*b. Program/Project: CA-008, CA-012
17. Proposed Project:		
*a. Start Date: 9/1/10		*b. End Date: 12/31/16
18. Estimated Funding (\$):		
*a. Federal	23,553,162	
*b. Applicant		
*c. State		
*d. Local		
*e. Other	5,540,633	
*f. Program Income		
*g. TOTAL	29,093,795	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input checked="" 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		
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:		
Prefix: _____	*First Name: <u>Leda</u> _____	
Middle Name: _____		
*Last Name: <u>Young</u> _____		
Suffix: _____		
*Title: Principal Grants Analyst		
*Telephone Number: 415-701-4336	Fax Number: _____	
* Email: leda.young@sfmta.com		
*Signature of Authorized Representative: _____		*Date Signed: _____

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier: 1697		*5b. Federal Award Identifier: <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 18 2010 </div>
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	STATE CLEARING HOUSE
8. APPLICANT INFORMATION:		
*a. Legal Name: City and County of San Francisco		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 941160893		*c. Organizational DUNS: 956617435
d. Address:		
*Street 1:	<u>1 South Van Ness Avenue</u>	
Street 2:	_____	
*City:	<u>San Francisco</u>	
County:	_____	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>94109</u>	
e. Organizational Unit:		
Department Name: San Francisco Municipal Transportation Agency		Division Name: Finance and Information Technology
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
Title:	<u>Principal Grants Analyst</u>	
Organizational Affiliation:		
*Telephone Number: 415-701-4336		Fax Number:
*Email: <u>leda.young@sfmta.com</u>		

Application for Federal Assistance SF-424

Version 02

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

B. County Government

Type of Applicant 2: Select Applicant Type:

C. City or Township Government

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20500

CFDA Title:

Federal Transit - Capital Investment Grants

***12 Funding Opportunity Number:**

49 U.S.C. 5309

*Title:

Fixed Guideway Modernization

13. Competition Identification Number:

Title:

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

City and County of San Francisco, CA

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

FY2010 Fixed Guideway Program

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-008, CA-012		*b. Program/Project: CA-008, CA-012
17. Proposed Project:		
*a. Start Date: 10/1/10		*b. End Date: 12/31/15
18. Estimated Funding (\$):		
*a. Federal	63,772,057	
*b. Applicant		
*c. State		
*d. Local		
*e. Other	14,743,825	
*f. Program Income		
*g. TOTAL	78,515,882	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" 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		
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:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
*Title: Principal Grants Analyst		
*Telephone Number: 415-701-4336	Fax Number: _____	
* Email: leda.young@sfmta.com		
*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:

- 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:

RECEIVED

AUG 18 2010

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

1697

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City and County of San Francisco

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

941160893

*c. Organizational DUNS:

956617435

d. Address:

*Street 1: 1 South Van Ness Avenue

Street 2: _____

*City: San Francisco

County: _____

*State: CA

Province: _____

*Country: USA*Zip / Postal Code 94109

e. Organizational Unit:

Department Name:

San Francisco Municipal Transportation Agency

Division Name:

Finance and Information Technology

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

Prefix: _____ *First Name: Leda

Middle Name: _____

*Last Name: Young

Suffix: _____

Title: Principal Grants Analyst

Organizational Affiliation:

*Telephone Number: 415-701-4336

Fax Number:

*Email: leda.young@sfmta.com

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: B. County Government Type of Applicant 2: Select Applicant Type: C. City or Township Government Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: DOT/Federal Transit Administration	
11. Catalog of Federal Domestic Assistance Number: 20507 CFDA Title: Federal Transit - Formula Grants	
*12 Funding Opportunity Number: 49 U.S.C. 5307 *Title: Urbanized Area Formula Grants	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City and County of San Francisco, CA	
*15. Descriptive Title of Applicant's Project: SFgo - Van Ness Corridor Management	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-008, CA-012		*b. Program/Project: CA-008, CA-012
17. Proposed Project:		
*a. Start Date: 10/1/10		*b. End Date: 12/31/14
18. Estimated Funding (\$):		
*a. Federal	_____	6,000,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	6,000,000
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" 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		
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:		
Prefix: _____	*First Name: <u>Leda</u> _____	
Middle Name: _____		
*Last Name: <u>Young</u> _____		
Suffix: _____		
*Title: Principal Grants Analyst		
*Telephone Number: 415-701-4336		Fax Number: _____
* Email: leda.young@sfmta.com		
*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 type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision * If Revision, select appropriate letter(s) A. Increase Award A. Increase Award *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 18 2010 </div>
5a. Federal Entity Identifier: 1697	*5b. Federal Award Identifier:	
State Use Only:		STATE CLEARING HOUSE
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: City and County of San Francisco		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 941160893		*c. Organizational DUNS: 956617435
d. Address:		
*Street 1:	<u>1 South Van Ness Avenue</u>	
Street 2:	_____	
*City:	<u>San Francisco</u>	
County:	_____	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>94109</u>	
e. Organizational Unit:		
Department Name: San Francisco Municipal Transportation Agency		Division Name: Finance and Information Technology
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
Title:	<u>Principal Grants Analyst</u>	
Organizational Affiliation:		
*Telephone Number: 415-701-4336		Fax Number:
*Email: <u>leda.young@sfmta.com</u>		

Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: B. County Government</p> <p>Type of Applicant 2: Select Applicant Type: C. City or Township Government</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: DOT/Federal Transit Administration</p>	
<p>11. Catalog of Federal Domestic Assistance Number: 20507</p> <p>CFDA Title: Federal Transit - Formula Grants</p>	
<p>*12 Funding Opportunity Number: 49 U.S.C. 5307</p> <p>*Title: Urbanized Area Formula Program</p>	
<p>13. Competition Identification Number: _____</p> <p>Title: _____</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): City and County of San Francisco, CA</p>	
<p>*15. Descriptive Title of Applicant's Project: CENTRAL SUBWAY - 3RD STREET LIGHT RAIL PROJECT - PHASE 2</p>	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-008, CA-012		*b. Program/Project: CA-008, CA-012
17. Proposed Project:		
*a. Start Date: 10/1/10		*b. End Date: 12/31/18
18. Estimated Funding (\$):		
*a. Federal	17,500,000	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	17,500,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" 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		
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:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
*Title: Principal Grants Analyst		
*Telephone Number: 415-701-4336	Fax Number: _____	
* Email: leda.young@sfmta.com		
*Signature of Authorized Representative: _____		*Date Signed: _____

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision * If Revision, select appropriate letter(s) A. Increase Award C. Increase Duration *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier: 1697		*5b. Federal Award Identifier: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 18 2010 STATE CLEARING HOUSE </div>
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: City and County of San Francisco		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 941160893		*c. Organizational DUNS: 956617435
d. Address:		
*Street 1:	<u>1 South Van Ness Avenue</u>	
Street 2:	_____	
*City:	<u>San Francisco</u>	
County:	_____	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>94109</u>	
e. Organizational Unit:		
Department Name: San Francisco Municipal Transportation Agency		Division Name: Finance and Information Technology
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Leda</u>	
Middle Name: _____		
*Last Name: <u>Young</u>		
Suffix: _____		
Title: <u>Principal Grants Analyst</u>		
Organizational Affiliation:		
*Telephone Number: 415-701-4336		Fax Number:
*Email: <u>leda.young@sfmta.com</u>		

Application for Federal Assistance SF-424

Version 02

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

B. County Government

Type of Applicant 2: Select Applicant Type:

C. City or Township Government

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20500

CFDA Title:

Federal Transit - Capital Investment Grants

***12 Funding Opportunity Number:**

49 U.S.C. 5309

*Title:

Bus and Bus-Related Facilities

13. Competition Identification Number:

Title:

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

City and County of San Francisco, CA

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

Glen Park Intermodal Facility Renovation

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-008, CA-012		*b. Program/Project: CA-008, CA-012
17. Proposed Project:		
*a. Start Date: 10/1/10		*b. End Date: 12/31/14
18. Estimated Funding (\$):		
*a. Federal	<u>896,610</u>	
*b. Applicant	<u> </u>	
*c. State	<u> </u>	
*d. Local	<u> </u>	
*e. Other	<u>224,153</u>	
*f. Program Income	<u> </u>	
*g. TOTAL	<u>1,120,763</u>	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" 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		
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:		
Prefix: _____	*First Name: <u>Leda</u> _____	
Middle Name: _____		
*Last Name: <u>Young</u> _____		
Suffix: _____		
*Title: Principal Grants Analyst		
*Telephone Number: 415-701-4336		Fax Number: _____
* Email: leda.young@sfmta.com		
*Signature of Authorized Representative: _____		*Date Signed: _____

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>
4. a. Federal Identifier	<input type="text"/>
b. Agency Routing Identifier	<input type="text"/>

1. TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

2. DATE SUBMITTED

Applicant Identifier

6. APPLICANT INFORMATION * Organizational DUNS:

* Legal Name:

Department: Division:

* Street1:
 Street2:

* City: County / Parish:
 * State: Province:
 * Country: * ZIP / Postal Code:

Person to be contacted on matters involving this application

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

* Phone Number: Fax Number:
 Email:

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

7. TYPE OF APPLICANT:
 Other (Specify):

Small Business Organization Type Woman Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION: If Revision, mark appropriate box(es).

New Resubmission A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 Renewal Continuation Revision E. Other (specify):

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

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT: * Start Date: * Ending Date:

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Position/Title:
 * Organization Name:

Department: Division:

* Street1:
 Street2:

* City: County / Parish:
 * State: Province:
 * Country: * ZIP / Postal Code:

* Phone Number: Fax Number:
 * Email:

RECEIVED
 AUG 18 2010
 STATE CLEARING HOUSE

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING a. Total Federal Funds Requested <input type="text" value="3,155,812.00"/> b. Total Non-Federal Funds <input type="text" value="769,154.00"/> c. Total Federal & Non-Federal Funds <input type="text" value="3,943,764.00"/> d. Estimated Program Income <input type="text" value="0.00"/>	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: <input type="text" value="04/18/2010"/> 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
---	--

17. 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.

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County/Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative * Date Signed

20. Pre-application

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
6. APPLICANT INFORMATION			
Legal Name: The Nature Conservancy		Organizational Unit: Department: Central Valley & Mountains Region	
Organizational DUNS: 072656630		Division: Cosumnes River Project	
Address: Street: 201 Mission Street, 4th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Francisco		Prefix:	First Name: Jaymaa
County: San Francisco		Middle Name	
State: CA		Last Name Marty	
Zip Code 94106		Suffix:	
Country: USA		Email: jmart@inc.org	
8. EMPLOYER IDENTIFICATION NUMBER (EIN): 53-0242852		Phone Number (give area code) (916) 448-2650 ext. 4128	Fax Number (give area code) (916) 448-3469
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) <input type="checkbox"/> Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: Natural Resources Conservation Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Floodplain Modeling & Draft Construction Design Documents - Oneto-Denier Property	
13. PROPOSED PROJECT Start Date: September 1, 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 8	
Ending Date: September 30, 2011		b. Project 3	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/19/2010	
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes (if "Yes" attach an explanation.) <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 75,000	a. Authorized Representative	
Prefix		First Name Rebecca	
Last Name Bhaw		Middle Name	
b. Title Associate State Director, Conservation Programs		Suffix	
d. Signature of Authorized Representative		c. Telephone Number (give area code) (415) 777-0487	
		e. Date Signed 8/18/10	

Previous Edition Usable
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Standard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102

RECEIVED
AUG 19 2010
STATE CLEARING HOUSE

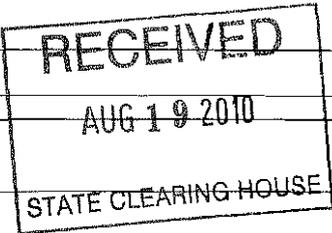
APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED	07/22/2010	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier G1098025
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

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

5. APPLICANT INFORMATION	
Legal Name: State of California	Organizational Unit: Department: Fish and Game
Organizational DUNS: 808322358	Division: Grants Management Branch
Address: Street: 1831 9th Street	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: Mr. First Name: Brian
City: Sacramento	Middle Name
County: Sacramento	Last Name Salazar
State: CA Zip Code 95811	Suffix:
Country: USA	Email: bsalazar@dfg.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320
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.)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
Other (specify)	9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture, APHIS	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-028	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Early Detection of Highly Pathogenic Avian Influence in Wild Birds.
TITLE (Name of Program): Wildlife Services	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	

13. PROPOSED PROJECT Start Date: 08/01/2010 Ending Date: 07/31/2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project Statewide
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 70,000.00	a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE:
c. State \$	b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 70,000.00	

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 Blaine	Middle Name HARRIET
Last Name Nickens		Suffix KRYAN
b. Title Branch Chief, Grants Managements Branch	c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative	e. Date Signed 7-28-10	

Previous Edition Usable
Authorized for Local Reproduction

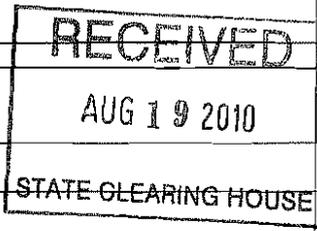
Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier Department of Food & Agriculture
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier CDFA #
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8523-1005-CA
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		Department: Food and Agriculture	
Organizational DUNS: 807487665		Division: Plant Health & Pest Prevention Services	
Address: Street: 1220 N Street, Room 341		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: James
County: Sacramento		Middle Name F.	
State: California		Last Name Rudig	
Zip Code 95814	Suffix:		
Country: USA	Email: jrudlg@cdfa.ca.gov		



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104	Phone Number (give area code) 559-294-2031	Fax Number (give area code) 559-294-2037
--	---	---

8. TYPE OF APPLICATION: <input type="checkbox"/> Now <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.)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY: USDA-APHIS-PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-664	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Conduct survey, regulatory, control, and eradication activities that will provide specific information to the Cooperator, APHIS, and other interested parties for Pink Bollworm programs.
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Phoenix, AZ, Maricopa County, Shafter, CA, Kern County

13. PROPOSED PROJECT Start Date: October 1, 2010 Ending Date: September 30, 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA:3rd b. Project CA= 22nd, 51st / AZ= 4th
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 486,184.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/19/2010
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 486,869.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 973,053.00	

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 Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Federal Funds Manager		c. Telephone Number (give area code) 916-651-9888
d. Signature of Authorized Representative <i>Kathy Alameda</i>		e. Date Signed

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION Legal Name: State of California		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1164-CA
Organizational DUNS: 807487665		Organizational Unit: Department: Department of Food and Agriculture	
Address: Street: 1220 N Street, Room 349		Division: Plant Health and Pest Prevention Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Mr.	First Name: Duane
State: CA		Middle Name	
Zip Code 95814	Last Name Schnabel		
Country: United States		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Email: dschnabel@cdfa.ca.gov	Phone Number (give area code) (916) 654-0768
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)		Fax Number (give area code) (916) 653-2403	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)	
TITLE (Name of Program): Plant and Animal Disease, Pest Control and Animal Care		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Light Brown Apple Moth Program	
13. PROPOSED PROJECT Start Date: 10/01/2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California	
Ending Date: 09/30/2011		b. Project LBAM	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,358,570.00	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: 08/19/2010	
c. State	\$ 1,500,000.00	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	\$ 6,858,570.00		
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 Kathy	Middle Name	
Last Name Alameda			Suffix
b. Title Federal Funds Manager			c. Telephone Number (give area code) (916) 651-9888
d. Signature of Authorized Representative <i>Kathy Alameda</i>			e. Date Signed

RECEIVED
 AUG 19 2010
 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 8/19/2010

Applicant location:

1. TYPE OF SUBMISSION:

Pre-application

3. DATE RECEIVED BY STATE

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Agency:

3. APPLICANT INFORMATION

Non-Construction

Construction

1. Full Name:

Organizational Unit:

The Waterborne Program

For International Events

Division:

Street:

Building 100

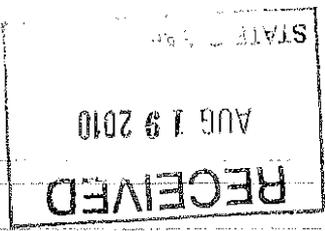
City:

State:

Country:

Postal Code:

Other (Specify):



5. EMPLOYER IDENTIFICATION NUMBER (EIN):

State EIN:

Federal EIN:

6. TYPE OF APPLICATION:

New

Continuation

Revision

If revision - enter appropriate number in box(es)

(See back of form for description of boxes)

Other (Specify):

9. NAME OF FEDERAL AGENCY:

US Fish and Wildlife

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Native Oyster Reel at Pt. Pinos Regional Shoreline

Title (Name of Program)

12. AREAS AFFECTED BY PROJECT (List County, State, etc.)

California Coastal Cosia County, California

13. PROJECTED PROJECT

Start Date:

14. UNLIMITED FUNDING

15. PROJECT NUMBER

16. PROJECT TITLE

17. PROJECT DESCRIPTION

18. PROJECT LOCATION

19. PROJECT CONTACT INFORMATION

20. PROJECT CONTACT NAME

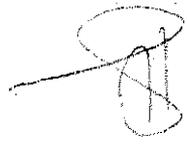
21. PROJECT CONTACT PHONE NUMBER

22. PROJECT CONTACT EMAIL ADDRESS

23. PROJECT CONTACT FAX NUMBER

24. PROJECT CONTACT TITLE

25. PROJECT CONTACT ORGANIZATION



Signature:

Title:

Organization:

Approved by Local Administration

Date:

Signature:

Title:

Organization:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Project Number:

Project Title:

Project Location:

Project Contact Name:

Project Contact Phone Number:

Project Contact Email Address:

Project Contact Fax Number:

Project Contact Title:

Project Contact Organization:

Project Contact Address:

Project Contact City:

Project Contact State:

Project Contact Zip:

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Project Contact Organization:

Project Contact Address:

Project Contact City:

Project Contact State:

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 * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision	
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: CA0367B9D000802
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: South Central Health & Rehabilitation Program		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4482413		*c. Organizational DUNS: 077169170
d. Address:		
*Street 1:	<u>2610 Industry Way, Suite A</u>	
*Street 2:	_____	
*City:	<u>Lynwood</u>	
County:	<u>Los Angeles</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>90262</u>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">AUG 23 2010</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>		
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Julle</u>	
Middle Name: _____		
*Last Name: <u>Elder</u>		
Suffix: _____		
Title:	<u>Contract Specialist</u>	
Organizational Affiliation: South Central Health & Rehabilitation Program		
*Telephone Number: 310 631 8004		Fax Number: 310 631 5875
*Email: <u>skyelder1@earthlink.net</u>		

Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: US Department of Housing and Urban Development</p>	
<p>11. Catalog of Federal Domestic Assistance Number: 14.235</p> <p>CFDA Title: Supportive Housing Program</p>	
<p>*12 Funding Opportunity Number: FR-5409-N-01</p> <p>*Title: Continuum of Care Homeless Assistance Program</p>	
<p>13. Competition Identification Number: CoC-01</p> <p>Title: 2010 SuperNOFA Continuum of Care</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): South Los Angeles</p>	
<p>*15. Descriptive Title of Applicant's Project:</p> <p>The Dual Diagnosis Supportive Services Program annually provides supportive services to 200 homeless individuals who have a dual diagnosis of a mental illness and a substance abuse disorder.</p> <p>The project directly provides outreach and intake services, case management, mental health assessments, money management, benefits advocacy, independent living skills training and substance abuse services. Medication and Psychiatry support services are provided through linkage to other South Central Health & Rehabilitation Program services.</p>	



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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
 *a. Applicant: 39 *b. Program/Project: 33

17. Proposed Project:
 *a. Start Date: 2/1/2011 *b. End Date: 1/31/2012

18. Estimated Funding (\$):

*a. Federal	\$225,479
*b. Applicant	\$56,190
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$281,669

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This applicallon was made available to the State under the Execulive Order 12372 Process for review on 8/20/2010
 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 adminisrative penallies. (U. S. Code, Tille 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: Jack
 Middle Name: _____
 *Last Name: Barbour
 Suffix: MD

*Title: Co-Director

*Telephone Number: 310 631-8004 Fax Number: 310 631-5875

* Email: jmbarbour@earthlink.net

*Signature of Authorized Representative:  *Date Signed: 8-18-2010

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		
* 3. Date Received:		4. Applicant Identifier:		
08/22/2010				
5a. Federal Entity Identifier:		5b. Federal Award Identifier:		
		Schwami-2068		
State Use Only:				
6. Date Received by State:		7. State Application Identifier:		
8. APPLICANT INFORMATION:				
* a. Legal Name:		San Francisco County Transportation Authority		RECEIVED AUG 23 2010
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational OUNS:		
943114408		7945307460000		STATE CLEARING HOUSE
* d. Address:				
* Street1:	100 Van Ness Avenue Floor 26			
* Street2:				
* City:	San Francisco			
* County/Parish:				
* State:	CA: California			
* Province:				
* Country:	USA: UNITED STATES			
* Zip / Postal Code:	94102-5244			
* e. Organizational Unit:				
Department Name:		Division Name:		
Planning				
* f. Name and contact information of person to be contacted on matters involving this application:				
Prefix:	Mr.	* First Name:	Michael	
Middle Name:				
* Last Name:	Schwartz			
Suffix:				
Title:	Transportation Planner			
Organizational Affiliation:				
San Francisco County Transportation Authority				
* Telephone Number:	415-522-4823	* Fax Number:	415-522-4829	
* Email:	michael.schwartz@sfcta.org			

Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-008

b. Program/Project CA-008

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/26/2010

* b. End Date: 10/25/2013

18. Estimated Funding (\$):

* a. Federal	3,249,650.00
* b. Applicant	1,027,733.00
* c. State	0.00
* d. Local	2,941,617.00
* e. Other	240,000.00
* f. Program Income	0.00
* g. TOTAL	7,459,000.00

* 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 08/22/2010
- 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 in attachment.)

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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 21B, 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: Jose Luis

Middle Name:

* Last Name: Moscovich

Suffix:

* Title: Executive Director

* Telephone Number: 415-522-4800 Fax Number:

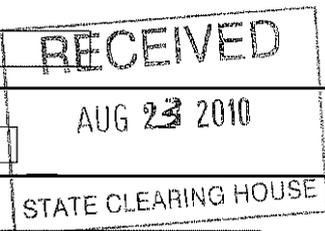
* Email: jose.luis.moscovich@sfcta.org

* Signature of Authorized Representative: Michael Schwartz * Date Signed: 08/22/2010

Application for Federal Assistance SF-424

* 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: 08/22/2010	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------



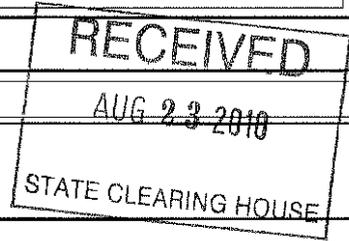
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: schwami-2068
---	---

State Use Only:

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

B. APPLICANT INFORMATION:

* a. Legal Name: San Francisco County Transportation Authority	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 943114408	* c. Organizational DUNS: 7945307460000



d. Address:

* Street1: 100 Van Ness Avenue Floor 26
Street2: _____
* City: San Francisco
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94102-5244

e. Organizational Unit:

Department Name: Planning	Division Name: _____
---------------------------	----------------------

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

Prefix: Mr.	* First Name: Michael
Middle Name: _____	
* Last Name: Schwartz	
Suffix: _____	

Title: Transportation Planner

Organizational Affiliation: San Francisco County Transportation Authority

* Telephone Number: 415-522-4823	Fax Number: 415-522-4829
----------------------------------	--------------------------

* Email: michael.schwartz@sfcta.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

B: County Government

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.704

CFDA Title:

Community Challenge Planning Grants and the Department of Transportation's TIGER II Planning Grants

*** 12. Funding Opportunity Number:**

FR-5415-N-12

*** Title:**

HUD Community Challenge Planning & DOT Tiger II Planning Grant

13. Competition Identification Number:

CCPTIGERII-12

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Better Market Street Planning, Engineering, and Design

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,249,650.00"/>
* b. Applicant	<input type="text" value="1,027,733.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="2,941,617.00"/>
* e. Other	<input type="text" value="240,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="7,459,000.00"/>

*** 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
- 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 in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 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: 08/23/2010	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: POVERTY SOLUTIONS, INC.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 27-1916296	* c. Organizational DUNS: 9623228190000

d. Address:

* Street1: 5405 Wilshire Blvd., Suite 312
Street2: _____
* City: Los Angeles
County/Parish: Los Angeles
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 900364203

e. Organizational Unit:

Department Name: _____	Division Name: _____
------------------------	----------------------

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

Prefix: Mr.	* First Name: Frank
Middle Name: Ikechukwu	
* Last Name: Igwealor	
Suffix: _____	
Title: President & CEO	

Organizational Affiliation: _____

* Telephone Number: 310.895.1839, 323.677.2512	Fax Number: 323.330.9506
--	--------------------------

* Email: Frankigwealor@gmail.com

RECEIVED
AUG 23 2010
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

*** 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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.703

CFDA Title:

The Sustainable Communities Regional Planning Grant Program

*** 12. Funding Opportunity Number:**

FR-5396-N-03

* Title:

Sustainable Communities Regional Planning Grant Program

13. Competition Identification Number:

SCRPG-03

Title:

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

Poverty Solutions' RLF - SCRPG Project Area

Add Attachment

Delete Attachment

View Attachment

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

Sustainable Community Regional Planning Project for communities in Los Angeles, Ventura, San Diego, Kern, San Bernardino, and other Counties with depressed and underserved communities in California.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

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="5,000,000.00"/>
* b. Applicant	<input type="text" value="1,791,600.00"/>
* 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="6,791,600.00"/>

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier	
3. DATE RECEIVED BY STATE			State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier		
5. APPLICANT INFORMATION					
Legal Name: Banning Heights Mutual Water Company			Organizational Unit: Department:		
Organizational DUNS: 08-315-0623			Division:		
Address: Street: 7091 Bluff Street			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Alan		
City: Banning			Middle Name		
County: Riverside			Last Name: Hamdorf		
State: CA		Zip Code: 92220	Suffix:		
Country: USA			Email: hamdorfs@aol.com		RECEIVED AUG 23 2010 STATE CLEARING HOUSE
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 99-0526054			Phone Number (give area code): 951-849-2540		
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) N Other (specify): Mutual Water Company		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program			9. NAME OF FEDERAL AGENCY:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Service area of Banning Heights MWC			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement of undersized, old, and deteriorated distribution pipelines; cleaning and recoating of raw water storage tank.		
13. PROPOSED PROJECT Start Date: Fall 2010 Ending Date: Winter 2012			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 41 - Lewis b. Project: 41 - Lewis		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,095,000 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 2010		
b. Applicant	\$	0 ⁰⁰	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	0 ⁰⁰			
g. TOTAL	\$	1,095,000 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: Alan		First Name: Alan		Middle Name:	
Last Name: Hamdorf		Suffix:		c. Telephone Number (give area code): 951-849-2540	
b. Title: Director				e. Date Signed:	
d. Signature of Authorized Representative					

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<input type="text"/>	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify):	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<input type="text"/>	
* 3. Date Received:		4. Applicant Identifier:			
08/26/2010		<input type="text"/>			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:		
<input type="text"/>			yubacounty cdsa-1688		
State Use Only:					
6. Date Received by State:		7. State Application Identifier			
<input type="text"/>		<input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: Yuba County Community Development & Services Agency					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
94 6000549			9625507240000		
d. Address:					
* Street1:		915 8th Street, Suite 123			
Street2:		<input type="text"/>			
* City:		Marysville			
County/Parish:		Yuba County			
* State:		CA: California			
Province:		<input type="text"/>			
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		95901 5273			
e. Organizational Unit:					
Department Name:			Division Name:		
CDSA			Planning Department		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		* First Name:		Wendy	
Middle Name:		Wittrock			
* Last Name:		Hartman			
Suffix:		<input type="text"/>			
Title:		Director of Planning			
Organizational Affiliation:					
<input type="text"/>					
* Telephone Number:		530 749 5470		Fax Number: 530 749-5434	
* Email:		whartman@cc.yuba.ca.us			

RECEIVED

AUG 23 2010

PLANNING HOUSE

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.704

CFDA Title:

Community Challenge Planning Grants and the Department of Transportation's TIGER II Planning Grants

*** 12. Funding Opportunity Number:**

PR 5415 N 12

* Title:

HUD Community Challenge Planning & DOT Tiger II Planning Grant

13. Competition Identification Number:

CCPG 12

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Yuba County Uniform Development Code (UDC) & Climate Action Plan (CAP): zoning; subdivision; design guidelines; related development codes and a plan for reducing green house gas emissions

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA 002

b. Program/Project CA 002

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a Start Date 01/03/2011

* b End Date 07/31/2012

18. Estimated Funding (\$):

* a. Federal	276,000.00
* b. Applicant	69,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	345,000.00

* 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 08/20/2010
- 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 in attachment.)

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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 21B, 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: Ms. * First Name: Wendy

Middle Name: Wittcock

* Last Name: Hartman

Suffix:

* Title: Director of Planning

* Telephone Number: 530 749 5470 Fax Number: 530 749 5434

* Email: whartman@co.yuba.ca.us

* Signature of Authorized Representative: Wendy Hartman

* Date Signed: 08/20/2010

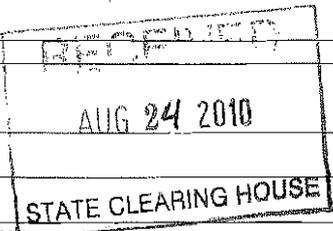
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 24, 2010	Applicant Identifier Dept. of Food and Agriculture
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE August 11, 2010	State Application Identifier F10-032
<input checked="" type="checkbox"/> Non-Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 10-8520-1405-CA
	Non-Construction		

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: First Name: Joanne
City: Sacramento	
County: Sacramento	Last Name Shimada
State: California	Suffix:
Zip Code: 95814	Email: jshimada@cdfa.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

Phone Number (give area code): (916) 654-1211
 Fax Number (give area code): (916) 654-0555

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

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

9. NAME OF FEDERAL AGENCY:
 USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 -

TITLE (Name of Program):
 Duponchelia fovealis Survey

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Duponchelia fovealis survey in California

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

13. PROPOSED PROJECT
 Start Date: July 1, 2010 Ending Date: June 30, 2011

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: California b. Project: Duponchelia fovealis Survey

15. ESTIMATED FUNDING:

a. Federal	\$	9,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	9,000 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.

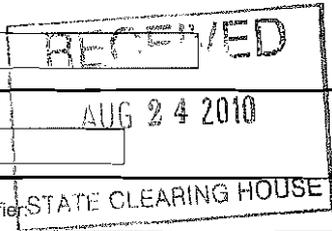
a. Authorized Representative

Prefix	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Manager, Federal Funds Management Unit	c. Telephone Number (give area code) (916) 651-9888	
d. Signature of Authorized Representative	e. Date Signed	

Application for Federal Assistance SF-424

* 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: _____
--	-----------------------------------



5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: chieritmesja-1683
---	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Soledad Redevelopment Agency	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000-432	* c. Organizational DUNS: 0049483780000

d. Address:

* Street1: 248 Main Street
Street2: _____
* City: Soledad
County/Parish: Monterey
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 93960-156

e. Organizational Unit:

Department Name: Community & Economic Dev. Dept	Division Name: _____
---	----------------------

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

Prefix: Mr.	* First Name: Steven
Middle Name: George	
* Last Name: McHarris	
Suffix: _____	

Title: Director, Community & Economic Development

Organizational Affiliation: _____

* Telephone Number: 831-223-5043	Fax Number: 831-678-3965
----------------------------------	--------------------------

* Email: SMcHarris@cityofsoledad.com

Application for Federal Assistance SF-424

*** 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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.704

CFDA Title:

Community Challenge Planning Grants and the Department of Transportation's TIGER II Planning Grants

*** 12. Funding Opportunity Number:**

PR-5415-N-12

* Title:

HUD Community Challenge Planning & DOT Tiger II Planning Grant

13. Competition Identification Number:

CCPTIGERII-12

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Downtown Specific Plan

Attach supporting documents as specified in agency instructions

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="239,560.00"/>
* b. Applicant	<input type="text" value="248,464.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="80,560.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="568,584.00"/>

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

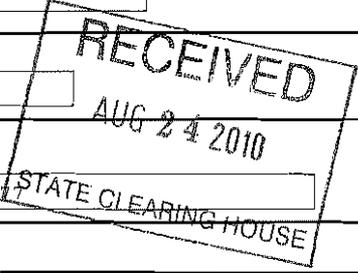
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 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: <input type="text" value="08/23/2010"/>	4. Applicant Identifier: <input type="text"/>
--	--

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text" value="california consult-17"/>
--	---



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6000702"/>	* c. Organizational DUNS: <input type="text" value="0399782670000"/>
--	---

d. Address:

* Street1:	<input type="text" value="1015 11TH AVE"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Delano"/>
County/Parish:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="93216-3010"/>

e. Organizational Unit:

Department Name: <input type="text" value="Community Development"/>	Division Name: <input type="text"/>
--	--

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

Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Kathy"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Kivley"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="661-721-3303"/>	Fax Number: <input type="text" value="661-721-3312"/>
---	---

* Email:

Application for Federal Assistance SF-424

*** 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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.704

CFDA Title:

Community Challenge Planning Grants and the Department of Transportation's TIGER II Planning Grants

*** 12. Funding Opportunity Number:**

FR-5415-N-12

* Title:

HUD Community Challenge Planning & DOT Tiger II Planning Grant

13. Competition Identification Number:

CCPTIGERII.12

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Downtown Specific Plan and Downtown Greening

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="385,500.00"/>
* b. Applicant	<input type="text" value="3,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="90,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="478,500.00"/>

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED

* 3. Date Received:

08/23/2010

4. Applicant Identifier:

Bay Area Air Quality Management

AUG 24 2010

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

jsteinberger-2079

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Bay Area Air Quality Management District

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

94-1622746

* c. Organizational DUNS:

0787814160000

d. Address:

* Street1:

939 Ellis Street

Street2:

* City:

San Francisco

County/Parish:

San Francisco

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94109-7799

e. Organizational Unit:

Department Name:

Grants Development

Division Name:

Strategic Incentives Division

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

Prefix:

Mr.

* First Name:

Damian

Middle Name:

Martin

* Last Name:

Breen

Suffix:

Title:

Director

Organizational Affiliation:

* Telephone Number:

(415) 749-5041

Fax Number:

(415) 749-5020

* Email:

dbreen@baaqmd.gov

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.704

CFDA Title:

Community Challenge Planning Grants and the Department of Transportation's TIGER II Planning Grants

* 12. Funding Opportunity Number:

PR-5415-N-12

* Title:

HUD Community Challenge Planning & DOT Tiger II Planning Grant

13. Competition Identification Number:

CCPG-12

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Toxic Air Contaminant Risk Reduction in Six Smart Growth San Francisco Bay Area Communities

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-008

b. Program/Project CA-007

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

Congressional-Districts.doc

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/04/2010

* b. End Date: 06/04/2012

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	600,000.00
* c. State	0.00
* d. Local	2,400,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	6,000,000.00

* 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 08/23/2010

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 in attachment.)

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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: Jack

Middle Name:

* Last Name: Broadbent

Suffix:

* Title: Executive Director/Air Pollution Control Offi

* Telephone Number: (415) 749-5052 Fax Number: (415) 928-0560

* Email: jbroadbent@baagmd.gov

* Signature of Authorized Representative: Eric Stevenson * Date Signed: 08/23/2010

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

*Other (Specify)

3. Date Received:

08/24/2010

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

CA0341B9D000801

State Use Only:

6. Date Received by State: 08/24/2010

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Asian Pacific Women's Center, Inc.

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

931102854

*c. Organizational DUNS:

08-003-9832

d. Address:

*Street 1: 1145 Wilshire Blvd., Suite 102

Street 2: _____

*City: Los Angeles

County: _____

*State: CA

Province: _____

*Country: Los Angeles

*Zip / Postal Code 90017

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr. _____

*First Name: Tong _____

Middle Name: Cho _____

*Last Name: Kim _____

Suffix: _____

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 213-250-2977

Fax Number: 213-250-2949

*Email: tcklmofca@yahoo.com

RECEIVED

AUG 24 2010

STATE CLEARING HOUSE

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:**

US Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CoC-01

Title:

2010 SuperNOFA Continuum of Care

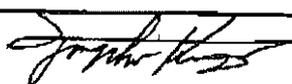
14. Areas Affected by Project (Cities, Counties, States, etc.):

Los Angeles

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

APWC Transitional Housing Program

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 34	*b. Program/Project: 33	
17. Proposed Project:		
*a. Start Date: 2011	*b. End Date: 2012	
18. Estimated Funding (\$):		
*a. Federal	149813	
*b. Applicant	50000	
*c. State		
*d. Local		
*e. Other	137017	
*f. Program Income		
*g. TOTAL	336830	
*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 <u>08/24/2010</u> <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		
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 assurance** 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:		
Prefix: <u>Mr.</u>	*First Name: <u>Tong</u>	
Middle Name: <u>Cho</u>		
*Last Name: <u>Kim</u>		
Suffix: _____		
*Title: Executive Director		
*Telephone Number: 213-250-2977	Fax Number: 213-250-2949	
* Email: <u>tkimofca@yahoo.com</u>		
*Signature of Authorized Representative: 	*Date Submitted: 08/24/2010	

Authorized for Local Reproduction

Standard Form 4 (Revised 10/2005)
 Prescribed by OMB Circular A-102

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 checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: The Regents of the University of California Davis (UC Davis)	Organizational Unit: Department: Entomology
Organizational DUNS: 04-712-0084	Division: College of Agriculture and Environmental Science
Address: Street: Office of Research Sponsored Programs Office, 1850 Research Pk Dr, Ste 300	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Mary
City: Davis	Middle Name: Louise
County: Yolo	Last Name: Pitt
State: Ca	Zip Code: 95616
Country: USA	Email: mfint@ucdavis.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-8038494	Phone Number (give area code) 530.752.7692	Fax Number (give area code) 530.752.1537
--	---	---

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)
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Studies on Thousand Cankers Disease of Walnut and Walnut Twig Beetle in California"
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yolo, CA, USA	9. NAME OF FEDERAL AGENCY: USDA Forest Service
--	---

13. PROPOSED PROJECT Start Date: 08/15/2010 Ending Date: 08/14/2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant One (1) b. Project One (1)
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 35,003.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/26/10
b. Applicant \$ 18,552.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 53,555.00	

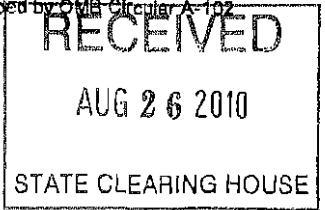
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name David	Middle Name
Last Name Ricci	Suffix	
b. Title Contracts and Grants Analyst	c. Telephone Number (give area code) 530.754.7700	
d. Signature of Authorized Representative	e. Date Signed 8/26/10	

Previous Edition Usable Authorized for Local Reproduction

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

Post-It® Fax Note 7671	Date	# of pages 1
To CA State Clearinghouse	From LCD SPO - David Ricci	
Co./Dept.	Co.	
Phone #	Phone # 530-754-8094	
Fax # 323-3018	Fax #	



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 * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: _____		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED AUG 26 2010 STATE CLEARING HOUSE </div>
4. Applicant Identifier: _____ Completed by grants.gov upon submission.		
5a. Federal Entity Identifier: _____		*5b. Federal Award Identifier: _____ CA-600
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
*a. Legal Name: Los Angeles Homeless Services Authority (LAHSA)		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 954498834		*c. Organizational DUNS: 837100361
d. Address:		
*Street 1: <u>453 S. Spring Street, 12th Floor</u>		
Street 2: _____		
*City: <u>Los Angeles</u>		
County: _____		
*State: <u>California</u>		
Province: _____		
*Country: <u>USA; United States</u>		
*Zip / Postal Code <u>90013</u>		
e. Organizational Unit:		
Department Name: _____		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Ms.</u>		*First Name: <u>Helen</u>
Middle Name: _____		
*Last Name: <u>Lee</u>		
Suffix: _____		
Title: <u>Funding Manager</u>		
Organizational Affiliation: Los Angeles Homeless Services Authority		
*Telephone Number: 213-683-3333		Fax Number: 213-892-0093
*Email: <u>hlee@lahsa.org</u> or <u>snofa@lahsa.org</u>		

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

Joint Powers Authority

***10 Name of Federal Agency:**

Department of Housing and Urban Development, Office of Community Planning and Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program (SHP)

***12 Funding Opportunity Number:**

FR-5409-N-01

*Title:

Notice of Funding Opportunity Available for Continuum of Care (CoC) Homeless Assistance Programs

13. Competition Identification Number:

N/A

Title:

N/A

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

Los Angeles City and County

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

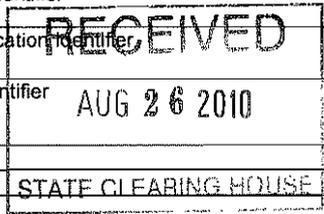
FY2010 SuperNOFA Application for the Los Angeles Continuum of Care

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 34		*b. Program/Project: See Attachment.
17. Proposed Project:		
*a. Start Date: 1/1/2011		*b. End Date: 12/31/2011
18. Estimated Funding (\$):		
*a. Federal	<u>\$21,823,678.00</u>	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	<u>\$21,823,678.00</u>	
*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 <u>8/26/10</u> <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		
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:		
Prefix: Mr.	_____	*First Name: <u>G. Michael</u>
Middle Name:	_____	
*Last Name: <u>Arnold</u>	_____	
Suffix:	_____	
*Title: Executive Director		
*Telephone Number: 213-683-3333		Fax Number: 213-892-0093
* Email: <u>marnold@lahsa.org</u>		
*Signature of Authorized Representative: Completed by Grants.gov upon submission 		*Date Signed: Completed by Grants.gov upon submission. <u>8/24/10</u>

**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 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:	Organizational Unit:	STATE CLEARING HOUSE
City of Willows	Department:	Police Department
Organizational DUNS: 040474397	Division:	
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 201 N. Lassen Street	Prefix:	First Name: Jason
City: Willows	Middle Name	
County: Glenn	Last Name Dahl	
State: CA	Zip Code 95988	Suffix:
Country: United States of America	Email: jdahl@cityofwillows.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	6	0	0	0	4	5	6
Phone Number (give area code)			Fax Number (give area code)						
(530)934-3456			(530)934-4964						

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1 0 - 7 6 6	Willows Police Department K-9 Program
TITLE (Name of Program): Rural Development Housing Community Facilities	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
City of Willows, Glenn County, CA	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 10/1/2010	a. Applicant CA 02
Ending Date: 10/1/2011	b. Project CA 02

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 32,292.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 26,421.00	DATE: 8/24/2010
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	
f. Program Income \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 58,713.00	<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	First Name William	Middle Name
Last Name Spears	Suffix	
b. Title Chief of Police	c. Telephone Number (give area code) (530)934-3456	
d. Signature of Authorized Representative	e. Date Signed 8-27-10	

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> Continuation	*Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: CA0415C9D000802
State Use Only:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 30 2010 STATE CLEARING HOUSE </div>
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: City of Santa Monica Housing Authority		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000790	*c. Organizational DUNS: 149405123	
d. Address:		
*Street 1:	<u>1901 Main Street</u>	
Street 2:	<u>1st Floor, Suite A</u>	
*City:	<u>Santa Monica</u>	
County:	<u>Los Angeles</u>	
*State:	<u>California</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>90405</u>	
e. Organizational Unit:		
Department Name: Housing and Economic Development		Division Name: Housing Authority
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Mrs.</u>	*First Name: <u>Julie</u>	
Middle Name: <u>Piedras</u>		
*Last Name: <u>Lansing</u>		
Suffix: _____		
Title:	<u>Housing Authority Administrator</u>	
Organizational Affiliation: <u>City of Santa Monica Housing Authority</u>		
*Telephone Number: 310-458-8743		Fax Number: 310-264-7757
*Email: <u>julie.lansing@smgov.net</u>		

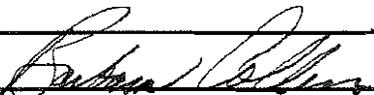
OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: U. S. Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number: <u>14.235</u> CFDA Title: <u>Shelter Plus Care</u>	
*12 Funding Opportunity Number: <u>FR-5409-N-01</u> *Title: <u>Continuum of Care Homeless Assistance Program</u>	
13. Competition Identification Number: <u>CoC-01</u> Title: <u>2010 SuperNOFA Continuum of Care</u>	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica	
*15. Descriptive Title of Applicant's Project: Project Renewal Grant to serve 110 households with housing subsidy and supportive services	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 30	*b. Program/Project: 30	
17. Proposed Project:		
*a. Start Date: 8/1/2011	*b. End Date: 7/31/2012	
18. Estimated Funding (\$):		
*a. Federal	1,708,836.	
*b. Applicant		
*c. State		
*d. Local		
*e. Other	1,708,836.	
*f. Program Income		
*g. TOTAL	3,417,672.	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____. <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input checked="" 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		
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:		
Prefix: Mrs.	*First Name: Barbara	
Middle Name:		
*Last Name: Collins		
Suffix:		
*Title: Housing Manager		
*Telephone Number: 310-458-8743		Fax Number: 310-264-7757
* Email: barbara.collins@smgov.net		
*Signature of Authorized Representative: 		*Date Signed: 8/30/10

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Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

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

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: AUG 16 2010		4. Applicant Identifier: <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 31 2010 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: <u>04-013-700527685</u>		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: <u>Susanville Indian Rancheria</u>		
*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-2165016</u>		*c. Organizational DUNS: <u>040475501</u>
d. Address:		
*Street 1: <u>795 Joaquin Street</u> Street 2: _____ *City: <u>Susanville</u> County: <u>Lassen</u> *State: <u>California</u> Province: _____ *Country: <u>US</u> *Zip / Postal Code: <u>96130</u>		
e. Organizational Unit:		
Department Name: <u>Lassen Indian Health Center</u>		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Ms</u> *First Name: <u>Barbara</u> Middle Name: <u>Ann</u> *Last Name: <u>Pierson</u> Suffix: _____		
Title: <u>Chief Operating Officer</u>		
Organizational Affiliation: <u>Lassen Indian Health Center</u>		
*Telephone Number: <u>530-251-5184</u>		Fax Number: <u>530-251-5208</u>
*Email: <u>lihcdirector@lihc.org</u>		

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:**

I. Indian/Native Am Tribal Govn.(Fed. Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

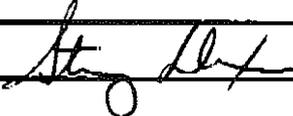
Susanville Indian Rancheria, Susanville, Lassen County, California

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

Lassen Indian Health Center Mobile Dental Van

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: ^{CA} 04	*b. Program/Project: ^{CA} 04	
17. Proposed Project:		
*a. Start Date: 09/01/2010	*b. End Date: 12/31/10	
18. Estimated Funding (\$):		
*a. Federal	_____	50,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	17,240
*f. Program Income	_____	
*g. TOTAL	_____	67,240
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" 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		
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:		
Prefix: <u>Mr.</u>	*First Name: <u>Stacy</u>	
Middle Name: _____		
*Last Name: <u>Dixon</u>		
Suffix: _____		
*Title: Tribal Chairman		
*Telephone Number: 530-251-5631	Fax Number: 530-257-7986	
* Email: sirtribalchair@citlink.net		
*Signature of Authorized Representative: 	*Date Signed: <u>8/12/10</u>	

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