Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16 - 31, 2011.** 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.

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: First 5 Del Norte, Children and Families Commission

Organizational Unit:
Department:
Division:

Organizational DUNS: 133694609

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Address:
Street: 494 Pacific Avenue
City: Crescent City
County: Del Norte
State: CA
Zip Code: 95531
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Patricia
Middle Name
Last Name: Vernelson
Suffix:
Email: pvernelson@delnortekids.org
Phone Number (give area code): 707 464 5500
Fax Number (give area code): 707 464 5510

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2254126

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

N

Other (specify): County Commission

9. NAME OF FEDERAL AGENCY: USDA Rural Development

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

TITLE (Name of Program): Guaranteed Community Facility Loan

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Family Resource Center

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Crescent City, Del Norte County

13. PROPOSED PROJECT
Start Date: 9/1/2011
Ending Date: 11/1/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 1
b. Project: 1

15. ESTIMATED FUNDING:

a. Federal	$ 1,000,000.00
b. Applicant	$ 72,350.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,072,350.00

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

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

DATE: 8/16/2011

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: Warren
Middle Name:
Last Name: Rehwaldt, MD
Suffix:
b. Title: Vice Chair
c. Telephone Number (give area code): 707-464-5500
d. Signature of Authorized Representative:
e. Date Signed: 8/16/2011

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 8/17/2011

4. Applicant Identifier:

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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: Villa Primavera Calexico, L.P.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 45-2906868

* c. Organizational DUNS: 13-552-6148

d. Address:

* Street 1: 16935 W. Bernardo Drive, Suite 238
Street 2:
* City: San Diego
County:
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92127

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs.
* First Name: Erin
Middle Name:
* Last Name: Autry Montgomery
Suffix:

Title: Project Manager

Organizational Affiliation:
Chelsea Investment Corporation, Developer

* Telephone Number: (760) 456-6000
Fax Number: (760) 456-6001

* Email: eautry@chelseainvestco.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency Rural Housing Service Dept. of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Program of New Construction

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

*** Title:**

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Calexico, Imperial County, CA

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

Villa Primavera Apartments (new affordable multifamily apartment construction)

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-50 * b. Program/Project CA-51

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12-01-2012 * b. End Date: 11-01-2013

18. Estimated Funding ($):

* a. Federal
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL

*** 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 08-17-2011.

☐ 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 Explanation

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Robert

Middle Name:

* Last Name: Laing

Suffix:

* Title: PSCDC President

*Telephone Number: (858) 675-0506 Fax Number: (858) 675-0702

* Email: robertlaing@pswcdc.org

* Signature of Authorized Representative: * Date Signed: 08-17-2011

Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED August 17, 2011	Applicant Identifier California Department of Food and Agriculture	
3. DATE RECEIVED BY STATE August 16, 2011	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-0572-CA	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ 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 341	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. First Name: Carol
City: Sacramento	Middle Name
County: Sacramento	Last Name: Gentry
State: California; Zip Code: 95814	Suffix:
Country: USA	Email: carol.gentry@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code): (916) 651-2063; Fax Number (give area code): (916) 653-2403

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8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☑ Revision

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

Other (specify)

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: 10-025

TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Phytophthora ramorum Program

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

13. PROPOSED PROJECT

Start Date: July 1, 2011; Ending Date: June 30, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: California; b. Project: California

15. ESTIMATED FUNDING:

a. Federal	$ 703,572.00
b. Applicant	$ .00
c. State	$ 0.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 703,572.00

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

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

DATE: August 17, 2011

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: Ms.	First Name: 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: Kathy Alameda		e. Date Signed: 8/17/11

(Certified current 7/25/08)

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 07-20-2011

Applicant Identifier: KRIV – March Inland Port/ Joint Use with US Air Force (May 1997)

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier: 3-06-0201

5. APPLICANT INFORMATION

Legal Name: March Inland Port Airport Authority

Organizational DUNS: 799839428

Address:

Street: 23555 Meyer Drive

City: Riverside

County: Riverside

State: CA Zip Code: 92518

Country: USA

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Organizational Unit:

Department: March Joint Powers Authority

Division: March Inland Port Airport Authority

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

Prefix: Mr. First Name: Gary

Middle Name: W.

Last Name: Gosliga

Suffix:

Email: gosliga@marchjpa.com

Phone number (give area code): (951) 656-7000

FAX number (give area code): (951) 653-5558

6. EMPLOYER IDENTIFICATION NUMBER *EIN*: 3 3 - 0 5 7 9 3 5 0

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

Other *(specify)*

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

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6

TITLE: Airport Improvement Plan

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airport Layout Plan Narrative Report

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*: Cities of Moreno Valley, Perris, Riverside, CA; County of Riverside

13. PROPOSED PROJECT

Start Date: 08-2011

Ending Date: 08-2012

14. CONGRESSIONAL DISTRICTS OF

a. Applicant: Ken Calvert – 44th District

b. Project: Ken Calvert – 44th District

15. ESTIMATED FUNDING

a. Federal	$	172,528 .00
b. Applicant	$	9,080 .00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	181,608 .00

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

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

DATE: 8/18/11

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a. Authorized Representative

Prefix: Ms. First Name: Lori Middle Name: M.

Last Name: Stone Suffix:

b. Title: Executive Director

c. Telephone number (give area code): (951) 656-7000

d. Signature of Authorized Representative: Lori M. Stone

e. Date Signed: 8/17/11

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*2. Type of Application
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: South County Housing Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-2590572

*c. Organizational DUNS:
09-854-2202

d. Address:

*Street 1: 7455 Carmel Street
Street 2:
*City: Gilroy
County: Santa Clara County
*State: California
Province:
*Country: USA
*Zip / Postal Code 95020

e. Organizational Unit:

Department Name:
Real Estate Department

Division Name:

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

Prefix: Mr.
*First Name: .Seth
Middle Name: A.
*Last Name: Capron
Suffix:

Title: Senior Project Manager

Organizational Affiliation:
South County Housing Full Time Staff Member

*Telephone Number: 408-843-9253
Fax Number: 408-842-0277

*Email: seth@scounty.com

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:**

USDA, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:

Farm Labor Housing (Notice of Funds Available for Section 514 Farm Labor Housing Loan)

***12 Funding Opportunity Number:**

N/A

*Title:

Notice of Funds Available for Section 514 Farm Labor Housing Loan

13. Competition Identification Number:

N/A

Title:

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

State: California. County: Monterey. Cities: Soledad, Gonzalez, Chualar, Salinas, Greenfield, and King City.

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

Camphora Apartments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 17th *b. Program/Project: CA-017

17. Proposed Project:

*a. Start Date: 04/01/2012 *b. End Date: 07/30/2013

18. Estimated Funding ($):

*a. Federal	a)	3,000,000
*b. Applicant	b)	254,198
*c. State	c)	6,500,000
*d. Local	d)	1,525,000
*e. Other	e)	11,885,860
*f. Program Income	g)	23,165,058
*g. TOTAL		

***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 8/16/2011

☐ 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: Dennis

Middle Name:

*Last Name: Lalor

Suffix:

*Title: President / Chief Executive Officer

*Telephone Number: 408-843-9236 Fax Number: 408-842-0277

* Email: dennis@scounty.com

*Signature of Authorized Representative: *Date Signed: 8/12/11

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

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):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify):
[ ] Changed/Corrected Application	[ ] Revision	

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* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: GREAT NORTHERN CORPORATION

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-2562423	131624751

d. Address:

* Street1:	780 South Davis Avenue
Street2:	PO Box 20
* City:	Weed
County/Parish:	Siskiyou County
* State:	CA
Province:	
* Country:	
* Zip / Postal Code:	96094

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: Rod

Middle Name:

* Last Name: Merys

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 530-938-4115 ext 12 Fax Number: 530-938-1040

* Email: rmerys@gncCorp.org

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:**

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2011

* Title:

Rural Housing Preservation Grants

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

GNC Housing Rehabilitation Program

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: 2

* b. Program/Project: 2

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2012

* b. End Date: 12/31/2012

18. Estimated Funding ($):

* a. Federal	$57,280.00
* b. Applicant	$0.00
* c. State	$15,000.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$72,280.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/18/2011.
- [ ] 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
- [x] 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)**

- [x] ** 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: Rod

Middle Name:

* Last Name: Merys

Suffix:

* Title:

* Telephone Number: 530-938-4115 ext 12

Fax Number: 530-938-1040

* Email: rmerys@gncCorp.org

* Signature of Authorized Representative:

* Date Signed: 08/18/2011

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

RECEIVED
AUG 18 2011
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: Jacaranda Heber, L.P.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 45-2906807

* c. Organizational DUNS: 13-552-6148

d. Address:

* Street 1: 16935 W. Bernardo Drive, Suite 238
Street 2:
* City: San Diego
County:
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92127

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs.
* First Name: Erin
Middle Name:
* Last Name: Autry Montgomery
Suffix:

Title: Project Manager

Organizational Affiliation:
Chelsea Investment Corporation, Developer

* Telephone Number: (760) 456-6000
Fax Number: (760) 456-6001

* Email: eautry@chelseainvestco.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

Non-Profit 501(c)3

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

NGMS Agency Rural Housing Service Dept. of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Program of New Construction

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Heber, Imperial County, CA

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

Jacaranda Apartments (new affordable multifamily apartment construction)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-50 * b. Program/Project CA-51

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12-01-2012 * b. End Date: 11-01-2013

18. Estimated Funding ($):

* a. Federal
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL

*** 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 08-22-2011.

☐ 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 Explanation

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Mr. * First Name: Robert

Middle Name: W.

* Last Name: Laing

Suffix:

* Title: PSCDC President

*Telephone Number: (858) 675-0506 Fax Number: (858) 675-0702

* Email: robertlaing@pswcdc.org

* Signature of Authorized Representative: * Date Signed: 08-17-2011

Authorized for Local Reproduction

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

Jacaranda Heber, L.P.- SF 424 Attachment

18. Estimated Funding

- Federal, USDA 514: $2,775,000
- LIH Tax Credits: $7,524,502
- Deferred developer fee: $112,917

Total: $10,412,419

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☐ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Vista Montana Coachella, L.P.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
45-2906934	13-552-6148

d. Address:

* Street 1: 16935 West Bernardo Drive, Suite 238
Street 2:
* City: San Diego
County:
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92127

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Mrs. * First Name: Erin
Middle Name:
* Last Name: Autry Montgomery
Suffix:

Title: Project Manager

Organizational Affiliation:
Chelsea Investment Corporation, Developer

* Telephone Number: (760) 456-6000 Fax Number: (760) 456-6001

* Email: eautry@chelseainvetco.com

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):

Non-Profit 501(c)3

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

NGMS Agency Rural Housing Service Dept. of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Program of New Construction

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Coachella, Riverside County

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

Vista Montana Apartments (new affordable multifamily apartment construction)

Attach supporting documents as specified in agency instructions.

[redacted]

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-50 * b. Program/Project CA-45

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12-01-2012 * b. End Date: 11-01-2013

18. Estimated Funding ($):

* a. Federal
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL

*** 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 08-02-2011.

☐ 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 Explanation

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Mr. * First Name: Robert

Middle Name: W.

* Last Name: Laing

Suffix:

* Title: PSCDC President

*Telephone Number: (858) 675-0506 Fax Number: (858) 675-0702

* Email: robertlaing@pswcdc.org

* Signature of Authorized Representative: * Date Signed: 08-17-2011

Vista Montana Coachella-SF 424 Attachment

18. Estimated Funding

- Federal, USDA 514: $3,000,000
- City Loan: 0
- LIH Tax Credits: $10,397,329
- Deferred Developer Fee: $284,566

Total: $13,681,895

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*2. Type of Application
- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

*3. Date Received:

4. Application 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: Corporation for Better Housing

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322

*c. Organizational DUNS: 602791829

d. Address:

*Street1: 15303 Ventura Blve., Suite 1100
Street 2:
*City: Sherman Oaks
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 91403

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: David
Middle Name:
*Last Name: Sclafani
Suffix:

Title: Senior Vice President

Organizational Affiliation:

*Telephone Number: 818-905-2430
Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 and 10.427

CFDA Title:

Rural Rental Housing Loans and Rural Rental Assistance Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

McFarland, CA

*15. Descriptive Title of Applicant's Project:

See Attached Description

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-027 *b. Program/Project: CA-020

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

17. Proposed Project:

*a. Start Date: 9/1/2012 *b. End Date: 9/1/2013

18. Estimated Funding ($):

*a. Federal	$2,770,000.00
*b. Applicant	$1,117,755.00
*c. State	$0.00
*d. Local	
*e. Other	$9,433,457.00
*f. Program Income	
*g. TOTAL	$13,321,212.00

***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 8/17/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: *First Name: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: Date Signed: 8/17/2011

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: YOLO COUNTY

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

d. Address:

*Street 1: ADMINISTRATOR'S OFFICE
Street 2: 625 COURT STREET #202
*City: WOODLAND
County: YOLO
*State: CA
Province: N/A
*Country: USA
*Zip / Postal Code 95695

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e. Organizational Unit:

Department Name: COUNTY ADMINISTRTOR'S OFFICE
Division Name: ECONOMIC DEVELOPMENT

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

Prefix: *First Name: MICHELE
Middle Name:
*Last Name: GRAY-SAMUEL
Suffix:

Title: SENIOR MANAGEMENT ANALYST, Se ECONOMIC RESOURCES DEVELOPMENT DIVISION

Organizational Affiliation:

*Telephone Number: 530-666-8069 Fax Number: 530-668-4029

*Email: michele.gray-samuel@yolocounty.org

NetBnbdrWorks Fax:9164313209 Aug 19 2011 10:06am P002/002

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:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

Section 533

*Title:

HOUSING PRESERVATION GRANT FOR FISCAL YEAR 2011

13. Competition Identification Number:

Title:

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

YOLO COUNTY (UNINCORPORATED AREAS)

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

YOLO COUNTY HOUSING PRESERVATION PROGRAM

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 1 *b. Program/Project: 1

17. Proposed Project:

*a. Start Date: SEPTEMBER 2011 *b. End Date: SEPTEMBER 2012

18. Estimated Funding ($):

*a. Federal	100,000
*b. Applicant	100,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	200,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: DIRK

Middle Name:

*Last Name: BRAZIL

Suffix:

*Title: DEPUTY COUNTY ADMINISTRATOR

*Telephone Number: 530-668-8127 Fax Number: 530-668-4029

* Email: dirk.brazil@yolocounty.org

*Signature of Authorized Representative: *Date Signed: 8/18/11

Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 6-22-11		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:

Application	Pre-application
☑ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Discover the Delta Foundation

Organizational Unit: Department:

Organizational DUNS: 625266593

Division:

Address

Street: 106 W. Brannan Island Road

City: Isleton

County: Sacramento

State: CA

Zip Code: 95641-9781

Country:

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

Prefix: First Name: Wendy

Middle Name:

Last Name: Martin

Suffix:

Email: wendy@discoverthedeltafoundation.com

Phone Number (give area code): (916) 777-4442

Fax Number (give area code): (916) 777-4003

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 2 0 - 4 5 0 8 7 1 1

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify):

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

O - Not for Profit

Other (specify):

9. NAME OF FEDERAL AGENCY: USDA - Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Delta Discovery Center

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

Isleton CA, Rio Vista CA

13. PROPOSED PROJECT

Start Date: August 2011

Ending Date: December 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: John Garamendi - 10th

b. Project: John Garamendi - 10th

15. ESTIMATED FUNDING:

a. Federal	$ 3,991,000.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 3,991,000.00

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 6-22-11

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: Wendy

Middle Name:

Last Name: Martin

Suffix:

b. Title: Executive Director

c. Telephone Number (give area code): (916) 777-4442

d. Signature of Authorized Representative: Wendy L. Martin

e. Date Signed: 6-22-11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED August 22, 2011	Applicant Identifier Department of Food and Agriculture	
3. DATE RECEIVED BY STATE August 16, 2011	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1242-CA	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ 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: First Name: Scott
City: Sacramento	Middle Name
County: Sacramento	Last Name Okimura
State: California / Zip Code 95814	Suffix:
Country: United States	Email: sokimura@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 6 8 - 0 3 2 5 1 0 4	Phone Number (give area code) (916) 654-1211 / Fax Number (give area code) (916) 654-0555

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8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

☐ ☐

Other (specify)

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: 1 0 - 0 2 5

TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Plum Pox Virus (PPV) Survey

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
July 1, 2011	September 30, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
District 1	Plum Pox Virus (PPV) Survey

15. ESTIMATED FUNDING:

a. Federal	$ 200,000.00
b. Applicant	$ .00
c. State	$ 303,578.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 503,578.00

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

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

DATE: August 19, 2011

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: August 15, 2011

Applicant Identifier:

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

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

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5. APPLICANT INFORMATION

Legal Name: Port of Oakland

Organizational Unit: Port of Oakland Acting by and through its Board of Port Commissioners

Address (give city, county, state, and zip code): 530 Water Street, Oakland, CA 94607

Name and telephone number of the person to be contracted on matters involving this application (give area code): Christina Lee (510) 627-1510

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

7. TYPE OF APPLICANT: (enter appropriate letter in box) C

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Interdependent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6

TITLE: Airport Improvement Program (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Runway Safety Area - Environmental Assessment and Design, Phase B, OAK

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area

13. PROPOSED PROJECT

Start Date	Ending Date
07/2011	03/2012

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
7	4

15. ESTIMATED FUNDING

a. Federal	$	788,410 .00
b. Applicant	$	189,887 .00
c. State	$	.
d. Local	$	.
e. Other	$	.
f. Program income	$	.
g. TOTAL	$	978,297 .00

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

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

DATE: August 15, 2011

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 ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Deborah Ale Flint	Director of Aviation	(510) 627-1133

d. Signature of Authorized Representative: for

e. Date Signed: August 15, 2011

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):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify):
[ ] Changed/Corrected Application	[ ] Revision	

RECEIVED
AUG 23 2011
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: GREAT NORTHERN CORPORATION

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-2562423	131624751

d. Address:

* Street1:	780 South Davis Avenue
Street2:	PO Box 20
* City:	Weed
County/Parish:	Siskiyou County
* State:	CA
Province:	
* Country:	
* Zip / Postal Code:	96094

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: Rod

Middle Name:

* Last Name: Merys

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 530-938-4115 ext 12 | Fax Number: 530-938-1040

* Email: rmerys@gncCorp.org

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:**

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2011

* Title:

Rural Housing Preservation Grants

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

GNC Housing Rehabilitation Program

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: 2
* b. Program/Project: 2

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2012
* b. End Date: 12/31/2012

18. Estimated Funding ($):

* a. Federal	$57,280.00
* b. Applicant	$0.00
* c. State	$15,000.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$72,280.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/18/2011.
- [ ] 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
- [x] 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)**

- [x] ** 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: Rod
Middle Name:
* Last Name: Merys
Suffix:

* Title:

* Telephone Number: 530-938-4115 ext 12
Fax Number: 530-938-1040

* Email: rmerys@gncCorp.org

* Signature of Authorized Representative:
* Date Signed: 08/18/2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED August 23, 2011		Applicant Identifier Department of Food and Agriculture
3. DATE RECEIVED BY STATE August 19, 2011		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 11-8520-1491-CA

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:
State of California

Organizational DUNS:
807487665

Address:

Street:
1220 N Street, Room 315

City:
Sacramento

County:
Sacramento

State:
California

Zip Code
95814

Country:
United States

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Organizational Unit:

Department:
Food and Agriculture

Division:
Plant Health and Pest Prevention Services

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

Prefix:

First Name:
Scott

Middle Name

Last Name
Okimura

Suffix:

Email:
sokimura@cdfa.ca.gov

Phone Number (give area code)
(916) 654-1211

Fax Number (give area code)
(916) 654-0555

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
68-0325104

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-025
TITLE (Name of Program):
Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Tomato Commodity Tuta absoluta Survey

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

13. PROPOSED PROJECT

Start Date:
August 1, 2011

Ending Date:
July 31, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
District 1

b. Project
Tomato Commodity Tuta absoluta

15. ESTIMATED FUNDING:

a. Federal	$ 400,000.00
b. Applicant	$ .00
c. State	$ 178,718.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 578,718.00

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

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

DATE: August 24, 2011

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

Version 7/03

2. DATE SUBMITTED August 23, 2011	Applicant Identifier California Department of Food and Agriculture	
3. DATE RECEIVED BY STATE August 23, 2011	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1165-CA	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

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5. APPLICANT INFORMATION

Legal Name: State of California	**Organizational Unit:**
	Department: Food and Agriculture
Organizational DUNS: 80748665	Division: Plant Health and Pest Prevention Services
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Street: 1220 N Street, Room 325	Prefix: Ms. / First Name: Carol
City: Sacramento	Middle Name
County: Sacramento	Last Name: Gentry
State: CA / Zip Code: 95814	Suffix:
Country: USA	Email: carol.gentry@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code): (916) 651-2063 / Fax Number (give area code): (916) 653-2403

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

A - State

Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025

TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Detector Dog Teams

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

13. PROPOSED PROJECT

Start Date: July 1, 2011 / Ending Date: June 30, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: California / b. Project: California

15. ESTIMATED FUNDING:

a. Federal	$ 3,037,012.00
b. Applicant	$ .00
c. State	$ 0.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 3,037,012.00

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

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

DATE: August 23, 2011

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: Ms.	First Name: 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: Kathy Alameda		e. Date Signed: 8/24/11

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [x] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

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5a. Federal Entity Identifier: 10-CA-11272172-060

* 5b. Federal Award Identifier: 10-CA-11272172-060

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University of California Davis, UC Regents

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94 6036494

* c. Organizational DUNS: 04-712-0084

d. Address:

* Street1: Office of Research - Sponsored Programs
Street2: 1850 Research Park Drive, Suite 300
* City: Davis
County: Yolo
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 95618-6153

e. Organizational Unit:

Department Name: Entomology

Division Name: College of Agricultural and Environmental Sciences

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

Prefix: Dr.
* First Name: MARY LOU
Middle Name:
* Last Name: FLINT
Suffix: Ph.D.

Title: "Monitoring the Health of Oaks under Infestation by the Goldspotted Oak Borer in California."

Organizational Affiliation:
UNIVERSITY OF CALIFORNIA DAVIS, PROFESSOR/C.E. EXTENSION SPECIALIST

* Telephone Number: (530) 752-7692
Fax Number: (530) 752-9336

* Email: mlfint@ucdavis.edu

OMB Number: 4040-0004

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

I. State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/FOREST SERVICE PACIFIC SOUTH WEST RESEARCH STATION

11. Catalog of Federal Domestic Assistance Number:

10.652

CFDA Title:

Forestry Research

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

DAVIS/YOLO/CA/USA

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

"Monitoring the Health of Oaks under Infestation by the Goldspotted Oak Borer in California."

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-001
* b. Program/Project: CA-005

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

Add Attachment

17. Proposed Project:

* a. Start Date: 09/30/2011
* b. End Date: 09/29/2012

18. Estimated Funding ($):

* a. Federal	39,000.00
* b. Applicant	20,865.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	59,865.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/23/2011.

[ ] 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 [X] No Explanation

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

[X] ****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: Karen
Middle Name: L
* Last Name: Wood
Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: (530) 754-7700 Fax Number: (530) 752-0333

* Email: proposal@ucdavis.edu

* Signature of Authorized Representative: Karen L. Wood * Date Signed: 08/23/2011

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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*3. Date Received: 4. Application 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: Corporation for Better Housing

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322

*c. Organizational DUNS: 602791829

d. Address:

*Street1: 15303 Ventura Blve., Suite 1100
Street 2:
*City: Sherman Oaks
County:
*State: CA
Province:
Country: *Zip/ Postal Code: 91403

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: David
Middle Name:
*Last Name: Sclafani
Suffix:

Title: Senior Vice President

Organizational Affiliation:

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.415 and 10.427

CFDA Title:

Rural Rental Housing Loans and Rural Rental Assistance Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Lamont, CA

*15. Descriptive Title of Applicant's Project:

See Attached Description

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-027 *b. Program/Project: CA-020

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

17. Proposed Project:

*a. Start Date: 11/1/2012 *b. End Date: 11/1/2013

18. Estimated Funding ($):

*a. Federal	$1,000,000.00
*b. Applicant	$739,359.00
*c. State	
*d. Local	
*e. Other	$9,984,460.00
*f. Program Income	
*g. TOTAL	$11,723,819.00

***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 8/24/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: *First Name: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: Date Signed: 8/24/2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 8/24/2011	Applicant Identifier
1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☑ Non-Construction	3. DATE RECEIVED BY STATE 8/19/2011	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1492-CA

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: 3294 Meadowview Road	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Timothy
City: Sacramento	Middle Name
County: Sacramento	Last Name: Tidwell
State: CA Zip Code: 95832	Suffix:
Country: USA	Email: ttidwell@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code): 916-262-1132 Fax Number (give area code): 916-262-1190
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) A - State Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025 TITLE (Name of Program): Enhancement of Lab Diagnostics	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Enhancement of Lab Diagnostics
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: State of California	
13. PROPOSED PROJECT Start Date: 8/1/2011 Ending Date: 7/31/2012	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant: California b. Project: California

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15. ESTIMATED FUNDING:

a. Federal	$ 200,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 200,000.00

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

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

DATE: 8/24/2011

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix: Ms.	First Name: 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		e. Date Signed

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received:

4. Application Identifier: N/A

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AUG 24 2011
CLEARING HOUSE

5a. Federal Entity Identifier: N/A

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Fort Bragg Cypress LP, a to-be-formed Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): N/A: entity is a to-be-formed Limited Partnership

*c. Organizational DUNS: N/A: entity is a to-be-formed Limited Partnership

d. Address:

*Street1: 5251 Ericson Way
Street 2:
*City: Arcata
County: Humboldt
*State: CA
Province:
Country: United States of America
*Zip/ Postal Code: 95521

e. Organizational Unit:

Department Name: USDA

Division Name: Rural Development

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

Prefix: Mr.
First Name: Chris
Middle Name:
*Last Name: Dart
Suffix:

Title: Vice President, Danco Communities

Organizational Affiliation:

Vice President of Danco Communities, the developer of Cottages at Cypress, an affordable housing project for senior citizens living in Fort Bragg, CA.

*Telephone Number: 707.825.1531

Fax Number: 707.822.9596

*Email: cdart@danco-group.com

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

Type of Applicant 2: Select Applicant Type: M. Nonprofit

Type of Applicant 3: Select Applicant Type: - Select One -

*Other (specify):

*10. Name of Federal Agency:
United States Department of Agriculture - Rural Development

11. Catalog of Federal Domestic Assistance Number:
10.415 & 10.427

CFDA Title:
USDA Rural Development - Section 515 Rural Rental Housing Loan Program

*12. Funding Opportunity Number:

*Title: USDA Rural Development - Section 515 Rural Rental Housing Loan Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Fort Bragg, Mendocino County, CA

*15. Descriptive Title of Applicant's Project:
"Cottages at Cypress - Affordable Senior Living"

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA001 *b. Program/Project: CA001

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

N/A

17. Proposed Project: 25-unit affordable housing project for senior citizens

*a. Start Date: Spring 2012 *b. End Date: Spring 2013

18. Estimated Funding ($):

*a. Federal	$1,000,000.00
*b. Applicant	$297,739.00
*c. State	$3,301,656.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$4,599,395.00

***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 August 24, 2011.
☐ 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: Chris

Middle Name:

*Last Name: Dart

Suffix:

*Title: Vice President, Danco Communities

*Telephone Number: 707.825.1531 Fax Number: 707.822.9596

*Email: cdart@danco-group.com

*Signature of Authorized Representative: Date Signed: 8/23/2011

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Not applicable - the Applicant is not delinquent on any Federal Debt.

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED August 22, 2011	Applicant Identifier Department of Food and Agriculture
3. DATE RECEIVED BY STATE August 16, 2011	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1242-CA

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational DUNS: 607487665

Address:
Street: 1220 N Street, Room 315
City: Sacramento
County: Sacramento
State: California
Zip Code: 95814
Country: United States

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AUG 24 2011
STATE CLEARING HOUSE

Organizational Unit:
Department: Food and Agriculture
Division: Plant Health and Pest Prevention Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Scott
Middle Name
Last Name: Okimura
Suffix:
Email: sokimura@cdfa.ca.gov
Phone Number (give area code): (916) 654-1211
Fax Number (give area code): (916) 654-0555

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025
TITLE (Name of Program):
Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Plum Pox Virus (PPV) Survey

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

13. PROPOSED PROJECT
Start Date: July 1, 2011
Ending Date: June 30, 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: District 1
b. Project: Plum Pox Virus (PPV) Survey

15. ESTIMATED FUNDING:

a. Federal	$ 200,000.00
b. Applicant	$ .00
c. State	$ 303,578.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 503,578.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: August 19, 2011
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

Version 7/03

		2. DATE SUBMITTED August 22, 2011	Applicant Identifier Dept. of Food and Agriculture
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE August16, 2011	State Application Identifier
☐ Construction ☑ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1399-CA

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: / First Name: Scott
City: Sacramento	Middle Name
County: Sacramento	Last Name Okimura
State: California / Zip Code 95814	Suffix:
Country: United States	Email: sokimura@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: ☐ New ☑ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify) 9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025 TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Enhancing Exotic Pests Survey
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California	
13. PROPOSED PROJECT Start Date: July 1, 2011 / Ending Date: June 30, 2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 1 b. Project: Enhancing Exotic Pests Survey

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 3,580,486	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 22, 2011
b. Applicant	$	
c. State	$ 398,729	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 3,979,215	☐ 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

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STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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)

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AUG 25 2011
STATE CLEARING HOUSE

*3. Date Received: August 19,2011

4. Application 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: Community Energy Services Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3032388

*c. Organizational DUNS: 926174848

d. Address:

*Street1: 1013 Pardee Street
Street 2:
*City: Berkelev
County: Alameda
*State: CA
Province:
Country:
*Zip/ Postal Code: 94710

e. Organizational Unit:

Department Name: CESC

Division Name: CESC

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

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

Title: Executive Director

Organizational Affiliation:
Most senior employee

*Telephone Number: 510 9817761
Fax Number: 510 9810102

*Email: kimmalcolm@ebenergy.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

Housing Preservation Grants

*12. Funding Opportunity Number: 10-433

*Title: NOFA for the Section 533 Housing Preservation Grants for Fiscal Year 2011

13. Competition Identification Number:

Title:

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

Rural portions of San Mateo County, California

*15. Descriptive Title of Applicant's Project:

San Mateo County Home Repair and Rehabilitation

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: 12th and 14th

*a. Applicant 9th

*b. Program/Project: 12th and 14th

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

17. Proposed Project:

*a. Start Date: December 1, 2011

*b. End Date: December 31, 2012

18. Estimated Funding ($):

*a. Federal	$88,000.00
*b. Applicant	$4,400.00
*c. State	
*d. Local	
*e. Other	$4,400.00
*f. Program Income	
*g. TOTAL	$96,800.00

***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 August 10, 20

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372

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

☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix:

*First Name: Kim

Middle Name:

*Last Name: Malcolm

Suffix:

*Title: Executive Director

*Telephone Number: 510 9817761

Fax Number: 5210 9810102

*Email: kimmalcolm@ebenergy.org

*Signature of Authorized Representative:

Date Signed: August 19, 2011

Application for Federal Assistance SF-424

Version 02

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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:

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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: 3CORE, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0065873

*c. Organizational DUNS: 153404116

d. Address:

*Street 1: 3120 Cohasset Rd., Ste. 5
Street 2:
*City: Chico
County: Butte
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95973

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: Marc
Middle Name:
*Last Name: Nemanic
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 530-893-8732 X204
Fax Number: 530-893-8732

*Email: mnemanic@3coreedc.org

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

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:
10-769

CFDA Title:
Rural Business Enterprise Grant Application

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Yuba, Sutter, Butte, Glenn, Tehama, Siskyou, Yolo, Shasta, Trinity, Plumas, Modoc, Lassen, El Dorado, Placer, Nevada, Sierra

***15. Descriptive Title of Applicant's Project:**
Financial Readiness and Loan Accelerator Program

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 2 *b. Program/Project: 2

17. Proposed Project:

*a. Start Date: 1/1/2012 *b. End Date: 12/31/2012

18. Estimated Funding ($):

*a. Federal	99,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	8,000
*f. Program Income	
*g. TOTAL	107,000

***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 8/24/2011

☐ 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: Marc

Middle Name:

*Last Name: Nemanic

Suffix:

*Title: Executive Director

*Telephone Number: 530-893-8732 X204 Fax Number: 530-893-0820

* Email: mnemanic@3coreedc.org

*Signature of Authorized Representative: *Date Signed: 8/23/11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED		Applicant Identifier CA Department of Food and Agriculture
3. DATE RECEIVED BY STATE		State Application Identifier F10-040
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 11-8500-0484-CA

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit:
Department: Food and Agriculture
Division: Plant Health & Pest Prevention Services

Organizational DUNS: 807487665

Address:
Street: 1220 N Street
City: Sacramento
County: Sacramento
State: CA
Zip Code: 95814
Country: USA

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Susan
Middle Name
Last Name: Ichiho
Suffix:
Email: susan.ichiho@cdfa.ca.gov
Phone Number (give area code): 916-900-5246
Fax Number (give area code): 916-900-5350

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104

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

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: 10-025
TITLE (Name of Program): Plant and Animal Disease, Pest Control and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Pierce's Disease Control Program/Glassy-winged Sharpshooter

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

13. PROPOSED PROJECT
Start Date: 10/1/2010
Ending Date: 9/30/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: California
b. Project: GWSS

15. ESTIMATED FUNDING:

a. Federal	$ 125,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 125,000.00

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: Federal Funds Manager
c. Telephone Number (give area code): 916-651-9888
d. Signature of Authorized Representative:
e. Date Signed:

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	N/A
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	N/A

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STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier: Control Number 0560-1781

*5b. Federal Award Identifier: N/A

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Eco World USA, LLC

* b. Employer/Taxpayer Identification Number (EIN/TIN): 27-0762626

*c. Organizational DUNS: 832090026

d. Address:

*Street1: 9950 East Baldwin Place
Street 2:
*City: El Monte, CA 91731
County:
*State: California
Province:
Country:
*Zip/ Postal Code: 91731

e. Organizational Unit:

Department Name: N/A

Division Name: N/A

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

Prefix: Ms
First Name: Grace
Middle Name:
*Last Name: Wang
Suffix:

Title: Chief Financial Officer

Organizational Affiliation: N/A

*Telephone Number: 626-433-1071x107

Fax Number: 626-433-1079

*Email: gracew@ecoworldusa.com

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: R. Small Business

Type of Applicant 2: Select Applicant Type: X. Other (specify)

Type of Applicant 3: Select Applicant Type: - Select One -

*Other (specify): Minority Woman Own Small US business

*10. Name of Federal Agency:
U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:
81.086

CFDA Title:
Innovative Manufacturing Initiative

*12. Funding Opportunity Number: (FOA) Number: DE-FOA-0000560

*Title: Innovative Manufacturing Initiative

13. Competition Identification Number: N/A

Title:
N/A

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

*15. Descriptive Title of Applicant's Project:
Develop and manufacture the high efficiency, high brightness LED lighting to replace current MH, HID and HPS lights.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: California

*a. Applicant CA-026 *b. Program/Project: All

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

N/A

17. Proposed Project: Develop and manufacture the high efficiency, high brightness LED lighting to replace cu

*a. Start Date: December, 2011 *b. End Date: December, 2014

18. Estimated Funding ($):

*a. Federal	$2,500,000.00
*b. Applicant	$625,000.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$3,125,000.00

***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.)
☐ 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: Ms *First Name: Shen

Middle Name:

*Last Name: Yen

Suffix:

*Title: Chief Executive Officer

*Telephone Number: 626-433-1071x108 Fax Number: 626-433-1079

*Email: sheny@ecoworldusa.com

*Signature of Authorized Representative: Date Signed: 8/26/11

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[x] Preapplication	[x] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:

4. Applicant Identifier:

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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: Monterey County Housing Authority Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-2685023

* c. Organizational DUNS: 830262197

d. Address:

* Street 1: 123 Rico Street
Street 2:
* City: Salinas
County: Monterey
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93907-2157

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: Starla

Middle Name:

* Last Name: Warren

Suffix:

Title: President/CEO

Organizational Affiliation:

* Telephone Number: (831) 796-4660

Fax Number: (831) 775-5017

* Email: swarren@hamonterey.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

M: Nonprofit with 501C3 IRS Status

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.415 and 10.427

CFDA Title:

Rural Rental Housing Loans and Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

Notice of Funding Availability (NOFA): Section 515 Rural Rental Housing Program for New Construction or Purchase and Rehabilitation of Existing Rural Multi-Family Properties in Fiscal Year 2011.

13. Competition Identification Number:

Title:

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

Salinas, Monterey County, California

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

Haciendas Community Redevelopment, Phase II - Salinas, CA

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-017
* b. Program/Project: CA-017

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	$10,525,500.00
* b. Applicant	$1,685,000.00
* c. State	
* d. Local	$1,115,000.00
* e. Other	$3,165,000.00
* f. Program Income	
* g. TOTAL	$16,490,500.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08-26-2011.
- [ ] 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
- [x] No

Explanation

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

- [x] ****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:	Starla
Middle Name:	
* Last Name:	Warren
Suffix:	
* Title:	President/CEO
* Telephone Number:	(831) 796-4660
Fax Number:	(831) 775-5017
* Email:	swarren@hamonterey.org
* Signature of Authorized Representative:	
* Date Signed:	08-26-2011

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:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: 11-9419-0232

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Regents of the University of California

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*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

*c. Organizational DUNS: 04-712-0084

d. Address:

*Street 1: Office of Research - Sponsored Programs
Street 2: 1850 Research Park Drive, Suite 300
*City: Davis
County: Yolo
*State: CA
Province:
*Country: United States
*Zip / Postal Code 95618

e. Organizational Unit:

Department Name: CA Animal Health & Food Safety Laboratory System

Division Name:

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

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

Title: Contracts and Grants Analyst

Organizational Affiliation: The Regents of the University of California

*Telephone Number: 530-754-8206

Fax Number: 530-754-8229

*Email: proposals@ucdavis.edu

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

Application for Federal Assistance SF-424 Version 02

***8. Type of Applicant 1: Select Applicant Type:**
H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA/APHIS/VS

11. Catalog of Federal Domestic Assistance Number:
10.025

CFDA Title:
Plant and Animal Diseases, Pest Control and Animal Care

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
California and any other support of NAHLN as required

***15. Descriptive Title of Applicant's Project:**
NAHLN portal integration project

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: One *b. Program/Project:

17. Proposed Project:

*a. Start Date: 09/15/11 *b. End Date: 03/31/12

18. Estimated Funding ($):

*a. Federal	80,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	80,000

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

210 SH

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/29/11

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Carlos

Middle Name:

*Last Name: Garcia

Suffix:

*Title: Contracts and Grants Officer

*Telephone Number: 530-754-7700 Fax Number: 530-752-0333

* Email: ccgarcia@ucdavis.edu

*Signature of Authorized Representative: *Date Signed: 8-26-2011

Authorized for Local Reproduction

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:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Monterey County Housing Authority Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-2685023

* c. Organizational DUNS: 830262197

d. Address:

* Street 1: 123 Rico Street
Street 2:
* City: Salinas
County: Monterey
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93907-2157

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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: Starla
Middle Name:
* Last Name: Warren
Suffix:

Title: President/CEO

Organizational Affiliation:

* Telephone Number: (831) 796-4660
Fax Number: (831) 775-5017

* Email: Swarren@hamonterey.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

M: Nonprofit with 501C3 IRS Status

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.415 and 10.427

CFDA Title:

Rural Rental Housing Loans and Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

Notice of Funding Availability (NOFA): Section 515 Rural Rental Housing Program for New Construction or Purchase and Rehabilitation of Existing Rural Multi-Family Properties in Fiscal Year 2011.

13. Competition Identification Number:

Title:

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

Paso Robles, San Luis Obispo County, California

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

Oak Park Community Redevelopment, Phase I - Paso Robles, CA

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-017 * b. Program/Project CA-023

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	$13,936,235.00
* b. Applicant	$3,933,847.00
* c. State	
* d. Local	$2,168,790.00
* e. Other	$3,190,640.00
* f. Program Income	
* g. TOTAL	$23,229,512.00

*** 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 08-26-2011.

☐ 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 Explanation

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

Middle Name:

* Last Name: Warren

Suffix:

* Title: President/CEO

* Telephone Number: (831) 796-4660 Fax Number: (831) 775-5017

* Email: swarren@hamonterey.org

* Signature of Authorized Representative: * Date Signed: 08-26-2011

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Monterey County Housing Authority Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-2685023	830262197

d. Address:

* Street 1: 123 Rico Street
Street 2:
* City: Salinas
County: Monterey
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93907-2157

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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: Starla
Middle Name:
* Last Name: Warren
Suffix:

Title: President/CEO

Organizational Affiliation:

* Telephone Number: (831) 796-4660 Fax Number: (831) 775-5017

* Email: Swarren@hamonterey.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

M: Nonprofit with 501C3 IRS Status

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 and 10.427

CFDA Title:

Farm Labor Housing Loans and Grants and Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

Notice of Funds Availability (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2011

13. Competition Identification Number:

Title:

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

Paso Robles, San Luis Obispo County, California

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

Oak Park Community Redevelopment, Phase II - Paso Robles, CA

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-017
* b. Program/Project: CA-023

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	$19,140,481.00
* b. Applicant	$2,716,416.00
* c. State	
* d. Local	$1,954,000.00
* e. Other	$2,085,000.00
* f. Program Income	
* g. TOTAL	$25,695,897.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08-26-2011.
- [ ] 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
- [x] No

Explanation

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

- [x] **** 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:	Starla
Middle Name:	
* Last Name:	Warren
Suffix:	
* Title:	President/CEO
*Telephone Number:	(831) 796-4660
Fax Number:	(831) 775-5017
* Email:	Swarren@hamonterey.org
* Signature of Authorized Representative:	
* Date Signed:	08-26-2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED	Applicant Identifier CA Department of Food and Agriculture	
3. DATE RECEIVED BY STATE	State Application Identifier F10-040	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8500-0484-CA	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California	**Organizational Unit:** Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health & Pest Prevention Services
Address: Street: 1220 N Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: Susan
City: Sacramento	Middle Name
County: Sacramento	Last Name Ichiho
State: CA / Zip Code 95814	Suffix:
Country: USA	Email: susan.ichiho@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code): 916-900-5246 Fax Number (give area code): 916-900-5350

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8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☑ Revision

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

A

Other (specify)

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:

10-025

TITLE (Name of Program):
Plant and Animal Disease, Pest Control and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Pierce's Disease Control Program/Glassy-winged Sharpshooter

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

State of California

13. PROPOSED PROJECT

Start Date: 10/1/2010 / Ending Date: 3/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: California / b. Project: GWSS

15. ESTIMATED FUNDING:

a. Federal	$ .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .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 Federal Funds Manager		c. Telephone Number (give area code) 916-651-9888
d. Signature of Authorized Representative		e. Date Signed

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):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received: 4. Application Identifier:

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

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: CITY OF REDLANDS

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000766

*c. Organizational DUNS: 074712205

d. Address:

* Street1: 35 CAJON STREET, SUITE 222
Street 2: PO BOX 3005
* City: REDLANDS
County: SAN BERNARDINO
* State: CA
Province:
Country: USA *Zip/ Postal Code: 92373

e. Organizational Unit:

Department Name: QUALITY OF LIFE DEPT

Division Name: AIRPORT DIVISION

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

Prefix: MS. First Name: DANIELLE
Middle Name: SUZANNE
* Last Name: GARCIA
Suffix:

Title: SENIOR PROJECT MANAGER

Organizational Affiliation:

AIRPORT GRANT ADMINISTRATOR

* Telephone Number: 909-753-5800 Fax Number: 909-798-7697

* Email: DGARCIA@CITYOFREDLANDS.ORG

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

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: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
FEDERAL AVIATION ADMINISTRATION

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

CITY OF REDLANDS

* 15. Descriptive Title of Applicant's Project:

REHABILITATION OF THE APRON AT THE WESTERN END OF THE AIRPORT PHASE III

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-041

* a. Applicant CA-041 * b. Program/Project: CA-041

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

17. Proposed Project: REHABILITATION OF THE APRON AT THE WESTERN END OF THE AIRPORT PHA

* a. Start Date: November, 2011 * b. End Date: February, 2012

18. Estimated Funding ($):

*a. Federal	$450,000.00
*b. Applicant	$22,500.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$472,500.00

***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 8-25-2011
☐ 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: PETE

Middle Name:

*Last Name: AGUILAR

Suffix:

*Title: MAYOR, CITY OF REDLANDS

*Telephone Number: 909-798-7533 Fax Number: 909-798-7535

*Email: CITYCOUNCIL@CITYOFREDLANDS.ORG

*Signature of Authorized Representative: Pete Aguilar Date Signed: 8/25/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

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

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

5. APPLICANT INFORMATION *** Organizational DUNS:** 044055523

* Legal Name: Los Angeles County Metropolitan Transportation Authority

Department: Division:

* Street1: One Gateway Plaza

Street2:

* City: Los Angeles County:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90012

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Person to be contacted on matters involving this application

Prefix: * First Name: Ashad Middle Name:

* Last Name: Hamideh Suffix: PhD

* Phone Number: 213-922-4299 Fax Number:

Email: hamideha@metro.net

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN):* 95-4401975

7. * TYPE OF APPLICANT: X: Other (specify)

Other (Specify): Public Transportation Provider

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY: DOT/Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20.514

TITLE: Public Transportation Research

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Los Angeles County Metropolitan Transportation Authority Transit Climate Change Adaptation Pilot Program

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

Los Angeles County

13. PROPOSED PROJECT:

* Start Date	* Ending Date
01/01/2012	03/30/2013

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant	b. * Project
CA-031	CA-034

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Mr. * First Name: Emmanuel Middle Name: Cris

* Last Name: Liban Suffix: Ph.D.

Position/Title: Environmental Compliance and Services Manager

* Organization Name: Los Angeles County Metropolitan Transportation Authority

Department: Division:

* Street1: One Gateway Plaza

Street2: Mail Stop: 99-17-02

* City: Los Angeles County:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90012

* Phone Number: (213)922-2471 Fax Number:

* Email: libane@metro.net

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding: 175,000.00

b. * Total Federal & Non-Federal Funds: 350,000.00

c. * Estimated Program Income: 0.00

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

a. YES [X] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 08/25/2011

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] *** I agree**

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

19. Authorized Representative

Prefix: Mr. * First Name: Ashad Middle Name:

* Last Name: Hamideh Suffix: Ph.D.

* Position/Title: Transportation Planning Manager

* Organization: Los Angeles County Metropolitan Transportation Authority

Department: Division:

* Street1: One Gateway Plaza

Street2: Mail Stop: 99-23-03

* City: Los Angeles County:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90012

* Phone Number: 213-922-4299 Fax Number:

* Email: hamideha@metro.net

*** Signature of Authorized Representative**: Ashad Hamideh

*** Date Signed**: 08/25/2011

20. Pre-application Add Attachment Delete Attachment View Attachment

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

Add Attachment Delete Attachment View Attachment

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):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	Supplemental Funds

* 3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
094 RE 600	196823301-3

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Frontier Fertilizer Superfund Oversight Group

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0342908	168211592

d. Address:

* Street1:	3010 Loyola Drive
Street2:	
* City:	Davis
County:	Yolo
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618-1635

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Ms.	* First Name:	Pamela
Middle Name:	Sue Anne		
* Last Name:	Nieberg		
Suffix:			

Title: Project Manager, FFSOG President

Organizational Affiliation:

* Telephone Number:	530-756-6856	Fax Number:	

* Email: pnieberg@dcn.davis.ca.us

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Non-Profit Corporation with tax exempt status.

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.806

CFDA Title:

Superfund Technical Assistance Grants (TAGS) for Community Groups at National Priority Sites.

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

City of Davis, County of Yolo, State of California

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

Technical Assistance Grant for Frontier Fertilizer Superfund Site in Davis, California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-001 * b. Program/Project CA-001

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

17. Proposed Project:

* a. Start Date: 11-1-2011 * b. End Date: 10-31-2013

18. Estimated Funding ($):

* a. Federal	$25,000
* b. Applicant	$6371
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	$31,371

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

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 8-30-11.

[ ] 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.) Applicant Federal Debt Delinquency Explanation**

[ ] Yes [x] 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: Ms. * First Name: Pamela

Middle Name: Sue Anne

* Last Name: Nieberg

Suffix:

* Title: Project Manager, FFSOG President

* Telephone Number: 530-756-6856 Fax Number:

* Email: pnieberg@dcn.davis.ca.us

* Signature of Authorized Representative: Pamela S Nieberg * Date Signed: 8-28-2011

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):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
08/25/2011	

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5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	97041

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
52-1292633	1712143070000

d. Address:

* Street1: 2200 X Street, Suite 200
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95818-2549

e. Organizational Unit:

Department Name:	Division Name:
Water Resources	Safety of Dams

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

Prefix: Mrs. * First Name: Kathy
Middle Name: L
* Last Name: Robertson
Suffix:

Title: Staff Services Analyst

Organizational Affiliation:

* Telephone Number: 916-227-4665 Fax Number: 916-227-4550

* Email: krobers@water.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.041

CFDA Title:

National Dam Safety Program

*** 12. Funding Opportunity Number:**

DHS-11-MT-041-000-02

* Title:

FY 2011 National Dam Safety Program

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

State Dam Safety Enhancement

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-ALL
b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/30/2011
* b. End Date: 09/30/2012

18. Estimated Funding ($):

* a. Federal	138,712.31
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	138,712.31

*** 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.
- [x] 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
- [x] 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)**

- [x] ** 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: Kathy
Middle Name: T.
* Last Name: Roberson
Suffix:

* Title: Staff Services Analyst

* Telephone Number: 916-227-4665
Fax Number: 916-227-4550

* Email: krobersol@water.ca.gov

* Signature of Authorized Representative: Kathy Roberson
* Date Signed: 08/25/2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 9/7/2011	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	**3. DATE RECEIVED BY STATE** 9/6/2011	State Application Identifier
☐ **Construction**	☐ **Construction**	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier 11-8520-1164-CA
☑ **Non-Construction**	☑ **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, Suite 341	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. / First Name: Duane
City: Sacramento	Middle Name
County: Sacramento	Last Name: Schnabel
State: CA / Zip Code: 95814	Suffix:
Country: USA	Email: dschnabel@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code): 916-654-0768 / Fax Number (give area code): 916-653-2403
8. TYPE OF APPLICATION: ☐ **New** ☐ **Continuation** ☑ **Revision** If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A	**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: 10-025 TITLE (Name of Program): Pest and Animal Disease, Pest Control and Animal Care	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Light Brown Apple Moth
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: State of California	
13. PROPOSED PROJECT Start Date: 10/01/2010 / Ending Date: 09/30/2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant: District 5 / b. Project: District 11
15. ESTIMATED FUNDING:	**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal $ 43,532.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/7/2011
b. Applicant $ .00	
c. State $ .00	
d. Local $ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other $ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income $ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL $ 43,532.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix: Ms.	First Name: 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		e. Date Signed

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 8/31/2011	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	**3. DATE RECEIVED BY STATE** 8/19/2011	State Application Identifier
☐ **Construction**	☐ **Construction**	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier 11-8520-1494-CA
☑ **Non-Construction**	☑ **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: 3294 Meadowview Road	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Dr. / First Name: Stephen
City: Sacramento	Middle Name
County: Sacramento	Last Name Gaimari
State: CA / Zip Code 95832	Suffix:
Country: USA	Email: stephen.gaimari@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code) 916-262-1131 / Fax Number (give area code) 916-262-1190

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8. TYPE OF APPLICATION: ☑ **New** ☐ **Continuation** ☐ **Revision** If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**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: 10-025 TITLE (Name of Program): Enhancing Diagnostics Capacity for Fruit Flies	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Enhancing taxonomic and molecular diagnostics capacity for fruit flies (Diptera: Tephritidae)
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: State of California	
13. PROPOSED PROJECT Start Date: 8/2/2011 / Ending Date: 7/31/2012	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant California / b. Project California

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 100,000.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/31/2011
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 100,000.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix Ms.	First Name 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		e. Date Signed