

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16 - 31, 2012**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED August 1, 2012	Applicant Identifier 1671
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y943

5. APPLICANT INFORMATION		Organizational Unit: Development
Legal Name: San Mateo Transit District		Name and telephone number of person to be contacted on matters involving this application (give area code) Rebecca Arthur (650)508-6368
Address (give city, county, State, and zip code): 1250 San Carlos Blvd. San Carlos, CA 94070		

RECEIVED
AUG 16 2012
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 3 2 5 9 7 6	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____

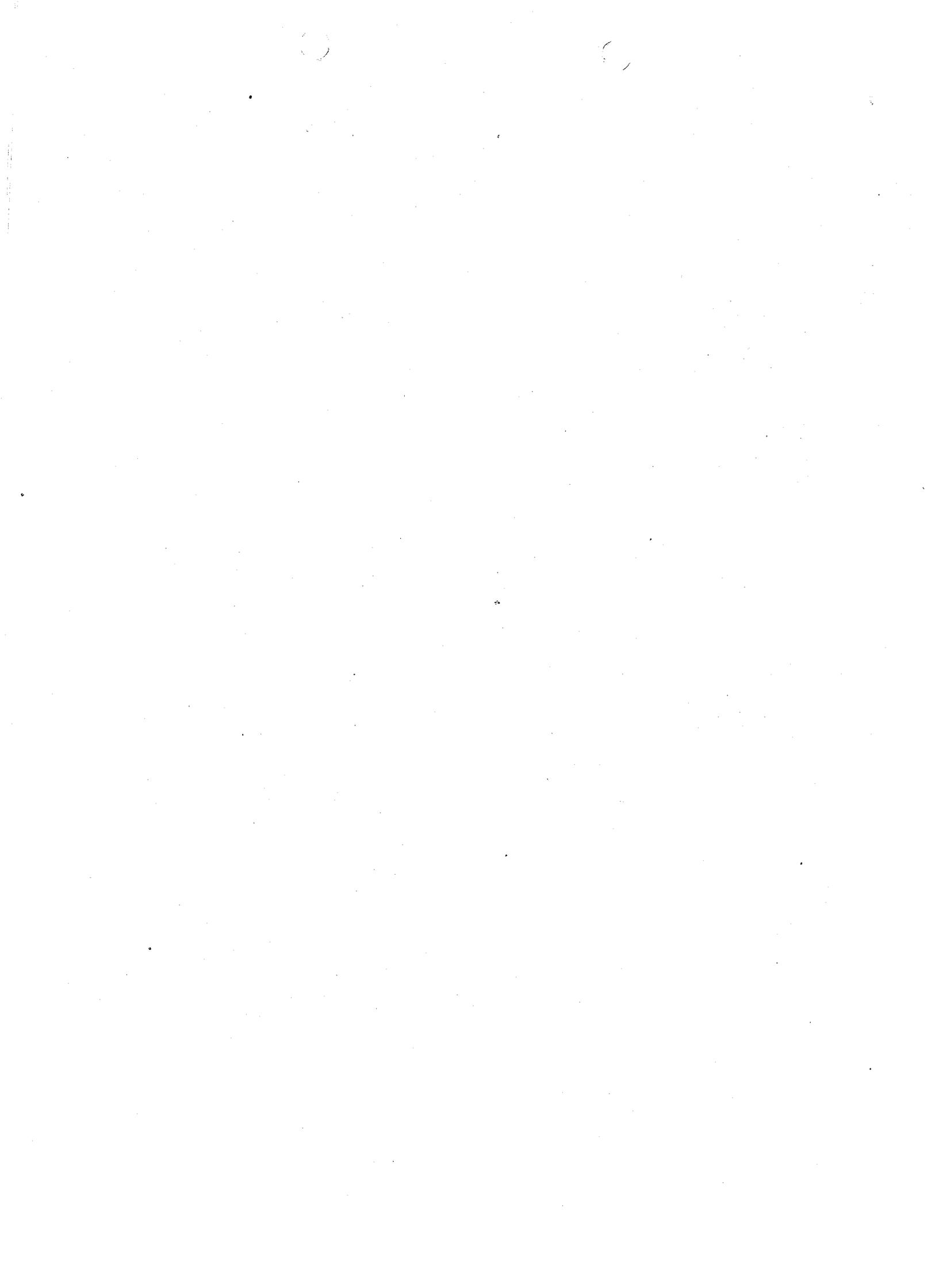
9. NAME OF FEDERAL AGENCY: Federal Transit Administration	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Capital Maintenance-Fuel ADA Operating Subsidy Preventive Maintenance
--------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 5 0 7 TITLE: FTA Section 5307 Program	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo County
------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 12 & 14 b. Project 12 & 14
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 4,674,916 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/25/12
b. Applicant \$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
d. Local \$ 1,168,730 ⁰⁰	
e. Other \$ ⁰⁰	
f. Program Income \$ ⁰⁰	
g. TOTAL \$ 5,843,646 ⁰⁰	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Joel Slavit	b. Title Manager, Grants & Fund Program	c. Telephone Number (650) 508-6476
d. Signature of Authorized Representative		e. Date Signed 8-14-12

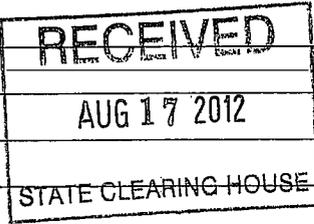


**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application	2. DATE SUBMITTED 8/17/12	Applicant Identifier
	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Heather Glen Community Services District	Organizational Unit: Department: Board of Directors
Organizational DUNS: 078575312	Division:
Address: Street: POB 715	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Bob
City: Applegate	Middle Name William
County: Placer County	Last Name Healy
State: California Zip Code 95703	Suffix:
Country: Placer	Email: bobhealy@internet49.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 00-00000000	Phone Number (give area code) 530/878-3916	Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal and Community Facility Programs	9. NAME OF FEDERAL AGENCY: USDA-RUS	

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Heather Glen Estates in Placer County	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Treated Water Storage Tank Replacement - The District's existing 100,000 gallon redwood water storage tank needs to be replaced with a new 130,000 gallon steel tank to provide reliability and adequate fire/emergency storage to the system. The existing tank is failing and new tank necessary and a priority to ensure a safe and reliable water supply.
-----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

13. PROPOSED PROJECT Start Date: 8/9/2011 Ending Date: 6/31/2014	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th b. Project 4th
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 750,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/17/12
b. Applicant \$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
d. Local \$.00	
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$ 750,000.00	

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

a. Authorized Representative	
Prefix Mr. First Name Bob	Middle Name William
Last Name Healy	Suffix
b. Title Board Member	c. Telephone Number (give area code) 530/878-3916
d. Signature of Authorized Representative 	e. Date Signed 8/17/12

Previous Edition Usable
Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

*1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

*2. Type of Application

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

*Other (Specify) _____



*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Oceanside

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-1688570

*c. Organizational DUNS:
073370678

d. Address:

*Street 1: City of Oceanside
Street 2: 300 North Coast Highway
*City: Oceanside
County: San Diego
*State: California
Province: _____
*Country: US
*Zip / Postal Code 92054

e. Organizational Unit:

Department Name:
Office of the City Manager

Division Name:

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

Prefix: Mr. *First Name: Peter
Middle Name: _____
*Last Name: Weiss
Suffix: _____

Title: City Manager

Organizational Affiliation:
City of Oceanside

*Telephone Number: (760) 435-3065

Fax Number: (760) 435-3078

*Email: pweiss@ci.oceanside.ca.us

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106 _____

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

N/A _____

Title:

13. Competition Identification Number:

N/A _____

Title:

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

Oceanside Municipal Airport, City of Oceanside, County of San Diego, California, United States. A map showing the location of the airport is attached.

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

This project will include the analysis and supporting documentation required to update the Airport Master Plan for Oceanside Municipal Airport. A copy of the Request for Proposals is attached.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-048	*b. Program/Project: CA-048
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: October 2012	*b. End Date: September 2013
18. Estimated Funding (\$):	
*a. Federal	<u>\$180,000</u>
*b. Applicant	<u>\$ 20,000</u>
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	<u>\$200,000</u>
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>8-17-2012</u> .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E. O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <u>Mr.</u>	*First Name: <u>Peter</u>
Middle Name: _____	
*Last Name: <u>Weiss</u>	
Suffix: _____	
*Title: <u>City Manager</u>	
*Telephone Number: <u>(760) 435-3065</u>	Fax Number: <u>(760) 435-3078</u>
* Email: <u>pweiss@ci.oceanside.ca.us</u>	
*Signature of Authorized Representative: <u><i>Peter Weiss</i></u>	*Date Signed: <u>8-3-12</u>

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
		<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">AUG 21 2012</div>
* 3. Date Received:	* 4. Applicant Identifier:	STATE CLEARING HOUSE
* 5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
State Use Only:		
* 6. Date Received by State:	* 7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Food Bank of El Dorado County		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	# CAGE ID CRO/ADP # SKDTB 50507A-HQ0339
680457594	022180958	
* d. Address:		
* Street1:	6230 Enterprise Way	
* Street2:		
* City:	Diamond Springs	
* County:		
* State:	CA	
* Province:		
* Country:	USA: United States	
* Zip / Postal Code:	95819	
* 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:	Mike
* Middle Name:		
* Last Name:	Sprull	
* Suffix:		
* Title: Executive Director		
* Organizational Affiliation:		
* Telephone Number:	(530) 821-8850	* Fax Number:
* Email:	mikos@foodbankedc.org	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
 Not for Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**
 USDA/RD Community Facilities

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
 All communities of El Dorado County, CA and Alpine County, CA

*** 15. Descriptive Title of Applicant's Project:**
 New Food Bank Warehouse

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

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

17. Proposed Project:
 * a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,130,000.00"/>
* b. Applicant	<input type="text" value="65,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="2,195,000.00"/>

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

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

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:



United States Department of Agriculture
Rural Development
California
www.rurdev.usda.gov/ca

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AUG 21 2012
STATE CLEARING HOUSE

FAX TRANSMITTAL

DATE: August 21, 2012

TIME: 12:58 PM

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET 4

Fax No. (916) 323-3018

From: TO: State Clearinghouse
Governor's Office of Planning and Research

SUBJECT: Food bank of Eldorado County

Attached, please find a copy of the subject's application for federal assistance. Please fax a copy of the date stamped Standard Form 424 showing when it was received by the State Clearinghouse; so that we may show that the subject applicant has complied with Executive Order 12372.

The fax number is (530) 233-8869.

Thank you for your assistance and if you have any questions, please do not hesitate to contact me at (530) 233-8860.

808 W. 12th Street, Alturas, CA 96101-3211
Phone: (530) 233-4615 • Fax: (530) 233-8869 • TDD: (530) 792-5848

Committed to the future of rural communities
Rural Development is an Equal Opportunity Lender, Provider, and Employer. Complaints of discrimination should be sent to USDA, Director, Office of Civil Rights, Washington, D. C. 20250-9410

***** UF-8000 ***** -916 323 3018 *****
- STATE CLEARINGHOUSE

***** JOURNAL - COMM *****
DATE AUG-21-2012 ***** TIME 15:06 *****
MODE = MEMORY TRANSMISSION
START=AUG-21 15:05
END=AUG-21 15:06
FILE NO.=397
STN NO. COMM. ONE-TOUCH / STATION NAME/EMAIL ADDRESS/TELEPHONE NO. PAGES DURATION
915302338869 003/003 00:00:30
OK 001

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		
*3. Date Received:		4. Application Identifier:		
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:		
RECEIVED AUG 22 2012 STATE CLEARING HOUSE				
State Use Only:				
6. Date Received by State:		7. State Application Identifier:		
8. APPLICANT INFORMATION:				
* a. Legal Name: California Center for Cooperation Development				
* b. Employer/Taxpayer Identification Number (EIN/TIN): 39-2065673		*c. Organizational DUNS: 809999944		
d. Address:				
*Street1: 979 F St. Suite A-1				
Street 2:				
*City: Davis				
County: Yolo				
*State: California				
Province:				
Country: USA		*Zip/ Postal Code: 95616		
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: Elizabeth		
Middle Name: Kim				
*Last Name: Coontz				
Suffix:				
Title: Executive Director				
Organizational Affiliation:				
CCR number is 50VP0				
Expiration Date: 5/10/2013				
*Telephone Number: 530-297-1032		Fax Number: 530-297-1033		
*Email: ekcoontz@cccd.coop				

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 Business Cooperative Services

11. Catalog of Federal Domestic Assistance Number:

10-771

CFDA Title:

Rural Cooperatives Development Grants

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

California-Statewide for California and Nevada

*15. Descriptive Title of Applicant's Project:

Revitalizing Rural Communities Through Cooperative Initiatives

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. 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: California Center for Cooperation Development					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 39-2065673			*c. Organizational DUNS: 809999944		
d. Address:					
*Street 1: 979 F St. Suite A-1					
Street 2:					
*City: Davis					
County: Yolo					
*State: California					
Province:					
Country: USA					
*Zip/ Postal Code: 95616					
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: Elizabeth			
Middle Name: Kim					
*Last Name: Coontz					
Suffix:					
Title: Executive Director					
Organizational Affiliation:					
CCR number is 50VP0					
Expiration Date: 5/10/2013					
*Telephone Number: 530-297-1032			Fax Number: 530-297-1033		
*Email: ekcoontz@cccd.coop					

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-01

*b. Program/Project: Statewide- California and Nevada

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

17. Proposed Project:

*a. Start Date: 10/01/2012

*b. End Date: 9/30/2013

18. Estimated Funding (\$):

*a. Federal \$175,000.00

*b. Applicant

*c. State

*d. Local

*e. Other \$70,285.00

*f. Program Income

*g. TOTAL \$245,285.00

***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 8/6/2012

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: E.

Middle Name: Kim

*Last Name: Coontz

Suffix:

*Title: Executive Director

*Telephone Number: 530-297-1032

Fax Number: 530-297-1033

*Email: ekcoontz@cccd.coop

*Signature of Authorized Representative: *E. Kim Coontz*

Date Signed: 8/6/2012

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)

*3. Date Received:

4. Application Identifier:

RECEIVED

AUG 22 2012

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: Southern California Focus on Cooperation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
46-0621289

*c. Organizational DUNS:
078555892

d. Address:

*Street1: 979 F St. Suite A-1

Street 2:

*City: Davis

County: Yolo

*State: California

Province:

Country: USA

*Zip/ Postal Code: 95616

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.

Middle Name: Kim

First Name: Elizabeth

*Last Name: Coontz

Suffix:

Title: Executive Director

Organizational Affiliation:

Please refer to note for explanation of CCR and expiration date.

*Telephone Number: 530-297-1032

Fax Number: 530-297-1033

*Email: ekcoontz@cccd.coop

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 Business Cooperative Services

11. Catalog of Federal Domestic Assistance Number:
10-771

CFDA Title:
Rural Cooperatives Development Grants

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

California-Statewide for California and Nevada

*15. Descriptive Title of Applicant's Project:

Developing Rural Economies with Cooperative Enterprises

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-01

*b. Program/Project: Statewide- California and Nevada

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

17. Proposed Project:

*a. Start Date: 10/01/2012

*b. End Date: 9/30/2013

18. Estimated Funding (\$):

*a. Federal	\$175,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	\$70,285.00
*f. Program Income	
*g. TOTAL	\$245,285.00

***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 8/6/2012
- 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: E.

Middle Name: Kim

*Last Name: Coontz

Suffix:

*Title: Executive Director

*Telephone Number: 530-297-1032

Fax Number: 530-297-1033

*Email: ekcoontz@cccd.coop

*Signature of Authorized Representative: *C. Kim Coontz*

Date Signed: 8/6/2012

Application for Federal Assistance SF-424

Version 02

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

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



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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Hollister San Juan Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>(not yet received)</u>	* c. Organizational DUNS: _____
--------------------------------------------------------------------------------------	------------------------------------

d. Address:

* Street 1:	<u>3351 M Street, Suite 100</u>
Street 2:	_____
* City:	<u>Merced</u>
County:	<u>Merced</u>
* State:	<u>California</u>
Province:	_____
* Country:	<u>USA: UNITED STATES</u>
* Zip / Postal Code:	<u>95348</u>

e. Organizational Unit:

Department Name: <u>California Limited Partnership</u>	Division Name: _____
-----------------------------------------------------------	-------------------------

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

Prefix: _____	* First Name: <u>Marco</u>
Middle Name: <u>E.</u>	
* Last Name: <u>Swedberg</u>	
Suffix: _____	

Title: Owner/Consultant

Organizational Affiliation:
Gar-Mar Associates

* Telephone Number: <u>(530) 823-9250</u>	Fax Number: <u>(530) 823-2169</u>
-------------------------------------------	-----------------------------------

* Email: garmar@ncbb.net

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:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

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

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$1,000,000.00"/>	USDA-RD FLH-514 funding
* b. Applicant	<input type="text" value="\$3,000,000.00"/>	Sponsor's Contribution
* c. State	<input type="text" value="\$11,713,122.00"/>	Tax Credit Equity
* d. Local	<input type="text"/>	
* e. Other	<input type="text" value="\$3,000,000.00"/>	Permanent Lender
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$16,013,122.00"/>	Total Development Cost

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

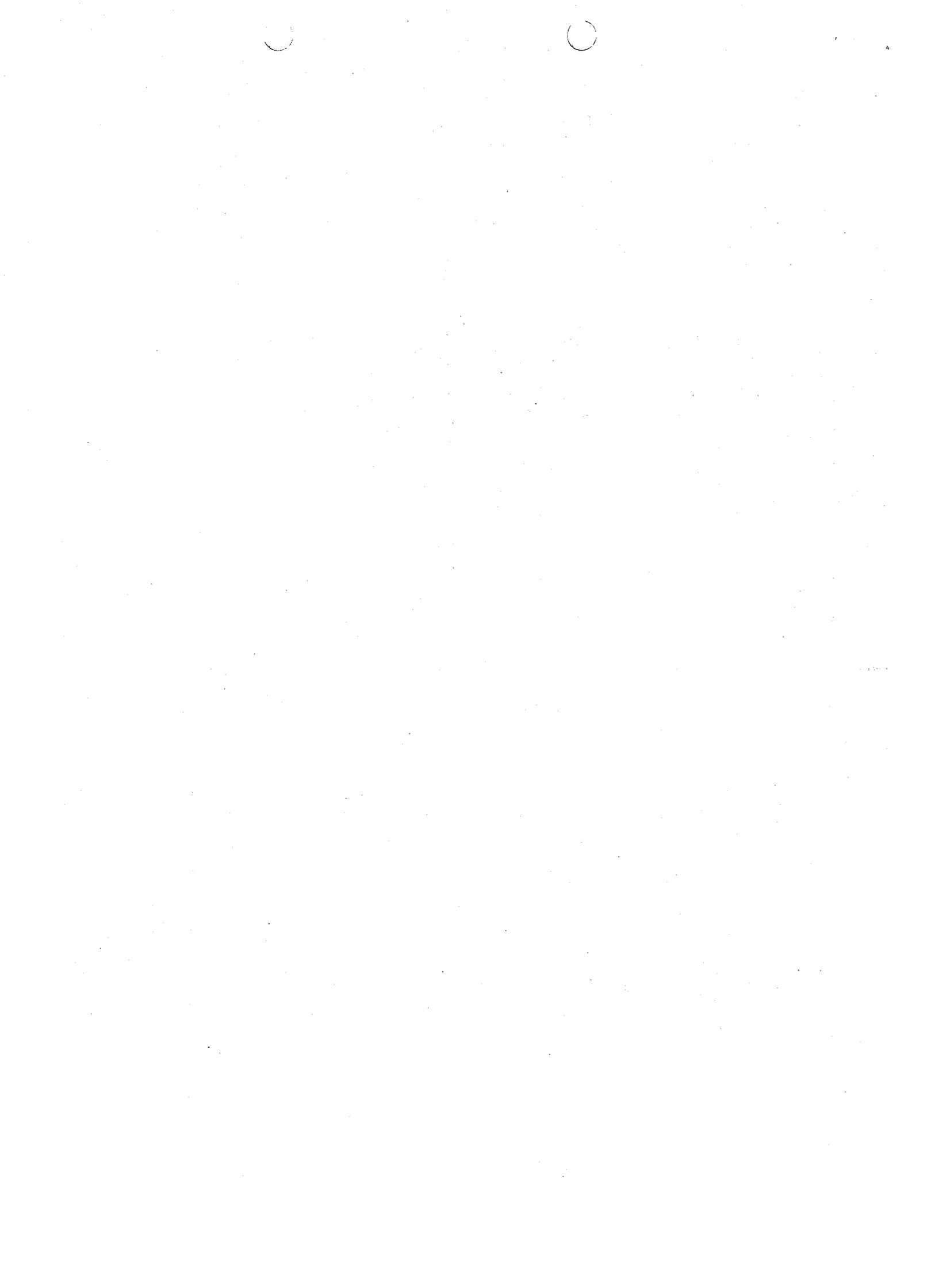
APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 28, 2012	Applicant Identifier CA Department of Food & Agriculture	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE August 22, 2012	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-0497-CA	
<input type="checkbox"/> 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 325		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Ms.	First Name: Courtney	
County: Sacramento		Middle Name:		
State: California		Last Name: Albrecht		
Zip Code: 95814-5603		Suffix:		
Country: USA		Email: courtney.albrecht@cdfa.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) (916) 654-0312		Fax Number (give area code) (916) 654-0986
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care		9. NAME OF FEDERAL AGENCY: USDA/ APHIS/ PPQ		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California (statewide)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Red Imported Fire Ant. Survey		
13. PROPOSED PROJECT Start Date: July 1, 2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California		
Ending Date: June 30, 2013		b. Project California		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 127,692 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 24, 2012		
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 127,692 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Kathy	Middle Name		
Last Name Alameda			Suffix	
b. Title Federal Funds Manager			c. Telephone Number (give area code) (916) 403-6525	
d. Signature of Authorized Representative			e. Date Signed 8/23/12	

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="radio"/> Preapplication		<input checked="" type="checkbox"/> New	N/A
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	N/A
*3. Date Received:		4. Application Identifier: N/A	
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: Quechan Tribally Designated Housing Entity			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0198898		*c. Organizational DUNS: 042233911	
d. Address:			
*Street1: 1860 W. Sapphire Lane			
Street 2:			
*City: Winterhaven			
County: Imperial			
*State: California			
Province:			
Country: United State		*Zip/ Postal Code: 92283	
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:		First Name: Agustin	
Middle Name:			
*Last Name: Tumbaga			
Suffix: Jr			
Title: Executive Director			
Organizational Affiliation: Quechan Tribally Designated Housing Entity			
*Telephone Number: (760) 572-0243		Fax Number: (760) 572-0245	
*Email: atumbaga@quechanhousing.gov			



Application for Federal Assistance SF-424

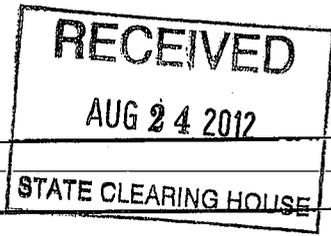
Version 02

9. Type of Applicant 1: Select Applicant Type: **L. Public/Indian Housing Authority**

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 Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.420

CFDA Title:

Rural Self-Help Housing Technical Assistance

*12. Funding Opportunity Number: **N/A**

*Title: **N/A**

13. Competition Identification Number: **N/A**

Title: **N/A**

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

Tribal Land in California, the area to be served and affected is Imperial County.

*15. Descriptive Title of Applicant's Project:

Self-Help families participate in the rehabilitation of their own homes, funded by U.S.D.A. Rural development through a 523 technical assistance grant . 36 homes are to be rehabilitated during this grant period in Imperial County.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

Applicant CA-051

*b. Program/Project: CA-051

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

N/A

17. Proposed Project:

*a. Start Date: December 1, 2012

*b. End Date: November 30, 2014

18. Estimated Funding (\$):

*a. Federal \$288,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$288,000.00

*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

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: Agustin

Middle Name:

*Last Name: Tumbaga

Suffix: Jr

*Title: Executive Director

*Telephone Number: (760) 572-0243

Fax Number: (760) 572-0245

*Email: atumbaga@quechanhousing.org

*Signature of Authorized Representative:

Date Signed: 08/22/2012



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 9, 2012	Applicant Identifier 1615
		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Preapplication Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Southern California Association of Governments		Organizational Unit:	
Address (give city, county, State, and zip code): 818 West 7th Street Los Angeles, CA 90017		Name and telephone number of person to be contacted on matters involving this application (give area code) Alfonso Hernandez, Senior Grants Analyst (213) 236-1897	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 2409649		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A <input type="checkbox"/>		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>MPO</u>	
9. NAME OF FEDERAL AGENCY: Federal Transit Administration		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Administrative Work related to the Section 5316 JARC Program	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20 - 516 TITLE: Job Access Reverse Commute		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside and San Bernardino Counties	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/11	Ending Date 6/30/15	a. Applicant Southern California Association of G	b. Project JARC Admin FY09,FY10,FY11, FY12
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 245,081 ⁰⁰	a. YES... THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ ⁰⁰	DATE _____	
c. State	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 245,081 ⁰⁰	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Basil Panas		b. Title Acting Chief Financial Officer	c. Telephone Number (213) 236-1800
d. Signature of Authorized Representative		e. Date Signed 8/21/12	

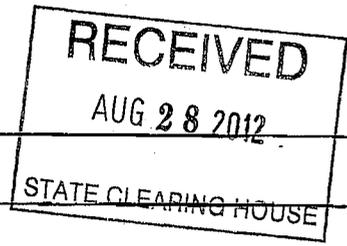
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Standard Form 424 (Rev. 7-97)
 Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

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



*3. Date Received:	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: City of Emeryville**

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-60000326	*c. Organizational DUNS: 08-378-7846
-------------------------------------------------------------------------------	------------------------------------------------

d. Address:

***Street 1:** 1333 Park Avenue
Street 2:
***City:** Emeryville
County: Alameda
***State:** CA
Province:
Country: USA ***Zip/ Postal Code:** 94608

e. Organizational Unit:

Department Name: Economic Development and Housing	Division Name:
-------------------------------------------------------------	-----------------------

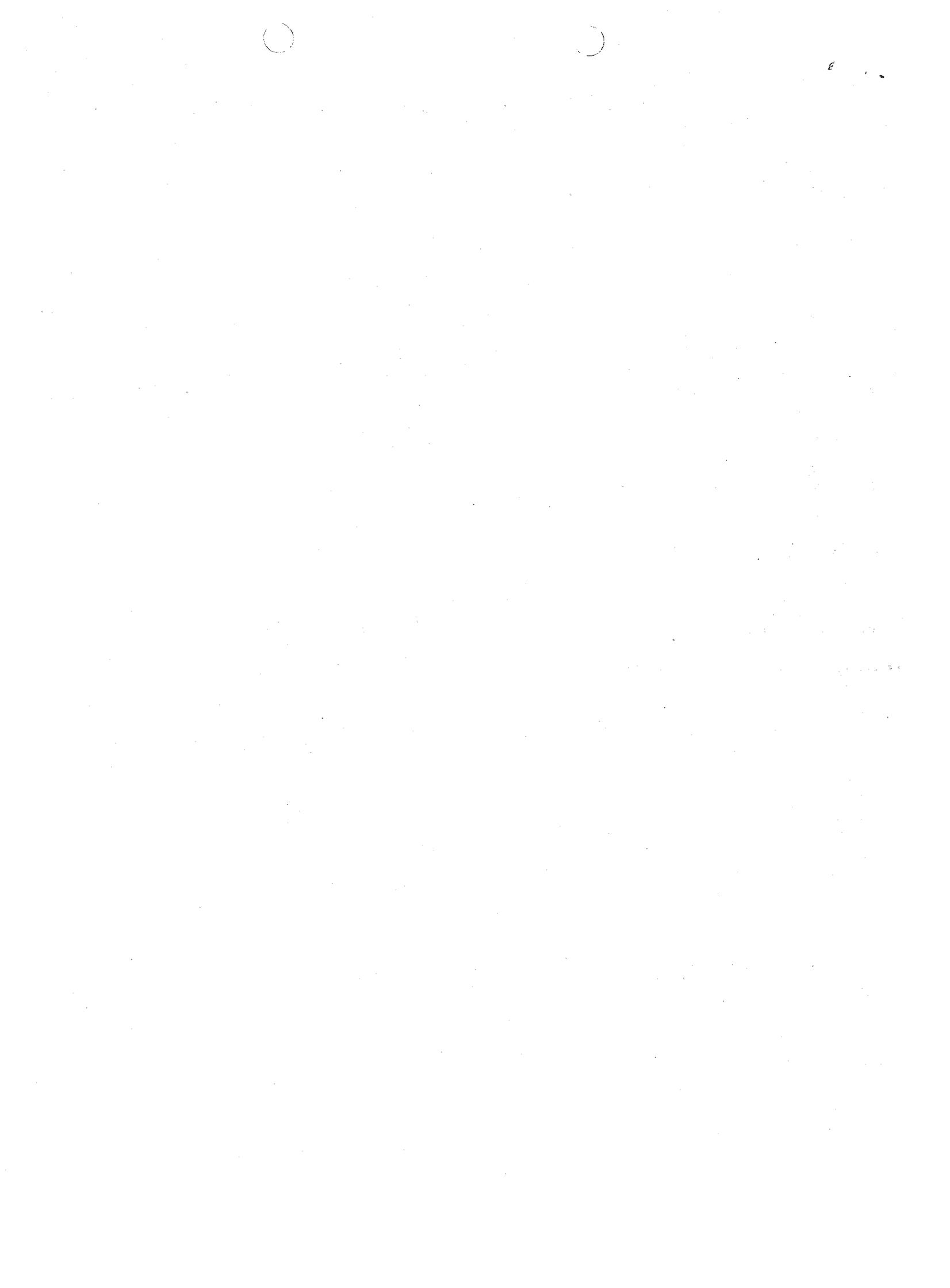
f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms. **First Name:** Amber
Middle Name:
***Last Name:** Evans
Suffix:

Title: Community Development Coordinator II

Organizational Affiliation:

*Telephone Number: 510-596-4382	Fax Number: 510-596-4389
*Email: aevans@emeryville.org	



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **C. City or Township Government**

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

US EPA

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Clean-up Grants

*12. Funding Opportunity Number:

*Title:

EPA-OSWER-OBLR-11-07

13. Competition Identification Number:

Title:

N/A as not using grants.gov

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

City of Emeryville and adjacent areas of East Oakland in the City of Oakland

*15. Descriptive Title of Applicant's Project:

Cleanup grant for Star Intersection Affordable Housing Project at 3706 San Pablo Avenue

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **CA-009**

*b. Program/Project: **CA-009**

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

17. Proposed Project:

*a. Start Date: **10/12**

*b. End Date: **10/15**

18. Estimated Funding (\$):

*a. Federal	\$200,000.00	*d. Local	
*b. Applicant	\$40,000.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$240,000.00

*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

I. *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: **Patrick**

Middle Name:

*Last Name: **O'Keeffe**

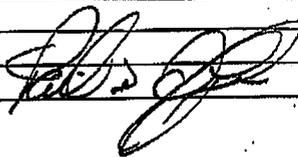
Suffix:

*Title: **City Manager**

*Telephone Number: **510-596-4371**

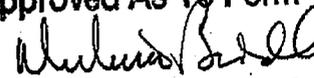
Fax Number: **510-658-8095**

*Email: **pokeeffe@emeryville.org**

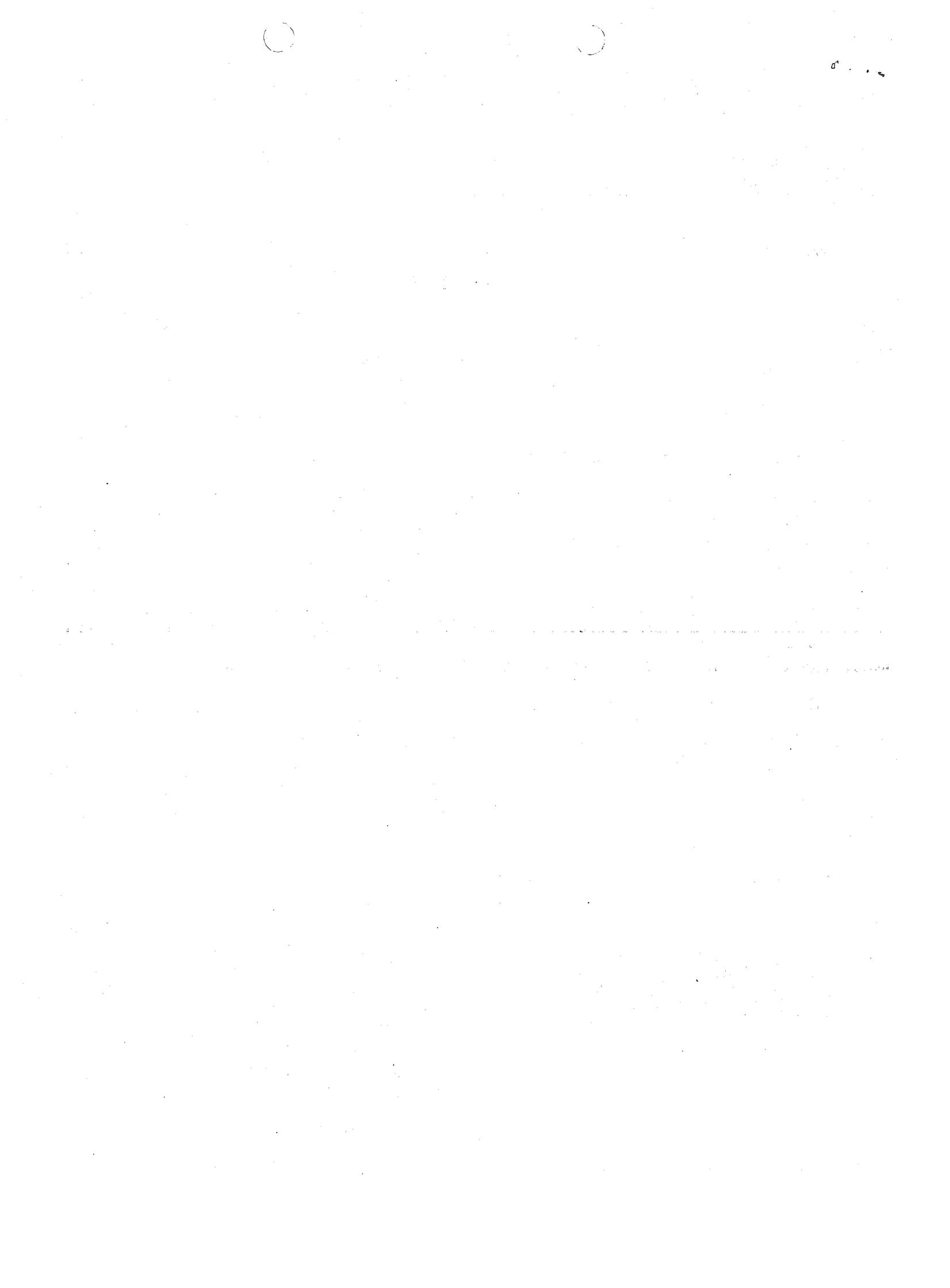
*Signature of Authorized Representative: 

Date Signed: **6/28/12**

Approved As To Form



City Attorney's Office



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

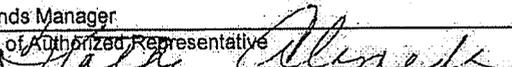
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED August 28, 2012	Applicant Identifier CA Department of Food & Agriculture
			3. DATE RECEIVED BY STATE August 22, 2012	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-0497-CA
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
State of California		Department: Food and Agriculture		
Organizational DUNS: 807487665		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.		
City: Sacramento		First Name: Courtney		
County: Sacramento		Middle Name:		
State: California		Last Name: Albrecht		
Zip Code: 95814-5603		Suffix:		
Country: USA		Email: courtney.albrecht@cdfa.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) (916) 654-0312		Fax Number (give area code) (916) 654-0986
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		9. NAME OF FEDERAL AGENCY: USDA/ APHIS/ PPQ		
TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Red Imported Fire Ant Survey		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California (statewide)		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California b. Project California		
13. PROPOSED PROJECT Start Date: July 1, 2012 Ending Date: June 30, 2013		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 24, 2012 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	127,692		
b. Applicant	\$			
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$	127,692		
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) 403-6525	
d. Signature of Authorized Representative			e. Date Signed 8/23/12	

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/31/12	Applicant Identifier Department of Food & Agriculture
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 8/28/12	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 13-0506-1005-CA
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, Room 341 City: Sacramento County: Sacramento State: California Zip Code: 95814		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 28 2012 </div>	
Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Victoria Middle Name: Last Name: Hornbaker Suffix:			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 8 8 - 0 3 2 5 1 0 4		Email: victoria.hornbaker@cdfa.ca.gov Phone Number (give area code) 916-262-1132 Fax Number (give area code) 916-262-2020	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant & Animal Disease, Pest Control & Animal Care 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Phoenix, AZ, Maricopa County; Shafter, CA; Kern County		9. NAME OF FEDERAL AGENCY: USDA-APHIS-PPQ 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Conduct survey, regulatory, control, and eradication activities that will provide specific information to the Cooperator, APHIS, and other interested parties for Pink Bollworm programs.	
13. PROPOSED PROJECT Start Date: October 1, 2012 Ending Date: September 30, 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA:3rd b. Project CA=22nd, 51st / AZ= 4th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 570,000.00 b. Applicant \$.00 c. State \$ 0.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 570,000.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/31/12 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Ms. First Name Kathy Last Name Alameda		Middle Name Suffix	
b. Title Federal Funds Manager		c. Telephone Number (give area code) 916-403-6525	
d. Signature of Authorized Representative 		e. Date Signed 8/28/12	

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

OMB Approval No. 0348-0043

		2. DATE SUBMITTED August 24, 2012	Applicant Identifier 5537
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier CA-90-Y944
5. APPLICANT INFORMATION			
Legal Name: Peninsula Corridor Joint Powers Board		Organizational Unit: Planning and Development	
Address (give city, county, State, and zip code): 1250 San Carlos Blvd. San Carlos, CA 94070		Name and telephone number of person to be contacted on matters involving this application (give area code) Peter Skinner (650) 622-7818	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): AUG 29 2012 94-3152903		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: STATE CLEARING HOUSE <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507 TITLE: FTA Section 5307 Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. Rev Vehicle Rehab Program-Passenger Rail Cars 2. Rev Vehicle Rehab Program-Tech & Engineering Support for Midlife Overhaul 3. Preventive Maintenance	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo, Santa Clara, and San Francisco Counties			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/12	Ending Date 6/30/13	a. Applicant 8, 12, 14, 15, & 16	b. Project 8, 12, 14, 15, & 16
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 4,379,122 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/31/12	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 1,094,780 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 5,473,902 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Joel Slavik		b. Title Manager, Grants & Fund Programmin	c. Telephone Number (650) 508-6476
d. Signature of Authorized Representative <i>Joel Slavik</i>		e. Date Signed 8/24/12	

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INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

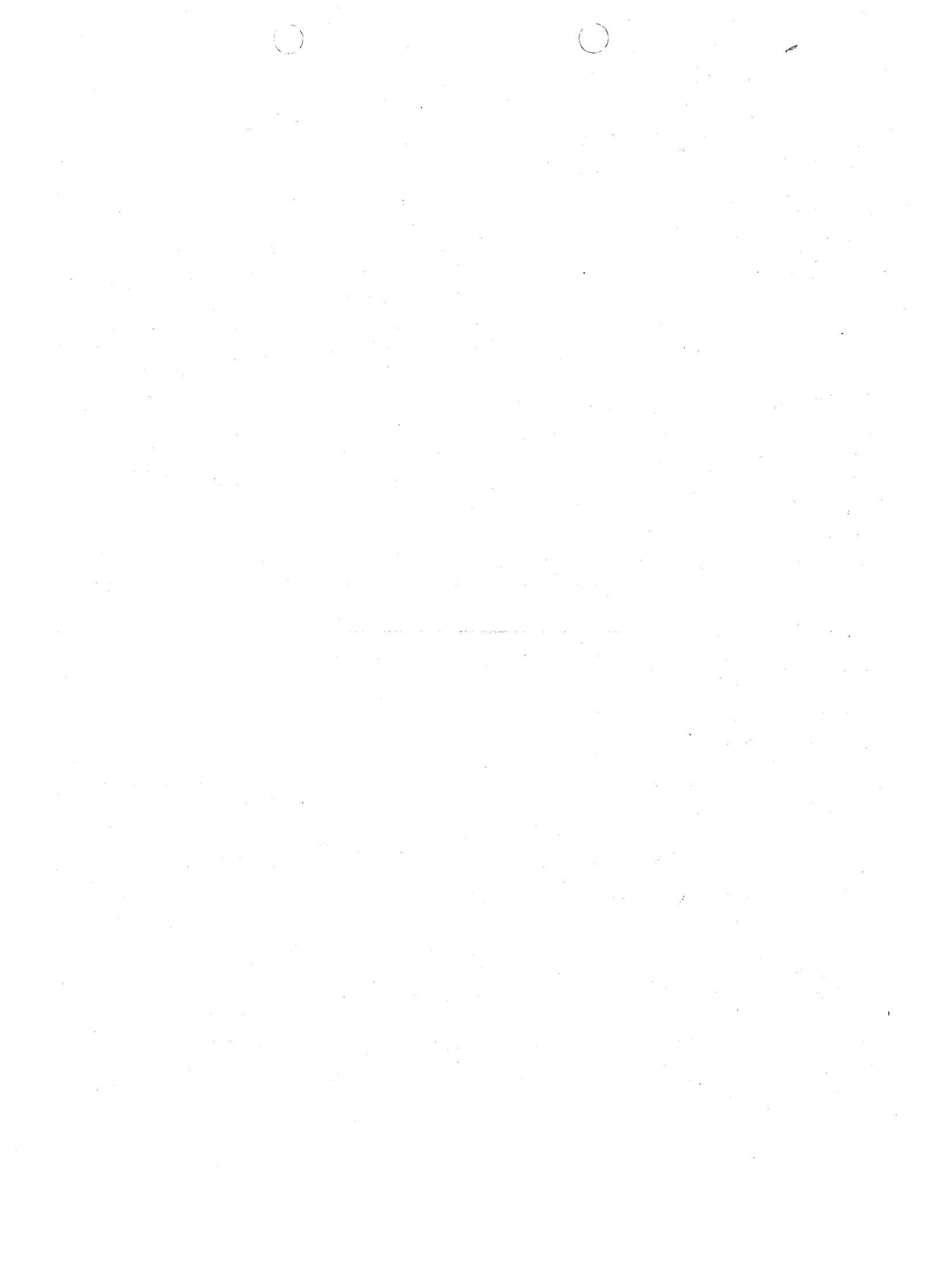
- | Item: | Entry: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Self-explanatory. | 12. List only the largest political entities affected (e.g., State, counties, cities). |
| 2. Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable). | 13. Self-explanatory. |
| 3. State use only (if applicable). | 14. List the applicant's Congressional District and any District(s) affected by the program or project. |
| 4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank. | 15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <i>only</i> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. | 16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. |
| 6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| 7. Enter the appropriate letter in the space provided. | 18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |
| 8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:

-- "New" means a new assistance award.

-- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.

-- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. | |
| 9. Name of Federal agency from which assistance is being requested with this application. | |
| 10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. | |
| 11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. | |

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	RECEIVED <i>Aug 30, 2012</i> 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: Coachella Valley Housing Coalition		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3814898	* c. Organizational DUNS: 61-328-1070	
d. Address:		
* Street1: 45701 Monroe St., Ste. G	_____	
Street2: _____	_____	
* City: Indio	_____	
County: Riverside	_____	
* State: CA	_____	
Province: _____	_____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 92201	_____	
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: John	_____
Middle Name: F.	_____	
* Last Name: Mealey	_____	
Suffix: _____	_____	
Title: Executive Director		
Organizational Affiliation: Coachella Valley Housing Coalition		
* Telephone Number: (760) 347-3157	Fax Number: (760) 342-6466	
* Email: john.mealey@cvhc.org		



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Not for Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S.D.A Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.406 & 10.427

CFDA Title:

Farm Labor Housing and Grant / Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

* Title:

Section 514 Farm Labor (FLH) Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2012

13. Competition Identification Number:

Title:

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

Mecca, Riverside County, California

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

Paseo de los Heroes III is an 80 unit farmworker housing development plus one managers unit. Unit mix consists of 16 - 2bd/2ba, 53 - 3bd/2ba, 11 - 4 bd/2ba & 1 - 3bd/2ba managers unit. Amenities include a community room, computer lab, fitness room, walking track, tot lot & sports court. Resident services include an afterschool program, ESL classes & computer training will be provided free of charge to the tenants.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 45th

* b. Program/Project 45th

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

17. Proposed Project:

* a. Start Date: 11/01/2013

* b. End Date: 01/30/2015

18. Estimated Funding (\$):

* a. Federal 3,000,000.00
* b. Applicant 350,000.00
* c. State
* d. Local 3,000,000.00
* e. Other 16,755,412.00
* f. Program Income
* g. TOTAL 23,105,412.00

*** 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 08/29/12
 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 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.

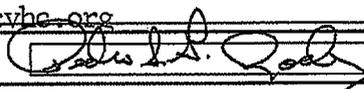
Authorized Representative:

Prefix: Mr. * First Name: Pedro
Middle Name: S.G.
* Last Name: Rodriguez
Suffix:

* Title: Chief Financial Officer

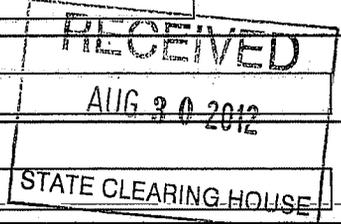
* Telephone Number: (760) 347-3157 Fax Number: (760) 342-6466

* Email: pedro.rodriguez@cvhc.org

* Signature of Authorized Representative:  * Date Signed: August 29, 2012

Application for Federal Assistance SF-424

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____			
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____			



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Housing Authority of the County of Kern	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6001629 (EIN)	* c. Organizational DUNS: 077979128

d. Address:

* Street1:	601 24th Street, ERNT
Street2:	
* City:	Bakersfield
County/Parish:	
* State:	CA
Province:	
* Country:	
* Zip / Postal Code:	93301-4142

e. Organizational Unit:

Department Name: Acquisition & Development	Division Name: _____
------------------------------------------------------	--------------------------------

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

Prefix: _____	* First Name: Stephen
Middle Name: M.	
* Last Name: Pelz	
Suffix: _____	
Title: Executive Director	
Organizational Affiliation: Housing Authority of the County of Kern	
* Telephone Number: 661-631-8500	Fax Number: 661-631-9500
* Email: spelz@kernha.org	



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Rural Development (US Department of Agriculture)

11. Catalog of Federal Domestic Assistance Number:

10,405

CFDA Title:

Farm Labor Housing Loans and Grants

*** 12. Funding Opportunity Number:**

* Title:

NOFA for Section 514 Farm Labor Housing Loans for Off-Farm Housing for Fiscal Year 2012.

13. Competition Identification Number:

Title:

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

City of Bakersfield, CA

Add Attachment

Delete Attachment

View Attachment

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

The Project title is Greenfield Meadows. The Project is sited in Bakersfield, California on Tract 6209 Phase 1, Lots 17-22; Phase 2, Lots 1-28; and Phase 4, Lots 1-14. The Project will construct 48 single family homes and associated infrastructure. Each home is three bedroom/two bathroom, single-story, and wood-frame construction. The homes will offer +/- 1200 sf of living space and +/- 400 sf attached garage.

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-022

* b. Program/Project CA-022

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 11/01/2013

* b. End Date: 11/30/2014

18. Estimated Funding (\$):

* a. Federal	\$10,143,389.00
* b. Applicant	\$60,327.00
* c. State	\$1,864,987.00
* d. Local	\$465,000.00
* e. Other	\$850,000.00
* f. Program Income	
* g. TOTAL	\$13,383,703.00

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Stephen

Middle Name: M

* Last Name: Pelz

Suffix:

* Title: Executive Director

* Telephone Number: 661.631.8500 Fax Number: 661.631.9500

* Email: spelz@kernha.org

* Signature of Authorized Representative: 

* Date Signed: 8/29/12

APPLICATION FOR FEDERAL ASSISTANCE

E-12372

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

5. APPLICANT INFORMATION

Legal Name: **San Manuel Band of Mission Indians** Organizational Unit: **Public Works**

Address (give city, county, state, and zip code):
**26569 Community Center Drive,
 Highland, CA 92346-6712**

Name and telephone number of person to be contacted on matters involving this application (give area code):
Mike Layne, (909) 864-8933 ext. 2168

6. EMPLOYER IDENTIFICATION NUMBER (EIN): **33-052626#** 6.a. DUNS NUMBER: **080264604**

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

8. TYPE OF APPLICATION:
 New Continuation Revision

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

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

9. NAME OF FEDERAL AGENCY:
Federal Emergency Management Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
HMGP **97-039**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
San Manuel Reservation Defensible Space Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
San Manuel Reservation, Highland, CA

13. PROPOSED PROJECT:
 Start Date: **10/1/12** Ending Date: **9/30/15**

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

15. ESTIMATED FUNDING:		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED AUG 31 2012 STATE CLEARING HOUSE </div>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$ 82,075		16. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 7/26/12, 8/29/12
b. Applicant	\$ 27,925		
c. State	\$		16. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	\$		
e. Other	\$		
f. Program Income	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No
g. TOTAL	\$ 110,000		

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. Type Name of Authorized Representative Carla Rodriguez	b. Title Chairperson	c. Telephone Number 909-864-8933
d. Signature of Authorized Representative		e. Date Signed

