

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16 - 31, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): A  * Other (Specify) 
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RECEIVED  
AUG 16 2013

* 3. Date Received:	4. Applicant Identifier: CA Department of Food and Agriculture
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: 13-8506-1164-CA
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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: 08/15/13	7. State Application Identifier: 12-0365-FR
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8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665

d. Address:

* Street1: 3294 Meadowview Road
Street2:
* City: Sacramento
County: Sacramento
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95832

e. Organizational Unit:

Department Name: Food and Agriculture	Division Name: Plant Health and Pest Prevention Services
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	* First Name: Duane
Middle Name: L.	
* Last Name: Schnabel	
Suffix:	
Title: Branch Chief	
Organizational Affiliation:	
* Telephone Number: 916-262-1102	Fax Number: 916-262-2020
* Email: duane.schnabel@cdfa.ca.gov	

**Application for Federal Assistance SF-424**

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

State-Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA-APHIS-PPQ

**11. Catalog of Federal Domestic Assistance Number:**

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Light Brown Apple Moth Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA; 3rd

\* b. Program/Project Statewide

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

17. Proposed Project:

\* a. Start Date: 10/1/12

\* b. End Date: 9/30/13

18. Estimated Funding (\$):

\* a. Federal \$1,000,000

\* b. Applicant

\* c. State \$0

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$1,000,000

\* 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: 8/16/13

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: Middle Name: \* First Name: Crystal

Middle Name:

\* Last Name: Myers

Suffix:

\* Title: Federal Funds Manager

\* Telephone Number: 916-403-6653 Fax Number:

\* Email: crystal.myers@cdfa.ca.gov

\* Signature of Authorized Representative: *Crystal Myers* \* Date Signed: 8/16/2013

**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:
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**RECEIVED**

5a. Federal Entity Identifier: N/A	*5b. Federal Award Identifier: AUG 19 2013
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**STATE CLEARING HOUSE**

State Use Only:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	*c. Organizational DUNS: 04-712-0084
---	---

d. Address:

\*Street1: 1850 Research Park Drive  
Street 2: Suite 300  
\*City: Davis  
County: Yolo  
\*State: California  
Province:  
Country: UNITED STATES

\*Zip/ Postal Code: 95618-6153

e. Organizational Unit:

Department Name: Wildlife, Fish and Conservation Biology	Division Name:
---	----------------

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

Prefix: Mrs. Middle Name: *Last Name: Vassar Suffix:	First Name: Marque-Diane
---	--------------------------

Title: Contracts & Grants Analyst

Organizational Affiliation:  
University of California, Davis

*Telephone Number: 530-754-7700	Fax Number: 530-754-8367
*Email: awards@ucdavis.edu	

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: **H. Public/State Controlled Institution of Higher Education**

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:  
**The Interagency Ecological Program**

11. Catalog of Federal Domestic Assistance Number:

**15.512**

CFDA Title:

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

**Yolo County.**

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

**Life-history diversity of delta smelt from the Spring Kodiak Trawl (2005-2006 and 2010-2011 year-classes).**

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-003

\*b. Program/Project: CA-003

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

17. Proposed Project:

\*a. Start Date: 7/1/13

\*b. End Date: 6/30/14

18. Estimated Funding (\$):

\*a. Federal \$228,237.95

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$228,237.95

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 08/14/2013
- 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: Randi

Middle Name:

\*Last Name: Jenkins

Suffix: J.D.

\*Title: Associate Director, Sponsored Programs *MDV*

\*Telephone Number: 530-754-7700

Fax Number:

\*Email: awards@ucdavis.edu

\*Signature of Authorized Representative: *Randi Jenkins* Date Signed: 8.16.13

**Application for Federal Assistance SF-424** Version 02

*1. Type of Submission <input checked="" type="checkbox"/> Preapplication	*2. Type of Application <input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s): This is a re-application citing the 2013 NOFA
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<input type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Continuation  <input type="checkbox"/> Revision	* Other (Specify) This is a re-application citing the 2013 NOFA
--	--	--

*3. Date Received:	4. Application Identifier:	RECEIVED
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
--------------------------------	--------------------------------

<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Community Housing Improvement Systems and Planning Association, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2892838	*c. Organizational DUNS: 01-298-6949
---	---

**d. Address:**

\*Street1: 295 Main Street  
 Street 2:  
 \*City: Salinas  
 County: Monterey  
 \*State: CA  
 Province:  
 Country: US \*Zip/ Postal Code: 93901

**e. Organizational Unit:**

Department Name: Real Estate Development Department	Division Name:
--	----------------

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

Prefix: Ms. First Name: Dana  
 Middle Name: W.  
 \*Last Name: Cleary  
 Suffix:

Title: Director of Real Estate Development

Organizational Affiliation:  
 employee of CHISPA

*Telephone Number: 831-757-6251 x 141	Fax Number: 831-757-6268
*Email: dcleary@chispahousing.org	

**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, United States Department of Agriculture**

11. Catalog of Federal Domestic Assistance Number:

**10.405**

CFDA Title:

**Section 514 Farm Labor Housing Loan**

\*12. Funding Opportunity Number: **s**

\*Title:

**Notice of Funding Availability (NOFA) of Applications for Section 514 Farm Labor Housing Loan and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2013**

13. Competition Identification Number:

Title:

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

**City of Hollister, San Benito County, California**

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

**Buena Vista Apartments to be built at 890 Buena Vista Road in Hollister: an 80-unit apartment complex to serve low and very low income families and individuals, some employed by agricultural businesses in San Benito County. The two and three-bedroom apartments will be rented to any qualified domestic farm laborers. The development also will include a residents' center and a manager's office.**

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424** Version 02

16. Congressional Districts Of: **Congressman Sam Farr**  
\*a. Applicant **CA-17** \*b. Program/Project: **CA-17**

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

17. Proposed Project:  
\*a. Start Date: **2015** \*b. End Date: **2016**

**18. Estimated Funding (\$):**

*a. Federal	\$3,000,000.00
*b. Applicant	\$235,000.00
*c. State	\$600,000.00
*d. Local	\$15,170,000.00
*e. Other	
*f. Program Income	
*g. TOTAL	\$19,005,000.00

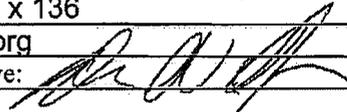
**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**  
 a. This application was made available to the State under the Executive Order 12372 Process for review on **August 23, 2013**  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 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: **Normond**  
Middle Name: **V.**  
\*Last Name: **Kolpin**  
Suffix:  
\*Title: **Chief Financial Officer**

\*Telephone Number: **831-757-6251 x 136** Fax Number: **831-757-6268**  
\*Email: **nkolpin@chispahousing.org**  
\*Signature of Authorized Representative:  Date Signed: **AUG 23 2013**

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission <input type="checkbox"/> Preapplication		*2. Type of Application <input checked="" type="checkbox"/> New		*If Revision, select appropriate letter(s):	
<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: not applicable			
5a. Federal Entity Identifier: not applicable			*5b. Federal Award Identifier: not applicable		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: Self-Help Home Improvement Project					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95 2990678			*c. Organizational DUNS: 088852603		
<b>d. Address:</b>					
*Street 1: 3777 Meadowview Drive #100 Street 2: *City: Redding County: Shasta *State: California Province: Country: USA					
*Zip/ Postal Code: 96002					
<b>e. Organizational Unit:</b>					
Department Name: SHHIP			Division Name: Rehab		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Middle Name:		First Name: Keith			
*Last Name: Griffith					
Suffix:					
Title: Executive Director					
Organizational Affiliation:					
*Telephone Number: 530-378-6904			Fax Number: 530-378-6910		
*Email: kgrif@shhip.org					

RECEIVED  
AUG 21 2013  
STATE CLEARING HOUSE

**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 Rural Development

11. Catalog of Federal Domestic Assistance Number:  
10-420  
CFDA Title:  
Rural Self-Help Housing Technical Assistance (rehab) Section 523

\*12. Funding Opportunity Number: 10-420  
\*Title: Rural Self-Help Housing Technical Assistance (rehab) Section 523

13. Competition Identification Number: not applicable  
Title:  
not applicable

14. Areas Affected by Project (Cities, Counties, States, etc.):  
Shasta and Tehama counties, California

\*15. Descriptive Title of Applicant's Project:  
Rehabilitation of 40 low-income owner occupied homes in Shasta and Tehama counties, California.  
USDA Rural Development Self-Help Technical Assistance grant (Sect.523) Self-Help Housing  
Rehabilitation.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424** Version 02

16. Congressional Districts Of:

\*a. Applicant **2nd - CA** \*b. Program/Project: **2nd - CA**

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

17. Proposed Project:

\*a. Start Date: **1/1/2014** \*b. End Date: **1/1/16**

**18. Estimated Funding (\$):**

\*a. Federal \$330,000.00  
\*b. Applicant  
\*c. State  
\*d. Local  
\*e. Other  
\*f. Program Income  
\*g. TOTAL \$330,000.00

**\*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 **8/21/13**
- 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: **Keith**

Middle Name:

\*Last Name: **Griffith**

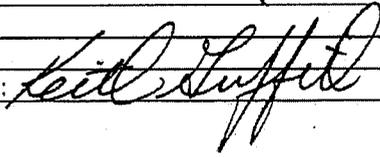
Suffix:

\*Title: **Executive Director**

\*Telephone Number: **530-378-6904**

Fax Number: **530-378-6910**

\*Email: **kgrif@shhip.org**

\*Signature of Authorized Representative: 

Date Signed: **8/21/2013**

OMB Number: 4040-0307  
Expiration Date: 03/31/2010

**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"/>
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* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
---	--

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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RECEIVED  
AUG 26 2013

State Use Only:

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

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="91-2164162"/>	* c. Organizational DUNS: <input type="text" value="0210597790000"/>
--	---

d. Address:

* Street1:	<input type="text" value="1406 7th Street"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Wasco"/>
County/Parish:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="93280"/>

**e. Organizational Unit:**

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

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

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Pat"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Newman"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="661-758-0566"/>	Fax Number: <input type="text" value="661-758-0555"/>
---	---

\* Email:

**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:**

USDA - Rural Development

**11. Catalog of Federal Domestic Assistance Number:**

10.405/10.427

CFDA Title:

Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2013

**\* 12. Funding Opportunity Number:**

USDA - RD 514/516

\* Title:

Housing Act of 1949

**13. Competition Identification Number:**

Title:

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

Add Attachments

Delete Attachment

View Attachments

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

The Project will consist of 20 Three Bedroom Single Family Homes and 1 Community Building

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant  \* b. Program/Project

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

**17. Proposed Project:**

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

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="2,000,000.00"/>	USDA - RURAL DEVELOPMENT
* b. Applicant	<input type="text" value="1,770,541.00"/>	TAX CREDITS
* c. State	<input type="text" value="800,000.00"/>	HOME - COUNTY OF KERN
* d. Local	<input type="text" value="1,000,000.00"/>	USDA - RD 538 LOAN
* e. Other	<input type="text" value="38,993.00"/>	DEFERRED DEVELOPER FEE
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="5,609,534.00"/>	

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

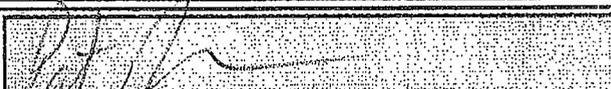
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: 	4. Applicant Identifier: CA Department of Food and Agriculture	AUG 26 2013
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5a. Federal Entity Identifier: 	* 5b. Federal Award Identifier: 13-8506-1164-CA	STATE CLEARINGHOUSE
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State Use Only:

6. Date Received by State: 08/23/13	7. State Application Identifier: 12-0365-FR
-------------------------------------	---

8. APPLICANT INFORMATION:

\* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665
---	--

d. Address:

\* Street1: 3294 Meadowview Road  
Street2:  
\* City: Sacramento  
County: Sacramento  
\* State: California  
Province:  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 95832

e. Organizational Unit:

Department Name: Food and Agriculture	Division Name: Plant Health and Pest Prevention Services
--	---

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

Prefix: Middle Name: L  
\* First Name: Duane  
\* Last Name: Schnabel  
Suffix:

Title: Branch Chief

Organizational Affiliation:

\* Telephone Number: 916-262-1102 Fax Number: 916-262-2020

\* Email: duane.schnabel@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

\* 12. Funding Opportunity Number:

\* Title:

13. Competition Identification Number:

Title:

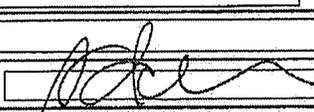
14. Areas Affected by Project (Cities, Counties, States, etc.):

State of California

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

Light Brown Apple Moth Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: CA; 3rd	* b. Program/Project: Statewide
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: 10/1/12	* b. End Date: 9/30/13
18. Estimated Funding (\$):	
* a. Federal	\$499,523
* b. Applicant	
* c. State	\$0
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$499,523
* 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	8/27/13
<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.) Applicant Federal Debt Delinquency 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: <input type="text"/>	* First Name: Crystal
Middle Name: <input type="text"/>	
* Last Name: Myers	
Suffix: <input type="text"/>	
* Title: Federal Funds Manager	
* Telephone Number: 916-403-6653	Fax Number: <input type="text"/>
* Email: crystal.myers@cdfa.ca.gov	
* Signature of Authorized Representative: 	* Date Signed: 8/26/13

**Application for Federal Assistance SF-424**

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

RECEIVED

* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture _____	AUG 27 2013
------------------------------	--	-------------

5a. Federal Entity Identifier: 13-8506-1703-CA	* 5b. Federal Award Identifier: STATE CLEARING HOUSE
---	---

**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): 68-0325104	* c. Organizational DUNS: 807487665
---	--

**d. Address:**

\* Street1: 1220 N Street, Room 315  
Street2: \_\_\_\_\_  
\* City: Sacramento  
County: \_\_\_\_\_  
\* State: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 95814

**e. Organizational Unit:**

Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services
---	---

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

Prefix: \_\_\_\_\_ \* First Name: Jason  
Middle Name: K  
\* Last Name: Chan  
Suffix: \_\_\_\_\_

Title: \_\_\_\_\_

Organizational Affiliation:  
California Department of Food and Agriculture

\* Telephone Number: (916) 654-1211 Fax Number: (916) 654-0555

\* Email: jason.chan@cdfa.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:**

USDA/APHIS/PPQ

**11. Catalog of Federal Domestic Assistance Number:**

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Weed Biological Control

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant District 6

\* b. Program/Project CA-all

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

**17. Proposed Project:**

\* a. Start Date: 9/1/13

\* b. End Date: 6/30/14

**18. Estimated Funding (\$):**

\* a. Federal 20,571

\* b. Applicant

\* c. State 0

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 20,571

**\* 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 27, 2013.

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: Middle Name: \* First Name: Crystal

\* Last Name: Myers

Suffix:

\* Title: Manager, Federal Funds Management Office

\* Telephone Number: (916) 657-3231

Fax Number:

\* Email: crystal.myers@cdfa.ca.gov

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

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

* 3. Date Received: 	4. Applicant Identifier: CA Department of Food and Agriculture
-------------------------	---

RECEIVED

AUG 28 2013

5a. Federal Entity Identifier: 13-8506-0484-CA	* 5b. Federal Award Identifier: 
---	-------------------------------------

STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State: 	7. State Application Identifier: 12-0380-FR
--------------------------------	---

**8. APPLICANT INFORMATION:**

\* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665
---	--

**d. Address:**

* Street1:	1220 N Street
Street2:	
* City:	Sacramento
County:	Sacramento
* State:	CA
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

**e. Organizational Unit:**

Department Name: Food and Agriculture	Division Name: Pierce's Disease Control Program
--	--

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

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

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: (916) 900-5024	Fax Number: (916) 900-5350
------------------------------------	----------------------------

\* Email: roger.spencer@cdfa.ca.gov

**Application for Federal Assistance SF-424**

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

State

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

**11. Catalog of Federal Domestic Assistance Number:**

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Pierce's Disease Control Program/Glassy-winged Sharpshooter

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant California

\* b. Program/Project GWSS

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

17. Proposed Project:

\* a. Start Date: 10/1/12

\* b. End Date: 9/30/13

18. Estimated Funding (\$):

\* a. Federal 15,074,754

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 15,074,754

\* 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.) 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:  \* First Name: Crystal

Middle Name:

\* Last Name: Myers

Suffix:

\* Title: Federal Funds Manager

\* Telephone Number: (916) 403-6533

Fax Number:

\* Email: crystal.myers@cdfa.ca.gov

\* Signature of Authorized Representative: 

\* Date Signed: 8/28/13

**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): _____
--	--	--

RECEIVED

* 3. Date Received: _____	4. Applicant Identifier: _____	AUG 28 2013
------------------------------	-----------------------------------	-------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: STATE CLEARING HOUSE
---	---

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Wasco Affordable Housing, Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2164162	* c. Organizational DUNS: 0210597790000
---	--

**d. Address:**

\* Street1: 1406 7th Street  
Street2: \_\_\_\_\_  
\* City: Wasco  
County/Parish: \_\_\_\_\_  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 93280

**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: Pat  
Middle Name: \_\_\_\_\_  
\* Last Name: Newman  
Suffix: \_\_\_\_\_  
Title: Executive Director  
Organizational Affiliation:  
\_\_\_\_\_  
\* Telephone Number: 661-758-0566 Fax Number: 661-758-0555  
\* Email: antoniowah@bak.rr.com

**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:**

USDA - Rural Development

**11. Catalog of Federal Domestic Assistance Number:**

10.405/10.427

CFDA Title:

Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2013

**\* 12. Funding Opportunity Number:**

USDA - RD 514/516

\* Title:

Housing Act of 1949

**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:**

The Project will consist of 20 Three Bedroom Single Family Homes and 1 Community Building

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="2,000,000.00"/>	USDA - RURAL DEVELOPMENT
* b. Applicant	<input type="text" value="1,770,541.00"/>	TAX CREDITS
* c. State	<input type="text" value="800,000.00"/>	HOME - COUNTY OF KERN
* d. Local	<input type="text" value="1,000,000.00"/>	USDA - RD 538 LOAN
* e. Other	<input type="text" value="38,993.00"/>	DEFERRED DEVELOPER FEE
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="5,609,534.00"/>	

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

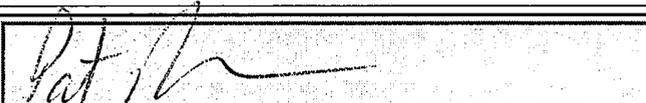
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

Application for Federal Assistance SF-424		
1. Type of Submission: <input 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): <b>RECEIVED</b> Other (Specify): <b>AUG 28 2013</b>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <b>STATE CLEARING HOUSE</b>	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
B. APPLICANT INFORMATION:		
* a. Legal Name: <b>MP Pippin Associates, a California Limited Partnership</b>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <b>Not yet received</b>	* c. Organizational DUNS: <b>Not yet received</b>	
d. Address:		
* Street 1: <b>303 Vintage Park Drive</b>	Street 2:	
* City: <b>Foster City</b>	County/Parish:	
* State: <b>California</b>	Province:	
* Country: <b>USA: UNITED STATES</b>	* Zip / Postal Code: <b>94404</b>	
e. Organizational Unit:		
Department Name: <b>California Limited Partnership</b>	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <b>Ms.</b>	* First Name: <b>Cynthia</b>	
Middle Name: <b>B</b>	* Last Name: <b>Iwanaga</b>	
Suffix:	Title: <b>Project Manager</b>	
Organizational Affiliation: <b>MidPen Housing Corporation</b>		
* Telephone Number: <b>(831) 707-2143</b>	Fax Number: <b>(831) 761-7218</b>	
* Email: <b>c.iwanaga@midpen-housing.org</b>		

Application for Federal Assistance SF-424		
9. Type of Applicant 1 - Select Applicant Type:		
<input type="checkbox"/> For-Profit Organization		
Type of Applicant 2 - Select Applicant Type:		
<input type="text"/>		
Type of Applicant 3 - Select Applicant Type:		
<input type="text"/>		
* Other (specify):		
<input type="text"/>		
* 10. Name of Federal Agency:		
<input type="text" value="USDA-Rural Housing Services"/>		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text" value="10-405"/>		
CFDA Title:		
<input type="text" value="Farm Labor Housing Loan Section 514"/>		
* 12. Funding Opportunity Number:		
<input type="text"/>		
* Title:		
<input type="text"/>		
13. Competition Identification Number:		
<input type="text"/>		
Title:		
<input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<input type="text" value="Watsonville, Santa Cruz, California"/>	<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>
* 15. Descriptive Title of Applicant's Project:		
<input type="text" value="Pipkin Apartments: 46-unit farm labor housing, consisting of 50% FLH and 50% NPH, 3/1-bd, 29/2-bd, 14/3-bd units, 56 Atkinson Lane, Watsonville, County of Santa Cruz, CA (APNs 048-211-25 and 019-226-42 with a total 3.6 acres)"/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$2,000,000.00"/>
* b. Applicant	<input type="text" value="\$100,000"/>
* c. State	<input type="text" value="\$0"/>
* d. Local	<input type="text" value="\$5,584,982.00"/>
* e. Other	<input type="text" value="\$15,079,697.00"/>
* f. Program Income	<input type="text" value="\$0"/>
* g. TOTAL	<input type="text" value="\$22,664,779.00"/>

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

If "Yes, provide explanation and attach.

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

I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 06- 01758

**5. APPLICANT INFORMATION**

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896  
City: Sacramento  
County: Sacramento  
State: California Zip Code 94296-0001  
Country: USA

Organizational Unit: California Department of Parks and Recreation  
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)  
Prefix: Ms. First Name: Jean  
Middle Name: Lacher  
Last Name: Lacher  
Suffix: AUG 29 2013

Email: Jean.Lacher@parks.ca.gov

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
68-0303606

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

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

**9. NAME OF FEDERAL AGENCY:**  
U.S. Department of Interior, National Park Service

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
15-916

TITLE (Name of Program): Land & Water Conservation Fund

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Temescal Fishing Pier Improvements  
East Bay Regional Park District

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
06-1664890

**13. PROPOSED PROJECT**  
Start Date: Ending Date: 06/30/2016

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 03 b. Project 13

**15. ESTIMATED FUNDING:**

a. Federal	\$	193,548.00
b. Applicant	\$	180,000.00
c. State	\$	13,549.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	387,097.00

**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: 08/29/2013  
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 Jean Middle Name  
Last Name Lacher Suffix  
b. Title Chief c. Telephone Number (give area code) (916) 651-8597  
d. Signature of Authorized Representative *Jean Lacher* e. Date Signed 8-29-13

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

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): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:	<b>RECEIVED</b> <b>AUG 30 2013</b>	
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>STATE CLEARING HOUSE</b>		
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Wasco Affordable Housing, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>	
d. Address:		
* Street1: <input type="text" value="1406 7th Street"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Wasco"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="93280"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Pat"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Newman"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="Executive Director"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="661-758-0566"/>	Fax Number: <input type="text" value="661-758-0555"/>	
* Email: <input type="text" value="ewascoaffordabl@bak.rr.com"/>		

<b>Application for Federal Assistance SF-424</b>		
<b>* 9. Type of Applicant 1: Select Applicant Type:</b>		
<input type="text" value="M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)"/>		
Type of Applicant 2: Select Applicant Type:		
<input type="text"/>		
Type of Applicant 3: Select Applicant Type:		
<input type="text"/>		
* Other (specify):		
<input type="text"/>		
<b>* 10. Name of Federal Agency:</b>		
<input type="text" value="USDA - Rural Development"/>		
<b>11. Catalog of Federal Domestic Assistance Number:</b>		
<input type="text" value="10.405/10.427"/>		
CFDA Title:		
<input type="text" value="Section 514 Farm Housing Loans and Section 516 Farm Labor Housing Grants for off-farm housing for Fiscal Year 2013"/>		
<b>* 12. Funding Opportunity Number:</b>		
<input type="text" value="USDA - RD 514/516"/>		
* Title:		
<input type="text" value="Housing Act of 1949"/>		
<b>13. Competition Identification Number:</b>		
<input type="text"/>		
Title:		
<input type="text"/>		
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>		
<input type="text" value="LOST HILLS, KERN COUNTY, USA"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<b>* 15. Descriptive Title of Applicant's Project:</b>		
<input type="text" value="The project will consist of 60 two and three bedroom units and one community building."/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant 20

\* b. Program/Project 20

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

[Add Attachment] [Delete Attachment] [View Attachments]

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 07/01/2015

18. Estimated Funding (\$):

* a. Federal	2,000,000.00	USDA - RD 514/516
* b. Applicant	8,420,246.00	TAX CREDITS
* c. State	1,600,000.00	COUNTY OF KERN - HOME
* d. Local	1,100,000.00	BANK LOAN
* e. Other	262,874.00	DEFERRED DEVELOPER FEE
* f. Program Income		
* g. TOTAL	13,383,120.00	

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 08/30/2013
- 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 Attachments]

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: Pat

Middle Name:

\* Last Name: Newman

Suffix:

\* Title: Executive Director

\* Telephone Number: 661-758-0566 Fax Number: 661-758-0555

\* Email: ewascoaffordabl@bak.rr.com

\* Signature of Authorized Representative: [Handwritten Signature]

\* Date Signed: 08/30/2013

**Application for Federal Assistance SF-424**

Version 02

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

<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision
*3. Date Received:	4. Application Identifier:

**RECEIVED**  
**AUG 30 2013**  
**STATE CLEARING HOUSE**

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

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Villa Primavera Calexico, LP

* b. Employer/Taxpayer Identification Number (EIN/TIN): 45-2906868	*c. Organizational DUNS: 13-552-6148
---	---

d. Address:

\*Street1: 16935 W. Bernardo Drive, Suite 238  
Street 2:  
\*City: San Diego  
County: San Diego  
\*State: CA  
Province:  
Country: USA \*Zip/ Postal Code: 92127

e. Organizational Unit:

Department Name: Pacific Southwest Community Development Corporation	Division Name:
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. First Name: Jordan  
Middle Name:  
\*Last Name: Penn  
Suffix:

Title: Project Manager

Organizational Affiliation:  
Chelsea Investment Corporation, Developer

\*Telephone Number: 760-456-6000 Fax Number: 760-456-6001

\*Email: jpenn@chelseainvestco.com

**Application for Federal Assistance SF-424**

Version 0.1

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):  
**Non-Profit 501(c)(3)**

\*10. Name of Federal Agency:  
**Rural Housing Service, USDA; Rural Development**

11. Catalog of Federal Domestic Assistance Number:  
**10.405 & 10.427**

CFDA Title:  
**10.405: Farm Labor Housing Loans and Grants  
10.427: Rural Rental Assistance Payments**

\*12. Funding Opportunity Number:  
  
\*Title:  
**Notice of Funding Availability (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2013**

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

14. Areas Affected by Project (Cities, Counties, States, etc.):  
**Calexico, Imperial County, CA**

\*15. Descriptive Title of Applicant's Project:  
**Villa Primavera Apartments (New Multifamily Affordable Housing Project)**

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant **CA-050**

\*b. Program/Project: **CA-51**

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

N/A

17. Proposed Project:

\*a. Start Date: **November 2013**

\*b. End Date: **June 2014**

18. Estimated Funding (\$):

*a. Federal	\$7,117,097.00
*b. Applicant	\$235,006.00
*c. State	\$755,359.00
*d. Local	\$2,000,000.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$10,107,462.00

\*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 **09/13/2013**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: **Mr.**

\*First Name: **Robert**

Middle Name:

\*Last Name: **Laing**

Suffix:

\*Title: **President, Pacific Southwest Community Development Corporation**

\*Telephone Number: **858-675-0506**

Fax Number: **858-675-0702**

\*Email: **robertlaing@pswcdc.org**

\*Signature of Authorized Representative:

Date Signed: **09/05/2013**