

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16 - 31, 2014**. 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:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify):

[Empty box]

* 3. Date Received:

[Empty box]

4. Applicant Identifier:

[Empty box]

RECEIVED

5a. Federal Entity Identifier:

[Empty box]

5b. Federal Award Identifier:

[Empty box]

AUG 18 2014

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

* a. Legal Name:

Kern-Tulare Water District

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

95-3702785

* c. Organizational DUNS:

0375508370000

d. Address:

* Street1:

5001 California Avenue, Suite 202

Street2:

[Empty box]

* City:

Bakersfield

County/Parish:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93309-1692

e. Organizational Unit:

Department Name:

[Empty box]

Division Name:

[Empty box]

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

Prefix:

Mr.

* First Name:

Steven

Middle Name:

C.

* Last Name:

Dalke

Suffix:

[Empty box]

Title:

General Manager

Organizational Affiliation:

[Empty box]

* Telephone Number:

661-327-3132

Fax Number:

661-327-2724

* Email:

sdalke@kern-tulare.com

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Natural Resources Conservation Service & Commodity Credit Co

11. Catalog of Federal Domestic Assistance Number:

10.930

CFDA Title:

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-RCPP

*** Title:**

U.S. Department of Agriculture Natural Resources Conservation Service Commodity Credit Corporation
Financial Assistance Program Division Programs Deputy Area.

13. Competition Identification Number:

Title:

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

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

Kern-Tulare Water District Oil Field Water Conservation Project.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="CA-022"/>	* b. Program/Project: <input type="text" value="CA-022"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="11/01/2014"/>	* b. End Date: <input type="text" value="12/31/2017"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="18,480,000.00"/>
* b. Applicant	<input type="text" value="25,520,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="44,000,000.00"/>
* 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 <input type="text" value="09/18/2014"/>	
<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 in attachment.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<p>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)</p> <p><input checked="" type="checkbox"/> " I AGREE</p> <p>** 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.</p>	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Steven"/>
Middle Name: <input type="text" value="C."/>	
* Last Name: <input type="text" value="Dalke"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="General Manager"/>	
* Telephone Number: <input type="text" value="661-327-3132"/>	Fax Number: <input type="text" value="661-327-2724"/>
* Email: <input type="text" value="steve@kern-tulare.com"/>	
* Signature of Authorized Representative: <input type="text" value="A C Dalke"/>	* Date Signed: <input type="text" value="08/18/2014"/>

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

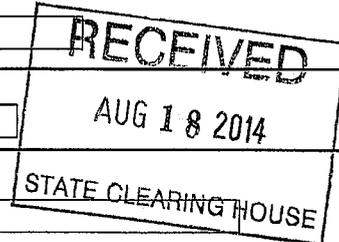
- New
- Continuation
- Revision

*** 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:** Coachella Valley Housing Coalition

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

95-3814898

*** c. Organizational DUNS:**

6132810710000

d. Address:

*** Street1:** 45701 Monroe St., Ste. G

Street2: _____

*** City:** Indio

County/Parish: Riverside

*** State:** CA: California

Province: _____

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 92201-3964

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:**

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:**

Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loans and Grants / Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

Section 514 and Section 516

* Title:

Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing.

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:**

Paseo de los Heroes III is an 81 unit project to include 16-2 bd/1ba, 53-3bd/2ba, 11-4bd/2ba units & 1-3bd/2ba managers unit plus a community room, computer lab & fitness room, tot lot, sports court.

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 45th

* b. Program/Project 45th

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

17. Proposed Project:

* a. Start Date: 12/14/2015

* b. End Date: 02/14/2017

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	242,704.00
* c. State	0.00
* d. Local	850,000.00
* e. Other	18,059,641.00
* f. Program Income	0.00
* g. TOTAL	22,152,345.00

* 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 08/15/2014
 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: 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.rodrique@cvhc.org

* Signature of Authorized Representative: 

* Date Signed: 08/15/2014

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED August 8, 2014	Applicant Identifier 1671
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-57-X073-01
5. APPLICANT INFORMATION			
Legal Name: San Mateo Transit District		Organizational Unit: 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) Rebecca Arthur (650)508-6368	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2325976		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
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) <input type="checkbox"/> A <input type="checkbox"/> C 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) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-521 TITLE: FTA Section 5317 New Freedom Program		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Peninsula Rides Implementation & Development Peninsula Rides Mobility Management Activities Peninsula Rides Operating Activities	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/12	Ending Date 12/31/15	a. Applicant 12 & 14	b. Project 12 & 14
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 314,126 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/11/14	
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	\$ 117,532 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 431,658 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 April Chan		b. Title Executive Officer, Planning and Deve	c. Telephone Number (650) 508-6228
d. Signature of Authorized Representative		e. Date Signed 8/14/2014	

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**

- Application
- Plan
- Funding Request
- Other

* Other (specify)

*** 1.b. Frequency:**

- Annual
- Quarterly
- Other

* Other (specify)

*** 1.d. Version:**

- Initial
- Resubmission
- Revision
- Update

*** 2. Date Received:**

08/01/2014

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

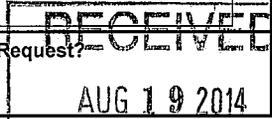
6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

- Yes
- No

Explanation



7. APPLICANT INFORMATION:

*** a. Legal Name:**

STATE CLEARING HOUSE

San Diego Metropolitan Transit System

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

95-3041463

*** c. Organizational DUNS:**

153682703

d. Address:

*** Street1:**

1255 Imperial Avenue, Suite 1000

Street2:

*** City:**

San Diego

County:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

92101-7490

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

*** First Name:**

Gordon

Middle Name:

*** Last Name:**

Meyer

Suffix:

Title: Capital Grants Analyst

Organizational Affiliation:

* Telephone Number: 619-595-1014

Fax Number: 619-230-6720

* Email: gordon.meyer@sdmts.com

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

CA-049, CA-050, CA-051, CA-052, CA-053

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-053

b. Program/Project:

CA-053

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

MTS Service Area Map.pdf

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/01/2014

b. End Date:

04/01/2016

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

22,000,000.00

b. Match (\$):

5,500,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/30/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?
Yes No

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

** I Agree
** This 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:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
* 3. Date Received: _____		4. Applicant Identifier: _____			
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____		
State Use Only:			RECEIVED AUG 1 9 2014		
6. Date Received by State: _____		7. State Application Identifier: _____			
STATE CLEARING HOUSE					
8. APPLICANT INFORMATION:					
* a. Legal Name: The Regents of the University of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946036494			* c. Organizational DUNS: 047120084		
d. Address:					
* Street1: Office of Research, Sponsored Programs					
Street2: 1850 Research Park Drive, Suite 300					
* City: Davis					
County: Yolo					
* State: California					
Province: _____					
* Country: _____ USA: UNITED STATES					
* Zip / Postal Code: 95618-6153					
e. Organizational Unit:					
Department Name: Plant Pathology			Division Name: College of Agriculture & Environmental Sciences		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mrs.		* First Name: Marque-Diane			
Middle Name: _____					
* Last Name: Vassar					
Suffix: _____					
Title: Contracts and Grants Analyst					
Organizational Affiliation: Office of Research, Sponsored Programs					
* Telephone Number: 530-754-8280			Fax Number: _____		
* Email: mdvassar@ucdavis.edu					

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H. Public/State Controlled 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, 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:**

14-8506-1779

* Title:

To Develop and optimize bioassays (seed inoculations to indicator plants) for detecting infectious CGMMV in cucurbit seeds.

13. Competition Identification Number:

Title:

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

Yolo County

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

To Develop and optimize bioassays (seed inoculations to indicator plants) for detecting infectious CGMMV in cucurbit seeds.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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: 09/01/2014

* b. End Date: 08/31/2015

18. Estimated Funding (\$):

* a. Federal 79,000
* b. Applicant 0
* c. State 0
* d. Local 0
* e. Other 0
* f. Program Income 0
* g. TOTAL 79,000

* 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 8/19/2014

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: Mrs. * First Name: Marque-Diane

Middle Name:

* Last Name: Vassar

Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: 530-754-8280 Fax Number:

* Email: mdvassar@ucdavis.edu

* Signature of Authorized Representative: *Marque-Diane Vassar* Signed: August 19, 2014

REUSED

OMB Number: 4040-0004
Expiration Date: 8/31/2016

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: n/a	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>AUG 19 2014</p> <p>STATE CLEARING HOUSE</p> </div>
5a. Federal Entity Identifier: n/a	5b. Federal Award Identifier: n/a	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Peoples' Self-Help Housing Corporation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2750154	* c. Organizational DUNS: _____	
d. Address:		
* Street1: 3533 Empleo St.	Street2: _____	
* City: San Luis Obispo	County/Parish: San Luis Obispo	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 93401	
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: Mr.	* First Name: Morgen	Middle Name: _____
* Last Name: Benevedo	Suffix: _____	
Title: Project Manager		
Organizational Affiliation: Peoples' Self Help Housing Corporation		
* Telephone Number: 805-540-2475	Fax Number: 805-544-1901	
* Email: morgenb@pshhe.org		

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*10. Name of Federal Agency:

Dept. of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loans and Grants

*12. Funding Opportunity Number:

514/516

* Title:

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

13. Competition Identification Number:

Title:

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

Areas Affected by Project.pdf

Add Attachment

Delete Attachment

View Attachment

*15. Descriptive Title of Applicant's Project:

Los Adobes de Maria III

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="15,062,554.00"/>
* b. Applicant	<input type="text"/>
* 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="15,062,554.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

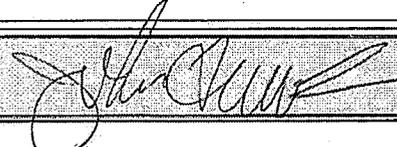
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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AUG 19 2014

* 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:

Vista Montana Phase II, LP

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

46-0953529

* c. Organizational DUNS:

1355261460000

d. Address:

* Street1:

16935 W. Bernardo Drive, Suite 238

Street2:

* City:

San Diego

County/Parish:

San Diego

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92127-1636

e. Organizational Unit:

Department Name:

FSCDC

Division Name:

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

Prefix:

* First Name:

Matt

Middle Name:

* Last Name:

Grosz

Suffix:

Title: Chief Investment Officer

Organizational Affiliation:

Chelsea Investment Corporation (Developer)

* Telephone Number:

760-456-6000 x117

Fax Number:

760-456-6001

* Email:

mgrosz@chelseainvestco.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:

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) 2014

13. Competition Identification Number:

N/A

Title:

N/A

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

Coachella, Riverside County, CA

Add Attachment

Delete Attachment

View Attachment

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

Vista Montana Apartments - Phase II (New Multifamily Affordable Housing Project)

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-050

* b. Program/Project CA-051

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

[Empty text box for additional districts]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/21/2014

* b. End Date: 12/31/2015

18. Estimated Funding (\$):

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

See attached.

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 09/16/2013

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

[Empty text box for explanation]

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 216, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: [Empty] * First Name: Juan

Middle Name: [Empty]

* Last Name: Arroyo

Suffix: [Empty]

* Title: Executive Vice President

* Telephone Number: 858-675-0308 Fax Number: 858-675-0702

* Email: j-arroyo@warcio.com

* Signature of Authorized Representative: *Juan P. Arroyo*

* Date Signed: 09/02/2014

Sources:

Federal LIHTC Equity	16,788,366
Perm Loan	3,000,000
Deferred Developer Fee	880,001
Total Sources	20,668,367

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

AUG 19 2014

STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <u>Jacaranda Heber, LP</u>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>45-2906807</u>	* c. Organizational DUNS: <u>1355261480000</u>

d. Address:

* Street1:	<u>16925 West Bernardo Drive, Suite 238</u>
* Street2:	_____
* City:	<u>San Diego</u>
* County/Parish:	<u>San Diego County</u>
* State:	<u>CA: California</u>
* Province:	_____
* Country:	<u>USA: UNITED STATES</u>
* Zip / Postal Code:	<u>92127-1609</u>

e. Organizational Unit:

Department Name: <u>Pacific Southwest CDC</u>	Division Name: _____
--	-------------------------

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

Prefix: <u>Mr.</u>	* First Name: <u>Matt</u>
Middle Name: _____	
* Last Name: <u>Grosz</u>	
Suffix: _____	
Title: <u>Chief Investment Officer</u>	

Organizational Affiliation:
Chelsea Investment Corporation, Developer

* Telephone Number: <u>(760) 456-6000 x117</u>	Fax Number: <u>(760) 456-6001</u>
* Email: <u>mgrosz@chelseainvestco.com</u>	

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:**

Rural Housing Service, Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFOA 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) 2014

13. Competition Identification Number:

N/A

Title:

N/A

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

Heber, Imperial County, CA

Add Attachment

Delete Attachment

View Attachment

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

Jacaranda Apartments (new affordable multifamily apartment construction; 42 units)

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-052

* b. Program/Project CA-051

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

17. Proposed Project:

* a. Start Date: 12/01/2015

* b. End Date: 09/01/2016

18. Estimated Funding (\$):

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

See Attached

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 08/19/2014

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: Mr. * First Name: Juan

Middle Name: P.

* Last Name: Arroyo

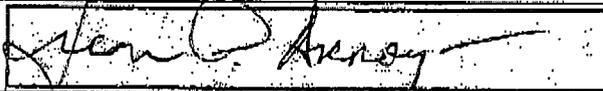
Suffix:

* Title: Executive VP, Pacific Southwest CDC

* Telephone Number: (858) 675-0506

Fax Number: (858) 675-0702

* Email: jparroyo@pswcdc.org

* Signature of Authorized Representative: 

* Date Signed: 8-14-2014

Jacaranda Heber SF 424 Attachment

18. Estimated Funding

<u>Sources:</u>	
Tax Credit Equity	12,358,850
AHP	0
USDA 514	2,000,000
Deferred Developer Fee	690,664
Other Gap Source	0
Total Sources	<u>15,049,514</u>

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	RECEIVED AUG 20 2014 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: The University Corporation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1992732	* c. Organizational DUNS: 0557523310000	
d. Address:		
* Street1: 18111 Nordhoff Street	_____	
Street2: _____	_____	
* City: Northridge	_____	
County/Parish: _____	_____	
* State: CA: California	_____	
Province: _____	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 91330-8232	_____	
e. Organizational Unit:		
Department Name: Geography	Division Name: Social and Behavioral Sciences	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Scott	
Middle Name: _____	_____	
* Last Name: Perez	_____	
Suffix: _____	_____	
Title: Director, Research & Sponsored Projects		
Organizational Affiliation: California State University, Northridge		
* Telephone Number: 818-677-2901	Fax Number: 818-677-4691	
* Email: scott.perez@csun.edu		

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

X: Other (specify)

* Other (specify):

AAANAPISI

* 10. Name of Federal Agency:

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

* 12. Funding Opportunity Number:

G14AS00003

* Title:

USGS Non-Competitive Assistance FY 2014 - Sacramento Acquisition Branch

13. Competition Identification Number:

G14AS00003

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

USGS - NHD Topography Update Pilot Project

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="50,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="50,000.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

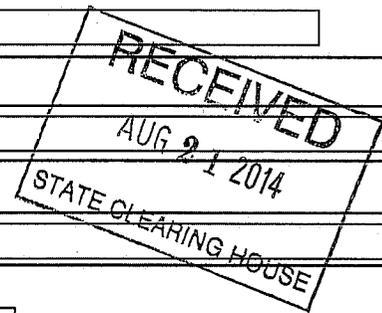
* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: California Department of Food and Agriculture	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: 14-8506-0572-CA	
State Use Only:		
6. Date Received by State: 8/15/2014	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: _____		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665	
d. Address:		
* Street1: 1220 N Street	_____	
Street2: Room 325	_____	
* City: Sacramento	_____	
County: _____	_____	
* State: CA	_____	
Province: _____	_____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 95814-5603	_____	
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: _____	* First Name: Duane	
Middle Name: _____	_____	
* Last Name: Schnabel	_____	
Suffix: _____	_____	
Title: Branch Chief	_____	
Organizational Affiliation: _____		
* Telephone Number: 916-654-0312	Fax Number: 916-654-0986	
* 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 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:

Phytophthora ramorum

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: **7/1/2014**

* b. End Date: **6/30/2015**

18. Estimated Funding (\$):

* a. Federal 1,330,995
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 1,330,995

*** 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 **7/2/2014**
- 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.

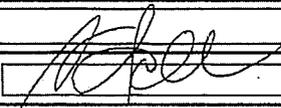
Authorized Representative:

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

* Title: **Federal Funds Manager**

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

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

* Signature of Authorized Representative:  * Date Signed: **8/21/14**

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

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

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

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

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): <input type="text" value="E"/> * Other (Specify) <input type="text" value="Reallocation of funds"/>
* 3. Date Received: <input type="text"/>	* 4. Applicant Identifier: <input type="text" value="8CA14100"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only: 6. Date Received by State: <input type="text"/> 7. State Application Identifier: <input type="text" value="8CA14100"/>		
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="California Department of Forestry and Fire Protection"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="68-0308069"/>	* c. Organizational DUNS: <input type="text" value="792358095"/>	
* d. Address:		
* Street1: <input type="text" value="1416 Ninth Street"/>	Street2: <input type="text" value="P.O. Box 944246"/>	
* City: <input type="text" value="Sacramento"/>	County: <input type="text" value="Sacramento"/>	
* State: <input type="text" value="California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="94244-2460"/>	
* e. Organizational Unit:		
Department Name: <input type="text" value="California Department of Forestry & Fire Protection"/>	Division Name: <input type="text" value="Resource Management"/>	
* f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Stella"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Chan"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Federal Grants Manager"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="916-653-7811"/>	Fax Number: <input type="text" value="916-653-8957"/>	
* Email: <input type="text" value="Stella.Chan@fire.ca.gov"/>		

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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:**

United States Department of Agriculture, U.S. Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.675

CFDA Title:

Urban & Community Forestry

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

California Statewide

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

Urban & Community Forestry (U&CF)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-6

* b. Program/Project CA-ALL

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

17. Proposed Project:

* a. Start Date: 7/1/2014

* b. End Date: 6/30/16

18. Estimated Funding (\$):

* a. Federal \$890,000

* b. Applicant

* c. State \$890,000

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$1,780,000

*** 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 8/22/14

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: Duane

Middle Name:

* Last Name: Shintaku

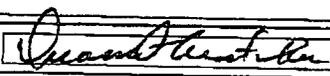
Suffix:

* Title: Deputy Director For Resource Management

* Telephone Number: 916-653-4298

Fax Number:

* Email: Duane.Shintaku@fire.ca.gov

* Signature of Authorized Representative: 

* Date Signed: 8/21/14

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: _____	RECEIVED AUG 22 2014
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: Coachella Valley Housing Coalition			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3814898		* c. Organizational DUNS: 6132810700000	
d. Address:			
* Street 1: 45701 Monroe Street, Suite G		Street 2: _____	
* 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	Version 02
9. Type of Applicant 1 - Select Applicant Type: <input type="text" value="Nonprofit with 501C3 IRS Status"/> 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="NGMS Agency USDA Rural Development"/>	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="10.405 & 10.427"/> CFDA Title: <input type="text" value="Farm Labor Housing Loan and Grant/ Rural Rental Assistance Payments"/>	
* 12. Funding Opportunity Number: <input type="text" value="MBL-SF424 FAMILY-ALL FORMS"/> * Title: <input type="text" value="MBL-SF424 FAMILY- ALL FORMS
Section 514 Farm Labor (FLH) Loans and Section 516 Farm Labor Housing Grants for
Off-Farm Housing for Fiscal Year 2014"/>	
13. Competition Identification Number: <input type="text"/> Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="Indio, County of Riverside, California"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Villa Hermosa Apartments, Phase III is a 68 unit farmworker development with a mix
of: 4 -1bd/1ba, 32 - 2bd/1ba, 24 - 3bd/2ba, and 8 - 4bd/2ba. One of the 3bd/2ba is
a managers unit. Ample space is provided for recreation and gathering."/>	
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 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="\$3,000,000.00"/>
* b. Applicant	<input type="text" value="\$250,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="\$2,232,516.00"/>
* e. Other	<input type="text" value="\$16,581,707.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$22,064,223.00"/>

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

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

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

Yes No

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

** I AGREE

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

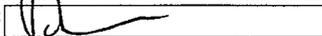
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

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:

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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:

USDA-GRANTS-032414-001

NATIONAL CLEAN PLANT NETWORK REQUEST FOR APPLICATIONS

13. Competition Identification Number:

Title:

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

NATIONWIDE

*15. Descriptive Title of Applicant's Project:

GRAPEVINE, FRUIT TREE, AND NUT TREE CLEAN PLANT PROGRAM AT FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS (2014-2015)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-003

*a. Applicant

*b. Program/Project: CA-003

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

17. Proposed Project:

*a. Start Date: 07/28/2014

*b. End Date: 07/27/2015

18. Estimated Funding (\$):

*a. Federal \$1,159,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$1,159,000.00

*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 07/24/2014
- 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: CHRIS

Middle Name:

*Last Name: DYE-HIXENBAUGH

Suffix:

*Title: CONTRACTS AND GRANTS OFFICER

*Telephone Number: 530-754-8034

Fax Number: 530-752-0333

*Email: CDDYE@UCDAVIS.EDU

*Signature of Authorized Representative: *Chris Dye-Hixenbaugh*

Date Signed: *7/24/2014*

OMB Number: 4040-0004
Expiration Date: 8/31/2016

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

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: AUG 22 2014
---	--

State Use Only:

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

STATE CLEARING HOUSE

B. APPLICANT INFORMATION:

* a. Legal Name: 9355 Avenida Maria, L.P.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): TBD	* c. Organizational DUNS: TBD

d. Address:

* Street1: 5947 Variel Avenue
Street2: _____
* City: Woodland Hills
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 91367

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: Justin
Middle Name: _____	
* Last Name: Hardt	
Suffix: _____	
Title: Executive Vice President	

Organizational Affiliation:

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

* Email: jhardt@corpoffices.org

Application for Federal Assistance SF-424

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

Limited Partnership w/ nonprofit managing general partner

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Alpsadero, CA

Add Attachment

Delete Attachment

View Attachment

* 16. Descriptive Title of Applicant's Project:

See attached description.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="1,190,409.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="19,337,918.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="23,528,327.00"/>

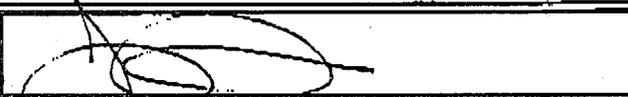
*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not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

OMB Number: 4040-0004
Expiration Date: 8/31/2016

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):

[Empty box]

* Other (Specify):

[Empty box]

RECEIVED

* 3. Date Received:

[Empty box]

4. Applicant Identifier:

[Empty box]

AUG 22 2014

5a. Federal Entity Identifier:

[Empty box]

5b. Federal Award Identifier:

[Empty box]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

* a. Legal Name:

228 E. Aviation Rd., LP

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

TBD

* c. Organizational DUNS:

TBD

d. Address:

* Street1:

5947 Variel Avenue

Street2:

[Empty box]

* City:

Woodland Hills

County/Parish:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91367

e. Organizational Unit:

Department Name:

[Empty box]

Division Name:

[Empty box]

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

Prefix:

[Empty box]

* First Name:

Justin

Middle Name:

[Empty box]

* Last Name:

Hardt

Suffix:

[Empty box]

Title:

Executive Vice President

Organizational Affiliation:

[Empty box]

* Telephone Number:

818-905-2430

Fax Number:

818-905-2440

* Email:

jhardt@corpoffices.org

Application for Federal Assistance SF-424

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

LIMITED PARTNERSHIP w/ non profit MANAGING GENERAL PARTNER

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Fallbrook, CA

Add Attachment

Delete Attachment

View Attachment

* 16. Descriptive Title of Applicant's Project:

See attached description.

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-027

* b. Program/Project CA-049

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 09/15/2015

* b. End Date: 09/15/2016

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	1,051,831.00
* c. State	
* d. Local	
* e. Other	12,055,229.00
* f. Program Income	
* g. TOTAL	16,107,060.00

* 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 8/22/2014
- 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

Buttons: 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 216, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Justin

Middle Name:

* Last Name: Hardt

Suffix:

* Title: Executive Vice President

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

* Email: jhardt@corpoffices.org

* Signature of Authorized Representative: 

* Date Signed: 8/22/2014

Application for Federal Assistance SF-424

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

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
--	--

RECEIVED
AUG 25 2014
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:** Round Valley Unified School District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002711	* c. Organizational DUNS: 100133081
--	---

d. Address:

*** Street 1:** PO Box 276
Street 2: 23495 Howard St.; 23401 Foothill & Airport Rd.
*** City:** Covelo
County/Parish: Mendocino
*** State:** CA
Province: _____
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 95428

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:** Danielle
Middle Name: _____
*** Last Name:** Hurt
Suffix: _____

Title: Executive Assistant

Organizational Affiliation:
Round Valley Unified School District

*** Telephone Number:** (707) 983-6622 *** Fax Number:** (707) 983-8059

*** Email:** dhurt@mcoe.us

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Independent School District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loans and Grants

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Covelo, Mendocino, California

Add Attachments

Delete Attachments

View Attachments

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

Installation of new fire alarm system in Round Valley Unified School District campus buildings

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$15,000.00"/>
* b. Applicant	<input type="text" value="\$5,180.00"/>
* 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="\$0.00"/>

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.

Add Attachments

Delete Attachments

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:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 08/26/2014	4. Applicant Identifier: KAVVASUCD	RECEIVED AUG 26 2014 STATE CLEARING HOUSE
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
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: 6045919250000	
d. Address:		
* Street1: 1111 Franklin Street, 10th Floor	Street2: UC Office of the President	
* City: Oakland	County/Parish: Alameda	
* State: CA: California	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 94607-5200	
e. Organizational Unit:		
Department Name: Water Resources	Division Name: Agriculture and Natural Resour	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Doug	
Middle Name: <input type="text"/>	* Last Name: Parker	
Suffix: Ph.D.	Title: Director, CA Institute of Water Resources	
Organizational Affiliation: University of California, Agriculture and Natural Resources		
* Telephone Number: 510-984-0036	Fax Number: <input type="text"/>	
* Email: doug.parker@ucop.edu		

Application for Federal Assistance SF-424

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

H: Public/State Controlled 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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G14AS00001

* Title:

USGS Non-Competitive Assistance FY 2014 - National Grants Branch

13. Competition Identification Number:

G14AS00001

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Numerical Modeling of Local Intense Precipitation Processes

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="750,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="750,000.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004
Expiration Date: 8/31/2018

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:

09/02/2014

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

AUG 26 2014

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

a. APPLICANT INFORMATION:

* a. Legal Name:

Mutual Housing California

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

94-3093354

* c. Organizational DUNS:

6119213960000

d. Address:

* Street1:

8001 Fruitridge Road, Suite A

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95820-6760

e. Organizational Unit:

Department Name:

Housing Department

Division Name:

N/A

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

Prefix:

* First Name:

Vanessa

Middle Name:

* Last Name:

Guerra

Suffix:

Title:

Project Manager

Organizational Affiliation:

n/a

* Telephone Number:

916-453-8400 ext 214

Fax Number:

916-453-8401

* Email:

vanessa@mutualhousing.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 Housing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

5141516

* Title:

Notice of Funds Available for section 514 Farm Labor Housing Loans & section 516 Labor Housing Grants for Off-Farm Housing for Fiscal Year 2014

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:**

Mutual Housing at Northview Park: Housing and Supportive Services for Agricultural Workers.

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: <input type="text" value="3"/>	* b. Program/Project: <input type="text"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="11/01/2015"/>	* b. End Date: <input type="text" value="01/31/2017"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="16,844,523.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="1,320,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="21,164,523.00"/>
* 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 <input type="text" value="08/26/2014"/>	
<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 in attachment.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<p>21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Rachel"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Iskov"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Executive Director/CEO"/>	
* Telephone Number: <input type="text" value="916-453-8400 ext 224"/>	Fax Number: <input type="text" value="916-453-8401"/>
* Email: <input type="text" value="rachel@mutualhousing.com"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="08/26/2014"/>

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

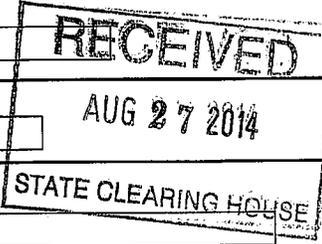
* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

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: Colusa Carson LP (to be formed Limited Partnership)

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

Not yet received

* c. Organizational DUNS:

N/A

d. Address:

* Street1:

5251 Ericson Way

* Street2:

* City:

Arcata

County/Parish:

Humboldt

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95521

e. Organizational Unit:

Department Name:

USDA

Division Name:

Rural Development

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

Prefix:

Mr.

* First Name:

Chris

Middle Name:

* Last Name:

Dart

Suffix:

Title:

Secretary and VP

Organizational Affiliation:

VP of Danco Communities, developer of this project

* Telephone Number:

(707) 825-1531

Fax Number:

(707) 822-9596

* Email:

cdart@danco-group.com

Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

Type of Applicant 2: Select Applicant Type:

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

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:

Farm Labor Housing Loans and Grants

*** 12. Funding Opportunity Number:**

USDA Rural Development - Section 514

* Title:

USDA Rural Development - Section 514/516 Farm Labor Housing Loans and Grants Program

13. Competition Identification Number:

Title:

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

Colusa, Colusa, CA

Add Attachment

Delete Attachment

View Attachment

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

Valley Oak Village - Affordable Farm Labor Housing

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="58,903.00"/>
* c. State	<input type="text" value="13,618,253.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="16,677,156.00"/>

*** 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): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: N/A	
5a. Federal Entity Identifier: N/A	5b. Federal Award Identifier: _____	RECEIVED AUG 27 2014 STATE CLEARING HOUSE
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Fortuna Hilltop LP (to be formed)		
* b. Employer/Taxpayer Identification Number (EIN/TIN): N/A, entity is to-be-formed LP	* c. Organizational DUNS: NA: to be form	
d. Address:		
* Street1:	5251 Ericson Way	
Street2:	_____	
* City:	Arcata	
County/Parish:	Humboldt	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95521	
e. Organizational Unit:		
Department Name: USDA	Division Name: RD	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Chris	_____
Middle Name:	_____	
* Last Name: Dart	_____	
Suffix:	_____	
Title: Secretary and VP		
Organizational Affiliation: Danco Communities, Developer at Riverview Terrace		
* Telephone Number: (707) 825-1531	Fax Number: (707) 822-9596	
* Email: cdart@danco-group.com		

Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

Type of Applicant 2: Select Applicant Type:

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

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:

Farm Labor Housing Loans and Grants

*** 12. Funding Opportunity Number:**

USDA Rural Development - Section 514

* Title:

USDA Rural Development - Section 514/516 Farm Labor Housing Loans and Grants Program

13. Competition Identification Number:

Title:

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

Fortuna, Humboldt, CA

Add Attachment

Delete Attachment

View Attachment

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

Riverview Terrace - Affordable Farm Labor Housing

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="491,338.00"/>
* c. State	<input type="text" value="9,054,791.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="650,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="13,196,129.00"/>

*** 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.

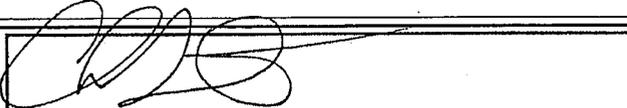
Authorized Representative:

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 checked="" 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:

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

RECEIVED
AUG 27 2014
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: 228 E. Aviation Rd., LP	* c. Organizational DUNS: 0795189800000
* b. Employer/Taxpayer Identification Number (EIN/TIN): TBD	

d. Address:

* Street1:	5947 Variel Avenue
Street2:	<input type="text"/>
* City:	Woodland Hills
County/Parish:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	91367

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"/>	* First Name: Justin
Middle Name: <input type="text"/>	
* Last Name: Hardt	
Suffix: <input type="text"/>	
Title: Executive Vice President	

Organizational Affiliation:

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

* Email: jhardt@corpoffices.org

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

limited partnership with nonprofit housing and planer

* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Fruitbrook, CA

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

See attached description.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="237,664.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="13,374,500.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="16,612,164.00"/>

* 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.

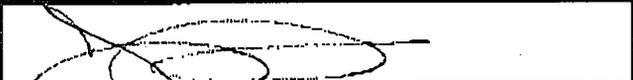
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

OMB Number: 4040-0004
Expiration Date: 8/31/2016

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):**

[Empty box]

*** Other (Specify):**

[Empty box]

*** 3. Date Received:**

[Empty box]

4. Applicant Identifier:

[Empty box]

5a. Federal Entity Identifier:

[Empty box]

5b. Federal Award Identifier:

[Empty box]

State Use Only:

RECEIVED

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

AUG 27 2014

8. APPLICANT INFORMATION:

*** a. Legal Name:** 1006 Golden Valley Dr., LP

STATE CLEARING HOUSE

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

TBD

*** c. Organizational DUNS:**

0795189980000

d. Address:

*** Street1:** 5947 Variel Avenue

Street2: [Empty box]

*** City:** Woodland Hills

County/Parish: [Empty box]

*** State:** CA: California

Province: [Empty box]

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 91367

e. Organizational Unit:

Department Name: [Empty box]

Division Name: [Empty box]

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

Prefix: [Empty box] *** First Name:** Justin

Middle Name: [Empty box]

*** Last Name:** Hardt

Suffix: [Empty box]

Title: Executive Vice President

Organizational Affiliation: [Empty box]

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

Fax Number: 818-905-2440

*** Email:** jhardt@corpoffices.org

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Limited Partnership with nonprofit as managing general partner

* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Williams, CA

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

See attached description.

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: <input type="text" value="CA-027"/>	* b. Program/Project: <input type="text" value="CA-049"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="09/15/2015"/>	* b. End Date: <input type="text" value="09/15/2016"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="315,671.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="12,809,014.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="16,124,685.00"/>
* 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 <input type="text" value="08/27/2014"/>	
<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 in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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)	
<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: <input type="text" value="Justin"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Hardt"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Executive Vice President"/>	
* Telephone Number: <input type="text" value="818-905-2430"/>	Fax Number: <input type="text" value="818-905-2440"/>
* Email: <input type="text" value="jhardt@corpoffices.org"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="08/27/2014"/>

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" 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"/>	
RECEIVED		
State Use Only: AUG 27 2014		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
STATE CLEARING HOUSE		
8. APPLICANT INFORMATION:		
* a. Legal Name: 9355 Avenida Maria, L.P.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): TBD	* c. Organizational DUNS: 0795189420000	
d. Address:		
* Street1: 5947 Variel Avenue	<input type="text"/>	
* Street2: <input type="text"/>	<input type="text"/>	
* City: Woodland Hills	<input type="text"/>	
* County/Parish: <input type="text"/>	<input type="text"/>	
* State: CA: California	<input type="text"/>	
* Province: <input type="text"/>	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 91367	<input type="text"/>	
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"/>	* First Name: Justin	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: Hardt	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: Executive Vice President		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 818-905-2430	Fax Number: 818-905-2440	
* Email: jhardt@corpoffices.org		

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

limited Partnership with nonprofit Managing general Partner

* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Alameda, CA

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

See attached description.

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-027

* b. Program/Project CA-023

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 09/15/2015

* b. End Date: 09/15/2016

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	311,406.00
* c. State	
* d. Local	
* e. Other	20,244,556.00
* f. Program Income	
* g. TOTAL	23,555,962.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 08/27/2014
- 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: Middle Name: * Last Name: Hardt Suffix:

* First Name: Justin

* Title: Executive Vice President

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

* Email: jhardt@corpoffices.org

* Signature of Authorized Representative: [Handwritten Signature]

* Date Signed: 08/27/2014

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
AUG 27 2014

* 3. Date Received: 08/28/2014	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: Aphelion Innovations LLC		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 471193275	* c. Organizational DUNS: 0794510730000	

d. Address:

* Street1:	10286 E Annadale Ave
Street2:	_____
* City:	Sanger
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93657-9725

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: Samson
Middle Name: _____	
* Last Name: Phan	
Suffix: Ph.D	
Title: Principal	
Organizational Affiliation: _____	
* Telephone Number: 310 721 4938	Fax Number: _____
* Email: samson.phan@gmail.com	

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA

11. Catalog of Federal Domestic Assistance Number:

10.212

CFDA Title:

Small Business Innovation Research

*** 12. Funding Opportunity Number:**

USDA-NIFA-SBIR-004553

* Title:

Small Business Innovation Research Program: Phase I

13. Competition Identification Number:

Title:

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

State Executive Areas affected.pdf

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

Farmily: An IT Platform Connecting Small Farmers to Markets using Underutilized Trucking Capacity

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="100,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="100,000.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- 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:

RECEIVED

AUG 28 2014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: REGENTS OF THE UNIVERSITY OF CALIFORNIA

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

946036494

* c. Organizational DUNS:

0471200840000

d. Address:

* Street1: 1850 RESEARCH PARK DRIVE, SUITE #300

Street2:

* City:

DAVIS

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95618-6153

e. Organizational Unit:

Department Name:

Plant Pathology

Division Name:

College of Ag & Env Sciences

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

Prefix: Mrs.

* First Name: Marque-Diane

Middle Name:

* Last Name: Vassar

Suffix:

Title: Contracts and Grants Analyst

Organizational Affiliation:

The Regents of the University of California, Davis Campus

* Telephone Number: 530-754-7700

Fax Number:

* Email: mdvassar@ucdavis.edu; awards@ucdavis.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled 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 APHIS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

10.025

* Title:

Enhanced Plant/Pest Disease Analysis Of The National Plant Diagnostic Network

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:**

Enhanced Plant/Pest Disease Analysis of the National Plant Diagnostic Network

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="5,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="5,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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

RECEIVED

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

AUG 28 2014

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

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

d. Address:	
* Street 1:	
Street 2:	
* City:	
County/Parish:	Ventura
* State:	
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	

e. Organizational Unit:	
Department Name:	Division Name:
	Real Estate Development

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

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

Title:	Project Manager
--------	-----------------

Organizational Affiliation:
Employee

* Telephone Number:	(805) 620-5125	Fax Number:	(805) 620-9298
---------------------	----------------	-------------	----------------

* Email:	
----------	--

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Nonprofit with 501C3 IRS Status Other than Institution of Higher Education

Type of Applicant 2 - Select Applicant Type:

Hispanic-serving Institution

Type of Applicant 3 - Select Applicant Type:

Regional Organization

* Other (specify):

* 10. Name of Federal Agency:

Department of Labor, Office of Inspector General, Washington, DC 20540

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:

Farm Labor Housing Loan

* 12. Funding Opportunity Number:

SECRET

* Title:

Farm Labor Housing Loan for OCS Farm Housing and Rental Assistance

13. Competition Identification Number:

Title:

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

ADD ATTACHMENTS

DELETE ATTACHMENTS

VIEW ATTACHMENTS

* 15. Descriptive Title of Applicant's Project:

Funding for development of mobile farm housing units for OCS farm laborers and their families.

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=""/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value=""/>

19. Is this 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 dependent on any Federal program - YES or NO (If Yes, provide explanation and attach.)

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)

**** CERTIFICATIONS**

** 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): - Select One - * Other (Specify)			
* 3. Date Received:		4. Application Identifier: SVE		<table border="1"><tr><td>RECEIVED AUG 28 2014</td></tr><tr><td>STATE CLEARING HOUSE</td></tr></table>		RECEIVED AUG 28 2014	STATE CLEARING HOUSE
RECEIVED AUG 28 2014							
STATE CLEARING HOUSE							
5a. Federal Entity Identifier: 3-06-0251		* 5b. Federal Award Identifier:					
State Use Only:				STATE CLEARING HOUSE			
6. Date Received by State:		7. State Application Identifier:					
8. APPLICANT INFORMATION:							
* a. Legal Name: City of Susanville							
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000439			*c. Organizational DUNS: 094377157				
d. Address:							
* Street1: 66 North Lassen Street Street 2: * City: Susanville County: Lassen * State: CA Province: Country: United States *Zip/ Postal Code: 96130							
e. Organizational Unit:							
Department Name: Public Works Department			Division Name:				
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: Mr.		First Name: Jared					
Middle Name:							
* Last Name: Hancock							
Suffix:							
Title: City Administrator							
Organizational Affiliation:							
* Telephone Number: (530) 252-5114			Fax Number: (530) 257-1057				
* Email: jhancock@cityofsusanville.org							

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Susanville, Lassen County, California

* 15. Descriptive Title of Applicant's Project:

Construct Apron Reconstruction Phase 1

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-004	*b. Program/Project: CA-004
Attach an additional list of Program/Project Congressional Districts If needed.	
17. Proposed Project:	
*a. Start Date: 10/01/2014	*b. End Date: 12/31/2015
18. Estimated Funding (\$):	
*a. Federal	572,000.00
*b. Applicant	34,956.00
*c. State	28,600.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	635,556.00
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>08/26/2014</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 on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Brian
Middle Name:	
*Last Name: Wilson	
Suffix:	
*Title: Mayor	
*Telephone Number: (530) 257-1000	Fax Number: (530) 257-1057
* Email: info@cityofsusanville.org	
*Signature of Authorized Representative: 	*Date Signed: 8/27/14

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
* 3. Date Received:	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: <u>Winters Community Housing Three Limited Partnership</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>47-1655915</u>		* c. Organizational DUNS: <u>07-951-9417</u>
d. Address:		
* Street 1:	<u>5030 Business Center Drive</u>	
Street 2:	<u>Suite 260</u>	
* City:	<u>Fairfield</u>	
County:	<u>Solano</u>	
* State:	<u>CA</u>	
Province:		
* Country:	<u>USA: UNITED STATES</u>	
* Zip / Postal Code:	<u>94534</u>	
e. Organizational Unit:		
Department Name: <u>Real Estate Development</u>		Division Name: <u></u>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Ms.</u>	* First Name: <u>Soo</u>
Middle Name:	<u>Zee</u>	
* Last Name:	<u>Park</u>	
Suffix:		
Title:	<u>Director of Real Estate Development</u>	
Organizational Affiliation: <u>Community Housing Opportunities Corporation</u>		
* Telephone Number:	<u>(707) 759-6043</u>	* Fax Number: <u>(707) 759-6053</u>
* Email:	<u>spark@chochohousing.org</u>	



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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

M-Nonprofit

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

NGMS Agency USDA / RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:

Labor Housing

* 12. Funding Opportunity Number:

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Winters, California, Yolo County

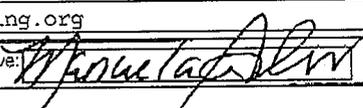
* 15. Descriptive Title of Applicant's Project:

The proposed 2-story wood-frame garden apartments (Winters III Apts) will comprise 12-2BR/1BA and 12-3BR/2BA apartments in three 8-plexes to be located at 116 East Baker Street. The units will be constructed contiguous to Winters I Apts.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-003"/>	* b. Program/Project <input type="text" value="CA-003"/>
Attach an additional list of Program/Project Congressional Districts If needed.		
<input type="text" value="n/a"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10-01-2015"/>	* b. End Date: <input type="text" value="10-01-2016"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="\$3,000,000.00"/>	
* b. Applicant	<input type="text" value="\$132,444.00"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text" value="\$4,264,126.00"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$7,396,570.00"/>	
* 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 <input type="text" value="08-28-2014"/>	
<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	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications- and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances **and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, 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" value="Ms ."/>	* First Name: <input type="text" value="Manuela"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Silva"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="CEO"/>	
* Telephone Number:	<input type="text" value="(707) 759-6043"/>	Fax Number: <input type="text" value="(707) 759-6053"/>
* Email:	<input type="text" value="msilva@chochousing.org"/>	
* Signature of Authorized Representative:		* Date Signed: <input type="text" value="08-28-2014"/>

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

* 3. Date Received: 08/27/2014	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 Redlands	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000766	* c. Organizational DUNS: 074712205

d. Address:

* Street1: 35 Cajon Street, Suite 222
 Street 2: PO Box 3005
 * City: Redlands
 County: San Bernardino
 * State: California
 Province:
 Country: United States *Zip/ Postal Code: 92373

e. Organizational Unit:

Department Name: Quality of Life	Division Name: Airport Division
-------------------------------------	------------------------------------

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

Prefix: Mr.	First Name: Benjamin
Middle Name: James	
* Last Name: Matlock	
Suffix:	

Title: Senior Administrative Analyst

Organizational Affiliation:
Airport Grant Administrator

* Telephone Number: (909) 798-7655	Fax Number:
------------------------------------	-------------

* Email: bmatlock@cityofredlands.org

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 AUG 28 2014
 STATE CLEARINGHOUSE

Application for Federal Assistance SF-424***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*** Other (specify):***** 10. Name of Federal Agency:**

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:** 3-06-0195-013-2014**Title:** Redlands Municipal Airfield Sign and Lighting Plan**13. Competition Identification Number:*Title:** N/A**14. Areas Affected by Project (Cities, Counties, States, etc.):**

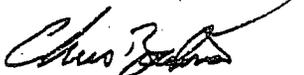
City of Redlands

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

Redlands Municipal Airfield Sign and Lighting Plan

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-031	*b. Program/Project: CA-031
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 11/01/2014	*b. End Date: 02/28/2015
18. Estimated Funding (\$):	
*a. Federal	150,000.00
*b. Applicant	16,667.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	166,667.00
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>08/28/2014</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 on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>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)</p> <input type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Christopher
Middle Name:	
*Last Name: Boatman	
Suffix:	
*Title: Senior Project Manager	
*Telephone Number: (909) 798-7655	Fax Number:
* Email: cboatman@cityofredlands.org	
*Signature of Authorized Representative: 	*Date Signed: 8/28/14

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 Entry Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
RECEIVED AUG 28 2014		
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: <input type="text" value="Housing Authority of the County of Monterey"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000757"/>	* c. Organizational DUNS: <input type="text" value="1316157750000"/>	
d. Address:		
* Street1: <input type="text" value="123 Rico Street"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Salinas"/>	County/Parish: <input type="text" value="Monterey"/>	
* 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="93907-2157"/>	
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"/>	* First Name: <input type="text" value="Starla"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Warren"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Director of Development"/>	
Organizational Affiliation: <input type="text" value="Housing Authority of the County of Monterey"/>		
* Telephone Number: <input type="text" value="831-796-4660"/>	Fax Number: <input type="text" value="831-886-1682"/>	
* Email: <input type="text" value="Swarren@hdcmonterey.org"/>		

Application for Federal Assistance SF-424

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

L: 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 Housing Service

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loans and Grants and Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

2014-15358

* Title:

Notice of Funding Availability of Applications (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2014

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:**

Castroville Farm Labor Center Redevelopment, Castroville, Monterey County, California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-017

* b. Program/Project CA-017

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: TBD

* b. End Date: TBD

18. Estimated Funding (\$):

* a. Federal	16,552,713.00
* b. Applicant	1,888,994.00
* c. State	0.00
* d. Local	0.00
* e. Other	4,207,500.00
* f. Program Income	0.00
* g. TOTAL	22,649,197.00

* 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 08/28/2014
- 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: Middle Name: * Last Name: Goebel Suffix:

* Title: Executive Director

* Telephone Number: 831-775-5022 Fax Number: 831-424-0443

* Email: jgoebel@hamonterey.org

* Signature of Authorized Representative: [Handwritten Signature]

* Date Signed: 08/28/2014

Attachment 9

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: 69-8E49-14-011
--------------------------------	---

STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

* a. Legal Name: Dull Knife Irrigation District	* b. Employer/Taxpayer Identification Number (EIN/TIN): 47-1694631	* c. Organizational DUNS: 079526306
--	---	--

d. Address: c/o David F. Palmerlee
* Street1: 11 North Main Street
Street2:
* City: Buffalo
County/Parish: Johnson County
* State: WY
Province:
* Country: USA
* Zip / Postal Code: 82834

e. Organizational Unit:	
Department Name:	Division Name:

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

Prefix:	* First Name: David
Middle Name: F.	
* Last Name: Palmerlee	
Suffix:	
Title:	

Organizational Affiliation:	
* Telephone Number: 307-684-1414	Fax Number:
* Email: dpalmerlee@wyonaturalresourceslaw.com	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

USDA - Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.916

CFDA Title:

Watershed Protection Flood Prevention

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

Johnson County

Add Attachment

Delete Attachment

View Attachment

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

Rehabilitation of Dull Knife Reservoir will bring the dam to current safety and performance standards for a high hazard dam. Excessive auxiliary spillway erosion poses a high threat to life and property.

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

WY-000

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

9/15/14

* b. End Date:

9/30/16

18. Estimated Funding (\$):

* a. Federal

492,610

* b. Applicant

--

* c. State

--

* d. Local

--

* e. Other

--

* f. Program Income

--

* g. TOTAL

492,610

* 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 to be determined

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 of agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Dan

Middle Name:

* LastName:

Mahoney

Suffix:

* Title:

President, Board of Commissioners

* Telephone Number:

307-738-2682

Fax Number:

* Email:

northforkwater@gmail.com

* Signature of Authorized Representative:

Daniel E. Mahoney

* Date Signed:

8/28/14

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: 08/27/2014	4. Applicant Identifier: Steidl 20150225	RECEIVED AUG 29 2014
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: The Regents of the University of California, Santa Barbara		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 986006145	* c. Organizational DUNS: 094878394	
d. Address:		
* Street1: 3227 Cheadle Hall	Street2: 3rd floor, MC 2050	
* City: Santa Barbara	County: Santa Barbara	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 93106-2060	
e. Organizational Unit:		
Department Name: Office of Research	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Jamie Lynn	
Middle Name: A	* Last Name: Sprague	
Suffix: _____	Title: Sr Sponsored Projects Analyst	
Organizational Affiliation: The Regents of the University of California, Santa Barbara		
* Telephone Number: 805-893-8503	Fax Number: 805-893-2611	
* Email: sprague@research.ucsb.edu		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled 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:**

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G14AS00068

* Title:

Seismic and Geodetic Network Operations

13. Competition Identification Number:

G14AS00068

Title:

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

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

UCSB Geotechnical Array Monitoring Participation in ANSS

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="1,089,076.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,089,076.00"/>

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 and attach.)

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:

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