

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2006**. 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 (R&R)**

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

- Pre-application  Application  
 Changed/Corrected Application

4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 047120054

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

Department: Office of Research

Division: Sponsored Programs

\* Street1: 1850 Research Park Drive

Street2: Suite 300

\* City: Davis

County: Yolo

\* State: CA: Callfor

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 95618

RECEIVED

DEC 12 2006

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Mr. Matt

Nguyen

\* Phone Number: 530-747-3912

Fax Number: 530-747-3929

Email: ORSPOTeam3@ad3.ucdavis.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

946036494

## 7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

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

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

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

What other Agencies?

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81,049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Activation of Hydrogen Under Ambient Conditions by Main Group Molecules

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

United States

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2007

06/30/2010

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

CA-001

CA-001

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Philip

Power

PhD

Position/Title: Professor

\* Organization Name: The Regents of the University of California

Department: Chemistry

Division: L&amp;S, Math &amp; Physical Sciences

\* Street1: One Shields Avenue

Street2: University of California

\* City: Davis

County: Yolo

\* State: CA: Callfor

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 95618

\* Phone Number: 530-752-6913

Fax Number: 530-752-6995

\* Email: pppower@ucdavis.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008



**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b>		<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b>	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
<b>6. APPLICANT INFORMATION</b>		<b>4. Federal Identifier</b>		<b>* Organizational DUNS:</b> 047120084	
* Legal Name: The Regents of the University of California Department: Sponsored Programs Division: Office of Research * Street1: 1850 Research Park Drive, Suite 300 Street2: University of California * City: Davis County: Yolo * State: CA, California Province: Country: UNITED ST * ZIP / Postal Code: 95618				<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg);"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">DEC 12 2006</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">STATE CLEARING HOUSE</p> </div>	
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Mr. Matt Nguyen * Phone Number: 530-747-3812 Fax Number: 530-747-3929 Email: ORSPOTeam3@ed3.ucdavis.edu					
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b>		<b>7. * TYPE OF APPLICANT:</b>			
94-6036494		H: Public/State Controlled Institution of Higher Education			
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New		Other (Specify):			
<input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify).		<b>9. * NAME OF FEDERAL AGENCY:</b>			
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		Chicago Service Center			
		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>			
		81,049			
		TITLE: Office of Science Financial Assistance Program			
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>					
Computational and Experimental Investigation of Hydrogen Storage by Light Element Nanocomposites					
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b>					
Davis, CA					
<b>13. PROPOSED PROJECT:</b>			<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
* Start Date * Ending Date 07/01/2007 06/30/2010			a. * Applicant b. * Project CA-001 CA-001		
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>					
Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Ching-Yao Fong					
Position/Title: Professor * Organization Name: The Regents of the University of California Department: Physics Division: College of Letters and Science * Street1: 1850 Research Park Drive, Suite 300 Street2: University of California * City: Davis County: Yolo * State: CA, California Province: Country: UNITED ST * ZIP / Postal Code: 95616 * Phone Number: 530-752-1782 Fax Number: 530-752-4717 * Email: fong@physics.ucdavis.edu					



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE:	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <b>SIERRA ECONOMIC DEVELOPMENT DISTRICT</b>		Organizational Unit: Department:	
Organizational DUNS: <b>08-885-6885</b>		Division:	
Address: Street: <b>560 WALL STREET, STE. F</b>		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: _____ First Name: <b>SANDY</b>	
City: <b>AUBURN</b>		Middle Name:	
County: <b>PLACER</b>		Last Name: <b>SINDT</b>	
State: <b>CA</b> Zip Code: <b>95603</b>		Suffix:	
Country: <b>USA</b>		Email: <b>sandy@sedd.org</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-1705043</b>		Phone Number (give area code): <b>(530) 823-4703</b> Fax Number (give area code): <b>(530) 823-4142</b>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types)  Other (specify) <b>EDD</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>11-302</b>		9. NAME OF FEDERAL AGENCY: <b>ECONOMIC DEVELOPMENT ADMINISTRATION</b>	
TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>ECONOMIC DEVELOPMENT PLANNING PROGRAM</b>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): <b>EL DORADO, NEVADA, PLACER &amp; SIERRA COUNTIES</b>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>JOHN DOOLITTLE 4</b> b. Project <b>JOHN DOOLITTLE 4</b>	
13. PROPOSED PROJECT Start Date: <b>04/01/2007</b> Ending Date: <b>03/31/2008</b>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>12/12/06</b> b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	76,000	
b. Applicant	\$		
c. State	\$		
d. Local	\$	76,000	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	152,000	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Prefix: _____ First Name: <b>SANDY</b> Middle Name: _____	
Last Name: <b>SINDT</b>		Suffix: _____	
b. Title: <b>DEPUTY DIRECTOR</b>		c. Telephone Number (give area code): <b>(530) 823-4703</b>	
d. Signature of Authorized Representative: <i>Sandy SINDT</i>		e. Date Signed: _____	

**RECEIVED**  
**DEC 12 2006**  
**STATE CLEARING HOUSE**

Previous Edition Usable  
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

# SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. TYPE OF SUBMISSION

- Pre-application  Application  
 Changed/Corrected Application

4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 094878394

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

Department: Office of Research

Division: Sponsored Projects

\* Street1: University of California, Santa Barbara

Street2:

\* City: Santa Barbara

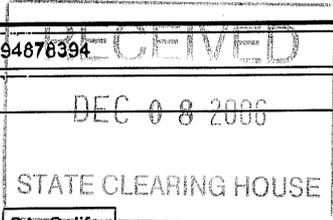
County: Santa Barbara

\* State: CA: California

Province:

\* Country: UNITED STATES

\* ZIP / Postal Code: 93106-2050



Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Cara

Egan-Williams

\* Phone Number: 805-893-8809

Fax Number: 805-893-2611

Email: eganwilliams@research.ucsb.edu

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

95-6006145W

## 7. TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

Women Owned

Socially and Economically Disadvantaged

## 8. TYPE OF APPLICATION:

- New  
 Resubmission  Renewal  Continuation  Revision

If Revision, mark appropriate box(es).

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

D. Decrease Duration  E. Other (specify)

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

What other Agencies?

## 9. NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Cosmological Applications of Quantum Field Theory and Mass Singularities in Gauge Field Theory

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

United States of America

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2007

06/30/2010

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

23rd

23rd

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Martin

Einhorn

Position/Title: Professor

\* Organization Name: The Regents of the University of California, Santa Barbara

Department: Physics

Division: College of Letters and Science

\* Street1: University of California, Santa Barbara

Street2:

\* City: Santa Barbara

County: Santa Barbara

\* State: CA: California

Province:

\* Country: UNITED STATES

\* ZIP / Postal Code: 93106-9350

\* Phone Number: 805-893-6309

Fax Number: 805-893-2431

\* Email: meinhorn@kitp.ucsb.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input type="text" value="372,072.00"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text" value="372,072.00"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:                  DATE: <input type="text" value="11/20/2006"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR  <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	---

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

\* I agree

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

**19. Authorized Representative**

Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Cara"/>	Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Egan-Williams"/>	Suffix: <input type="text"/>
* Position/Title: <input type="text" value="Sponsored Projects Officer"/>	* Organization: <input type="text" value="The Regents of the University of California, Santa Barbara"/>			
Department: <input type="text" value="Office of Research"/>	Division: <input type="text" value="Sponsored Projects"/>			
* Street1: <input type="text" value="University of California, Santa Barbara"/>	Street2: <input type="text"/>			
* City: <input type="text" value="Santa Barbara"/>	County: <input type="text" value="Santa Barbara"/>	* State: <input type="text" value="CA: California"/>		
Province: <input type="text"/>	* Country: <input type="text" value="UNITED ST"/>	* ZIP / Postal Code: <input type="text" value="93106-2050"/>		
* Phone Number: <input type="text" value="805-893-8809"/>	Fax Number: <input type="text" value="805-893-2611"/>	* Email: <input type="text" value="eganwilliams@research.ucsb.edu"/>		

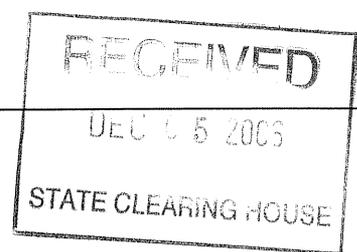
\* Signature of Authorized Representative  
Completed on submission to Grants.gov
\* Date Signed  
Completed on submission to Grants.gov

**20. Pre-application**

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

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 11/28/06	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name <b>Los Angeles County Metropolitan Transportation Authority</b>		Organizational Unit: <b>Programming &amp; Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 440 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)		A State                    H Independent School Dist. B County                I State Controlled Institution of Higher Learning C Municipal            J Private University D Township            K Indian Tribe E Interstate            L Individual F Intermunicipal      M Profit Organization G Special District    N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>TITLE 49 U.S.C. § 5317</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Fiscal Year 2006 New Freedom CA-57-X003</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>10/23/06</b>	Ending Date <b>10/31/09</b>	a. Applicant <b>Districts 24 through 39, and 41</b>	b. Project <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 260,079	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/28/06</u>  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	
b Applicant	\$ .00		
c State	\$ .00		
d Local	\$ .00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 260,079.00		



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 Typed Name of Authorized Representative <b>GLADYS LOWE</b>	b Title Director Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d. Signature of Authorized Representative 	e. Date Signed <b>11-28-06</b>	

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>2. DATE SUBMITTED</b> _____	<b>A. Federal Identifier</b> _____
<b>3. DATE RECEIVED BY STATE</b> _____	<b>State Application Identifier</b> _____
<b>4. Federal Identifier</b> _____	

**1. \* TYPE OF SUBMISSION**

Pre-application  Application  
 Changed/Corrected Application

**5. APPLICANT INFORMATION** \* Organizational DUNS: 092530369

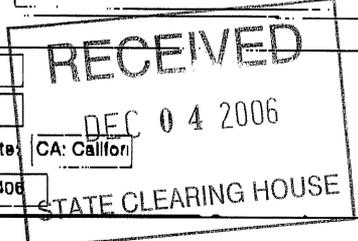
\* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Adm Division: UCLA

\* Street1: 10920 Wilshire Blvd., Suite 1200 Street2: \_\_\_\_\_

\* City: Los Angeles County: Los Angeles \* State: CA: California

Province: \_\_\_\_\_ \* Country: UNITED ST \* ZIP / Postal Code: 90024-1406



Person to be contacted on matters involving this application

Prefix: \* First Name: Ms. Karen Middle Name: \_\_\_\_\_ \* Last Name: Marchant Suffix: \_\_\_\_\_

\* Phone Number: 310-794-0167 Fax Number: 310-794-0631 Email: kmarchant@resadmin.ucla.edu

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**  
1956006143A1

**7. \* TYPE OF APPLICANT:**  
H: Public/State Controlled Institution of Higher Education

**8. \* TYPE OF APPLICATION:**  New  
 Resubmission  Renewal  Continuation  Revision

Other (Specify):  
 Women Owned  Small Business Organization Type  
 Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).  
 A. Increase Award  B. Decrease Award  C. Increase Duration  
 D. Decrease Duration  E. Other (specify)

**9. \* NAME OF FEDERAL AGENCY:**  
Chicago Service Center

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 B1.049  
 TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Production and Diagnostics of Ultrashort Electron Bunches

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**  
 Los Angeles, CA

**13. PROPOSED PROJECT:**  
 \* Start Date: 07/01/2007 \* Ending Date: 06/30/2009

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. \* Applicant: CA-030 b. \* Project: CA-030

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name: Dr. Pietro Middle Name: \_\_\_\_\_ \* Last Name: Musumeci Suffix: \_\_\_\_\_

Position/Title: Assistant Professor of Physics \* Organization Name: The Regents of the University of California

Department: Physics & Astronomy Division: UCLA

\* Street1: 475 Portola Plaza Street2: \_\_\_\_\_

\* City: Los Angeles County: Los Angeles \* State: CA: California

Province: \_\_\_\_\_ \* Country: UNITED ST \* ZIP / Postal Code: 90095-1547

\* Phone Number: 310-206-5564 Fax Number: 310-206-5251 \* Email: musumeci@physics.ucla.edu

OMB Number: 4040-0001  
 Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING		17. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	154,000.00	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. * Total Federal & Non-Federal Funds	154,000.00	DATE: 12/02/2006	
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR	
		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	

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

\* I agree

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

19. Authorized Representative

Prefix: Ms. \* First Name: Karen Middle Name: \* Last Name: Marchant Suffix:

\* Position/Title: Grant Analyst \* Organization: The Regents of the University of California

Department: Office of Contract & Grant Adm Division: UCLA

\* Street1: 10920 Wilshire Blvd., Suite 1200 Street2:

\* City: Los Angeles County: Los Angeles \* State: CA: Californ

Province: \* Country: UNITED ST \* ZIP / Postal Code: 90024-1406

\* Phone Number: 310-794-0167 Fax Number: 310-794-0631 \* Email: kmarchant@resadmin.ucla.edu

\* Signature of Authorized Representative \* Date Signed  
 Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

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

OMB Number: 4040-0001  
 Expiration Date: 04/30/2008

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 11/28/06	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming &amp; Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)		A State                    H Independent School Dist. B County                I State Controlled Institution of Higher Learning C Municipal            J Private University D Township            K Indian Tribe E Interstate            L Individual F Intermunicipal    M Profit Organization G Special District    N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>TITLE 49 U.S.C. § 5317</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Fiscal Year 2006 New Freedom CA-57-X003</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>10/23/06</b>	Ending Date <b>10/31/09</b>	a. Applicant <b>Districts 24 through 39, and 41</b>	b. Project <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 260,079	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>11/28/06</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
e Other	\$ .00		
f Program Income	\$ .00		
g TOTAL	\$ 260,079.00	RECEIVED DEC 04 2006 STATE CLEARING HOUSE	
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 Typed Name of Authorized Representative <b>GLADYS LOWE</b>	b Title Director Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d. Signature of Authorized Representative 	e. Date Signed <b>11-28-06</b>	

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 11/28/06	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming &amp; Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District        N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>TITLE 49 U.S.C. § 5307/5340</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Fiscal Year 2006 Growing States - PM Rail, CA-90-Y510</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>7/1/06</b>	Ending Date <b>6/30/07</b>	a. Applicant <b>Districts 24 through 39, and 41</b>	b. Project <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 6,434,758.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/28/06</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 1,608,690.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
e Other	\$ .00		
f Program Income	\$ .00		
g TOTAL	\$ 8,043,448.00		



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 Typed Name of Authorized Representative <b>GLADYS LOWE</b>	b Title Director Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d. Signature of Authorized Representative 	e. Date Signed <b>01-29-06</b>	

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier		

5. APPLICANT INFORMATION \* Organizational DUNS: 092530369

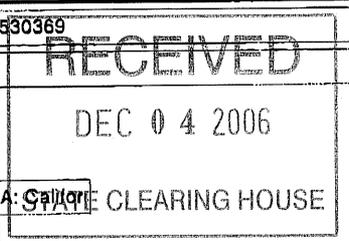
\* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Adm Division: UCLA

\* Street1: 10920 Wilshire Blvd., Suite 1200 Street2:

\* City: Los Angeles County: Los Angeles \* State: CA: Calif

Province: \* Country: UNITED ST \* ZIP / Postal Code: 90024-1400



Person to be contacted on matters involving this application

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

Ms. Karen Marchant

\* Phone Number: 310-794-0167 Fax Number: 310-794-0631 Email: kmarchant@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 1956006143A1	7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
--	---

8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	Other (Specify): <input type="checkbox"/> Women Owned <input type="checkbox"/> Small Business Organization Type <input type="checkbox"/> Socially and Economically Disadvantaged
---	--

If Revision, mark appropriate box(es).  
 A. Increase Award  B. Decrease Award  C. Increase Duration  
 D. Decrease Duration  E. Other (specify)

9. * NAME OF FEDERAL AGENCY: Chicago Service Center	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What other Agencies? TITLE: Office of Science Financial Assistance Program	

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
OJL: Advanced Analysis Techniques for High pT Physics and an Improved Beam Conditioning Monitoring System for Hadron Colliders

12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  
Los Angeles, CA, Batavia, IL

13. PROPOSED PROJECT: * Start Date: 07/01/2007 * Ending Date: 06/30/2010	14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: CA-030 b. * Project: 14, 30
---	--

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Dr. Rainer Walny

Position/Title: Assistant Professor of Physics \* Organization Name: The Regents of the University of California

Department: Physics & Astronomy Division: UCLA

\* Street1: 475 Portola Plaza Street2:

\* City: Los Angeles County: Los Angeles \* State: CA: Calif

Province: \* Country: UNITED ST \* ZIP / Postal Code: 90095-1547

\* Phone Number: 310-825-4731 Fax Number: 310-267-2483 \* Email: walny@physics.ucla.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input type="text" value="256,000.00"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text" value="256,000.00"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW/ON:</p> <p>DATE: <input type="text" value="12/04/2006"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	--

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

\* I agree

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

**19. Authorized Representative**

Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Karen"/>	Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Marchant"/>	Suffix: <input type="text"/>
* Position/Title: <input type="text" value="Grant Analyst"/>	* Organization: <input type="text" value="The Regents of the University of California"/>			
Department: <input type="text" value="Office of Contract &amp; Grant Adm"/>	Division: <input type="text" value="UCLA"/>			
* Street1: <input type="text" value="10920 Wilshire Blvd., Suite 1200"/>	Street2: <input type="text"/>			
* City: <input type="text" value="Los Angeles"/>	County: <input type="text" value="Los Angeles"/>	* State: <input type="text" value="CA: Californ"/>		
Province: <input type="text"/>	* Country: <input type="text" value="UNITED ST"/>	* ZIP / Postal Code: <input type="text" value="90024-1406"/>		
* Phone Number: <input type="text" value="310-794-0167"/>	Fax Number: <input type="text" value="310-794-0631"/>	* Email: <input type="text" value="kmarchant@resadmin.ucla.edu"/>		

\* Signature of Authorized Representative

\* Date Signed

20. Pre-application

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

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application	2. DATE SUBMITTED December 1, 2006	Applicant Identifier
	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Self-Help Home Improvement Project	Organizational Unit: Department:
Organizational DUNS: 088852603	Division:
Address: Street: 3777 Meadowview Dr.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Keith
City: Redding	Middle Name
County: Shasta	Last Name Griffith
State: California	Zip Code 96002
Country: USA	Email: kgrif@shhip.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 2 9 9 0 6 7 8	Phone Number (give area code) (530) 378-6900	Fax Number (give area code) (530) 378-6910
---	---	---

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development
--

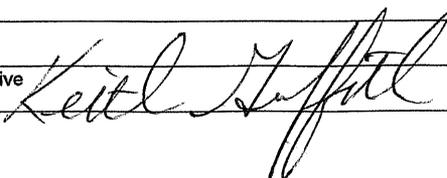
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Mutual Self-Help Housing Technical Assistance 1 0 - 4 2 0	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Application for funding of a rural Mutual Self-Help Housing Technical Assistance program for 20 housing units for the two year period.
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Shasta and Tehama Counties
---

13. PROPOSED PROJECT Start Date: July 1, 2007	Ending Date: June 30, 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd	b. Project 2nd
---	-------------------------------	--	-------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 500,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ .00	DATE:
c. State \$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 500,000.00	

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

a. Authorized Representative		
Prefix	First Name Keith	Middle Name
Last Name Griffith	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) (530) 378-6900	
d. Signature of Authorized Representative 	e. Date Signed November 22, 2006	

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**\* 5b. Federal Award Identifier:**

RECEIVED

DEC 01 2006

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**B. APPLICANT INFORMATION:**

STATE CLEARING HOUSE

**\* a. Legal Name:**

San Francisco State University

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

93-1137247

**\* c. Organizational DUNS:**

9425149850000

**d. Address:**

**\* Street1:**

1600 Holloway Avenue

**Street2:**

ADM 469

**\* City:**

San Francisco

**County:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94132

**e. Organizational Unit:**

**Department Name:**

SF Bay NERR

**Division Name:**

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

**Prefix:**

Dr.

**\* First Name:**

Jaime

**Middle Name:**

**\* Last Name:**

Kooser

**Suffix:**

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**

(415) 338-3703

**Fax Number:**

**\* Email:**

jkkooser@sfsu.edu

**Application for Federal Assistance SF-424**

Version 02

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

H: Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

National Oceanic and Atmospheric Administration

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

11.420

**CFDA Title:**

Coastal Zone Management Estuarine Research Reserves

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

NOS-OCRM-2007-2000789

**\* Title:**

National Estuarine Research Reserve Land Acquisition and Construction Program FY07

**13. Competition Identification Number:**

2050004

**Title:**

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

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

Provides funding for construction at Rush Ranch and exhibits at China Camp State Park, and Aquarium of the Bay.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-12

\* b. Program/Project CA-12

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

17. Proposed Project:

\* a. Start Date: 06/01/2007

\* b. End Date: 05/31/2008

18. Estimated Funding (\$):

* a. Federal	779,560.00
* b. Applicant	334,097.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,113,657.00

\* 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 12/01/2006
- 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: Dr. \* First Name: Kenneth  
Middle Name:  
\* Last Name: Paap  
Suffix:  
\* Title: Associate Vice President  
\* Telephone Number: 415-338-7091 Fax Number: 415-338-0531  
\* Email: kenp@sfsu.edu  
\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.