Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2007.** 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:** 092530369

* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Adm Division: Univ. of Calif., Los Angeles

* Street1: 11000 Kinross Avenue, Suite 102 Street2:

* City: Los Angeles County: Los Angeles * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1406

RECEIVED
DEC 14 2007
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Kristin Middle Name: * Last Name: Lund Suffix:

* Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: doe@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 956006143

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)*

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

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

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
National Institute for Particle Astrophysics (NIPA)

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

13. PROPOSED PROJECT:
* Start Date: 07/01/2008 * Ending Date: 06/30/2010

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

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof. * First Name: Alexander Middle Name: * Last Name: Kusenko Suffix:

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

Department: Physics and Astronomy Division: Univ. of Calif., Los Angeles

* Street1: 475 Portola Plaza Street2:

* City: Los Angeles County: Los Angeles * State: CA: Califon

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

* Phone Number: 310-825-4814 Fax Number: 310-206-5668 * Email: kusenko@physics.ucla.edu

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

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	200,000.00
b. * Total Federal & Non-Federal Funds	400,000.00
c. * Estimated Program Income	0.00

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

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

DATE: 12/14/2007

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

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☑ * I agree

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19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Office of Contract & Grant Adm	Division:	Univ. of Calif., Los Angeles
* Street1:	11000 Kinross Avenue, Suite 102	Street2:	
* City:	Los Angeles	County:	Los Angeles
* State:	CA: Californ	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-943-1656
* Email:	klund@resadmin.ucla.edu		

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

NIPA_Congressional_Districts.pdf | Add Attachment | Delete Attachment | View Attachment

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Other (Specify):

8. * TYPE OF APPLICATION: ☑ New
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Small Business Organization Type
☐ Women Owned ☐ Socially and Economically Disadvantaged

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☐ D. Decrease Duration ☐ E. Other *(specify)*.

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
TITLE: Office of Science Financial Assistance Program

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Mechanical Properties of Self-Organized Nanostructured Materials-from Tunable Poisson's Ratios to Piezoelectric

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

13. PROPOSED PROJECT:
* Start Date: 06/01/2008 * Ending Date: 05/31/2011

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

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof. * First Name: Sarah Middle Name: * Last Name: Tolbert Suffix:
Position/Title: Professor * Organization Name: School of Letters and Sciences
Department: Chemistry and Biochemistry Division: Univ of Cal, Los Angeles
* Street1: 11000 Kinross Ave., Suite 102 Street2:
* City: Los Angeles County: Los Angeles * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1406
* Phone Number: 310-206-4767 Fax Number: 310-206-4038 * Email: tolbert@chem.ucla.edu

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

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	906,693.00
b. * Total Federal & Non-Federal Funds	906,693.00
c. * Estimated Program Income	0.00

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

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

DATE: 12/14/2007

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

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Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Off of Contract & Grant Admin	Division:	Univ of Cal, Los Angeles
* Street1:	11000 Kinross Ave., Suite 102	Street2:	
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* State:	CA: Califon	Province:	
* Country:	JNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-794-0631
* Email:	klund@resadmin.ucla.edu		

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application Add Attachment Delete Attachment View Attachment

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

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OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

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1. * TYPE OF SUBMISSION

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☐ Changed/Corrected Application

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* Organizational DUNS: 092530369

* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Adm

Division: Univ. of Calif., Los Angeles

* Street1: 11000 Kinross Avenue, Suite 102

Street2:

* City: Los Angeles

County: Los Angeles

* State: CA: Califor

Province:

* Country: JNITED ST

* ZIP / Postal Code: 90095-1406

Person to be contacted on matters involving this application

Prefix: Ms.

* First Name: Kristin

Middle Name:

* Last Name: Lund

Suffix:

* Phone Number: 310-794-0171

Fax Number: 310-943-1656

Email: doe@resadmin.ucla.edu

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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:

Proposal to the Department of Energy for the NOvA Detector Construction Work

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

Los Angeles CA, Dallas TX

13. PROPOSED PROJECT:

* Start Date: 04/01/2008

* Ending Date: 03/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-030

b. * Project: CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr.

* First Name: David

Middle Name: B.

* Last Name: Cline

Suffix:

Position/Title: Professor

* Organization Name: University of California, Los Angeles

Department: Physics & Astronomy

Division: Letters & Sciences

* Street1: 475 Portola Plaza

Street2:

* City: Los Angeles

County: Los Angeles

* State: CA: Califon

Province:

* Country: JNITED ST

* ZIP / Postal Code: 90095

* Phone Number: 310-825-1673

Fax Number: 310-206-1091

* Email: dcline@physics.ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	249,150.00
b. * Total Federal & Non-Federal Funds	249,150.00
c. * Estimated Program Income	0.00

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

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

DATE: 12/12/2007

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Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	

* Position/Title:	Grant Analyst	* Organization:	The Regents of University of California
Department:	Office of Contract & Grant Adm	Division:	Univ. of Calif., Los Angeles
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* State:	CA: Californ	Province:	
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* Phone Number:	310-794-0171	Fax Number:	310-794-0631
* Email:	klund@resadmin.ucla.edu		

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Completed on submission to Grants.gov

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

Additional Congressional Districts.pdf | Delete Attachment | View Attachment

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

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1. * TYPE OF SUBMISSION

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

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* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Adm Division: Univ. of Calif., Los Angeles

* Street1: 11000 Kinross Avenue, Suite 102 Street2:

* City: Los Angeles County: Los Angeles * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1406

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Ms.	Kristin		Lund	

* Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: doe@resadmin.ucla.edu

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

956006143

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

8. * TYPE OF APPLICATION: ☑ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

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☐ 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

TITLE: Office of Science Financial Assistance Program

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Proposal to the Department of Energy for the NOvA Detector Construction Work

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

Los Angeles CA, Dallas TX

13. PROPOSED PROJECT:

* Start Date: 04/01/2008 * Ending Date: 03/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-030 b. * Project: CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	David	B.	Cline	

Position/Title: Professor * Organization Name: University of California, Los Angeles

Department: Physics & Astronomy Division: Letters & Sciences

* Street1: 475 Portola Plaza Street2:

* City: Los Angeles County: Los Angeles * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 90095

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SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

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Additional Congressional Districts.pdf | Add Attachment | Delete Attachment | View Attachment

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APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

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Applicant Identifier

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Department: Office of Contract & Grant Adm Division: Univ. of Calif., Los Angeles
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Chicago Service Center

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TITLE: Office of Science Financial Assistance Program

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National Institute for Particle Astrophysics (NIPA)

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

13. PROPOSED PROJECT:
* Start Date: 07/01/2008 * Ending Date: 06/30/2010

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

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Prof.	Alexander		Kusenko	

Position/Title: Professor of Physics * Organization Name: The Regents of the University of California
Department: Physics and Astronomy Division: Univ. of Calif., Los Angeles
* Street1: 475 Portola Plaza Street2:
* City: Los Angeles County: Los Angeles * State: CA: Califor
Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1547
* Phone Number: 310-825-4614 Fax Number: 310-206-5668 * Email: kusenko@physics.ucla.edu

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SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

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

1956006143A1

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

8. * TYPE OF APPLICATION: ☑ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

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:

Mechanical Properties of Self-Organized Nanostructured Materials-from Tunable Poisson's Ratios to Piezoelectric

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

Los Angeles, CA

13. PROPOSED PROJECT:

* Start Date: 06/01/2008 * Ending Date: 05/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-030 b. * Project: CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof. * First Name: Sarah Middle Name: * Last Name: Tolbert Suffix:

Position/Title: Professor * Organization Name: School of Letters and Sciences

Department: Chemistry and Biochemistry Division: Univ of Cal, Los Angeles

* Street1: 11000 Kinross Ave., Suite 102 Street2:

* City: Los Angeles County: Los Angeles * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1406

* Phone Number: 310-206-4767 Fax Number: 310-206-4038 * Email: tolbert@chem.ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	906,693.00
b. * Total Federal & Non-Federal Funds	906,693.00
c. * Estimated Program Income	0.00

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

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

DATE: 12/14/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ * 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:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Off of Contract & Grant Admin	Division:	Univ of Cal, Los Angeles
* Street1:	11000 Kinross Ave., Suite 102	Street2:	
* City:	Los Angeles	County:	Los Angeles
* State:	CA: Californ	Province:	
* Country:	JNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-794-0631
* Email:	klund@resadmin.ucla.edu		

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

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment Delete Attachment View Attachment

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

Add Attachment Delete Attachment View Attachment

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

APPLICATION FOR OMB FEDERAL ASSISTANCE	2. DATE SUBMITTED 12112007	Applicant Identifier
1. TYPE OF SUBMISSION: **Application** / **Preapplication** ☐ Construction / ☐ Construction ☑ Non-Construction / ☐ Non-Construction	**3. DATE RECEIVED BY STATE**	State Application Identifier California
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Jorge J Quiroz	**Organizational Unit:** Jorge J Quiroz
Address (give city, county, State, and zip code): 40016 11th street west , palmdale, Los Angeles, ca 93551	**Name and phone number of person to be contacted on matters involving this application (give area code):** (661)435-1704

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

☐☐ - ☐☐☐☐☐☐☐

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

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):

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
Grants Coordination State Clearinghouse Office of Planning and Research

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

☐☐ - ☐☐☐

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
The grant will be used to finish a career in teaching

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

13. PROPOSED PROJECT:

Start Date	Ending Date
jan2008	jun2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 8000
b. Applicant	$ 0
c. State	$ 0
d. Local	$ 0
e. Other	$ 0
f. Program Income	$ 0
g. TOTAL	$ 8,000 ~~8000~~

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

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

☐ b. NO. ☐ PROGRAM IS NOT COVERED BY E. O. 1237
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes ☐ No (If "Yes", attach an explanation.)

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	b. Title	c. Telephone Number
Jorge J Quiroz	Mr.	(661)435-1704

d. Signature of Authorized Representative	e. Date Signed
Jorge J Quiroz	121107

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 11/29/07	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming & Policy Analysis

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Richard Christie
(213) 922-6022

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

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

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) _____

State Chartered Transit District

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8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision – A (Increase of Award)

If Revision, enter appropriate letter(s) in box(es):
A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
TITLE 49 U.S.C. § 5316

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
LA Community College Passenger and Pedestrian Mobility Improvements

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

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
11/30/2007	10/1/2009	Districts 27 and 31	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	1,172,992
b Applicant	$	.00
c State	$	.00
d Local	$	293,428
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	1,466,240

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 11/29/07
b NO ☐ PROGRAM IS NOT COVERED BY E O 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation ☒ No

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

a Typed Name of Authorized Representative	b Title	c Telephone number
GLADYS LOWE	Director Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative	e. Date Signed
Gladys Lowe	12/4/07

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 11/29/07	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming & Policy Analysis

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Richard Christie
(213) 922-6022

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

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

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) _____

State Chartered Transit District

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision – A (Increase of Award)

If Revision, enter appropriate letter(s) in box(es):
A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
TITLE 49 U.S.C. § 5316

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Bus Transfer/Layover Plaza and Bus Stop Improvements in Monterey Park

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

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
11/30/2007	12/15/2009	Districts 29 and 32	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	750,716
b Applicant	$	.00
c State	$	.00
d Local	$	186,679
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	938,395

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 11/29/07
b NO ☐ PROGRAM IS NOT COVERED BY E O 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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STATE CLEARING HOUSE

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation ☒ No

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

a Typed Name of Authorized Representative	b Title	c Telephone number
GLADYS LOWE	Director Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative	e. Date Signed
Gladys Lowe	12/5/07

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Standard Form 424 REV 4/88;
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:** 0825303690000

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* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Adm Division: Univ. of Calif., Los Angeles

* Street1: 11000 Kinross Avenue, Suite 102 Street2:

* City: Los Angeles County: Los Angeles * State: CA: Califor

Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1406

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	

* Phone Number: 310-794-0171 Fax Number: 310-794-0631 Email: klund@resadmin.ucla.edu

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

1956006143A1

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

8. * TYPE OF APPLICATION: ☑ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

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:

National Institute for Particle Astrophysics (NIPA)

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

Los Angeles, CA

13. PROPOSED PROJECT:

* Start Date	* Ending Date
07/01/2008	06/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant	b. * Project
CA-30	CA-30

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Prof.	Alexander		Kusenko	

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

Department: Physics and Astronomy Division: Univ. of Calif., Los Angeles

* Street1: 475 Portola Plaza Street2:

* City: Los Angeles County: Los Angeles * State: CA: Califor

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

* Phone Number: 310-825-4814 Fax Number: 310-206-5668 * Email: kusenko@physics.ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	200,000.00
b. * Total Federal & Non-Federal Funds	400,000.00
c. * Estimated Program Income	0.00

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

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

DATE: 12/13/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ *** 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:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Office of Contract & Grant Adm	Division:	Univ. of Calif., Los Angeles
* Street1:	11000 Kinross Avenue, Suite 102	Street2:	
* City:	Los Angeles	County:	Los Angeles
* State:	CA: Californ	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-794-0831
* Email:	klund@resadmin.ucla.edu		

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application Add Attachment

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

NIPA_Congressional_Districts.pdf Delete Attachment View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted

Applicant Identifier

1. Type of Submission:

Application: ___ Construction; X Nonconstruction

Preapplication: ___ Construction; ___ Nonconstruction

3. Date Rec'd by State

State Application Identifier

4. Date Rec'd by Federal

Federal Identifier

5. Applicant Information:

Legal Name and Address:
(give city, county, state, and zip code)
State Water Resources Control Board
1001 I Street, Sacramento County
Sacramento, California 95814

Organizational Unit:
Division of Water Quality
Name and telephone of person to be contacted on matters involving this application (give area code):
Liz Haven
(916) 341-5573

6. Employer Identification Number (EIN): 68--0281986

6. D U N S Number: 808321913

7. Type of Applicant: (enter appropriate letter) __A___

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

8. Type of Application:

_X_ New ___ Revision Continuation

If Revision, enter appropriate letter(s): ___ ___

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

9. Name of Federal Agency:
U. S. Environmental Protection Agency

10. Catalog of Federal Domestic Assistance Number
66.419
Title: Water Pollution Control State and Interstate Program Support

11. Descriptive Title of Applicant's Project:

To protect and improve California's surface waters in the implementation of water quality laws in the California Porter-Cologne Water Quality Control Act and the federal Clean Water Act (CWA).

12. Area Affected by Project:
(cities, counties, states, etc.)
State of California

13. Proposed Project:

Start Date: 7/1/2008
End Date: 6/30/2013

14. Congressional District of:

Applicant: 3
Project: California - All

15. ESTIMATED FUNDING:

a. Federal $11,086,892
b. Applicant $0
c. State $8,907,386
d. Local $0
e. Other $0
f. Program Income $0
g. TOTAL $19,994,278

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16. Is the application subject to review by the State Executive Order (EO) 12372 process?

a. YES: __X__ This application/preapplication was made available to the State EO 12372 process for review on:
Date: December 12, 2007

b. NO: ___ Program is not covered by EO # 12372
_____ Program has not been selected by the state for review.

17. Is the applicant delinquent on any Federal debt?

_____ YES, attach explanation _X___ NO

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

a. Typed Name of Authorized Representative
Dorothy Rice

b. Title:
Executive Director

c. Telephone Number
(916) 341-5615

d. Signature of Authorized Representative

e. Date Signed:
December 19, 2007

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 11/15/07	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Pre-application: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Big Pine Paiute Tribe

Organizational DUNS: 010708634

Address:

Street: 825 S. Main St.

City: Big Pine

County: Inyo

State: CA

Zip Code: 93513

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix:

First Name: Mark

Middle Name: D.

Last Name: Webb

Suffix: MCP

Email: mdwebb626@adelphia.net

Phone Number (give area code): 951-501-9198

Fax Number (give area code): 800-868-8438

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3059258

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

Other (specify)

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE (Name of Program): Water and Wastewater Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Replacement of unanchored (seismic unsafe) 250,000 gallon water storage tank with 350,000 gallon (seismic safe) welded tank to provide for increased domestic water and fire suppression demands.

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

Big Pine Indian Reservation

13. PROPOSED PROJECT

Start Date: 3/1/08

Ending Date: 2/28/09

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 25th

b. Project: 25th

15. ESTIMATED FUNDING:

a. Federal	$ 75,000.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 347,800.00
f. Program Income	$ 0.00
g. TOTAL	$ 422,800.00

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

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

DATE: 11/15/07

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Honorable

First Name: Virgil

Middle Name: Dave

Last Name: Moose

Suffix:

b. Title: Tribal Chairman

c. Telephone Number (give area code): 760-938-2003

d. Signature of Authorized Representative: Virgil D Moose

e. Date Signed: 11/21/07

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

UEDM

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

plicant 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:** 092530369

RECEIVED
DEC - 7 2007
STATE CLEARING HOUSE

* Legal Name: The Regents of the University of California

Department: Off of Contract & Grant Admin Division: Univ of Calif, Los Angeles

* Street1: 11000 Kinross Avenue, Suite 102 Street2: Suite 102

* City: Los Angeles County: * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1406

Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Kristin Middle Name: * Last Name: Lund Suffix:

* Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: doe@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 956006143

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? NSF

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:
Dusel R&D: New WIMP Detector Technique based on High Pressure Xenone Gas

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

13. PROPOSED PROJECT:
* Start Date: 06/01/2008 * Ending Date: 05/31/2009

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: TX-017 b. * Project: TX-017

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Hanguo Middle Name: * Last Name: Wang Suffix: PhD

Position/Title: Associate Research * Organization Name: The Regents of the University of California

Department: Physics and Astronomy Division: Univ of Calif, Los Angeles

* Street1: 475 Portola Plaza Street2:

* City: Los Angeles County: * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1406

* Phone Number: 310-206-3656 Fax Number: * Email: hanguo@ucla.edu

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

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	25,200.00
b. * Total Federal & Non-Federal Funds	25,200.00
c. * Estimated Program Income	0.00

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

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

DATE: 12/04/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ * 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:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Kristin		Lund	

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Off of Contract & Grant Admin	Division:	Univ of Calif, Los Angeles
* Street1:	11000 Kinross Avenue	Street2:	Suite 102
* City:	Los Angeles	County:	
* State:	CA: Califori	Province:	
* Country:	JNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-943-1656
* Email:	klund@resadmin.ucla.edu		

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

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

Add Attachment | Delete Attachment | View Attachment

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

EFM

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

RECEIVED
DEC - 7 2007
STATE CLEARING HOUSE

5. APPLICANT INFORMATION * Organizational DUNS: 092530369

* Legal Name: The Regents of the University of California
Department: Off of Contract & Grant Admin Division: Univ of Cal, Los Angeles
* Street1: 11000 Kinross Avenue Street2: Suite 102
* City: Los Angeles County: * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 90095

Person to be contacted on matters involving this application
Prefix: * First Name: Kristin Middle Name: * Last Name: Lund Suffix:
* Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: doe@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 956006143

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

Other (Specify):

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

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? NSF

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Development of QUPID for Dark Matter, Double Beta Decay and Solar Neutrino Experiments

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

13. PROPOSED PROJECT:
* Start Date: 07/01/2008 * Ending Date: 06/30/2010

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

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: * First Name: Katsushi Middle Name: * Last Name: Arisaka Suffix: PhD
Position/Title: Professor * Organization Name: The Regents of the University of California
Department: Physics & Astronomy Division: Univ of Cal, Los Angeles
* Street1: 430 Portola Plaza Street2:
* City: Los Angeles County: * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 90095
* Phone Number: 310-825-4925 Fax Number: * Email: arisaka@physics.ucla.edu

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

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	358,658.00
b. * Total Federal & Non-Federal Funds	358,658.00
c. * Estimated Program Income	0.00

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

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

DATE: 12/04/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ * 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:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Kristin		Lund	

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Off of Contract & Grant Admin	Division:	Univ of Cal, Los Angeles
* Street1:	11000 Kinross Avenue	Street2:	Suite 102
* City:	Los Angeles	County:	
* State:	CA: Californ	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	90095
* Phone Number:	310-794-0171	Fax Number:	310-943-1656
* Email:	klund@resadmin.ucla.edu		

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

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

Add Attachment | Delete Attachment | View Attachment

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

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

RECEIVED
DEC - 7 2007
STATE CLEARING HOUSE

5. APPLICANT INFORMATION * Organizational DUNS: 092530369

* Legal Name: The Regents of the University of California
Department: Off of Contract & Grant Admin Division: Univ of Calif, Los Angeles
* Street1: 11000 Kinross Avenue Street2: Suite 102
* City: Los Angeles County: * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 90095

Person to be contacted on matters involving this application
Prefix: Ms. * First Name: Kristin Middle Name: * Last Name: Lund Suffix:
* Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: doe@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 956006143

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

Other (Specify):

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
TITLE: Office of Science Financial Assistance Program

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
DUSEL R&D: Proposal to Study the Purification and Pumping System for a Large Argon TPC

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

13. PROPOSED PROJECT:
* Start Date: 07/01/2008 * Ending Date: 06/30/2010

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

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: * First Name: David Middle Name: B. * Last Name: Cline Suffix: PhD
Position/Title: Professor * Organization Name: The Regents of the University of California
Department: Physics & Astronomy Division:
* Street1: 430 Portola Plaza Street2:
* City: Los Angeles County: * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 90095
* Phone Number: 310-825-1673 Fax Number: * Email: dcline@physics.ucla.edu

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

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	298,600.00
b. * Total Federal & Non-Federal Funds	298,600.00
c. * Estimated Program Income	0.00

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

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

DATE: 12/04/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ * 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:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Off of Contract & Grant Admin	Division:	Univ of Calif, Los Angeles
* Street1:	11000 Kinross Avenue	Street2:	Suite 102
* City:	Los Angeles	County:	
* State:	CA: Califon	Province:	
* Country:	JNITED ST	* ZIP / Postal Code:	90095
* Phone Number:	310-794-0171	Fax Number:	310-943-1656
* Email:	klund@resadmin.ucla.edu		

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

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

Add Attachment | Delete Attachment | View Attachment

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

ETTM

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

licant 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:** 092530369

RECEIVED
DEC - 7 2007
STATE CLEARING HOUSE

* Legal Name: The Regents of the University of California

Department: Off of Contract & Grant Admin Division: Univ of Calif, Los Angeles

* Street1: 11000 Kinross Avenue, Suite 102 Street2: Suite 102

* City: Los Angeles County: * State: CA: Califon

Province: * Country: UNITED ST * ZIP / Postal Code: 90095-1406

Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Kristin Middle Name: * Last Name: Lund Suffix:

* Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: doe@resadmin.ucla.edu

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

956006143

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

8. * TYPE OF APPLICATION: ☑ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

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? NSF

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Dusel R&D: New WIMP Detector Technique based on High Pressure Xenone Gas

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

College Station, TX

13. PROPOSED PROJECT:

* Start Date: 06/01/2008 * Ending Date: 05/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: TX-017 b. * Project: TX-017

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Hanguo Middle Name: * Last Name: Wang Suffix: PhD

Position/Title: Associate Research * Organization Name: The Regents of the University of California

Department: Physics and Astronomy Division: Univ of Calif, Los Angeles

* Street1: 475 Portola Plaza Street2:

* City: Los Angeles County: * State: CA: Califon

Province: * Country: UNITED ST * ZIP / Postal Code: 90095-1406

* Phone Number: 310-206-3656 Fax Number: * Email: hanguo@ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	25,200.00
b. * Total Federal & Non-Federal Funds	25,200.00
c. * Estimated Program Income	0.00

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

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

DATE: 12/04/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ * 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:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Kristin		Lund	

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Off of Contract & Grant Admin	Division:	Univ of Calif, Los Angeles
* Street1:	11000 Kinross Avenue	Street2:	Suite 102
* City:	Los Angeles	County:	
* State:	CA: Califor	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-943-1656
* Email:	klund@resadmin.ucla.edu		

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

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment Delete Attachment View Attachment

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

Add Attachment Delete Attachment View Attachment

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

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

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application ☐ Changed/Corrected Application

5. APPLICANT INFORMATION — * Organizational DUNS: 009214714

* Legal Name: Board of Trustees of the Leland Stanford Junior University
Department: Office of Sponsored Research | Division:
* Street1: 651 Serra Street, Suite 220 | Street2:
* City: Stanford | County: | * State: CA: Califon
Province: | * Country: UNITED ST | * ZIP / Postal Code: 94305-4125

RECEIVED DEC - 7 2007 STATE CLEARING HOUSE

Person to be contacted on matters involving this application
Prefix: Ms. | * First Name: Csilla | Middle Name: | * Last Name: Csaplar | Suffix:
* Phone Number: 650-498-6877 | Fax Number: 650-498-4167 | Email: csaplar@stanford.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 94-1156365

7. * TYPE OF APPLICANT: O: Private 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? NSF

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:
Collaborative Research for DUSEL: Gas Xe R&D for EXO

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*
Stanford, CA; Alabama; Canada

13. PROPOSED PROJECT:
* Start Date: 06/01/2008 | * Ending Date: 05/31/2011

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: 14th | b. * Project: 14th

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof. | * First Name: Giorgio | Middle Name: | * Last Name: Gratta | Suffix:
Position/Title: Professor | * Organization Name: Board of Trustees of the Leland Stanford Junior University
Department: Physics | Division:
* Street1: 382 Via Pueblo Mall | Street2:
* City: Stanford | County: | * State: CA: Califon
Province: | * Country: UNITED ST | * ZIP / Postal Code: 94305-4125
* Phone Number: 650-725-6509 | Fax Number: 650-723-1821 | * Email: gratta@stanford.edu

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

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 672,793.00

b. * Total Federal & Non-Federal Funds 672,793.00

c. * Estimated Program Income 0.00

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

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

DATE: 07/07/2007

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

PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

✓ * 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: * First Name: Csilla Middle Name: * Last Name: Csaplar Suffix:

* Position/Title: Contract & Grant Officer * Organization: Board of Trustees of the Leland Stanford Junior University

Department: Office of Sponsored Research Division:

* Street1: 651 Serra Street, Suite 220 Street2:

* City: Stanford County: * State: CA: Califor

Province: * Country: UNITED ST * ZIP / Postal Code: 94305-4125

* Phone Number: 650-498-6877 Fax Number: 650-498-4167 * Email: csaplar@stanford.edu

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

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment

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

Add Attachment

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED: 12/01/2007

Applicant Identifier: MGT07_DOEPS02_0801

3. DATE RECEIVED BY STATE: 12/10/2007

State Application Identifier:

4. Federal Identifier:

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: 604477591

RECEIVED
DEC - 4 2007
STATE CLEARING HOUSE

* Legal Name: MGT Technical Consulting

Department: | Division:

* Street1: 1126 Poinsettia Drive | Street2:

* City: West Hollywood | County: Los Angeles | * State: CA: Califon

Province: | * Country: UNITED ST | * ZIP / Postal Code: 90046

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Luca		Gratton	

* Phone Number: (323)512-2934 | Fax Number: | Email: mgttechnical@adelphia.net

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 581926441

7. * TYPE OF APPLICANT: R: Small Business

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:

Flow Boiling and Void Nucleation in Micro-Conduits

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

West Hollywood, Los Angeles, California

13. PROPOSED PROJECT:

* Start Date: 06/01/2008 | * Ending Date: 05/31/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA 30 | b. * Project: CA 30

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Luca		Gratton	

Position/Title: General Manager | * Organization Name: MGT Technical Consulting

Department: | Division:

* Street1: 1126 Poinsettia Drive | Street2:

* City: West Hollywood | County: Los Angeles | * State: CA: Califon

Province: | * Country: UNITED ST | * ZIP / Postal Code: 90046

* Phone Number: (323)512-2934 | Fax Number: | * Email: mgttechnical@adelphia.net

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	147,619.56
b. * Total Federal & Non-Federal Funds	147,619.56
c. * Estimated Program Income	0.00

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

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

DATE: 11/30/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ *** 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:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Luca		Gratton	

* Position/Title:	General Manager	* Organization:	MGT Technical Consulting
Department:		Division:	
* Street1:	1126 Poinsettia Drive	Street2:	

* City:	West Hollywood	County:	Los Angeles	* State:	CA: Californ
Province:		* Country:	UNITED ST	* ZIP / Postal Code:	90046
* Phone Number:	(323)512-2934	Fax Number:		* Email:	mgttechnical@adelphia.net

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

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment Delete Attachment View Attachment

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

Add Attachment Delete Attachment View Attachment

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

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

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application ☐ Changed/Corrected Application

RECEIVED DEC - 4 2007 STATE CLEARING HOUSE

5. APPLICANT INFORMATION — * Organizational DUNS: 009214214

* Legal Name: Board of Trustees of the Leland Stanford Junior University

Department: Office of Sponsored Research — Division:

* Street1: 651 Serra Street, Suite 220 — Street2:

* City: Stanford — County: — * State: CA: Califor

Province: — * Country: UNITED ST — * ZIP / Postal Code: 94305-4125

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Csilla		Csaplar	

* Phone Number: 650-498-6877 — Fax Number: 650-498-6877 — Email: csaplar@stanford.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 94-1156365

7. * TYPE OF APPLICANT: O: Private Institution of Higher Education

Other (Specify):

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

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

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Optimizing New Dark Energy Experiments

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

Stanford, CA

13. PROPOSED PROJECT:

* Start Date	* Ending Date
07/01/2008	06/30/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant	b. * Project
14th	14th

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Prof.	Patricia		Burchat	

Position/Title: Professor — * Organization Name: Board of Trustees of the Leland Stanford Junior University

Department: Physics — Division: Varian Physics

* Street1: 382 Via Pueblo Mall — Street2:

* City: Stanford — County: — * State: CA: Califor

Province: — * Country: UNITED ST — * ZIP / Postal Code: 94305-4125

* Phone Number: 650-725-5771 — Fax Number: 650-723-1821 — * Email: burchat@stanford.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 66,206.00

b. * Total Federal & Non-Federal Funds 66,206.00

c. * Estimated Program Income 0.00

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

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

DATE: 12/04/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ * 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: * First Name: Csilla Middle Name: * Last Name: Csaplar Suffix:

* Position/Title: Contract & Grant Officer * Organization: Board of Trustees of the Leland Stanford Junior University

Department: Office of Sponsored Research Division:

* Street1: 651 Serra Street, Suite 220 Street2:

* City: Stanford County: * State: CA: Califor

Province: * Country: UNITED ST * ZIP / Postal Code: 94305-4125

* Phone Number: 650-498-6877 Fax Number: 650-498-4167 * Email: csaplar@stanford.edu

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

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment

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

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED: 12/03/2007

Applicant Identifier:

3. DATE RECEIVED BY STATE:

State Application Identifier:

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier: DE-FG02-97ER54402

5. APPLICANT INFORMATION — *** Organizational DUNS:** 067638957

* Legal Name: General Atomics
Department: Energy — Division: Magnetic Fusion
* Street1: 3550 General Atomics Court — Street2:
* City: San Diego — County: — * State: CA: Californ
Province: — * Country: UNITED ST — * ZIP / Postal Code: 92121-1122

RECEIVED
DEC - 3 2007
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Ramona		Gompper	

* Phone Number: 858-455-3057 — Fax Number: 858-455-3545 — Email: ramona.gompper@gat.com

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-3735102

7. * TYPE OF APPLICANT: Q: For-Profit Organization (Other than Small Business)

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:
Advancing Precollege Science and Mathematics Education Renewal

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

13. PROPOSED PROJECT:
* Start Date: 05/15/2008 — * Ending Date: 05/14/2011

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-53 — b. * Project: CA-53

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Position/Title: Project Manager — * Organization Name: General Atomics
Department: Energy — Division: Magnetic Fusion
* Street1: 3550 General Atomics Court — Street2:
* City: San Diego — County: — * State: CA: Californ
Province: — * Country: UNITED ST — * ZIP / Postal Code: 92121-1122
* Phone Number: 858-455-3331 — Fax Number: — * Email: rick.lee@gat.com

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

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	626,700.00
b. * Total Federal & Non-Federal Funds	626,700.00
c. * Estimated Program Income	0.00

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

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

DATE: 12/03/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ *** 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:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Ramona		Gompper	

* Position/Title:	Sr. Contract Administrator	* Organization:	General Atomics
Department:	Contracts and Purchasing	Division:	
* Street1:	3550 General Atomics Court	Street2:	
* City:	San Diego	County:	
* State:	CA: Califon	Province:	
* Country:	JNITED ST	* ZIP / Postal Code:	92121-1122
* Phone Number:	858-455-3057	Fax Number:	858-455-3545
* Email:	ramona.gompper@gat.com		

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

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment

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

Add Attachment

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

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

Application for Federal Assistance SF-424

Version 02

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

* 2. Type of Application:
- [x] 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:

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DEC - 3 2007
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Monterey Bay Aquarium Research Institute

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77 0150580

* c. Organizational DUNS: 1783417720000

d. Address:

* Street1: 7700 Sandholdt Road
Street2:
* City: Moss Landing
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95039

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: Steven

Middle Name:

* Last Name: Ramp

Suffix: Ph.D

Title: Principal Investigator

Organizational Affiliation:

* Telephone Number: 831 775 1803

Fax Number:

* Email: sramp@mbari.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit 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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.473

CFDA Title:

Coastal Services Center

*** 12. Funding Opportunity Number:**

NOS-CSC-2008-2001072

* Title:

FY 2008 Implementation of Regional Integrated Ocean Observing Systems

13. Competition Identification Number:

2077856

Title:

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

Northern and Central and Southern California

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

CeNCOOS: Long-term monitoring of environmental conditions in support of protected marine area management in central and northern California

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

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

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

Congressional Districts affected by CeNCI [illegible] Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2008
* b. End Date: 07/31/2011

18. Estimated Funding ($):

* a. Federal	10,496,091.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	10,496,091.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 12/03/2007.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Patrice
Middle Name: A.
* Last Name: Carroll
Suffix:

* Title: Sr. Grants Specialist

* Telephone Number: 831 775 1803
Fax Number: 831 775 1620

* Email: grants@mbari.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.