Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2008.** 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

Version 7/03

2. DATE SUBMITTED	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

NOV 28 2008

5. APPLICANT INFORMATION

Legal Name: City of Corning

Organizational Unit: Department: Public Works; Division: Engineering

Organizational DUNS:

Address: Street: 794 Third Street; City: Corning; County: Tehama; State: CA; Zip Code: 96021; Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: 530/824-7029; First Name: Stephen; Middle Name: J.; Last Name: Kimbrough; Suffix:; Email: stevek@corning.org; Phone Number (give area code): 530/824-7033; Fax Number (give area code): 530/824-2489

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000317

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) "C"

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA-RD

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construct Municipal Water Well, Pump, Controls, Stand-by Power, Building and related piping and valves, for domestic consumption.

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

13. PROPOSED PROJECT Start Date: 4/1/2009; Ending Date: 10/1/2009

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2; b. Project 2

15. ESTIMATED FUNDING:

a. Federal	$ 531,750.00
b. Applicant	$ 46,250.00
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 578,000

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: 12/1/08

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	First Name: Stephen	Middle Name: J.
Last Name: Kimbrough		Suffix
b. Title: City Manager		c. Telephone Number (give area code): 530/824-7033
d. Signature of Authorized Representative		e. Date Signed: 11-25-08

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

RECEIVED
DEC 1 2008
STATE CLEARING HOUSE

Item 1.a
Form 424
Application for Federal Assistance

OMB Number: 4040-0004
Expiration Date: 07/31/2009

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☑ Application	☑ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	R9 Tracking #08-426

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
R9 Tracking #08-426	V-98946801-0

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Orange Health Care Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-6000928	024156155

d. Address:

* Street1: 1241 E. Dyer Road Suite 120
Street2:
* City: Santa Ana
County: Orange
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 92705

e. Organizational Unit:

Department Name:	Division Name:
Health Care Agency	Environmental Health

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

Prefix: Mr. * First Name: Richard
Middle Name:
* Last Name: Sanchez
Suffix:

Title: Director of Environmental Health

Organizational Affiliation:

* Telephone Number: 714 433-6471 Fax Number: 714 754-1732

* Email: risanchez@ochca.com

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

B

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency, Region 9

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title:

Superfund Site Specfic Cooperative Agreements

*** 12. Funding Opportunity Number:**

EPA-R9-05-426

* Title:

Palos Verdes Shelf Institutional Controls Program - White Croaker Market Inspection Program

13. Competition Identification Number:

Title:

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

County of Orange

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

Palos Verdes Shelf Institutional Controls Program - White Croaker Market Inspection Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-040,44,46,47,48 * b. Program/Project CA-010,44,46,47,48

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

Add Attachment

17. Proposed Project:

* a. Start Date 5/01/2009 * b. End Date: 4/30/2011

18. Estimated Funding ($):

* a. Federal	$70,470.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$70,470.00

*** 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 11/21/08.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: David

Middle Name:

* Last Name: Souleles

Suffix:

* Title: Deputy Agency Director, Public Health Services

* Telephone Number: 714 834-3882 Fax Number: 714 834-5506

* Email: dsouleles@ochca.com

* Signature of Authorized Representative: * Date Signed:

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☑ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Palo Verde County Water District	**Organizational Unit:** Department:
Organizational DUNS: 16-897-2420	Division:
Address: Street: 1065 Desert View	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: James
City: Palo Verde	Middle Name F.
County: Imperial	Last Name Owens
State: CA / Zip Code 92226-0185	Suffix: P.E.
Country: USA	Email: james.owens@nolte.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3134592	Phone Number (give area code) 760-341-3101 / Fax Number (give area code) 760-341-5999
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) G Other (specify) **9. NAME OF FEDERAL AGENCY:** USDA Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Potable water transmission pipeline under Caltrans Highway 78 relocation.
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Palo Verde, CA	
13. PROPOSED PROJECT Start Date: Oct 2008 / Ending Date: Summer 2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 51 / b. Project 51

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15. ESTIMATED FUNDING:

a. Federal	$ 273,500.00
b. Applicant	$ .00
c. State	$ 73,000.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 346,500.00

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:

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	First Name David	Middle Name M
Last Name McLaughlin		Suffix
b. Title President		c. Telephone Number (give area code) 760-854-3519
d. Signature of Authorized Representative D M McLaughlin		e. Date Signed 11/24/08

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

DE-FG02-03ER41272

5. APPLICANT INFORMATION * Organizational DUNS: 073371346

* Legal Name: San Diego State University Research Foundation

Department: Division:

* Street1: 5250 Campanile Drive Street2:

* City: San Diego County: * State: CA: Califor

Province: * Country: UNITED ST * ZIP / Postal Code: 92182-1931

Person to be contacted on matters involving this application

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

* Phone Number: 619-594-5731 Fax Number: Email: awards@foundation.sdsu.edu

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

95-6042721

7. * TYPE OF APPLICANT:

M: Nonprofit with 501C3 IRS Status (Other than 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:

Mean-Field and Moment Methods Applied to Nuclear Structure and Reactions

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

nationwide

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13. PROPOSED PROJECT:

* Start Date: 06/01/2009 * Ending Date: 05/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-053 b. * Project: CA-053

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Calvin Middle Name: W. * Last Name: Johnson Suffix: PhD

Position/Title: Professor * Organization Name: San Diego State University

Department: Physics Division: College of Engineering

* Street1: 5500 Campanile Drive Street2:

* City: San Diego County: * State: CA: Califor

Province: * Country: UNITED ST * ZIP / Postal Code: 92182-1233

* Phone Number: 619-594-1284 Fax Number: * Email: cjohnson@sciences.sdsu.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLIC ON FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding: 225,000.00

b. * Total Federal & Non-Federal Funds: 0.00

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: 12/03/2008

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.	Camille		Nebeker	

* Position/Title: Director
* Organization: San Diego State University
Department: Division of Research Affairs
Division:
* Street1: 5500 Campanile Drive
Street2:
* City: San Diego
County:
* State: CA: Califor
Province:
* Country: JNITED ST
* ZIP / Postal Code: 92182-1643
* Phone Number: 619-594-5938
Fax Number: 619-594-4109
* Email: awards@foundation.sdsu.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

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☐ Application
☑ Changed/Corrected Application

4. Federal Identifier
GRANT00552852

5. APPLICANT INFORMATION

* Organizational DUNS: 073371346

* Legal Name: San Diego State University Research Foundation

Department: Division:

* Street1: 5250 Campanile Drive Street2:

* City: San Diego County: * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 92182

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Person to be contacted on matters involving this application

Prefix: Mr. * First Name: Eugene Middle Name: * Last Name: Stein Suffix:

* Phone Number: 619-594-5731 Fax Number: 619-594-4950 Email: awards@foundation.sdsu.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*:
95-6042721

7. * TYPE OF APPLICANT:
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Other (Specify):

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)*

Small Business Organization Type
☐ Women Owned ☐ Socially and Economically Disadvantaged

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:
Nanoparticle Sintering Study by an Integrated Multi-Scale Experimental and Simulation Approach

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

13. PROPOSED PROJECT:
* Start Date: 07/01/2009 * Ending Date: 06/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-053 b. * Project: CA-053

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Eugene Middle Name: * Last Name: Olevsky Suffix:

Position/Title: Professor * Organization Name: San Diego State University

Department: Mechanical Engineering Division:

* Street1: 5500 Campanile Drive Street2:

* City: San Diego County: * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 92182

* Phone Number: 619-594-6329 Fax Number: 619-594-3599 * Email: olevsky@kahuna.sdsu.edu

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

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	427,662.00
b. * Total Federal & Non-Federal Funds	0.00
c. * Estimated Program Income	427,662.00

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: 12/05/2008

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:
	Camille		Nebeker	

* Position/Title:	Director	* Organization:	San Diego State University
Department:	Division of Research Affairs	Division:	
* Street1:	5500 Campanile Drive	Street2:	
* City:	San Diego	County:	
* State:	CA: Califor	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	92182
* Phone Number:	619-594-6622	Fax Number:	619-594-4109
* Email:	awards@foundation.sdsu.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.

AdditionalSites.pdf Add Attachment Delete Attachment View Attachment

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

RCH #304

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 9/29/08	Applicant Identifier 09CH0621/43	
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: Fresno County EOC - Head Start

Organizational Unit:

Department: Same

Organizational DUNS: 07-8788023

Division:

Address:

Street: 1920 Mariposa Mall

City: Fresno

County: Fresno

State: CA Zip Code 93721

Country: USA

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

Prefix: First Name: Naomi

Middle Name

Last Name: Quiring-Mizumoto

Suffix:

Email: naomi.mizumoto@fresnoeoc.org

Phone Number (give area code): 559-263-1205

Fax Number (give area code): 559-263-1287

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1606519

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) N

Other (specify) Nonprofit Community Action Agency

9. NAME OF FEDERAL AGENCY: Administration for Children and Families/DHHS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-600

TITLE (Name of Program): Head Start

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Head Start-Preschool and Early Head Start 2009 Refunding Application (Year 2 of 3 Year Cycle).

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

13. PROPOSED PROJECT

Start Date: 1/01/2009 Ending Date: 12/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 19, 20, 21 b. Project 19, 20, 21

15. ESTIMATED FUNDING:

a. Federal	$ 28,708,904.00
b. Applicant	$ 7,177,226.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 35,886,130.00

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: 9/29/2008

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: First Name: Roger Middle Name:

Last Name: Palomino Suffix:

b. Title: Executive Director c. Telephone Number (give area code): 559-263-1010

d. Signature of Authorized Representative: Roger Palomino e. Date Signed: 9/29/08

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

Jessica Chavez, CWPC Chair

Moses Stites, EOC Board Chair

APPLICATION FOR FEDERAL ASSI ICE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier

RECEIVED
DEC 8 2008
STATE CLEARING HOUSE

5. APPLICANT INFORMATION *** Organizational DUNS:** 072933393

* Legal Name: University of Southern California
Department: Contracts & Grants Division:
* Street1: 837 Downey Way Street2: STO 305
* City: Los Angeles County: Los Angeles * State: CA: Califor
Province: * Country: JNITED ST * ZIP / Postal Code: 90089-1147

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mr.	Christopher		Avalos	

* Phone Number: 213-740-7476 Fax Number: 213-740-6070 Email: eavalos@usc.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*:
95-1642394

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:
Effect of increased surface area and connectivity on a semiconductor's behavior - a nanoporous approach

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

13. PROPOSED PROJECT:
* Start Date: 09/01/2009 * Ending Date: 08/31/2013

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-033 b. * Project: CA-033

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Andrea		Hodge	

Position/Title: Assistant Professor * Organization Name: University of Southern California
Department: AME Division:
* Street1: 3710 S. McClintock Ave Street2: Suite 503
* City: Los Angeles County: Los Angeles * State: CA: Califor
Province: * Country: JNITED ST * ZIP / Postal Code: 90089
* Phone Number: 213-740-4225 Fax Number: * Email: ahodge@usc.edu

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

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding: 496,016.00

b. * Total Federal & Non-Federal Funds: 496,016.00

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: 12/08/2008

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:
Mr.	Christopher		Avalos	

* Position/Title: Contract & Grant Administrator
* Organization: University of Southern California
Department: Contracts & Grants
Division:
* Street1: 837 Downey Way
Street2: STO 305
* City: Los Angeles
County: Los Angeles
* State: CA: Califon
Province:
* Country: JNITED ST
* ZIP / Postal Code: 90089-1147
* Phone Number: 213-740-7476
Fax Number: 213-740-6070
* Email: eavalos@usc.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

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:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2554256

* c. Organizational DUNS: 010720597

d. Address:

* Street1: 5400 East Olympic Boulevard, Suite 300
Street2:
* City: Los Angeles
County: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90022

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
* First Name: Tom
Middle Name: Florencio
* Last Name: Provencio
Suffix:

Title: Authorized Agent

Organizational Affiliation:

* Telephone Number: 323.721.1655
Fax Number: 323.721.3560

* Email: tprovencio@telacu.com

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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5218-N-01

* Title:

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

S202-DEMO

Title:

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

Rialto, County of San Bernardino, CA

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

Pre-Development Program to assist Fiscal year 2008 Section 202 supportive housing of recipients.

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: 34
* b. Program/Project: 43

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/30/2008
* b. End Date: 03/31/2010

18. Estimated Funding ($):

* a. Federal	10,735,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	5,000,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	15,735,000.00

*** 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 12/04/2008.
- [ ] 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

Explanation

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

* Title: Authorized Agent

* Telephone Number: 323.721.1655
Fax Number: 323.721.3560

* Email: tprovencio@telacu.com

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

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARING HOUSE

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
Region 9 Tracking Number 08-448	A00905609-0

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Bay Area Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-1622746	078781416

d. Address:

* Street1: 939 Ellis Street
Street2:
* City: San Francisco
County: San Francisco
* State: California
Province:
* Country: United States of America
* Zip / Postal Code: 94109

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: Joe
Middle Name: A
* Last Name: Slamovich
Suffix:

Title: Senior Advanced Project Adviser

Organizational Affiliation:

* Telephone Number: (415)749-4681	Fax Number: (415)749-5111

* Email: jslamovich@baaqmd.gov

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:

D - Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-001

CFDA Title:

*** 12. Funding Opportunity Number:**

A00905609-0

* Title:

Air Pollution Program

13. Competition Identification Number:

Title:

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

The 9 Bay Area counties covered by the Bay Area Air Quality Management District.

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

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-8TH District * b. Program/Project 04 - 13

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/1/08 * b. End Date: 9/30/09

18. Estimated Funding ($):

* a. Federal	$1,421,298.00
* b. Applicant	$34,179,903.00
* c. State	$1,722,863.00
* d. Local	$20,632,124.00
* e. Other	
* f. Program Income	
* g. TOTAL	$57,956,188.00

*** 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 12/09/08.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Jack

Middle Name: Michael

* Last Name: Colbourn

Suffix:

* Title: Chief Financial Officer

* Telephone Number: 415-749-5192 Fax Number: 415-749-5111

* Email: jcolbourn@baaqmd.gov

* Signature of Authorized Representative: * Date Signed: 8/14/08

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[x] Preapplication	[x] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: CITY of SAN JOAQUIN

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
499-0737-1	

d. Address:

* Street1: 21900 Colorado Avenue
Street2:
* City: San Joaquin
County: Fresno
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93660

e. Organizational Unit:

Department Name:	Division Name:
n/a	n/a

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

Prefix: MS. * First Name: Cruz
Middle Name: W.
* Last Name: Ramos
Suffix:

Title: City Manager

Organizational Affiliation:
City of San Joaquin

* Telephone Number: (559) 693-4311 ext. 18 Fax Number: (559) 693-2193

* Email: cruzramos@kermantel.net

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:

C

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

11-300

CFDA Title:

PUBLIC WORKS and ECONOMIC DEVELOPMENT PROGRAM

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

City of San Joaquin, Fresno County, California

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

Waste Water Treatment Plant - Expansion

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: JimCosta
* b. Program/Project: JimCosta

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01-15-2009
* b. End Date: 07-15-2009

18. Estimated Funding ($):

* a. Federal	$2,100,000.00
* b. Applicant	$1,005,800.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$3,105,800.00

*** 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 .
- [ ] 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

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances **and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 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:	MR
* First Name:	AMARPREET
Middle Name:	
* Last Name:	DHALIWAL
Suffix:	
* Title:	MAYOR, CITY of SAN JOAQUIN, CALIFORNIA
*Telephone Number:	(559) 693-4311
Fax Number:	(559) 693-2193
* Email:	dbrooks@kermantel.net
* Signature of Authorized Representative:	[signature]
* Date Signed:	07/31/08

Authorized for Local Reproduction

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

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:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

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STATE CLEARING HOUSE

6. Date Received by State: 12/09/2008

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6042721

* c. Organizational DUNS: 07-337-1346

d. Address:

* Street1: 5250 Campanile Drive
Street2:
* City: San Diego
County: San Diego
* State: CA
Province:
* Country: USA: United States
* Zip / Postal Code: 92182-1931

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
* First Name: Eugene
Middle Name:
* Last Name: Stein
Suffix:

Title: Director, Sponsored Research Development

Organizational Affiliation:
SDSU Research Foundation

* Telephone Number: (619) 594-5731
Fax Number: (619) 594-4950

* Email: awards@foundation.sdsu.edu

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:

N

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

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

San Diego, California

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

Construction Project

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 53
* b. Program/Project: 49,50,51,52

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

17. Proposed Project:

* a. Start Date: 10/01/2009
* b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	552,225
* b. Applicant	552,226
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,104,451

*** 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 12/09/2008

☐ 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 herin 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 thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Ms. * First Name: Camille

Middle Name:

* Last Name: Nebeker

Suffix:

* Title: Director, Research Affairs

* Telephone Number: (619) 594-5938 Fax Number: () -

* Email: awards@foundation.sdsu.edu

* Signature of Authorized Representative: Camille Nebeker Date Signed: 12/9/08

Authorized for Local Reproduction

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

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)

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STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1694293

* c. Organizational DUNS: 069925345

d. Address:

* Street1: 516 BURCHETT STREET
Street2:
* City: GLENDALE
County: LOS ANGELES
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91203

e. Organizational Unit:

Department Name: AFFORDABLE HOUSING

Division Name: CORPORATE OFFICE

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

Prefix: Ms.
* First Name: SALLY
Middle Name:
* Last Name: LITTLE
Suffix:

Title: VICE PRESIDENT, AFFORDABLE HOUSING

Organizational Affiliation: N/A

* Telephone Number: (818) 247-0420
Fax Number: (818) 247-3971

* Email: sallylittle@scphs.com

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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5218-N-01

* Title:

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

S202-DEMO

Title:

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

City of Clovis, County of Fresno, State of California

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

Construction, development, and management of a 60 unit affordable housing community, for low income seniors in the city of Clovis, Fresno, CA., developed under the Section 202 PRAC program.

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: 27
* b. Program/Project: 21

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009
* b. End Date: 07/01/2010

18. Estimated Funding ($):

* a. Federal	400,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	400,000.00

*** 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 12/12/2008.
- [ ] 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

Explanation

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

* Title: Vice President, Affordable Housing

* Telephone Number: (818) 247-0420
Fax Number: (818) 247-3871

* Email: sallylittle@scphs.com

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

DEC. 11. 2008 12:36PM SCPH NO. 0229 P. 4

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

Application	Pre-application
☑ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Niland Sanitary District

Organizational Unit:
Department:
Division:

Organizational DUNS: 004975033

Address:
Street: 125 West Alcott Road PO Box 40
City: Niland
County: Imperial
State: CALIFORNIA
Zip Code: 92257
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: David
Middle Name
Last Name: Godsey
Suffix:
Email: davidgodsey@gswater.com
Phone Number (give area code): 760-455-3439
Fax Number (give area code): 760-359-0108

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6005330

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)
G Special District
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA-Rural Development

RECEIVED
DEC 15 2008
STATE CLEARING HOUSE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE (Name of Program): Water and Waste Disposal Loan & Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Wastewater Treatment Plant Improvements

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

13. PROPOSED PROJECT
Start Date: 7/1/2009
Ending Date: 6/30/2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 51-Bob Filner
b. Project: 51-Bob Filner

15. ESTIMATED FUNDING:

a. Federal	$ 667,500.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 667,500.00

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:
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: Mr.
First Name: David
Middle Name
Last Name: Godsey
Suffix
b. Title: General Manager
c. Telephone Number (give area code): 760-455-3439
d. Signature of Authorized Representative
e. Date Signed: 12-10-08