

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2009**. 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

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	

RECEIVED

DEC 1 2009

STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: **Associated General Contractors of California, Inc.**
 * b. Employer/Taxpayer Identification Number (EIN/TIN): **95-2575486** *c. Organizational DUNS: **071554299**

d. Address:

*Street1: **3095 Beacon Blvd.**
 Street 2:
 *City: **West Sacramento**
 County: **Yolo County**
 *State: **California**
 Province:
 Country: **United States of America** *Zip/ Postal Code: **95691**

e. Organizational Unit:

Department Name: **Member Services** Division Name:

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

Prefix: First Name: **Alicia**
 Middle Name: **Gaileen**
 *Last Name: **Irvin**
 Suffix:

Title: **Project Manager**

Organizational Affiliation:

Associated General Contractors of California*Telephone Number: **916-371-2422**Fax Number: **916-371-2352***Email: **irvina@agc-ca.org**

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: E. Regional Organization

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Non Profit with 501(c)3 IRS Status

*10. Name of Federal Agency:

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program, FY 2009/2010 Request for Proposals

*12. Funding Opportunity Number: EPA-OAR-OTAQ-09-10

*Title:

National Clean Diesel Funding Assistance Program, FY 2009/2010 Request for Proposals

13. Competition Identification Number:

Title:

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

All of California (specifically listed are where members are headquartered) - Concord, Fairfield, Folsom, Irvine, Lodi, Novato, Rialto, Santa Ana, Santa Fe Springs

*15. Descriptive Title of Applicant's Project:

California Construction Clean Diesel Program (CCCDP) - Reduce the off-road diesel emissions of off-road diesel equipment.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-001

*a. Applicant CA-001

*b. Program/Project: CA-010, CA-006, CA-003, CA-047

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

CA-011, CA-043, CA-042, CA-007, CA-048

17. Proposed Project: California Construction Clean Diesel Program

*a. Start Date: April 2010

*b. End Date: March 2012

18. Estimated Funding (\$):

*a. Federal	\$2,225,677.00	*d. Local	
*b. Applicant	\$12,164.00	*e. Other	\$2,225,677.00
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$4,463,518.00

***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 11/30/09
- 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: Thomas

Middle Name:

*Last Name: Holsman

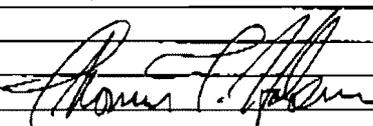
Suffix:

*Title: Chief Executive Officer

*Telephone Number: 916-371-2422

Fax Number: 916-371-2352

*Email: holsmant@agc-ca.org

*Signature of Authorized Representative:  Date Signed: 11/30/09

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)
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation *Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		RECEIVED DEC 2 2009 STATE CLEARING HOUSE
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Interval House		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3389113		*c. Organizational DUNS: 11351-0176
d. Address:		
*Street 1:	PO Box 3356	
Street 2:	_____	
*City:	Seal Beach	
County:	Orange County	
*State:	California	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	90740	
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mrs. _____	*First Name: Christine _____
Middle Name:	E _____	
*Last Name:	Delabre-Houdre _____	
Suffix:	_____	
Title:	Operations Director	
Organizational Affiliation:		
*Telephone Number: 562-594-9492		Fax Number: 562-596-3370
*Email: christine@intervalhouse.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 w/501C3 IRS Status(Oth Than Higher Edu)

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:

14-235

CFDA Title:

Supportive Housing Program (SHP)

***12 Funding Opportunity Number:**

FR-5341-N-01

*Title:

Continuum of Care Homeless Assistance Program (CoC)

13. Competition Identification Number:

CoC-14

Title:

Continuum of Care

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

Orange Counties in California

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

Bilingual Supportive Services Program

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 46	*b. Program/Project: 46	
17. Proposed Project:		
*a. Start Date: 8/1/10	*b. End Date: 7/31/11	
18. Estimated Funding (\$):		
*a. Federal	73,268	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	73,268	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>10/27/09</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: <u>Ms.</u>	*First Name: <u>Carol</u>	
Middle Name: <u>Anne</u>		
*Last Name: <u>Williams</u>		
Suffix: _____		
*Title: Executive Director		
*Telephone Number: 562-594-9492	Fax Number: 562-596-3370	
* Email: carol@intervalhouse.org		
*Signature of Authorized Representative: 	*Date Signed: 10/27/09	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Number: 4045-0002
Expiration Date: 09/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission:

- Application
- Plan
- Funding Request
- Other

* Other (specify)

[Empty text box for other submission type]

* 1.b. Frequency:

- Annual
- Quarterly
- Other

* Other (specify)

[Empty text box for other frequency]

* 1.d. Version:

- Initial
- Resubmission
- Revision
- Update

* 2. Date Received:

Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

[Empty text box for applicant identifier]

5. Date Received by State:

[Empty text box for date received by state]

4a. Federal Entity Identifier:

[Empty text box for federal entity identifier]

6. State Application Identifier:

[Empty text box for state application identifier]

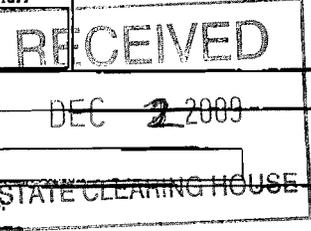
4b. Federal Award Identifier:

[Empty text box for federal award identifier]

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

- Yes
- No

Explanation: [Empty text box]



7. APPLICANT INFORMATION:

* a. Legal Name:

Regents of the University of California, Los Angeles

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

1956006143

* c. Organizational DUNS:

092530369

d. Address:

* Street1:

Office of Contract and Grant Administration

Street2:

11000 Kinross Avenue, Ste. 102

* City:

Los Angeles

County:

[Empty text box for county]

* State:

CA: California

Province:

[Empty text box for province]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

90095

e. Organizational Unit:

Department Name:

[Empty text box for department name]

Division Name:

[Empty text box for division name]

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

Prefix:

Mr.

* First Name:

Kenneth

Middle Name:

[Empty text box for middle name]

* Last Name:

Castro-Oistad

Suffix:

[Empty text box for suffix]

Title: Grant Analyst

Organizational Affiliation:

[Empty text box for organizational affiliation]

* Telephone Number:

310-794-0191

Fax Number:

310-943-1654

* Email:

kcastro-oistad@research.ucla.edu

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 8a. TYPE OF APPLICANT:		
H: Public/State Controlled Institution of Higher Education		
* Other (specify):		
b. Additional Description:		
* 9. Name of Federal Agency:		
DOT/Federal Transit Administration		
10. Catalog of Federal Domestic Assistance Number:		
20-514		
CFDA Title:		
11. Areas Affected by Funding:		
12. CONGRESSIONAL DISTRICTS OF:		
* a. Applicant:		b. Program/Project:
ca-030		
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
13. FUNDING PERIOD:		
a. Start Date:		b. End Date:
09/01/2009		09/01/2010
14. ESTIMATED FUNDING:		
* a. Federal (\$):		b. Match (\$):
74,440.00		
* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?		
<input checked="" type="checkbox"/> a. This submission was made available to the State under the Executive Order 12372 Process for review on: 12-2-9		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
<p>* 16. Is The Applicant Delinquent On Any Federal Debt?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/></p>		
<p>17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)</p> <p>** I Agree <input checked="" type="checkbox"/></p> <p>** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Kenneth"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Castro-Oistad"/>		
Suffix: <input type="text"/>	* Title: <input type="text" value="Grant Analyst"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="310-794-0191"/>		
* Fax Number: <input type="text" value="310-943-1654"/>		
* Email: <input type="text" value="kcastro-oistad@research.ucla.edu"/>		
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>		
* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>DEC 7 2009</p> <p>STATE CLEARING HOUSE</p> </div>	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: South Coast Air Quality Management District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419	*c. Organizational DUNS: 025986159	
d. Address:		
*Street1: 21865 Copley Drive		
Street 2:		
*City: Diamond Bar		
County:		
*State: Ca		
Province:		
Country: USA		
*Zip/ Postal Code: 91765		
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: Mary	
Middle Name:		
*Last Name: Leonard		
Suffix:		
Title: Financial Analyst		
Organizational Affiliation:		
*Telephone Number: 909-396-2780		
Fax Number: 909-396-2765		
*Email: mleonard@aqmd.gov		

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*12. Funding Opportunity Number: EPA-OAR-OTAQ-09-10

*Title: National Clean Diesel Funding Assistance program, FY 2009/2010

13. Competition Identification Number:

Title:

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

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

Off-Road Diesel Vehicles Repower Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>DEC 7 2009</p> </div>
State Use Only: 6. Date Received by State:		
7. State Application Identifier:		STATE CLEARING HOUSE
8. APPLICANT INFORMATION:		
* a. Legal Name: South Coast Air Quality Management District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419	*c. Organizational DUNS: 025986159	
d. Address:		
*Street1: 21865 Copley Drive		
Street 2:		
*City: Diamond Bar		
County:		
*State: Ca		
Province:		
Country: USA		*Zip/ Postal Code: 91765
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: Mary	
Middle Name:		
*Last Name: Leonard		
Suffix:		
Title: Financial Analyst		
Organizational Affiliation:		
*Telephone Number: 909-396-2780		Fax Number: 909-396-2765
*Email: mleonard@aqmd.gov		

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:
- Select One -

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify):

*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*12. Funding Opportunity Number: EPA-OAR-OTAP-09-10

*Title: National Clean Diesel Funding Assistance program, FY 2009/2010

13. Competition Identification Number:

Title:

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

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

School Bus Replacement Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 42

*b. Program/Project: 24-49

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

17. Proposed Project:

*a. Start Date: 4/1/2010

*b. End Date: 3/31/2012

18. Estimated Funding (\$):

*a. Federal	\$2,500,000.00	*d. Local	
*b. Applicant	\$14,000,000.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$16,500,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 12/4/09
- 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: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D.Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100

Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative: *Barry Wallerstein* Date Signed: 12/4/09

APPROVED AS TO FORM
KURT R WIESE, GENERAL COUNSEL

By: *[Signature]*
Date: 12/4/09

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

RECEIVED

DEC 7 2009

STATE CLEARING HOUSE

*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*12. Funding Opportunity Number: EPA-OAR-OTAP-09-10

*Title: National Clean Diesel Funding Assistance program, FY 2009/2010

13. Competition Identification Number:

Title:

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

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

On-Road Heavy-Duty Diesel Trucks Retrofit Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant 42 *b. Program/Project: 24-49

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

17. Proposed Project:
*a. Start Date: 4/1/2010 *b. End Date: 3/31/2012

18. Estimated Funding (\$):		
*a. Federal	\$1,250,000.00	*d. Local
*b. Applicant	\$0.00	*e. Other
*c. State		*f. Program Income
*d. Local		*g. TOTAL
		\$1,250,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on 12/4/09
 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: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D.Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100 Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative: Barry Wallerstein Date Signed: 12/4/09

APPROVED AS TO FORM
KURT RWIESE, GENERAL COUNSEL

By: [Signature]
Date: 12/2/09

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application *If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
<div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>DEC 7 2009</p> <p>STATE CLEARING HOUSE</p> </div>		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Stockton Public Works		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000436	*c. Organizational DUNS: 804436637	
d. Address:		
*Street1: 22 E. Weber Avenue, Room 301		
Street 2: 1465 S. Lincoln Street		
*City: Stockton		
County: San Joaquin		
*State: California		
Province:		
Country: USA		
*Zip/ Postal Code: 95202		
e. Organizational Unit:		
Department Name: Public Works		Division Name: Operations & Maintenance
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	First Name: Cynthia	
Middle Name:		
*Last Name: Erdman		
Suffix:		
Title: Public Works Grant Coordinator/Project Delivery		
Organizational Affiliation: N/A		
*Telephone Number: (209) 937-7390		Fax Number: (209) 937-7115
*Email: cynthia.erdman@ci.stockton.ca.us		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*12. Funding Opportunity Number: EPA-OAR-OTAQ-09-10

*Title: National Clean Diesel Funding Assistance Program, FY 2009/2010

13. Competition Identification Number:

Title:

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

City of Stockton and County of San Joaquin

*15. Descriptive Title of Applicant's Project:

Grant Request for B-20 Biodiesel Fuel, Diesel Particulate Filter Installations, and Low Rolling Resistance Tire Installations

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant
CA-011*b. Program/Project:
CA-018

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

17. Proposed Project:

*a. Start Date: April 2010

*b. End Date: March 31, 2012

18. Estimated Funding (\$):

*a. Federal	\$984,800.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$984,800.00

*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 12/7/09
- 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: Robert

Middle Name:

*Last Name: Murdoch

Suffix:

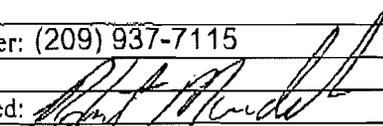
*Title: Interim Public Works Director

*Telephone Number: (209) 937-8400

Fax Number: (209) 937-7115

*Email: bob.murdoch@ci.stockton.ca.us

*Signature of Authorized Representative:

Date Signed: 

OMB Number: 4040-0004
Expiration Date: 01/31/2012**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	* Other (Specify)
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Revision		
<input type="checkbox"/> Changed/Corrected Application			
*3. Date Received:	4. Application Identifier:		
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:		STATE CLEARING HOUSE
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: Bay Area Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1622746		*c. Organizational DUNS: 07-878-1416	
d. Address:			
*Street1: 939 Ellis Street			
Street 2:			
*City: San Francisco			
County:			
*State: CA			
Province:			
Country: United States		*Zip/ Postal Code: 94109	
e. Organizational Unit:			
Department Name: State Incentives Program		Division Name: Strategic Incentives Division	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Damian	
Middle Name: Martin			
*Last Name: Breen			
Suffix:			
Title: State Incentives Program Manager			
Organizational Affiliation:			
*Telephone Number: 415-749-5041		Fax Number: 415-749-5020	
*Email: dbreen@baaqmd.gov			

Ports of America - LNG

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*12. Funding Opportunity Number: EPA-OAR-OTAQ-09-10

*Title:

National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

The Bay Area Air Quality Management District's jurisdiction encompasses seven counties - Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Napa, and portions of two others - southwestern Solano and southern Sonoma. The project will primarily be located at the Port of Oakland in Alameda County will have benefits for the entire jurisdiction.

*15. Descriptive Title of Applicant's Project:

Reduce Diesel Emissions from Berths 20-24 Marine Terminal, at the Port of Oakland

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant CA-001,006, 007,008, 009, 010, 011 *b. Program/Project: CA-001,006, 007,008, 009, 010, 011

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

17. Proposed Project: Reduce Diesel Emissions from Berths 20-24 Marine Terminal, at the Port of Oakland

*a. Start Date: March 2010

*b. End Date: January 2011

18. Estimated Funding (\$):

*a. Federal \$3,000,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$3,000,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?** a. This application was made available to the State under the Executive Order 12372 Process for review on 12/7/2009 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. 1237220. 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: Jack

Middle Name:

*Last Name: Colbourn

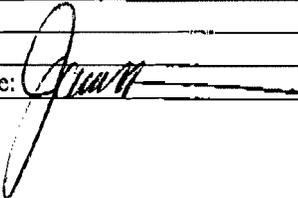
Suffix:

*Title: Director, Administrative Services

*Telephone Number: 415-749-5192

Fax Number: 415-749-5020

*Email: jcolbourn@baaqmd.gov

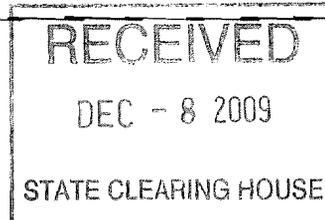
*Signature of Authorized Representative: 

Date Signed: 12/7/09

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received: December 8, 2009			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: South Coast Air Quality Management District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419			*c. Organizational DUNS: 025986159		
d. Address:					
*Street1: 21865 Copley Drive					
Street 2:					
*City: Diamond Bar					
County:					
*State: Ca					
Province:					
Country: USA					
*Zip/ Postal Code: 91765					
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: Mary			
Middle Name:					
*Last Name: Leonard					
Suffix:					
Title: Financial Analyst					
Organizational Affiliation:					
*Telephone Number: 909-396-2780					
Fax Number: 909-396-2765					
*Email: mleonard@aqmd.gov					



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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*12. Funding Opportunity Number: EPA-OAR-OTAQ-09-12

*Title: Clean Diesel Emerging Technologies Funding Assistance Program, FY 2009/2010

13. Competition Identification Number:

Title:

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

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

Retrofit of Multiple Ocean-Going Vessels at Berth with an Advanced Maritime Emission Control System

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

42

*b. Program/Project:

24-49

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

17. Proposed Project:

*a. Start Date: April 1, 2010

*b. End Date: March 31, 2012

18. Estimated Funding (\$):

*a. Federal

\$1,500,000.00

*d. Local

*b. Applicant

*e. Other

*c. State

*f. Program Income

*d. Local

*g. TOTAL

\$1,500,000.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 12/08/09

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: *Barry R. Wallerstein*

Prefix:

*First Name: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D.Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100

Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative:

Date Signed: 12-8-2009

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL

By:

Date:

[Signature]
12/5/09

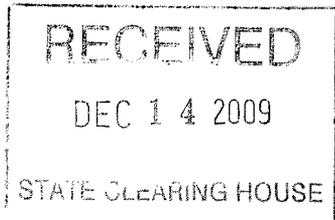
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: CITY OF LAKEPORT		Organizational Unit: Department: COMMUNITY DEVELOPMENT/UTILITIES		
Organizational DUNS: 086131034		Division:		
Address: Street: 225 PARK STREET		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: DANIEL		
City: LAKEPORT		Middle Name EDWARD		
County: LAKE		Last Name BUFFALO		
State: CA Zip Code 95453		Suffix:		
Country: U.S.		Email: DBUFFALO@CITYOFLAKEPORT.COM		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001434		Phone Number (give area code) (707) 263-5615		Fax Number (give area code) (707) 263-8584
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C - MUNICIPAL Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WATER AND WASTE DISPOSAL LOAN GRANT		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GROUNDWATER WELL SITE LAND ACQUISITION AND WATER MAIN EXTENSION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF LAKEPORT, LAKE COUNTY		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1 b. Project 1		
13. PROPOSED PROJECT Start Date: 5/1/2010 Ending Date: 12/31/2010		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 1,000,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,000,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> 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 MARK Middle Name Last Name BRANNIGAN Suffix b. Title COMMUNITY DEVELOPMENT AND UTILITIES DIRECTOR Telephone Number (give area code) (707) 263-5615 ext. 15 c. Signature of Authorized Representative Mark Brannigan Date Signed 12/9/09				

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular 4-102



Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

U.S. Forest Service

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Northern California Society of American Foresters

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

23-7389577

*c. Organizational DUNS:

84-230-5794

d. Address:

*Street 1:

P.O. Box 4247

Street 2:

*City:

Auburn

County:

Placer

*State:

CA

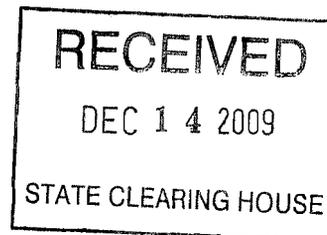
Province:

*Country:

USA

*Zip / Postal Code

95604



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:

Michael

Middle Name:

*Last Name:

De Lasaux

Suffix:

Title:

Organizational Affiliation:

*Telephone Number: 530-224-4902

Fax Number: 530-224-4904

*Email: mjdelasaux@ucdavis.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:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.679

CFDA Title:

Collaborative Forest Restoration

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

The FIT will target Trinity County educators in an effort to recruit as many as possible to participate. They may choose to participate in any of the sessions (up to 4 offered in Humboldt, Plumas, Shasta and Tuolumne Counties, respectively).

FIT recruiting is conducted statewide, thus these funds may support educators from any county in California.

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

Forestry Institute for Teachers

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: McIntock (Dist. 4)
Thompson (Dist. 1), Heger (Dist. 2), or Radanovich (Dist. 19)

*b. Program/Project: McIntock (Dist. 4),

17. Proposed Project:

*a. Start Date: 1/1/10

*b. End Date: 12/31/10

18. Estimated Funding (\$):

*a. Federal	_____	5000
*b. Applicant	_____	84000
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	89000

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

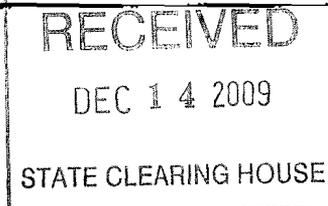
Prefix: _____ *First Name: Donna

Middle Name: _____

*Last Name: Dekker-Robertson

OMB Number: 4350-0034
Expiration Date: 01/31/2009

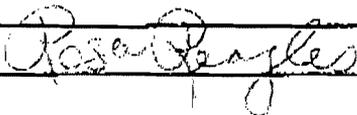
Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application: If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation *Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Revision	
<input type="checkbox"/> Changed/Corrected Application		
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Southern Low Desert Resource Conservation and Development Council		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 01-0548850		*c. Organizational DUNS: 14-259-8674
*d. Address:		
*Street 1:	R2-901 Biles Ave.	
*Street 2:		
*City:	Indio	
*County:	Riverside	
*State:	California	
*Province:		
*Country:	USA	
*Zip / Postal Code	92201	
*e. Organizational Unit:		
Department Name: Southern Low Desert RC&D		Division Name: Low Desert Weed Management Area
*f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	*First Name: Deborah	
Middle Name:		
*Last Name:	Livesay	
Suffix:		
Title:	Council Vice President	
Organizational Affiliation: Southern Low Desert RC&D Council		
*Telephone Number: 760-342-4624 x115	Fax Number: 760-342-5370	
*Email: rcdcouncil@gmail.com		



OMB Number: 4350-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: M. Nonprofit w/501C3 IRS Status (Or: Non-Higher Edu)</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: U.S. Fish and Wildlife Service</p>	
<p>*11. Catalog of Federal Domestic Assistance Number: 15.623</p> <p>CFDA Title: NAWCA U.S. SMALL GRANTS</p>	
<p>*12 Funding Opportunity Number: 15.623</p> <p>Title: NAWCA U.S. SMALL GRANTS</p>	
<p>*13. Competition Identification Number:</p> <p>Title:</p>	
<p>*14. Areas Affected by Project (Cities, Counties, States, etc.): Riverside County, California</p>	
<p>*15. Descriptive Title of Applicant's Project: DOS PALMAS WATERSHED WETLAND HABITAT RESTORATION, PHASE I</p>	

OMB Number: 4640-0054
 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-045, CA-051		*b. Program/Project: CA-045
17. Proposed Project:		
*a. Start Date:		*b. End Date:
18. Estimated Funding (\$):		
*a. Federal	\$75,000.00	
*b. Applicant	\$2,000.00	
*c. State	\$82,096.26	
*d. Local	\$0.00	
*e. Other	\$0.00	
*f. Program Income	\$2,000.00	
*g. TOTAL	\$161,176.26	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 10/28/2009 <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: _____	*First Name: <u>Rosa</u>	
Middle Name: _____		
*Last Name: <u>Reales</u>		
Suffix: _____		
*Title: <u>2nd Vice President</u>		
*Telephone Number: 760-342-4624 X115		*Fax Number: 760-342-5375
*Email: <u>rosacouncil@gmail.com</u>		
*Signature of Authorized Representative: 		*Date Signed: <u>10/11/2008</u>

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier: 1657	*5b. Federal Award Identifier: <div style="border: 2px solid black; padding: 5px; display: inline-block; transform: rotate(-2deg);"> RECEIVED DEC 14 2009 STATE CLEARING HOUSE </div>	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: City of Montebello		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000746	*c. Organizational DUNS: 17-447-9642	
d. Address:		
*Street 1:	<u>400 South Taylor Avenue</u>	
Street 2:	_____	
*City:	<u>Montebello</u>	
County:	<u>Los Angeles</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>United States</u>	
*Zip / Postal Code	<u>90640-0000</u>	
e. Organizational Unit:		
Department Name: Transportation Department	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Ms.</u>	*First Name: <u>Aurora</u>	
Middle Name: _____		
*Last Name: <u>Jackson</u>		
Suffix: _____		
Title: <u>Director of Transportation</u>		
Organizational Affiliation:		
*Telephone Number: 323-887-46000	Fax Number: 323-887-4643	
*Email: <u>ajackson@cityofmontebello.com</u>		

Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: C. City or Township Government</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: Federal Transit Administration</p>	
<p>11. Catalog of Federal Domestic Assistance Number: 20507</p> <p>CFDA Title: Federal Transit Capital Investment Grants</p>	
<p>*12 Funding Opportunity Number: 5307-5</p> <p>*Title: Transit Capital</p>	
<p>13. Competition Identification Number: _____</p> <p>Title: _____</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): City of Montebello and surrounding areas served by Montebello Bus Lines. These cities include Los Angeles, Monterey Park, Whittier, Commerce, Bell Gardens, Alhambra, San Marino, and Santa Fe Springs.</p>	
<p>*15. Descriptive Title of Applicant's Project: Transit Capital Project (5) RTIP LAE746-Fuel Island Underground Storage Tank Modifications RTIP LAES755-Construct CNG Fueling Station RTIP LAES757-Consumer Information System Project</p>	

RTIP LAES758-Transit Facility Improvements
 RTIP (New Project) Replacement CNG Buses
 RTIP (New Project) Operating Funds

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-038

*b. Program/Project: CA-038

17. Proposed Project:

*a. Start Date: 07/01/2009

*b. End Date: 12/31/2010

18. Estimated Funding (\$):

*a. Federal	6005000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	175000
*f. Program Income	
*g. TOTAL	6180000

***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 12-14-09
- 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: Aurora
 Middle Name: _____
 *Last Name: Jackson
 Suffix: _____

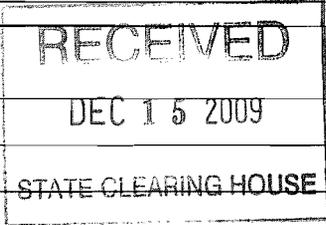
*Title: Director of Transportation

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 2, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Riverdale Public Utility District	Organizational Unit: Department: N/A	
Organizational DUNS: 004968459	Division: N/A	
Address: Street: P.O. Box 248		
City: Riverdale		Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Fresno		Prefix: Mr. First Name: Ronald
State: CA Zip Code 93656		Middle Name
Country: United States	Last Name Bass	
	Suffix:	
	Email: rpud@sbcglobal.net	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 2 1 4 8 6	Phone Number (give area code) (559) 867-3838	Fax Number (give area code) (559) 867-3182
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> G Other (specify)
	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture (USDA)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0 TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Upgrade and Expansion of the Riverdale Public Utility District Wastewater Treatment Facility
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverdale, Fresno County, CA	

13. PROPOSED PROJECT Start Date: 04/05/2010 Ending Date: 04/06/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 21st Congressional District b. Project CA 21st Congressional District
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 4,960,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/02/2009
b. Applicant \$. ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$. ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$. ⁰⁰	
e. Other \$. ⁰⁰	
f. Program Income \$. ⁰⁰	
g. TOTAL \$ 4,960,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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 Ronald	Middle Name
Last Name Bass		Suffix
b. Title Superintendent		c. Telephone Number (give area code) (559) 867-3838
d. Signature of Authorized Representative		e. Date Signed