

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2010**. 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.

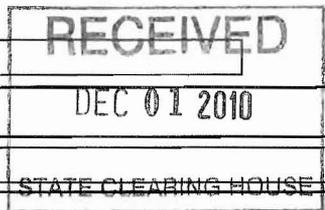
**Application for Federal Assistance SF-424**

Version 02

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

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
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**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> County of Santa Clara	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000533	<b>* c. Organizational DUNS:</b> 604492280

**d. Address:**

<b>* Street1:</b> 298 Garden Hill Drive
<b>Street2:</b> _____
<b>* City:</b> Los Gatos
<b>County:</b> _____
<b>* State:</b> CA: California
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 95032

**e. Organizational Unit:**

<b>Department Name:</b> Parks and Recreation	<b>Division Name:</b> _____
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> Mr.	<b>* First Name:</b> Christian
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Elliott	
<b>Suffix:</b> _____	

**Title:** Grants Management Analyst

**Organizational Affiliation:**  
\_\_\_\_\_

<b>* Telephone Number:</b> 408-355-2291	<b>Fax Number:</b> 408-355-2290
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**\* Email:** christian.elliott@prk.sccgov.org

**Application for Federal Assistance SF-424**

Version 02

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Bureau of Reclamation - Mid-Pacific Region

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

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

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

R11AF20001

\* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

**13. Competition Identification Number:**

Title:

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

County of Santa Clara, California

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

Serpentine Soils Grazing Implementation for Santa Teresa County Park

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="865,000.00"/>
* b. Applicant	<input type="text" value="101,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="966,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

*For Julie Mark*

916-323-3018

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify):

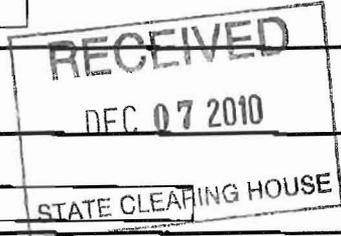
\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_



**5a. Federal Entity Identifier:**

B-10-SP-CA-0144

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

City of San Bernardino

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

95-6000-772

**\* c. Organizational DUNS:**

0736045630000

**d. Address:**

**\* Street1:**

300 North D Street

**Street2:**

\_\_\_\_\_

**\* City:**

San Bernardino

**County/Parish:**

San Bernardino

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

92478-0001

**e. Organizational Unit:**

**Department Name:**

Parks, Recreation & Community

**Division Name:**

\_\_\_\_\_

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

**Prefix:**

Mr.

**\* First Name:**

Robert

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Lennox

**Suffix:**

\_\_\_\_\_

**Title:** Deputy Director

**Organizational Affiliation:**

Staff

**\* Telephone Number:**

909-384-5031

**Fax Number:**

909-384-5160

**\* Email:**

Lennox\_Ro@sbcity.org

**Application for Federal Assistance SF-424**

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:  
[Empty field]

Type of Applicant 3: Select Applicant Type:  
[Empty field]

\* Other (specify):  
[Empty field]

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

US Department of Housing and Urban Development

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

14.251

CFDA Title:  
Economic Development Initiative-Special Project, Neighborhood Initiative and Miscellaneous Grants

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

2010-EDI-SP

\* Title:  
Economic Development Initiative - EDI Special Project

**13. Competition Identification Number:**

10-EDI-SP

Title:  
[Empty field]

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

[Empty field]

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

To develop a 4,300 square foot community center, known as Verdemont Community Center at Al Guhin Park in the City of San Bernardino utilizing several used modular units.

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant  b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:  \* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="500,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="171,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="671,000.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

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: R9 Tracking no.: 10-478		<b>RECEIVED</b>	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:		DEC 13 2010	
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:		STATE CLEARING HOUSE	
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: Coalition for Urban Rural Environmental Stewardship					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 911839291			* c. Organizational DUNS: 168570377		
<b>d. Address:</b>					
*Street1: 531 North Alta Avenue, Suite D					
Street 2:					
*City: Dinuba					
County:					
*State: California					
Province:					
Country:					
*Zip/ Postal Code: 93618-3203					
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:		First Name: Parry			
Middle Name:					
*Last Name: Klassen					
Suffix:					
Title: Executive Director					
Organizational Affiliation:					
*Telephone Number: 559-268-8125					
Fax Number: 559-591-5744					
*Email: pklassen@unwiredbb.com					

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

**Environmental Protection Agency-Region 9**

11. Catalog of Federal Domestic Assistance Number:

**66.463**

CFDA Title:

**Sacramento-San Joaquin Bay-Delta Water Quality Cooperative Agreements**

\*12. Funding Opportunity Number: **EPA-R9-WTR3-10-003**

\*Title: **Sacramento-San Joaquin Bay Delta Water Quality Cooperative Agreement**

13. Competition Identification Number:

Title:

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

**San Joaquin River Watershed (Fresno, Madera, Merced, Stanislaus, and San Joaquin counties)**

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

**Establishing a San Joaquin Regional Monitoring Program**

**Attach supporting documents as specified in agency instructions.**



**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.

**No delinquencies**

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 12/8/10	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

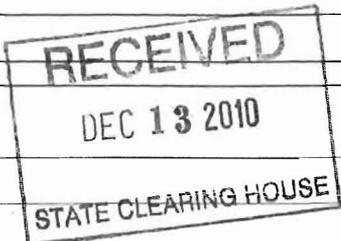
**5. APPLICANT INFORMATION**

Legal Name: Charter School Association of Willits  
 Organizational DUNS: 177734667  
 Address: 1431 South Main St  
 City: Willits  
 County: Mendocino  
 State: CA Zip Code: 95490  
 Country: USA

**Organizational Unit:**  
 Department:  
 Division:

**Name and telephone number of person to be contacted on matters involving this application (give area code)**  
 Prefix: Mr. First Name: Jason  
 Middle Name: Daryl  
 Last Name: Erlick  
 Suffix:

Email: jason@willitscharter.org  
 Phone Number (give area code): 707-459-5506  
 Fax Number (give area code): 707-4459-5576



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 6 8 - 0 4 1 8 7 0 1

**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)  
 H.O  
 Other (specify):

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 1 0 - 7 6 6  
 TITLE (Name of Program):

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Construction of Multi-Purpose Building for indoor Physical Education, Assemblies, Drama and Music. Buiding to be used by Willits Charter School and general population.

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

**13. PROPOSED PROJECT**  
 Start Date: March 2011 Ending Date: August 2011

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant CA-1st b. Project CA-1st

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 300,000.00	
b. Applicant	\$ 150,000.00	
c. State	\$ .00	
d. Local	\$ .00	
e. Other	\$ .00	
f. Program Income	\$ .00	
g. TOTAL	\$ 450,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <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: Jason Middle Name: Daryl  
 Last Name: Erlick Suffix:

b. Title: Business Manager c. Telephone Number (give area code): 707-459-5506  
 d. Signature of Authorized Representative: *Jason Erlick* e. Date Signed: 12/9/10

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:

12/15/2010

4. Applicant Identifier:

11-003

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: Cal Poly Corporation

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

9511848180

\* c. Organizational DUNS:

029326246

d. Address:

\* Street1: One Grand Avenue  
 Street2:   
 \* City: San Luis Obispo  
 County: San Luis Obispo  
 \* State: CA  
 Province:   
 \* Country: United States  
 \* Zip / Postal Code: 93407-0830

e. Organizational Unit:

Department Name: Natural Resources Management

Division Name: College of Agriculture, Food & Environmental Sciences

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

Prefix: Ms. \* First Name: Elaine  
 Middle Name: M  
 \* Last Name: Ramos Doyle  
 Suffix:

Title: Senior Grants Analyst

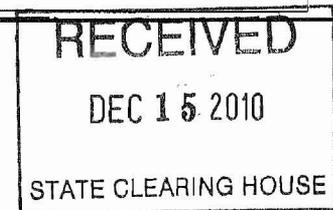
Organizational Affiliation:

California Polytechnic State University

\* Telephone Number: (805) 756-1740

Fax Number: (805) 758-5466

\* Email: eramosdo@calpoly.edu



## Application for Federal Assistance SF-424

Version 02

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

 State Controlled Institution of Higher Learning

## 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:

10652

CFDA Title:

Forestry Research

## \* 12. Funding Opportunity Number:

\* Title:

## 13. Competition Identification Number:

Title:

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

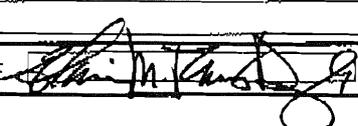
California

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

The California Fire Science Delivery Consortium - The Wildland Urban Interface (WUI)

Attach supporting documents as specified in agency instructions.

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-023"/>	* b. Program/Project <input type="text" value="CA-023"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="Copy Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="01/01/2011"/>	* b. End Date: <input type="text" value="12/31/2012"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="49,320.00"/>	
* b. Applicant	<input type="text"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="49,320.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="12/15/2010"/>		
<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.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Xenia"/>
Middle Name:	<input type="text" value="E"/>	
* Last Name:	<input type="text" value="Bixler"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Director, Grants Development"/>	
* Telephone Number:	<input type="text" value="(805) 756-2982"/>	Fax Number: <input type="text" value="(805) 756-5466"/>
* Email:	<input type="text" value="grants@calpoly.edu"/>	
* Signature of Authorized Representative:		* Date Signed: <input type="text" value="12.14.10"/>