

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **December 16th through 31st**. 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.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED December 18, 2002	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED
 DEC 30 2002
 DATE CLEARING HOUSE

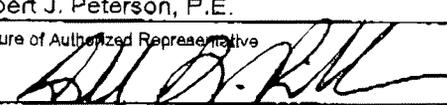
5. APPLICANT INFORMATION	
Legal Name: Napa County	Organizational Unit: Department of Public Works
Address (give city, county, state and zip code): 1195 Third Street, Room 201 Napa, Napa County, California 94559-3092	Name and telephone number of the person to be contacted on matters involving this application (give area code): Erica Ahmann (707) 253-4351

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 8 0 0 0 5 2 5	7. TYPE OF APPLICANT (enter appropriate letter in box) <input checked="" type="checkbox"/> B
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(a) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)
	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 1 0 6	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Napa County Airport, Napa, Napa County, California Environmental Assessment Studies
TITLE: Planning Grant Program	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Unincorporated Area of Napa County	

13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 2003 Ending Date: 2004	a. Applicant: 02 b. Project: 02

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 243,000 .00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE December 20, 2002
b. Applicant \$ 14,850 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
c. State \$ 12,150 .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0 .00	
e. Other \$ 0 .00	
f. Program Income \$ 0 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 270,000 .00	<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. Typed Name of Authorized Representative Robert J. Peterson, P.E.	b. Title Director of Public Works	c. Telephone Number (707) 253-4351
d. Signature of Authorized Representative 	e. Date Signed 12-27-02	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 26, 2002	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01496
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Charlie Willard (916) 651-8597	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]		7. TYPE OF APPLICANT: (enter appropriate letter in box) A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Gazos Creek Forest Acquisition Department of Parks and Recreation P.O. Box 942896 Sacramento, Ca 94296-0001	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-70280			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 3/3/02	Ending Date 6/30/06	a. Applicant 03	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 975,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>12-30-02</u>	
b. Applicant	\$ 975,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,950,000	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. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>1/17/02</u>	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 Mt. Shasta	Organizational Unit:
Address (give city, county, state and zip code): 305 N. Mt. Shasta Blvd. Mt. Shasta, CA 96067 <p style="text-align: center;">(Siskiyou County)</p>	Name and telephone number of the person to be contacted on matters involving this application (give area code): L. Jeff Butzlaff (530) 926-7510

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table;"><tr><td>9</td><td>4</td><td>-</td><td>6</td><td>0</td><td>0</td><td>0</td><td>3</td><td>7</td><td>8</td></tr></table>	9	4	-	6	0	0	0	3	7	8	7. TYPE OF APPLICANT: (enter appropriate letter in box) C
9	4	-	6	0	0	0	3	7	8		

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): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase duration D. Decrease Duration Other (specify):	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify)
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9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development

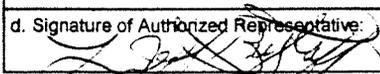
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table;"><tr><td>1</td><td>0</td><td>-</td><td>7</td><td>6</td><td>6</td></tr></table> TITLE: Community Facilities Program	1	0	-	7	6	6	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Roseburg Mill Site Redevelopment Infrastructure Project
1	0	-	7	6	6		

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Siskiyou County, City of Mt. Shasta	DEC 24 2002
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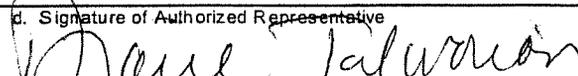
13. PROPOSED PROJECT: Start Date: 07/01/03 Ending Date: 12/31/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd (Wally Herger) b. Project 2nd (Wally Herger)
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal USDA-RD \$ 1,000,000.00 EDA \$ 1,193,000.00	<input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>Dec. 17, 2002</u> <input type="checkbox"/> NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant \$	
c. State \$	
d. Local \$	
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 2,193,000.00	

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

a. Typed Name of Authorized Representative: L. Jeff Butzlaff	b. Title: City Manager	c. Telephone Number: (530) 926-7510
d. Signature of Authorized Representative: 		e. Date Signed: 12/17/02

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED December 18, 2002	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Environmental Health Coalition		Organizational Unit:	
Address (give city, county, state, and zip code): 1717 Kettner Blvd., Suite 100 San Diego, CA 92101		Name and telephone number of the person to be contacted on matters involving this application (give area code) Diane Takvorian, (619) 235-0281	
6. EMPLOYER IDENTIFICATION (EIN): 95-3798792		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>nonprofit</u>	
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): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.604 TITLE: Environmental Justice Grants to Small Community Groups		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Barrio Logan Environmental Justice Demonstration Project: Diesel Emission Reduction for Improved Community Health	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of San Diego, California			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 9/1/2003	End Date 8/30/2004	a. Applicant: 50	b. Project: 50
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$15,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>12/18/02</u>	
b. Applicant	\$10,575	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	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$25,575		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Diane Takvorian		b. Title: Executive Director	c. Telephone Number (619) 235-0281
d. Signature of Authorized Representative: 		e. Date Signed December 18, 2002	

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy) 12/18/2002	Applicant Identifier
	3. Date Received by State (mm/dd/yyyy)	State Application Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		

5. Applicant Information	
Legal Name Charis Youth Center	Organizational Unit
Address (give city, county, State, and zip code) P. O. Box 1420 Penn Valley, CA 95946	Name and telephone number of the person to be contacted on matters involving this application (give area code) Carol Fuller-Powell (530) 432-0727

6. Employer Identification Number (EIN) (xx-yyyzzzz) 94 - 293 5507	7. Type of Applicant (enter appropriate letter in box) <div style="border: 1px solid black; display: inline-block; padding: 2px;">N</div>
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): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify)

9. Name of Federal Agency USDA Rural Housing Service
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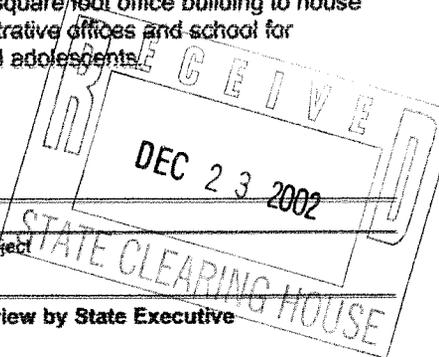
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: 10 - 766 Community Facility Loans and Grants	11. Descriptive Title of Applicant's Project Purchase of existing 11,000 square foot office building to house Charis Youth Center administrative offices and school for seriously emotionally disturbed adolescents.
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12. Areas Affected by Project (cities, counties, States, etc.) Grass Valley, Nevada County, CA
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13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)	14. Congressional Districts of a. Applicant: 2 b. Project: 2
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Complete form HUD-424-M, Funding Matrix	15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 12/18/2002 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
	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/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.	

a. Typed Name of Authorized Representative Carol Fuller-Powell	b. Title Executive Director	c. Telephone Number (Include Area Code) (530) 432-0727
d. Signature of Authorized Representative <i>Carol Fuller-Powell</i>		e. Date Signed (mm/dd/yyyy) 12/16/02



Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
USDA Guaranteed Community Facility Loan Program	12,825	675,000					687,825
Grand Totals	12,875	675,000					687,825

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

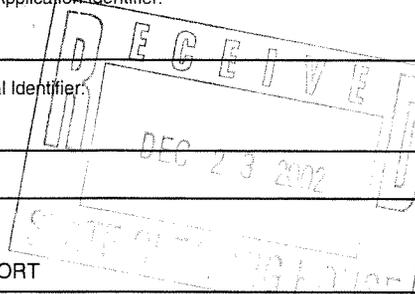
Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

APPLICATION FOR FEDERAL ASSISTANCE

	2. DATE SUBMITTED: 13 DECEMBER 2002	A. Applicant Identifier:
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE:	State Application Identifier:
	4. DATE RECEIVED BY FEDERAL AGENCY:	Federal Identifier:



5. APPLICANT INFORMATION:	
Legal Name: TRUCKEE TAHOE AIRPORT DISTRICT	Organizational Unit: TRUCKEE TAHOE AIRPORT
Address (give city, county, state and zip code): 10356 TRUCKEE TAHOE AIRPORT ROAD TRUCKEE, CA 96161	Name and telephone number of the person to be contacted on matters involving this application (give area code): DAVID GOTSCHALL 530-587-4540

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 5 6 3 3 2 8	7. TYPE OF APPLICANT (enter appropriate letter in box): G
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): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify):	A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____
	9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 1 0 6 TITLE: AIRPORT IMPROVEMENT PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2003 AIP PROJECT • AIRFIELD SECURITY • INSTALL RUNWAY/TAXIWAY SIGNS • NEW TERMINAL APRON • CONSTRUCT GLIDER TURNOUT ON RUNWAY 1-19 • CONSTRUCT TAXILANE TO NEW HANGAR FACILITY • CONSTRUCT ACCESS ROAD TO NEW HANGAR FACILITY • CONSTRUCT TAXILANE FOR NEW HANGARS • OBSTRUCTION REMOVAL
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): TOWN OF TRUCKEE, LAKE TAHOE, NEVADA and PLACER COUNTIES, CALIFORNIA	

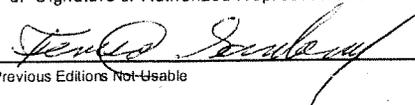
13. PROPOSED PROJECT: Start Date: 01-03 Ending Date: 12-03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 14 th b. Project: 14 th
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?:
a. Federal \$ 4,265,100. ⁰⁰	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 13 DECEMBER 2003 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant \$ 473,900. ⁰⁰	
c. State \$. ⁰⁰	
d. Local \$. ⁰⁰	
e. Other \$. ⁰⁰	
f. Program Income \$. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?: <input type="checkbox"/> YES If "Yes," attach an explanation <input checked="" type="checkbox"/> NO
g. TOTAL \$ 4,739,000. ⁰⁰	

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

a. Typed Name of Authorized Representative: DAVID GOTSCHALL	b. Title: GENERAL MANAGER	c. Telephone Number: 530-587-4540
d. Signature of Authorized Representative: 		e. Date Signed: 13 DECEMBER 2002

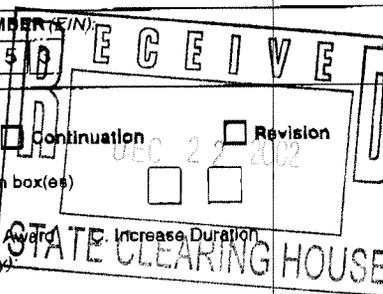
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		12/17/02	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Fuerza Campesina			
Address (give city, county, state, and zip code):		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
653 W. Main Street, Suite E El Centro, CA 92243		Teresa Sandoval (760) 353-0565	
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u>	
33 - 0956218		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>Non-profit</u>	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
66.604		Empowering Lives, Building Communities	
TITLE: Environmental Justice Grants to Small Community Groups			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			
County of Imperial, California			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
9/1/03		52nd District	
Start Date	End Date	a. Applicant:	
9/01/03	12/31/03		
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 14,546.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 12/17/02 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 14,546.00	<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. Typed Name of Authorized Representative:		b. Title:	c. Telephone Number
Teresa Sandoval		Director	(760) 353-0565
d. Signature of Authorized Representative		e. Date Signed	
		12/17/02	

OMB Approval No. 0348-0043

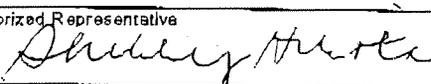
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 23, 2002		Applicant Identifier	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION				Organizational Unit:	
Legal Name: Glenn County Office of Education					
Address (give city, county, State, and zip code): 525 West Sycamore Street Willows, CA 95988				Name and telephone number of person to be contacted on matters involving this application (give area code) Dr. Joni Samples (530) 934 - 6575	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 60027518				7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
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) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)				A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) California County Office of Education	
9. NAME OF FEDERAL AGENCY: US Department of Agriculture					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 776				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Administration Building	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Glenn County, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 5/1/03	Ending Date 11/1/03	a. Applicant Doug Ose - CA 03		b. Project Doug Ose - CA 03	
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$			a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12/23/02	
b. Applicant	\$			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	
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	0		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. Type Name of Authorized Representative Dr. Joni Samples		d. Title Superintendent of Schools		c. Telephone Number (530) 934-6575	
e. Signature of Authorized Representative <i>Joni Samples</i>				e. Date Signed 12/24/02	



Office of Environmental Justice Small Grants Program - Application Guidance FY 2003

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/18/02	Applicant Identifier State Application Identifier DEC 19 2002 Federal Identifier STATE CLEARING HOUSE														
5. APPLICANT INFORMATION Legal Name: Asian Health Services Address (give city, county, state, and zip code): 818 Webster Street Oakland, Alameda County, CA 94607		3. DATE RECEIVED BY STATE															
6. EMPLOYER IDENTIFICATION (EIN): 9 4 - 2 2 3 5 9 0 8		4. DATE RECEIVED BY FEDERAL AGENCY															
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): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): <u>Private / Nonprofit</u>															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.604 TITLE: Environmental Justice Grants to Small Community Groups		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Working Safe, Working Healthy															
13. PROPOSED PROJECT: Start Date End Date 9/1/2003 8/31/2004		14. CONGRESSIONAL DISTRICT OF: a. Applicant: 9 b. Project: 9															
15. Estimated Funding: <table border="1"> <tr><td>a. Federal</td><td>\$ 15,000</td></tr> <tr><td>b. Applicant</td><td>\$</td></tr> <tr><td>c. State</td><td>\$</td></tr> <tr><td>d. Local</td><td>\$</td></tr> <tr><td>e. Other</td><td>\$</td></tr> <tr><td>f. Program Income</td><td>\$</td></tr> <tr><td>g. TOTAL</td><td>\$ 15,000</td></tr> </table>		a. Federal	\$ 15,000	b. Applicant	\$	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 15,000	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 PROCESSES FOR REVIEW ON: DATE <u>12/18/02</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 15,000																
b. Applicant	\$																
c. State	\$																
d. Local	\$																
e. Other	\$																
f. Program Income	\$																
g. TOTAL	\$ 15,000																
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. Typed Name of Authorized Representative: Sherry Hirota		b. Title: CEO	c. Telephone Number: 510-986-6830														
d. Signature of Authorized Representative: 		e. Date Signed: 12/18/02															

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED
DEC 18 2002
STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application
 Construction
 Non-Construction

Preapplication
 Construction
 Non-Construction

2. DATE SUBMITTED

December 18, 2002

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Planning and Conservation League Foundation

Organizational Unit:

Address (give city, county, State, and zip code):

926 J Street, Suite 612
Sacramento, CA 95814

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

Tyrone Buckley (916)313-4538

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 2190378

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

A. TYPE OF APPLICATION:

New Continuation Revision

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

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

- A. State
- B. County
- C. Municipal
- D. Township
- E. Interstate
- F. Intermunicipal
- G. Special District
- H. Independent School Dist.
- I. State Controlled Institution of Higher Learning
- J. Private University
- K. Indian Tribe
- L. Individual
- M. Profit organization

N

Non-Profit

9. NAME OF FEDERAL AGENCY:

U.S. EPA, Office of Environmental Justice

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: Environmental Justice Grants to Small Community Groups

66 - 604

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

EJ Land Use Project - Research Component: Research how to evolve our California Environmental Quality Workshop into a beginner's EJ land use workshop.

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

Sacramento Valley and San Francisco Bay Areas

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date Ending Date
 09/01/03 08/31/03

a. Applicant
5th CA Congressional District

b. Project
2nd, 5th, 6th, 7th, 8th, 9th, 10th, 12th, 13th Districts

15. ESTIMATED FUNDING:

a. Federal	\$ 19,686.25
b. Applicant	\$
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 19,686.25

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

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

DATE Dec. 18, 2002

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. Type Name of Authorized Representative

Tyrone Buckley

b. Title

Diversity Coordinator

c. Telephone Number

(916) 313-4538

d. Signature of Authorized Representative

Tyrone Buckley

e. Date Signed

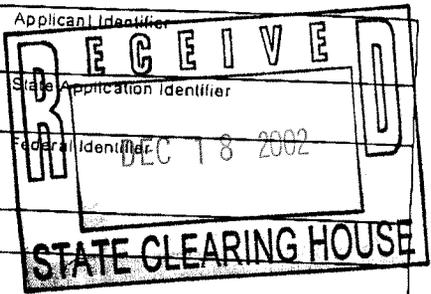
Dec. 18, 2002

Authorized for Local Reproduction

Office of Environmental Justice Small Grants Program - Application Guidance FY 2003

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12-18-2002	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: Environmental Center of San Luis Obispo Address (give city, county, state, and zip code): P.O. Box 1014 (Ecoslo) San Luis Obispo, CA 93406		3. DATE RECEIVED BY STATE	State Application Identifier
6. EMPLOYER IDENTIFICATION (EIN): 23-7213237		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier DEC 18 2002
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): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>AV</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>501c3, non profit</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.604 TITLE: Environmental Justice Grants to Small Community Groups		9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): SLO County & California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Farmworker Safety Initiative Phase II - Result in better understanding & more effective pesticide safety trainings.	
13. PROPOSED PROJECT: Start Date: 7/2003 End Date: 6/2004		14. CONGRESSIONAL DISTRICT OF: a. Applicant: 23 b. Project: 22	
15. Estimated Funding: a. Federal: \$ 19998.00 b. Applicant: \$ c. State: \$ d. Local: \$ e. Other: \$ f. Program Income: \$ g. TOTAL: \$ 19998.00		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 PROCESSES FOR REVIEW ON: DATE <u>Fixed 12-18-02</u> b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative: Pamela Heatherington		b. Title: Executive Director	
d. Signature of Authorized Representative: Pamela Heatherington		c. Telephone Number: 805 544-1777	
Previous Editions Not Usable		e. Date Signed: 12-18-2002	



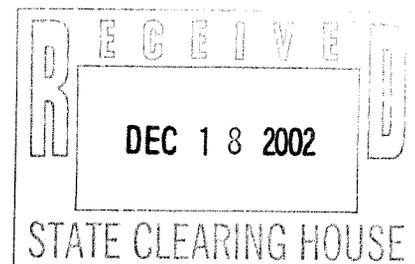
AUTHORIZED FOR LOCAL REPRODUCTION

Org Name: ASIAN HEALTH SERVICES

UDS Number: 091030

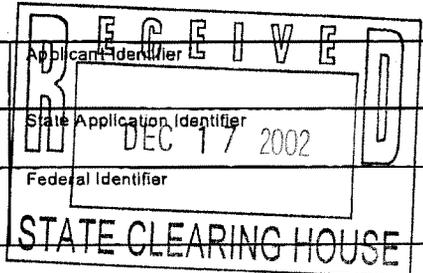
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/2/2002	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier H80CS00773	
5. APPLICANT INFORMATION			
Legal Name: ASIAN HEALTH SERVICES		Organizational Unit:	
Address (give city, county, state, and zip code) 818 WEBSTER STREET OAKLAND, CA 94607-4220 Alameda		Name and telephone number of the person to be contacted on matters involving this application (give area code) Sherry Hirota 510-986-6830	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1942235908A1		7. TYPE OF APPLICANT (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist.. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Private Non-Profit	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: HHS, BPHC	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: COMMUNITY HEALTH CENTERS		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asian Immigrant and Refugee Primary Care Project of Alameda County	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda County			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF	
Start Date 04/01/2003	Ending Date 03/31/2004	a. Applicant 9	b. Project 9
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	3,070,831.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12/01/2002	
b. Applicant	1,174,068.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
c. State	325,868.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
d. Local	1,116,770.00		
e. Other	2,156,671.00		
f. Program Income	6,644,153.00		
g. TOTAL	14,488,361.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Sherry Hirota		b. Title CEO	c. Telephone Number 510-986-6830
d. Signature of Authorized Representative Electronically Signed by: Sherry Hirota		e. Date Signed 12/2/2002	



Office of Environmental Justice Small Grants Program - Application Guidance FY 2003

APPLICATION FOR FEDERAL ASSISTANCE



1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/17/02	Applicant Identifier State Application Identifier Federal Identifier
5. APPLICANT INFORMATION Legal Name: American Lung Association of San Diego & Imperial Counties Address (give city, county, state, and zip code): 2750 Fourth Avenue San Diego, CA 92103		3. DATE RECEIVED BY STATE	DEC 17 2002
6. EMPLOYER IDENTIFICATION (EIN): 9 5 - 1 6 4 4 6 2 7		4. DATE RECEIVED BY FEDERAL AGENCY	STATE CLEARING HOUSE
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): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		7. TYPE OF APPLICANT: (enter appropriate letter here) _____ A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): <u>Not-for-Profit</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <p style="text-align: center;">66.604</p> TITLE: Environmental Justice Grants to Small Community Groups		9. NAME OF FEDERAL AGENCY: U.S. EPA, Region IX	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Diego County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mid City Chollas Park and Dump Site Research Project	
13. PROPOSED PROJECT: Start Date: 9/1/03 End Date: 8/30/04		14. CONGRESSIONAL DISTRICT OF: 49-52nd a. Applicant: 49th-52nd b. Project: 49th	
15. Estimated Funding: a. Federal: \$ 19,560 b. Applicant: \$ c. State: \$ d. Local: \$ e. Other: \$ f. Program Income: \$ g. TOTAL: \$ 19,560		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 PROCESSES FOR REVIEW ON: DATE <u>12/17/02</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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. Typed Name of Authorized Representative: Janie Davis		b. Title: President & CEO	c. Telephone Number: (619) 297-3901
d. Signature of Authorized Representative: 		e. Date Signed: 12/17/02	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
12/18/02

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

RECEIVED

Applicant Identifier

State Application Identifier

DEC 16 2002

Federal Identifier

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION

Application

Construction

Non-Construction

Pre-Application

Construction

Non-Construction

5. APPLICANT INFORMATION

Legal Name: Earth Island Institute

Address (give city, county, state, and zip code):
300 Broadway, Suite 28
San Francisco, CA 94133-3312

Organizational Unit: Ma'at Youth Academy

Name and telephone number of the person to be contacted on matters involving application (give area code)
Sharon Fuller, Executive Director
(510) 222-6594

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

-

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

N

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District

H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Nonprofit 501(c)(3)

8. TYPE OF APPLICATION:

New Continuation Revision

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

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

9. NAME OF FEDERAL AGENCY:

Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

-

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The Ma'at Youth Academy (MYA) requests continuation CERCLA funding for MYA's Environmental Coalition for Community Health (ECCH) Fish Contaminant Research Project in order to conduct continued research investigating bay fish contaminant levels in the Richmond Marina near United Heckathorn, an Environmental Protection Agency Superfund site.

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

City of Richmond, West Contra Costa County, State of California

13. PROPOSED PROJECT:

Start Date 01/01/03	Ending Date 06/30/03
------------------------	-------------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant District 8, Representative Nancy Pelosi	b. Project District 7, Representative George Miller
---	--

15. ESTIMATED FUNDING:

a. Federal	\$20,000.00
b. Applicant	\$
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	\$20,000

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 12/18/02 Attn: Grants Coordinator, fax 916-323-3018

b. NO. PROGRAM IS NOT COVERED BY E.O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

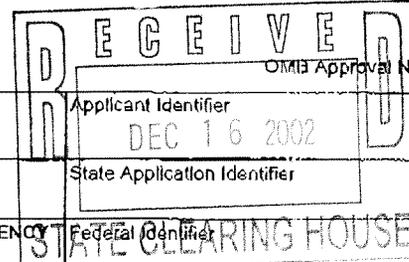
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation. No

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

a. Typed Name of Authorized Representative John A. Knox	b. Title Executive Director	c. Telephone Number 415-786-3666
d. Signature of Authorized Representative 		e. Date Signed 12/16/02

**APPLICATION FOR
FEDERAL ASSISTANCE**



1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED
	3. DATE RECEIVED BY STATE
	4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name: Mineral County Water District	Organizational Unit: Water District
Address (give city, county, State, and zip code): Mineral, Tehama County, CA 96063	Name and telephone number of person to be contacted on matters involving this application (give area code): Shirley Wheeler (530) 595 - 4418

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 62-1856412	7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ [G]
---	--

8. TYPE OF APPLICATION:

New
 Continuation
 Revision

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE:	9. NAME OF FEDERAL AGENCY: USDA
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Renovation of Water District

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: Doug Ose / Wally Herger
Start Date: 5/01/03 Ending Date: _____ a. Applicant: 2	b. Project: 2

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal: \$ 700,000. ⁰⁰ b. Applicant: \$ _____ ⁰⁰ c. State: \$ 300,000. ⁰⁰ d. Local: \$ _____ ⁰⁰ e. Other: \$ _____ ⁰⁰ f. Program Income: \$ _____ ⁰⁰ g. TOTAL: \$ 1,000,000. ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12/12/02 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
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. Type Name of Authorized Representative Shirley Wheeler	b. Title Director	c. Telephone Number (530) 595-4418
d. Signature of Authorized Representative 		e. Date Signed 12/12/02

FROM : BEARD CABINETS

PHONE NO. : 406 756 9388

Dec. 16 2002 12:37PM P1

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission Application Preapplication		2. Date Submitted (mm/dd/yyyy) <p style="text-align:center">12/10/2002</p>	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <p style="text-align:center">Smith River Rancheria</p>		Organizational Unit: <p style="text-align:center">Smith River Rancheria</p>	
Address (give city, county, state, and zip code): <p style="text-align:center">250 North Indian Road Smith River, CA 95567-9525</p>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Leslie Beard, Allied Home Mortgage Capital Corporation 406-756-1990	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <p style="text-align:center">6 8 - 0 0 8 7 2 7 5</p>		7. TYPE OF APPLICANT: (enter appropriate letter in box) k	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision # Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State I. State Controlled Institution of Higher Learning B. County J. Private University C. Municipal K. Indian Tribe D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Nonprofit G. Special District O. Public Housing Agency H. Independent School Dist. P. Other (Specify)	
		9. NAME OF FEDERAL AGENCY: <p style="text-align:center">USDA Rural Development</p>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) 1 0 - 7 6 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <p style="text-align:center">Smith River Rancheria Multi-purpose Community Building</p>	
TITLE: Community Facility Grant and Loan Program		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">DEC 16 2002</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <p style="text-align:center">Smith River Rancheria, Smith River, Del Norte County, California</p>			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	a. Applicant <p style="text-align:center">California District #1</p>	b. Project <p style="text-align:center">California District #1</p>
15. ESTIMATED FUNDING: <p style="text-align:center">Complete form HUD-424-M, Funding Matrix</p>		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 (mm/dd/yyyy) 12/10/2002 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		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. Typed Name of Authorized Representative <p style="text-align:center">Leslie Beard</p>		b. Title <p style="text-align:center">Allied Home Mortgage Loan Processor</p>	c. Telephone number (Include Area Code) 406-756-1990
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) <p style="text-align:center">12-13-02</p>	