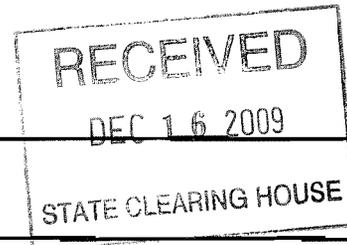


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 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: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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: City of Orange Cove		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003065		*c. Organizational DUNS: 004940565
d. Address:		
*Street 1:	633 Sixth Street	
Street 2:	_____	
*City:	Orange Cove	
County:	Fresno	
*State:	California	
Province:	_____	
*Country:	USA: United States	
*Zip / Postal Code	93646	
e. Organizational Unit:		
Department Name: N/A		Division Name: N/A
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr.	*First Name: Alan
Middle Name:	J.	
*Last Name:	Bengvel	
Suffix:	_____	
Title:	City Manager	
Organizational Affiliation: N/A		
*Telephone Number: 559-626-4488		Fax Number: 559-626-4653



*Email: ctymgr@cityoforange .com

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.760 _____

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Cities-Orange Cove

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

Due to the adoption of California State Regulation AB 514, the City of Orange Cove, who receives waters from the Central Valley Project, is proposing to install water meters city-wide in order to comply with this regulation and continue receiving such waters.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-021

*b. Program/Project: CA-021

17. Proposed Project:

*a. Start Date: 06-01-2010

*b. End Date: 06-01-2011

18. Estimated Funding (\$):

*a. Federal	1,581,000.00
*b. Applicant	0.00
*c. State	0.00
*d. Local	0.00
*e. Other	0.00
*f. Program Income	1,581,000.00
*g. TOTAL	

***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 12/29/2009
- 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. 12372

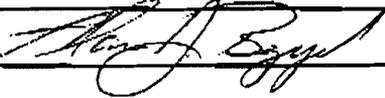
***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

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: <u>Mr.</u>	*First Name: <u>Alan</u>
Middle Name: <u>J.</u>	
*Last Name: <u>Bengvel</u>	
Suffix: _____	
*Title: <u>City Manager</u>	
*Telephone Number: <u>559-826-4488</u>	Fax Number: <u>559-626-4653</u>
* Email: <u>ctymgr@cityoforangecove.com</u>	
*Signature of Authorized Representative: 	*Date Signed: <u>12/1/09</u>

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
---	---	---

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: not applicable
--	---

5a. Federal Entity Identifier: not applicable	* 5b. Federal Award Identifier: not applicable
---	--

State Use Only:	RECEIVED DEC 21 2009 STATE CLEARING HOUSE
6. Date Received by State: <input type="text"/>	

7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:
* a. Legal Name: Self-Help Home Improvement Project

* b. Employer/Taxpayer Identification Number (EIN/TIN): 9 5 2 9 9 0 6 7 8	* c. Organizational DUNS: 088852603
---	---

d. Address:
* Street1: 3777 Meadowview Drive #100
Street2: <input type="text"/>
* City: Redding
County: Shasta
* State: California
Province: <input type="text"/>
* Country: USA
* Zip / Postal Code: 96002

e. Organizational Unit:	
Department Name: SHHIP	Division Name: Rehab

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <input type="text"/>	* First Name: Keith
Middle Name: <input type="text"/>	
* Last Name: Griffith	
Suffix: <input type="text"/>	

Title: Executive Director

Organizational Affiliation: <input type="text"/>
--

* Telephone Number: (530) 378-6904	Fax Number: (530) 378-6910
---	-----------------------------------

* Email: <input type="text"/>

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

O. Not for Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

1 0 4 2 0

CFDA Title:

Rural Self-Help Housing Technical Assistance (rehab) Section 523

*** 12. Funding Opportunity Number:**

10-420

*** Title:**

Rural Self-Help Housing Technical Assistance (rehab) Section 523

13. Competition Identification Number:

not applicable

Title:

not applicable

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

Shasta and Tehama counties, California

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

Rehabilitation of 40 low-income owner occupied homes in Shasta and Tehama Counties, California. USDA Rural Development Mutual Self-Help Program Technical Assistance grant (Sect. 523) Self-Help Housing Rehabilitation.

Attach supporting documents as specified in agency instructions.

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="330,000.00"/>
* 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="330,000.00"/>

*** 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.

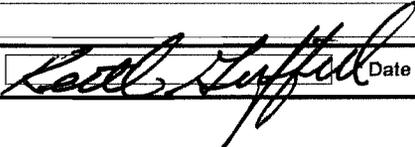
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  Date Signed:

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.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: Hardwick Non-Profit Water Comapany		Organizational Unit: Department:	
Organizational DUNS: 832879295		Division:	
Address: Street: 14616 Johnson Street City: Hanford County: Kings State: California Zip Code: 93230		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Alvin Middle Name: Last Name: Lea Suffix:	
Country: Kings		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0295969		Phone Number (give area code) 559 584 3764	Fax Number (give area code)
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) O Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hardwick Service Area		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water (Well & Distribution Line Replacement) System Improvement Project	
13. PROPOSED PROJECT Start Date: 8-1-10 Ending Date: 8-1-11		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 b. Project 20	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal 20%	\$ 296,955.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 0.00	DATE:	
c. State 80%	\$ 1,187,820.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 1,484,775.00		
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. Authorized Representative			
Prefix Mr.	First Name Alvin	Middle Name	
Last Name	Lea	Suffix	
b. Title Water System Manager	c. Telephone Number (give area code) (559) 584-3764		
d. Signature of Authorized Representative <i>Alvin Lea</i>	e. Date Signed 12-16-09		

DOT



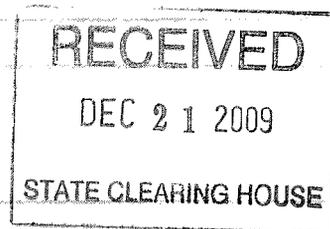
FTA

U.S. Department of Transportation

Federal Transit Administration

Application

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-96-X012-01
Budget Number:	3 - Budget Pending Approval
Project Information:	Bus replc(141),Overhaul(290),MBL TP



Part 1: Recipient Information

Project Number:	CA-96-X012-01
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$133,134
Project Number:	CA-96-X012-01	Adjustment Amt:	\$0
Project Description:	Bus replc(141),Overhaul(290),MBL TP	Total Eligible Cost:	\$133,134
Recipient Type:	Transit Authority	Total FTA Amt:	\$133,134
FTA Project Mgr:	Ray Tellis - 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe - 213.922.2459	Total Local Amt:	\$0
New/Amendment:	New	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307-4	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Apr. 02, 2009 - Sep. 30, 2014	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt	No
Review Date:	Dec. 14, 2009		

provided by the following sources:

\$69,776 from Riv/Sbdo UZA 25
\$63,358 from UZA2

This amendment also makes minor changes to the project budgets as detailed in the extended budget descriptions and milestones.

Federal funds requested in this application are included in the Transportation Improvement Program approved by the FTA and FHWA on April 22, 2009.

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Funds are requested at a 100% federal contribution per the ARRA legislation.

The required FTA FY2010 Certifications and Assurances have been electronically filed in TEAM.

For information regarding the labor union list, please refer to the labor union section under our recipient profile in TEAM.

There are no pending Civil Rights issues affecting this grant application.

All DOL checklist requirements have been addressed.

OTHER TRANSIT PROVIDERS

The following municipal operators/transit providers also operate fixed-route public transit service within Metro's general service area:

City of Commerce Transit
Culver City Municipal Transit
Foothill Transit
Gardena Transit
La Mirada Transit
Long Beach Municipal Transit
Los Angeles DOT
Montebello Municipal Transit
Norwalk Transit
Santa Monica Big Blue Bus
Torrance Transit

+++++

The Los Angeles County Metropolitan Transportation Authority (Metro) hereby submits its American Recovery and Reinvestment Act of 2009 (ARRA) grant requesting federal assistance in the amount of \$219.3 million of Transit Capital Assistance Grants- Urbanized Area Funding Formula Funding Program and \$5.8m of ARRA Section 5340 funds under grant CA-96-X012. The total federal assistance requested is \$225.1 million.

This application no. CA-96-X012 is funded as follows:

ROLLING STOCK BUS REPLACEMENT (TIP#LA963542)

This grant applies the 2009 ARRA Formula allocation of \$84.0 million to bus replacement. We will purchase approximately 90 45' CNG Compo-buses for \$60.0 million, and 50 30'-32' CNG buses for \$24.0 million that have an expected useful life of up to 12 years/500,000 miles and 10 years/350,000 miles respectively. The vehicles being replaced have met their useful life. A Federal ratio of 100/0 will apply. These buses will meet the Clean Air Act standards (CAA) and the American with Disabilities Act (ADA) requirements.

BUS OVERHAUL (TIP#963542)

This grant applies the 2009 ARRA Formula allocation of \$47.0 million to bus overhaul program for the period April 2009 to April 2011. A Federal ratio of 100/0 will apply. Approximately 376 Nabi Low Floors and New Flyer High Floors buses will be overhauled. The average age of the buses being overhauled is 8 years old. This program will improve the performance and reliability of Metro buses over five years old and includes re-power of engine package, fuel cylinder inspection/recertification or replacements, suspension replacement/repair work, body repair, body rust remediation complete exterior painting, and interior refurbishment including graffiti abatement and wheel chair lift system refurbishment/ maintenance, and operator control panel refurbishment. Buses being overhauled have accumulated at least 40% of their useful life.

Foothill Transit
 Gardena Transit
 La Mirada Transit
 Long Beach Municipal Transit
 Los Angeles DOT
 Montebello Municipal Transit
 Norwalk Transit
 Santa Monica Big Blue Bus
 Torrance Transit

Earmarks

Earmark Details

Earmark ID	Earmark Name	Orig. Balance	Amount Applied
D2009-ERUF-0001	ARRA Urbanized Area Formula	\$5,967,852,039	\$133,134

Number of Earmarks: 1

Total Amount Applied: \$133,134

Date Sent for Release:

Date Released:

Security

No – We will not expend at least 1% of the 5307 funds in this grant application for security purposes.

3. Other, please describe below.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK	431	\$131,000,000.00	\$131,000,000.00
<u>ACTIVITY</u>			
11.12.01 TIP#963542 Buy Replacement 45-ft Bus	91	\$60,000,000.00	\$60,000,000.00
11.12.03 TIP#963542 Buy Replacement 30-32 ft Bus	50	\$24,000,000.00	\$24,000,000.00
11.15.01 TIP#963546 Bus Overhaul	0	\$0.00	\$0.00
11.14.01 TIP#963546 Bus Overhaul	290	\$47,000,000.00	\$47,000,000.00
<u>SCOPE</u>			
123-00 RAIL - STATION/STOPS/TERMINALS	3	\$3,300,000.00	\$3,300,000.00
<u>ACTIVITY</u>			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>		* 2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			

7. APPLICANT INFORMATION:

* a. Legal Name: National Indian Justice Center		* c. Organizational DUNS: 151095320	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 88-0004000		* d. Address:	
* Street1: 5250 Aero Drive		Street2: <input type="text"/>	
* City: Santa Rosa		County: <input type="text"/>	
* State: CA: California		Province: <input type="text"/>	
* Country: USA: UNITED STATES		* Zip / Postal Code: 95403	
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: Mr.	* First Name: Joseph	Middle Name: <input type="text"/>	
* Last Name: Myers		Suffix: <input type="text"/>	
Title: Executive Director			
Organizational Affiliation: National Indian Justice Center			
* Telephone Number: 707-579-5507		Fax Number: 707-579-9019	
* Email: nijc@aol.com			

RECEIVED
DEC 21 2009
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

Utilities Programs

10. Catalog of Federal Domestic Assistance Number:

10.762

CFDA Title:

Solid Waste Management Grants

11. Areas Affected by Funding:

Santa Rosa, Sonoma County, California and National

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-006

b. Program/Project:

CA-006

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

10/01/2010

b. End Date:

09/30/2011

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

124,050.00

b. Match (\$):

41,500.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

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

12/21/2009

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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 218, Section 1001)

** I Agree

** 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.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

**APPLICATION FOR
FEDERAL ASSISTANCE**

VERSION 1100

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-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: Squaw Valley Mutual Water Company	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">DEC 23 2009</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department:
Organizational DUNS: 029526316		Division:
Address: Street: PO BOX 2667		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR First Name: CORY
City: OLYMPIC VALLEY		Middle Name
County: PLACER	Last Name GIESE	
State: CA	Zip Code 96146	Suffix:
Country: USA	Email: info@svmwc.com	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	1	3	7	7	2	1	9
---	---	---	---	---	---	---	---	---	---

Phone Number (give area code) 530 583-3674	Fax Number (give area code) 530 583-1257
---	---

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) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) 0 Other (specify) 501(C) 12 MUTUAL WATER COMPANY
	9. NAME OF FEDERAL AGENCY: DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table> TITLE (Name of Program): WATER AND WASTE DISPOSAL SYSTEMS FOR RURAL COMMUNITIES	1	0	-	7	6	0	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: IMPROVEMENTS OF EXISTING WATER SYSTEM BASED ON SYSTEM MASTER PLAN DEVELOPED BY AUERBACH ENGINEERING (SEE ENCLOSED REPORT)
1	0	-	7	6	0		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): OLYMPIC VALLEY, PLACER COUNTY, CALIFORNIA							

13. PROPOSED PROJECT Start Date: 4/1/2010 Ending Date: 12/31/2014	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 04 b. Project: 04
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 3,949,564. ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/26/2009
b. Applicant \$ 438,840. ⁰⁰	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 \$. ⁰⁰	
d. Local \$. ⁰⁰	
e. Other \$. ⁰⁰	
f. Program Income \$. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 4,388,404. 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. Authorized Representative

Prefix DR.	First Name MARGOT	Middle Name WEAVER
Last Name GARCIA		Suffix
b. Title PRESIDENT		c. Telephone Number (give area code) 530 583-3674
d. Signature of Authorized Representative <i>Margot Garcia</i>		e. Date Signed <i>December 5, 2009</i>

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 12-24-09	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A 009094-09-1
5. APPLICANT INFORMATION			
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT		Organizational Unit:	
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765		Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780	
6. EMPLOYER IDENTIFICATION (EIN): 953099419		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>Regional Agency</u>	
Organizational DUNS: 025986159		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
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: Carryover		STATE CLEARING HOUSE	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.001</u> TITLE: <u>Air Pollution Control Program Support</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 09 Air Pollution Control Program Support	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the and non-desert areas of San Bernardino, Los Angeles, and Riverside Counties			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:	b. Project
10/01/09	09/30/10	23-48	23-48
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>12-29-09</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	\$ 296,488	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
b. Applicant	\$ 0		
c. State	\$ 0		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 296,488		
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: Barry R. Wallerstein, D.Env.		b. Title: Executive Officer	c. Telephone Number: (909) 396-2100
d. Signature of Authorized Representative		e. Date Signed: <u>12-29-09</u>	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY DEC 21 2009	Federal Identifier 04-018-0067239315	
5. APPLICANT INFORMATION:				
Legal Name: Westwood Community Services District		Organizational Unit: Department: Westwood Fire Department		
Organizational DUNS: 791379469		Division:		
Address: Street: 206 Third Street, P.O. Box 319		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Westwood		Prefix: First Name: Forest		
County: Lassen		Middle Name: Last Name: Duerksen		
State: CA		Suffix:		
Zip Code: 96137		Email: westwoodfiredept@frontiernet.net		
Country: USA		Phone Number (give area code): 530-256-3589		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7110577		Fax Number (give area code): 530-256-3212		
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.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase Fire Engine		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Westwood, CA and surrounding areas by mutual aid				
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Tom McClintock b. Project: Tom McClintock		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 178,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 20,000.00	DATE:		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ 20,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$.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. Authorized Representative				
Prefix	First Name Forest	Middle Name Fox		
Last Name Duerksen	Suffix		c. Telephone Number (give area code) 530-256-3589	
b. Title Fire Chief	d. Signature of Authorized Representative <i>Forest Duerksen</i>			e. Date Signed 12-18-09