

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2010**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Post-Construction <input type="checkbox"/> Pre-Construction	2. DATE SUBMITTED December 13, 2010	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 Watsonville	Organizational Unit: Department: Airports
International DUNS: 00014984	Division:
Address: 100 Aviation Way Watsonville Santa Cruz California 95076	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Donald Middle Name: E. Last Name: French Suffix:
Country: USA	Email: dfrench@ci.watsonville.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 84-8000481	Phone Number (give area code) (831) 728-8075	Fax Number (give area code) (831) 783-4058
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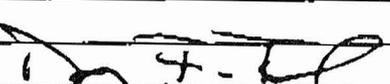
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision Modification: enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-108	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watsonville Municipal Airport, Watsonville, Santa Cruz County, CA Two-Box PAPI - Runways 2, 8, 20 and 28 Obstruction Removal Reimbursement Reconstruct T/W C (35' x 1,350') and G.A. Apron Phase 1 (5,850 sq)
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12. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17 b. Project 17
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13. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal: \$ 1,410,760.00	a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 15, 2010
b. Applicant: \$ 74,250.00	b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State: \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local: \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
e. Other: \$.00	
f. Program Income: \$.00	
g. TOTAL: \$ 1,485,000.00	

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.

19. Authorized Representative	
First Name: Donald	Middle Name: E.
Last Name: French	Suffix:
Title: Airport Manager	c. Telephone Number (give area code): (831) 728-8075
d. Signature of Authorized Representative: 	e. Date Signed: 12-17-10

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RECEIVED
DEC 17 2010
STATE CLEARING HOUSE

Standard Form 424 (Rev. 8-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
County of Tulare. (Service Area # 1, Seville Zone of Benefit)	Department: Resource Management Agency
Organizational DUNS: 168783512	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 2800 W. Burrell Avenue	Prefix: Mr. First Name: Britt
City: Visalia	Middle Name
County: Tulare	Last Name: Fussel
State: Ca Zip Code: 93291-4582	Suffix:
Country: USA	Email: bfussel@co.tulare.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6000545

Phone Number (give area code): 559 624-7003	Fax Number (give area code): 559 730-2653
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8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
 B - County Government
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 USDA - Rural Development

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

TITLE (Name of Program):
 Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Seville Water System Rehabilitation Project
 (Line Replacement, Well Hook-Up, Storage Tank)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Unincorporated community of Seville, Tulare County, California

13. PROPOSED PROJECT
 Start Date: 9/1/10 Ending Date: 6/1/11

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 21 b. Project 21

15. ESTIMATED FUNDING:

a. Federal	\$ 1,036,700 ⁰⁰
b. Applicant	\$ 0 ⁰⁰
c. State	\$ 1,014,400 ⁰⁰
d. Local	\$ 0 ⁰⁰
e. Other	\$ 0 ⁰⁰
f. Program Income	\$ 0 ⁰⁰
g. TOTAL	\$ 2,051,100 ⁰⁰

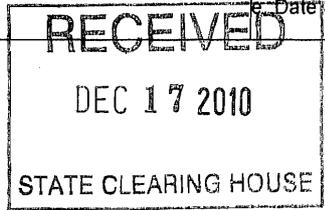
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE:
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix: Mr. First Name: J	Middle Name: Steven
Last Name: Worthley	Suffix:
b. Title: Chairman - Tulare County Board of Supervisors	c. Telephone Number (give area code): (559) 636-5005
d. Signature of Authorized Representative: <i>J. Worthley</i>	e. Date Signed: December 7, 2006



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 13, 2010	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department:	
City of Watsonville		Airports	
International DLANS: 00414854		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 100 Aviation Way		Prefix: Mr.	First Name: Donald
City: Watsonville		Middle Name: E.	
County: Santa Cruz		Last Name: French	
State: California		Suffix:	
Zip Code: 95076	Email: dfrench@ci.watsonville.ca.us		

RECEIVED

DEC 17 2010

STATE CLEARING HOUSE

4. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-0000481	Phone Number (give area code): (831) 728-8076	Fax Number (give area code): (831) 763-4058
---	---	---

5. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify):
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-108	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watsonville Municipal Airport, Watsonville, Santa Cruz County, CA Engineering Design: Reconstruct T/W C & G.A. Apron Phase 1 Rehabilitate Drainage on Existing E. G.A. Apron and Hangars Rehabilitate Drainage on Existing South FBO Apron and Hangars Construct North Parallel Taxiway
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville, California	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17 b. Project 17
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13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 15, 2010 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
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15. ESTIMATED FUNDING:		
a. Federal	\$	228,000
b. Applicant	\$	12,000
c. State	\$	0
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	240,000
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. Authorized Representative		
Prefix: Mr.	First Name: Donald	Middle Name: E.
Last Name: French	Suffix:	
b. Title: Airport Manager	c. Telephone Number (give area code): (831) 728-8075	
d. Signature of Authorized Representative	e. Date Signed: 12-17-10	

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: City of Grover Beach		Organizational Unit: Department: City Management Office		
Organizational DUNS: 184492932		Division:		
Address: Street: 154 South 8th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Grover Beach		Prefix:		
County: San Luis Obispo		First Name: Robert		
State: CA		Middle Name: J.		
Zip Code: 93433		Last Name: Perrault		
Country: United States of America		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006383		Phone Number (give area code) (805) 473-4567		Fax Number (give area code) (805) 473-4561
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) C. Municipal		
Other (specify)		9. NAME OF FEDERAL AGENCY:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Facilities Program TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: West Grand Avenue Storm Drain Improvements		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Grover Beach		13. PROPOSED PROJECT Start Date: October 2011 Ending Date: June 2012		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Lois Capps (Cal-23) b. Project Lois Capps (Cal-23)		
a. Federal	\$ 1,971,000.	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant	\$ 219,000.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$ 2,190,000.			
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 Robert	Middle Name J.		
Last Name Perrault	Suffix			
b. Title City Manager	c. Telephone Number (give area code)		(805) 473-4567	
d. Signature of Authorized Representative	e. Date Signed		12/03/2010	

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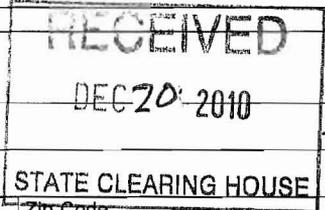
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/13/10	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: City of Arroyo Grande	Organizational Unit: Department: City Manager's Office
Organizational DUNS: 077252575	Division: NA
Address: Street: 214 East Branch Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Steven
City: Arroyo Grande	
County: San Luis Obispo	Middle Name Duane
State: California	Last Name Adams
Country: USA	Suffix:
	Email:



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 6 6 8	Phone Number (give area code) 805-473-5400	Fax Number (give area code) 805-473-0386
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 TITLE (Name of Program): USDA Rural Development Community Facilities Direct Loan and Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Arroyo Grande Police Station
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Arroyo Grande	

13. PROPOSED PROJECT Start Date: 3/1/11 Ending Date: 11/30/11	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22nd b. Project 22nd
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 5,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 1,978,937.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 6,978,937.00	

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.

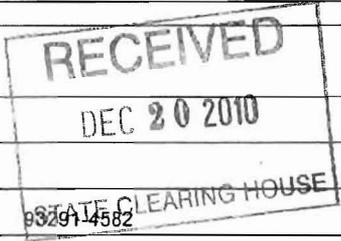
a. Authorized Representative		
Prefix Mr.	First Name Steven	Middle Name Duane
Last Name Adams		Suffix
b. Title City Manager		c. Telephone Number (give area code) 805-473-5400
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name:	County of Tulare. (Service Area # 1, Seville Zone of Benefit)	Organizational DUNS: 168783512	Address: Street: 2800 W. Burrell Avenue	City: Visalia	County: Tulare	State: Ca	Zip Code: 93291-4582	Country: USA	Organizational Unit: Department: Resource Management Agency	Division:	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.	First Name: Britt
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000545									Phone Number (give area code) 559 624-7003	Fax Number (give area code) 559 730-2653		
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) B - County Government			
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.): Unincorporated community of Seville, Tulare County, California									11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Seville Water System Rehabilitation Project (Line Replacement, Well Hook-Up, Storage Tank)			
13. PROPOSED PROJECT Start Date: 9/1/10 Ending Date: 6/1/11									14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21			
15. ESTIMATED FUNDING:									16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$		1,036,700	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	DATE:								
c. State	\$		1,014,400	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372								
d. Local	\$		0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW								
e. Other	\$		0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?								
f. Program Income	\$		0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No								
g. TOTAL	\$		2,051,100	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 J	Middle Name Steven
Last Name Worthley		Suffix
b. Title Chairman -Tulare County Board of Supervisors		c. Telephone Number (give area code) (559) 636-5005
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed December 7, 2010

Application for Federal Assistance SF-424		Version 02																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width:33%;"> * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="width:33%;"> * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/> </td> </tr> </table>			* 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"/>													
* 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: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>																
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>																
<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED DEC 21 2010 STATE CLEARING HOUSE </div>																		
State Use Only: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> 6. Date Received by State: <input type="text"/> </td> <td style="width:33%;"> 7. State Application Identifier: <input type="text"/> </td> <td style="width:33%;"></td> </tr> </table>			6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>														
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>																	
8. APPLICANT INFORMATION:																		
* a. Legal Name: Santa Clara University																		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156617		* c. Organizational DUNS: 054800214																
d. Address:																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">* Street1:</td> <td>c/o Sponsored Projects Office, 500 El Camino Real</td> </tr> <tr> <td>Street2:</td> <td><input type="text"/></td> </tr> <tr> <td>* City:</td> <td>Santa Clara</td> </tr> <tr> <td>County:</td> <td>Santa Clara County</td> </tr> <tr> <td>* State:</td> <td>CA: California</td> </tr> <tr> <td>Province:</td> <td><input type="text"/></td> </tr> <tr> <td>* Country:</td> <td>USA: UNITED STATES</td> </tr> <tr> <td>* Zip / Postal Code:</td> <td>95053-0250</td> </tr> </table>			* Street1:	c/o Sponsored Projects Office, 500 El Camino Real	Street2:	<input type="text"/>	* City:	Santa Clara	County:	Santa Clara County	* State:	CA: California	Province:	<input type="text"/>	* Country:	USA: UNITED STATES	* Zip / Postal Code:	95053-0250
* Street1:	c/o Sponsored Projects Office, 500 El Camino Real																	
Street2:	<input type="text"/>																	
* City:	Santa Clara																	
County:	Santa Clara County																	
* State:	CA: California																	
Province:	<input type="text"/>																	
* Country:	USA: UNITED STATES																	
* Zip / Postal Code:	95053-0250																	
e. Organizational Unit:																		
Department Name: Mechanical Engineering		Division Name: School of Engineering																
f. Name and contact information of person to be contacted on matters involving this application:																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Prefix:</td> <td>Ms.</td> <td style="width:35%;">* First Name:</td> <td>Linda</td> </tr> <tr> <td>Middle Name:</td> <td><input type="text"/></td> <td colspan="2"></td> </tr> <tr> <td>* Last Name:</td> <td colspan="3">Campbell</td> </tr> <tr> <td>Suffix:</td> <td colspan="3"><input type="text"/></td> </tr> </table>			Prefix:	Ms.	* First Name:	Linda	Middle Name:	<input type="text"/>			* Last Name:	Campbell			Suffix:	<input type="text"/>		
Prefix:	Ms.	* First Name:	Linda															
Middle Name:	<input type="text"/>																	
* Last Name:	Campbell																	
Suffix:	<input type="text"/>																	
Title: Director of Sponsored Projects																		
Organizational Affiliation: <input type="text"/>																		
* Telephone Number: 408-554-4806		Fax Number: 408-554-2389																
* Email: lcampbell@scu.edu																		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

0: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

*** 12. Funding Opportunity Number:**

EPA-G2011-P3-Q1

*** Title:**

8th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

13. Competition Identification Number:

Title:

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

Santa Clara, Santa Clara County, California

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

Regenerative Fuel Cell for Off-Grid Renewable Energy Storage

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* 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="14,907.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="14,907.00"/>

*** 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:

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

Application for Federal Assistance SF-424		Version 02																																
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width:33%; border: none;"> * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="width:33%; border: none;"> * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> </td> </tr> </table>			* 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"/>																													
* 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"/>																																
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> * 3. Date Received: Completed by Grants.gov upon submission. </td> <td style="width:66%; border: none;"> 4. Applicant Identifier: <input type="text"/> </td> </tr> </table>			* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>																														
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>																																	
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>																																
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED DEC 21 2010 STATE CLEARING HOUSE </div>																																		
State Use Only: 6. Date Received by State: <input type="text"/> 7. State Application Identifier: <input type="text"/>																																		
8. APPLICANT INFORMATION:																																		
* a. Legal Name: <input type="text" value="Santa Clara University"/>																																		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1156617"/>		* c. Organizational DUNS: <input type="text" value="054800214"/>																																
d. Address: <table style="width:100%; border: none;"> <tr> <td style="width:15%;">* Street1:</td> <td><input type="text" value="c/o Sponsored Projects Office, 500 El Camino Road"/></td> </tr> <tr> <td>Street2:</td> <td><input type="text"/></td> </tr> <tr> <td>* City:</td> <td><input type="text" value="Santa Clara"/></td> </tr> <tr> <td>County:</td> <td><input type="text" value="Santa Clara County"/></td> </tr> <tr> <td>* State:</td> <td><input type="text" value="CA: California"/></td> </tr> <tr> <td>Province:</td> <td><input type="text"/></td> </tr> <tr> <td>* Country:</td> <td><input type="text" value="USA: UNITED STATES"/></td> </tr> <tr> <td>* Zip / Postal Code:</td> <td><input type="text" value="95053-0250"/></td> </tr> </table>			* Street1:	<input type="text" value="c/o Sponsored Projects Office, 500 El Camino Road"/>	Street2:	<input type="text"/>	* City:	<input type="text" value="Santa Clara"/>	County:	<input type="text" value="Santa Clara County"/>	* State:	<input type="text" value="CA: California"/>	Province:	<input type="text"/>	* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="95053-0250"/>																
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* Country:	<input type="text" value="USA: UNITED STATES"/>																																	
* Zip / Postal Code:	<input type="text" value="95053-0250"/>																																	
e. Organizational Unit: <table style="width:100%; border: none;"> <tr> <td style="width:50%;"> Department Name: <input type="text" value="Mechanical Engineering"/> </td> <td style="width:50%;"> Division Name: <input type="text" value="School of Engineering"/> </td> </tr> </table>			Department Name: <input type="text" value="Mechanical Engineering"/>	Division Name: <input type="text" value="School of Engineering"/>																														
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f. Name and contact information of person to be contacted on matters involving this application: <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Prefix:</td> <td><input type="text" value="Ms."/></td> <td style="width:30%;">* First Name:</td> <td><input type="text" value="Linda"/></td> </tr> <tr> <td>Middle Name:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>* Last Name:</td> <td colspan="3"><input type="text" value="Campbell"/></td> </tr> <tr> <td>Suffix:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Title:</td> <td colspan="3"><input type="text" value="Director of Sponsored Projects"/></td> </tr> <tr> <td>Organizational Affiliation:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>* Telephone Number:</td> <td><input type="text" value="408-554-4806"/></td> <td>Fax Number:</td> <td><input type="text" value="408-554-2389"/></td> </tr> <tr> <td>* Email:</td> <td colspan="3"><input type="text" value="lcampbell@scu.edu"/></td> </tr> </table>			Prefix:	<input type="text" value="Ms."/>	* First Name:	<input type="text" value="Linda"/>	Middle Name:	<input type="text"/>			* Last Name:	<input type="text" value="Campbell"/>			Suffix:	<input type="text"/>			Title:	<input type="text" value="Director of Sponsored Projects"/>			Organizational Affiliation:	<input type="text"/>			* Telephone Number:	<input type="text" value="408-554-4806"/>	Fax Number:	<input type="text" value="408-554-2389"/>	* Email:	<input type="text" value="lcampbell@scu.edu"/>		
Prefix:	<input type="text" value="Ms."/>	* First Name:	<input type="text" value="Linda"/>																															
Middle Name:	<input type="text"/>																																	
* Last Name:	<input type="text" value="Campbell"/>																																	
Suffix:	<input type="text"/>																																	
Title:	<input type="text" value="Director of Sponsored Projects"/>																																	
Organizational Affiliation:	<input type="text"/>																																	
* Telephone Number:	<input type="text" value="408-554-4806"/>	Fax Number:	<input type="text" value="408-554-2389"/>																															
* Email:	<input type="text" value="lcampbell@scu.edu"/>																																	

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

0: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

*** 12. Funding Opportunity Number:**

EPA-G2011-P3-Q1

*** Title:**

8th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

13. Competition Identification Number:

Title:

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

Santa Clara, Santa Clara County, California

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

Enhanced Solar Thermal Energy Harvest for Power Generation from Brayton Cycle

Attach supporting documents as specified in agency instructions.

Add Attachments	Delete Attachments	View Attachments
---------------------------------	------------------------------------	----------------------------------

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* 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="14,995.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="14,995.00"/>

* 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		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" 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" value="12/22/2010"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text" value="B-10-SP-CA-0337"/>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">DEC 22 2010</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Community Food Bank of San Benito County, Inc"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="77-0306871"/>	* c. Organizational DUNS: <input type="text" value="8475453400000"/>	
d. Address:		
* Street1: <input type="text" value="1133 San Felipe Road"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Hollister"/>	County/Parish: <input type="text" value="San Benito County"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="95023-2800"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="none"/>	Division Name: <input type="text" value="none"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Mary Anne"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Hughes"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Executive Director"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(831) 637-0340"/>	Fax Number: <input type="text" value="(831) 637-0840"/>	
* Email: <input type="text" value="maryanne.pantry@sbcglobal.net"/>		

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.251

CFDA Title:

Economic Development Initiative-Special Project, Neighborhood Initiative and Miscellaneous Grants

*** 12. Funding Opportunity Number:**

2010-EDI-SP

* Title:

Economic Development Initiative - EDI Special Project

13. Competition Identification Number:

10-EDI-SP

Title:

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

San Benito county.jpg

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

The Community Food Bank of San Benito County, CA - acquisition of a building for the food bank. these funds to be used a part of the purchase price.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input type="text" value="CA-017"/>	b. Program/Project <input type="text" value="CA-017"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="01/01/2011"/>	* b. End Date: <input type="text" value="12/31/2015"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="150,000.00"/>
* b. Applicant	<input type="text" value="470,000.00"/>
* c. State	<input type="text" value="40,000.00"/>
* d. Local	<input type="text" value="40,000.00"/>
* e. Other	<input type="text" value="120,000.00"/>
* f. Program Income	<input type="text" value="30,000.00"/>
* g. TOTAL	<input type="text" value="850,000.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="12/13/2010"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Mary Anne"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Hughes"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Executive Director"/>	
* Telephone Number: <input type="text" value="(831) 637-0340"/>	Fax Number: <input type="text" value="(831) 637-0840"/>
* Email: <input type="text" value="maryanne.pantry@sbcglobal.net"/>	
* Signature of Authorized Representative: <input type="text" value="Mary Anne Hughes"/>	* Date Signed: <input type="text" value="12/22/2010"/>

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Community Food Bank of San Benito County * Street 1: 1133 San Felipe Road Street 2: * City: Hollister State: CA: California Zip: 95023 Congressional District, if known: CA 017					
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:					
6. * Federal Department/Agency: US Department of Housing and Urban Devel			7. * Federal Program Name/Description: Economic Development Initiative-Special Project, Neighborhood Initiative and Miscellaneous Grants CFDA Number, if applicable: 14.251		
8. Federal Action Number, if known: B-10-SP-CA-0337			9. Award Amount, if known: \$ 150,000.00		
10. a. Name and Address of Lobbying Registrant: Prefix: * First Name: Mary Middle Name: Anne * Last Name: Hughes Suffix: * Street 1: 20100 Panoche Road Street 2: * City: Paicines State: CA: California Zip: 95043					
b. Individual Performing Services (including address if different from No. 10a) Prefix: * First Name: Mary Middle Name: Anne * Last Name: Hughes Suffix: PhD * Street 1: * City: State: Zip:					
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: Mary Anne Hughes * Name: Prefix: * First Name: Mary Middle Name: Anne * Last Name: Hughes Suffix: Title: Executive Director Telephone No.: (831) 637-0340 Date: 12/22/2010					
Federal Use Only:					Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier: 5624	
5a. Federal Entity Identifier: 5624		*5b. Federal Award Identifier:	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 22 2010 STATE CLEARING HOUSE </div>			
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: Western Contra Costa Transit Authority			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0162086		*c. Organizational DUNS: 103429301	
d. Address:			
*Street1: 601 Walter Ave			
Street 2:			
*City: Pinole			
County:			
*State: CA			
Province:			
Country: USA			
*Zip/ Postal Code: 94564			
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Robert	
Middle Name:			
*Last Name: Thompson			
Suffix:			
Title: Manager of Grants, Capital Projects and Procurements			
Organizational Affiliation:			
*Telephone Number: 510-724-3331		Fax Number: 510-724-5551	
*Email: rob@westcat.org			

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: D. Special District Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.516

CFDA Title:

Job Access Reverse Commute

*12. Funding Opportunity Number: 5316

*Title:

Job Access - Reverse Commute

13. Competition Identification Number:

Title:

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

City of Pinole, City of Hercules, County of Contra Costa

*15. Descriptive Title of Applicant's Project:

These funds will be used to fund a project that will reduce or eliminate transportation as a barrier to low-income residents seeking employment or supportive services. Continued operation of C3 Route. Service operates between Hercules Transit Center and Contra Costa College. This grant will pay partial operating costs for the Route.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: George Miller

*a. Applicant CA-007

*b. Program/Project: CA-007

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

17. Proposed Project: JARC C3

*a. Start Date: July 1st 2010

*b. End Date: June 30th 2011

18. Estimated Funding (\$):

*a. Federal \$23,690.00

*b. Applicant \$239,479.00

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$263,169.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?** a. This application was made available to the State under the Executive Order 12372 Process for review on 12/22/2010 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr

*First Name: Robert

Middle Name:

*Last Name: Thompson

Suffix:

*Title: Manager of Grants, Capital Projects and Procurements

*Telephone Number: 510-724-3331

Fax Number: 510-724-5551

*Email: rob@westcat.org

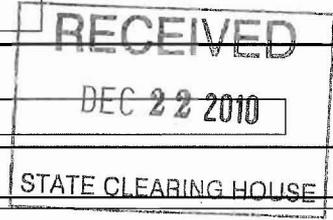
*Signature of Authorized Representative:  Date Signed: 12/22/2010

Application for Federal Assistance SF-424

* 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): _____ * Other (Specify): _____
--	--	--

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

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
---	--



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Rural Community Assistance Corporation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942512284	* c. Organizational DUNS: 0935873680000

d. Address:

* Street1: 3120 Freeboard Drive, Suite 201
Street2: _____
* City: West Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95691-5010

e. Organizational Unit:

Department Name: _____	Division Name: _____
------------------------	----------------------

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

Prefix: _____	* First Name: Julia
Middle Name: _____	
* Last Name: Helmreich	
Suffix: _____	
Title: Director, Communications and Development	
Organizational Affiliation: _____	
* Telephone Number: 916/447-2854	Fax Number: 916/447-2878
* Email: juliah@rcac.org	

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.446

CFDA Title:

Rural Community Development Initiative

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-RCDI-2010

* Title:

Rural Community Development Initiative (RCDI)

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Rural Community Assistance Corporation's Rural Community Development Initiative Application.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="300,000.00"/>
* b. Applicant	<input type="text" value="414,677.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="714,677.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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:

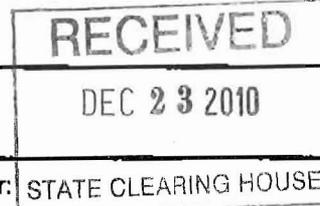
* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

Version 02

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



3. Date Received: _____ 4. Applicant Identifier: _____

5a. Federal Entity Identifier: 10.912 *5b. Federal Award Identifier: STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: The Regents of The University of California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494 *c. Organizational DUNS: 04-712-0084

d. Address:

*Street 1: 1850 Research Park Drive
Street 2: Suite 300
*City: Davis
County: _____
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code: 95618

e. Organizational Unit:

Department Name: Sponsored Programs Division Name: Office of Research

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

Prefix: _____ *First Name: David Ricci
Middle Name: _____ Contracts and Grants Analyst
*Last Name: Office of Research, Sponsored Programs
University of California, Davis
1850 Research Park Drive, Suite 300
Davis, CA 95618
Suffix: (530) 754-8094, Fax (530) 754-8367
Title: d Ricci@ucdavis.edu
Organizational Affiliation: _____

Post-It® Fax Note	7671	Date	# of pages ▶ 3
To	CA State Clearinghouse	From	UCD-SPD
Co./Dept.		Co.	David Ricci
Phone #		Phone #	530-754-8094
Fax #	916-322-3018	Fax #	

*Telephone Number: _____ Fax Number: _____

*Email: _____

Application for Federal Assistance SF-424

Version 02

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

H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA-NRCS

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Specialty Crops Technology Needs

***12 Funding Opportunity Number:**

USDA-NRCS-NHQ-11-01

***Title:**

13. Competition Identification Number:

Title:

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

CA - ALL

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

Fostering adoption of conservation tillage and cover cropping in San Joaquin Valley specialty crop rotations and for guiding NRCS conservation planning efforts

using community based social marketing techniques to ↑ the efficiency of planning & adoption of conservation practices in CA

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Empty rectangular box at the top of the page.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: CA-001 *b. Program/Project: CA-001

17. Proposed Project:
*a. Start Date: 9/1/11 *b. End Date: 8/31/12

18. Estimated Funding (\$):

*a. Federal	_____	\$ 120,588
*b. Applicant	_____	\$ 120,588
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$ 241,176

***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 *12/23/10* * will be submitted if chosen for full proposal *FLOP*

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: David Ricci

*Last Name: Contracts and Grants Analyst

Suffix: Office of Research, Sponsored Programs

University of California, Davis

1850 Research Park Drive, Suite 300

Davis, CA 95618

*Title: (530) 754-8094, Fax (530) 754-8387

drncs@ucdavis.edu

*Telephone Number: _____ Fax Number: _____

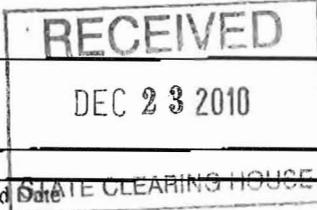
* Email: _____

*Signature of Authorized Representative:  *Date Signed: 12/23/10

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application Preapplication ___ Construction ___ Construction <u>X</u> Nonconstruction ___ Nonconstruction		2. Date Submitted 	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State 	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal 	Federal Identifier
8. Type of Application: <u>X</u> New ___ Revision ___ Continuation If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute 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)	
10. Catalog of Federal Domestic Assistance Number 66.454 Title: Water Quality Management Planning		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		11. Descriptive Title of Applicant's Project: Oversee and manage water quality planning projects as authorized by State law or local ordinances, to assure the maintenance, restoration, enhancement, and protection of water quality in the environment.	
13. Proposed Project: Start Date End Date 2/1/2011 6/30/2014		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING: a. Federal \$1,472,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$1,472,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: Date: December 23, 2010 b. NO: ___ Program is not covered by EO # 12372 ___ Program has not been selected by the 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 BOARD 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? ___ YES, attach explanation <u>X</u> NO	
a. Typed Name of Authorized Representative Tom Howard		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed: December 30, 2010	



OMB Number: 4040-0004
Expiration Date: 03/31/2012**Application for Federal Assistance SF-424**

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<input type="text"/>
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<input type="text"/>
* 3. Date Received:		4. Applicant Identifier:		
Completed by Grants.gov upon submission.		<input type="text"/>		
5a. Federal Entity Identifier:		5b. Federal Award Identifier:		
<input type="text"/>		<input type="text"/>		
RECEIVED DEC 27 2010				
State Use Only:				
6. Date Received by State:		7. State Application Identifier:		
<input type="text"/>		<input type="text"/>		
STATE CLEARING HOUSE				
8. APPLICANT INFORMATION:				
* a. Legal Name: California Invasive Plant Council				
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:		
68-0289333		1460833030000		
* d. Address:				
* Street1:	1442-A Walnut St., #462			
* Street2:	<input type="text"/>			
* City:	Berkeley			
* County/Parish:	<input type="text"/>			
* State:	CA: California			
* Province:	<input type="text"/>			
* Country:	USA: UNITED STATES			
* Zip / Postal Code:	94709-1405			
* e. Organizational Unit:				
Department Name:		Division Name:		
<input type="text"/>		<input type="text"/>		
* f. Name and contact information of person to be contacted on matters involving this application:				
Prefix:	<input type="text"/>	* First Name:	Doug	
Middle Name:	<input type="text"/>			
* Last Name:	Johnson			
Suffix:	<input type="text"/>			
Title:	Executive Director			
Organizational Affiliation:				
<input type="text"/>				
* Telephone Number:	510-843-3902 x302	Fax Number:	<input type="text"/>	
* Email:	dwjohnson@cal-ipc.org			

Application for Federal Assistance SF-424

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

N: Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-11-01

* Title:

2011 Conservation Innovation Grant Funding Opportunity

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Enhanced Conservation Effectiveness through Regional Invasive Plant Prioritization

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant b. Program/Project

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

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="400,000.00"/>
* b. Applicant	<input type="text" value="100,000.00"/>
* c. State	<input type="text" value="100,000.00"/>
* d. Local	<input type="text" value="100,000.00"/>
* e. Other	<input type="text" value="100,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="600,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?** a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)** Yes No

If "Yes", provide explanation and attach

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

 ** I AGREE

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

Authorized Representative:Prefix: * First Name: Middle Name: * Last Name: Suffix: * Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

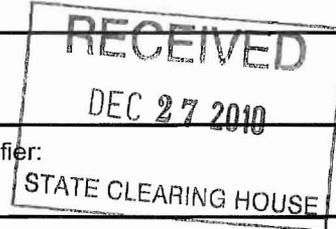
*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Magic Mountain Property Owners' Association

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

94-2177493

*c. Organizational DUNS:

003646730

d. Address:

*Street 1: 18 Madrone Avenue

Street 2: _____

*City: Cazadero

County: Sonoma

*State: California

Province: _____

*Country: USA

*Zip / Postal Code 95421

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr. *First Name: John

Middle Name: _____

*Last Name: Locey

Suffix: _____

Title: Engineering Consultant

Organizational Affiliation:

Brelje & Race Consulting Engineers

*Telephone Number: 707 576-1322

Fax Number: 707 576-0469

*Email: locey@brce.com

Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-760 _____

CFDA Title:

Water and Waste Disposal Loan and Grant Program _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Sonoma County, California

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

Water Distribution and Storage Improvements

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: CA-006 *b. Program/Project: CA-006

17. Proposed Project:
*a. Start Date: June 2011 *b. End Date: December 2011

18. Estimated Funding (\$):

*a. Federal	_____	1,690,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	1,690,000

***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: Mr. *First Name: Brian

Middle Name: _____

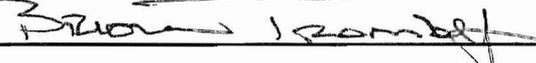
*Last Name: Trombley

Suffix: _____

*Title: Co-Chairperson

*Telephone Number: 707 632-5405 Fax Number: _____

* Email: Decodence1@aol.com

*Signature of Authorized Representative:  *Date Signed: 11/30/10

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 10, 2010	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
City of Chico		Department: General Services	
Organizational DUNS: 08-528-7522		Division: Facilities - Airports	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: P.O. Box 3420		Prefix: Mr.	First Name: Kim
City: Chico		Middle Name	
County: Butte		Last Name Parks	
State: California	Zip Code 95927	Suffix:	
Country: USA		Email: KParks@ci.chlco.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
94-6000308		(530) 894-4200	(530) 895-4731
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		C. Municipal	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
TITLE (Name of Program): Airport Improvement Program		Chico Municipal Airport, Chico, Butte County, California Airport Layout Plan Update	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		14. CONGRESSIONAL DISTRICTS OF:	
City of Chico, Butte County and Adjacent Counties		a. Applicant 2nd	
13. PROPOSED PROJECT		b. Project 2nd	
Start Date: 2011		Ending Date: 2011	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 104,500 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	\$ 5,500 ⁰⁰	DATE: December 15, 2010	
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	\$ 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	\$ 110,000 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. Authorized Representative			
Prefix Mr.	First Name David	Middle Name	
Last Name Burkland	Suffix		
b. Title City Manager	c. Telephone Number (give area code) (530) 896-7200		
d. Signature of Authorized Representative	e. Date Signed December 20, 2010		

RECEIVED
 DEC 27 2010
 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 17, 2010	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION Legal Name:		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
City of Chico		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 27 2010 STATE CLEARING HOUSE </div>	
Organizational DUNS: 08-528-7522			
Address: Street: P.O. Box 3420		Organizational Unit: Department: General Services	
City: Chico		Division: Facilities - Airports	
County: Butte		Name and telephone number of person to be contacted on matters involving this application (give area code)	
State: California Zip Code: 95927		Prefix: Mr. First Name: Kim	
Country: USA		Middle Name:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000308		Last Name: Parks	
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.)		Suffix:	
Other (specify)		Email: KParks@ci.chico.ca.us	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program		Phone Number (give area code): (530) 894-4200	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Chico, Butte County and Adjacent Counties		Fax Number (give area code): (530) 895-4731	
13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
15. ESTIMATED FUNDING:		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
a. Federal \$ 342,950		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico Municipal Airport, Chico, Butte County, California Engineering Design - Reconstruct Taxiway H and Holding Apron Environmental Study - Master Plan Development	
b. Applicant \$ 18,050		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd	
c. State \$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
d. Local \$		a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 15, 2010	
e. Other \$		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	
f. Program Income \$		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 \$ 361,000		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative			
Prefix: Mr. First Name: David		Middle Name:	
Last Name: Burkland		Suffix:	
b. Title: City Manager		c. Telephone Number (give area code): (530) 896-7200	
d. Signature of Authorized Representative: <i>D. J. Burkland</i>		e. Date Signed: December 20, 2010	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 10, 2010	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 type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		<input type="checkbox"/> Non-Construction	

5. APPLICANT INFORMATION

Legal Name:	City of Chico	Organizational Unit:	
City of Chico		Department:	General Services
Organizational DUNS: 08-528-7522		Division:	Facilities - Airports
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: P.O. Box 3420		Prefix: Mr.	First Name: Kim
City: Chico		Middle Name	
County: Butte		Last Name Parks	
State: California	Zip Code 95927	Suffix:	
Country: USA		Email: KParks@ci.chico.ca.us	

RECEIVED
 DEC 27 2010
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000308	Phone Number (give area code) (530) 894-4200	Fax Number (give area code) (530) 895-4731
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)
---	--

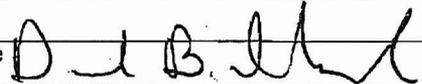
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico Municipal Airport, Chico, Butte County, California New Sweeper
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Chico, Butte County and Adjacent Counties	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
---	--

13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 203,300.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 15, 2010
b. Applicant \$ 10,700.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 214,000.00	

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. Authorized Representative		
Prefix Mr.	First Name David	Middle Name
Last Name Burkland		Suffix
b. Title City Manager		c. Telephone Number (give area code) (530) 896-7200
d. Signature of Authorized Representative 		e. Date Signed December 20, 2010

Previous Edition Usable
Authorized for Local Reproduction

AUTHORIZED PURSUANT TO BUDGET
POLICY G.6.a. PARTICIPATION IN
FEDERAL, STATE, OR OTHER FUNDING
ASSISTANCE PROGRAMS, AS CONTAINED
IN THE 2010-11 ANNUAL BUDGET

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 12-28-10	Applicant Identifier		
			3. DATE RECEIVED BY STATE	State Application Identifier		
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION						
Legal Name: South Coast Air Quality Management District		Organizational Unit: Department:				
Organizational DUNS: 953099419		Division:				
Address: Street: 21865 Copley Dr. City: Diamond Bar, CA County: Los Angeles State: CA Country: USA		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 28 2010 STATE CLEARING HOUSE </div>				
Zip Code: 91765					Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Mary	
					Middle Name	
					Last Name Leonard	
		Suffix:				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3099419		Phone Number (give area code) 909-396-2780		Fax Number (give area code) 909-396-2765		
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) Other (specify) Regional Agency				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Surveys, Studies, Investigations, Demonstrations and Special Purpose Activities 66-0001		9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange and the non-desert areas of San Bernardino, L.A. and Riverside counties.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: S105 Air Pollution Control Program Support				
13. PROPOSED PROJECT Start Date: 10/1/2010 Ending Date: 09/30/11		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25-49 b. Project 25-49				
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. Federal	\$ 167,108 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12-28-10				
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372				
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
f. Program Income	\$ ⁰⁰					
g. TOTAL	\$ 167,108 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 Barry	Middle Name R.				
Last Name Wallerstein			Suffix D. Env.			
b. Title Executive Officer			c. Telephone Number (give area code) 909-396-2100			
d. Signature of Authorized Representative <i>Barry Wallerstein for DRW</i>			e. Date Signed 12-23-10			

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 10, 2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: County of Plumas	RECEIVED DEC 29 2010 STATE CLEARING HOUSE	Organizational Unit: Department: Facility Services
Organizational DUNS: 01-099-7419		Division: Airports
Address: Street: 198 Andy's Way		Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Quincy		Prefix: Mr. First Name: Joe
County: Plumas		Middle Name
State: California	Zip Code 95971	Last Name Wilson
Country: USA		Suffix:
		Email: joewilson@countyofplumas.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -
7. TYPE OF APPLICANT: (See back of form for Application Types)
 B. County
 Other (specify)

8. TYPE OF APPLICATION:
 New **Continuation** **Revision**
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 -
 TITLE (Name of Program):
 Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Beckwourth Nervino Airport, Beckwourth, Plumas County, California
 New AWOS III, Compass Rose, Replace Rotating Beacon, and
 Service Road to AWOS Site
 Pavement Rehabilitation (Reseal Joints) and Paint Airfield
 Markings

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Beckwourth, Plumas County, California

13. PROPOSED PROJECT
 Start Date: 2011 Ending Date: 2011

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 02 b. Project 02

15. ESTIMATED FUNDING:

a. Federal	\$	731,500 ⁰⁰
b. Applicant	\$	38,500 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	0 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	770,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: December 15, 2010
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

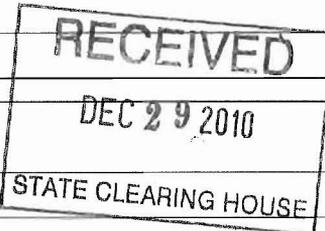
Prefix Mr.	First Name Joe	Middle Name
Last Name Wilson	Suffix	
b. Title Facilities Director	c. Telephone Number (give area code) (530) 283-6070	
d. Signature of Authorized Representative	e. Date Signed 12/27/10	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 10, 2010	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 type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application		

5. APPLICANT INFORMATION

Legal Name: County of Plumas		Organizational Unit: Department: Facility Services
Organizational DUNS: 01-099-7419		Division: Airports
Address: Street: 198 Andy's Way	Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Quincy	Prefix: Mr.	First Name: Joe
County: Plumas	Middle Name	
State: California	Zip Code: 95971	Last Name: Wilson
Country: USA	Suffix:	
		Email: joewilson@countyofplumas.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000528	Phone Number (give area code) (530) 283-6070	Fax Number (give area code) (530) 283-6088
---	---	---

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) B. County Other (specify)
9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rogers Field, Chester, Plumas County, California Engineering Design: Extend Taxiway A and Relocate Threshold Runway 16 Develop East Hangar Area - Roads, Taxilanes, and Apron
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Chester, Plumas County, California	

13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 166,250.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 15, 2010
b. Applicant \$ 8,750.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 175,000.00	

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. Authorized Representative		
Prefix Mr.	First Name Joe	Middle Name
Last Name Wilson		Suffix
b. Title Facilities Director		c. Telephone Number (give area code) (530) 283-6070
d. Signature of Authorized Representative 		e. Date Signed 12/27/10

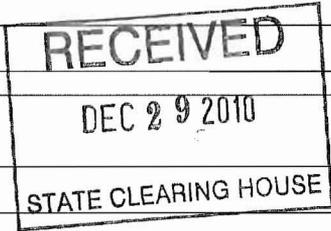
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 10, 2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		<input type="checkbox"/> Non-Construction	

5. APPLICANT INFORMATION

Legal Name: County of Plumas	Organizational Unit: Department: Facility Services
Organizational DUNS: 01-099-7419	Division: Airports
Address: Street: 198 Andy's Way	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Quincy	Prefix: Mr.
County: Plumas	First Name: Joe
State: California	Middle Name
Zip Code 95971	Last Name Wilson
Country: USA	Suffix:
	Email: joewilson@countyofplumas.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 4 - 6 0 0 0 5 2 8

Phone Number (give area code) (530) 283-6070	Fax Number (give area code) (530) 283-6088
---	---

8. TYPE OF APPLICATION:
 New **Continuation** **Revision**
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.) B

7. TYPE OF APPLICANT: (See back of form for Application Types)
 B. County
 Other (specify)

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
2 0 - 1 0 6

TITLE (Name of Program):
Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Gansner Field, Quincy, Plumas County, California

PAPI Runway 24, Replace Existing Airfield Beacon, AWOS III
Obstruction Removal, Runway 6 Threshold Relocation
Pavement Rehabilitation (Joint Seal and Marking)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Quincy, Plumas County, California

13. PROPOSED PROJECT
Start Date: 2011 Ending Date: 2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 02 b. Project 02

15. ESTIMATED FUNDING:

a. Federal	\$	802,750 ⁰⁰
b. Applicant	\$	42,250 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	0 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	845,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: December 15, 2010
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Mr.	First Name Joe	Middle Name
Last Name Wilson	Suffix	
b. Title Facilities Director	c. Telephone Number (give area code) (530) 283-6070	
d. Signature of Authorized Representative	e. Date Signed 12/27/10	

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

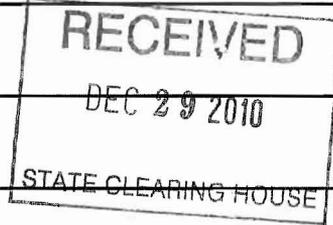
*Other (Specify)

3. Date Received:

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: SureHarvest

*b. Employer/Taxpayer Identification Number (EIN/TIN):
77-0528132

*c. Organizational DUNS:
1317582990000

d. Address:

*Street 1: 2901 Park Avenue, Suite A2
Street 2: _____
*City: Soquel
County: Santa Cruz
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code 95073

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Dr. *First Name: Jeff
Middle Name: W.
*Last Name: Dlott
Suffix: _____

Title: President and CEO

Organizational Affiliation:

*Telephone Number: 831.477.7797

Fax Number: 831.477.7790

*Email: jdlott@sureharvest.com

Application for Federal Assistance SF-424

Version 02

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

R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Natural Resources Conservation Service, Commodity Credit Corporation

11. Catalog of Federal Domestic Assistance Number:

10.912 _____

CFDA Title:

Environmental Quality Incentives Program _____

***12 Funding Opportunity Number:**

Number USDA-NRCS-NHQ-11-01 _____

*Title:

Conservation Innovation Grants _____

13. Competition Identification Number:

Title:

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

National in Scope

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

Stewardship Index for Specialty Crops

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
 *a. Applicant: 17 *b. Program/Project: US- all

17. Proposed Project:
 *a. Start Date: 10/1/11 *b. End Date: 9/30/13

18. Estimated Funding (\$):

*a. Federal		\$979,723
*b. Applicant		\$249,800
*c. State		
*d. Local		
*e. Other		\$729,923
*f. Program Income		
*g. TOTAL		\$1,959,446

***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 12/28/10

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: Dr. *First Name: Jeff

Middle Name: W.

*Last Name: Dlott

Suffix: _____

*Title: President and CEO

*Telephone Number: 831.477.7797 Fax Number: 831.477.9970

* Email: jdlott@sureharvest.com

*Signature of Authorized Representative: Jeff Dlott *Date Signed: 12/27/10

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12-16-10	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY DEC 16 2010	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	5. APPLICANT INFORMATION		
Legal Name: Fort Bidwell Indian Community		Organizational Unit: Department:		
Organizational DUNS: 121067045		Division:		
Address: Street: 130 Mee Thee Uh Rd.		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Fort Bidwell		Prefix: Mr.	First Name: John	
County: Modoc		Middle Name		
State: CA		Last Name Vass		
Zip Code 96112		Suffix:		
Country: USA		Email: Johnvass@citlink.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 99-0210977		Phone Number (give area code) 530-840-2128	Fax Number (give area code) 530-279-2233	
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) K - Indian Tribe Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770		9. NAME OF FEDERAL AGENCY: USDA-RD		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fort Bidwell, Modoc County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of wastewater lagoons to increase treatment capacity and avoid future environmental contamination from sewage spills.		
13. PROPOSED PROJECT Start Date: 4-1-11		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Fourth		
Ending Date: 12-30-11		b. Project Fourth		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 989,403.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE:		
c. State	\$.00	b. No. <input checked="" 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	\$.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	\$ 989,403.00			
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 Aaron		Middle Name
Last Name Townsend		Suffix		
b. Title Tribal Vice-Chairman		c. Telephone Number (give area code) 530-279-2266		
d. Signature of Authorized Representative		e. Date Signed 12-15-10		



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

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): _____ * Other (Specify): _____
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
---	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

* a. Legal Name: National Indian Justice Center	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0004000	* c. Organizational DUNS: 151095320

d. Address:

* Street1: 5250 Aero Drive
Street2: _____
* City: Santa Rosa
County: Sonoma
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95403

e. Organizational Unit:

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

Prefix: _____	* First Name: Raquelle
Middle Name: _____	
* Last Name: Myers	
Suffix: _____	
Title: Staff Attorney	
Organizational Affiliation: _____	
* Telephone Number: 707-579-5507	Fax Number: 707-579-9019
* Email: nijc@iob.com	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.762

CFDA Title:

Solid Waste Management Grants

*** 12. Funding Opportunity Number:**

RDUP-SWMGRANT-100110-FY11

*** Title:**

Solid Waste Management Grant

13. Competition Identification Number:

Title:

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

Santa Rosa, Sonoma County, California, Arizona, Nevada

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

Safety and Recycling Strategies For Cleaning Up Illegal Dumps on Tribal Lands

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	152,000.00
* b. Applicant	50,850.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	202,850.00

*** 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: