Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16 - 31, 2012.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB 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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: SAI NOT APPLICABLE

8. APPLICANT INFORMATION:

* a. Legal Name: Community Health Centers of the Central Coast, Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3253302

* c. Organizational DUNS:

d. Address:

* Street 1: 150 Tejas Place
Street 2:
* City: Nipomo
County/Parish:
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93444

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: Bob
Middle Name:
* Last Name: Lotwala
Suffix:

Title: CFO

Organizational Affiliation:

* Telephone Number: (805) 931-2524
Fax Number:

* Email: blotwala@chccc.org

Application for Federal Assistance SF-424

9. Type of Applicant I - Select Applicant Type:

M Non-profit

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

10-766

* Title:

Community Facilities Direct Loan Program

13. Competition Identification Number:

Title:

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

San Luis Obispo County

Add Attachments | Delete Attachments | View Attachments

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

Community Clinic

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 CA-23 * b. Program/Project CA-23

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$0.00

*** 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 12-3-12.

☐ 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

If "Yes, provide explanation and attach.

Add Attachments | Delete Attachments | View Attachments

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:	Ronald
Middle Name:	E.		
* Last Name:	Castle		
Suffix:			
* Title:	C.E.O.		
*Telephone Number:	(805) 931-2510	Fax Number:	0
* Email:	rcastle@chccc.org		
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:	Completed by Grants.gov upon submission.

X 12/3/12

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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*3. Date Received:

4. Application Identifier: CWSRF 11-01

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: State Water Resources Control Board

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281986

*c. Organizational DUNS: 808321913

d. Address:

*Street1: 1001 I Street
Street 2:
*City: Sacramento
County:
*State: California
Province:
Country:
*Zip/ Postal Code: 95812-0100

e. Organizational Unit:

Department Name: State Water Resources Control Board

Division Name: Division of Financial Assistance

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

Prefix: Mr.
First Name: James
Middle Name:
*Last Name: Maughan
Suffix:

Title: Assistant Deputy Director

Organizational Affiliation:
State Water Resources Control Board
Division of Financial Assistance

*Telephone Number: (916) 341 -5694
Fax Number: (916) 341-5707

*Email: jmaughan@waterboards.ca.gov

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: A. State 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:
U. S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.458

CFDA Title:

Capitalization Grants for Clean Water State Revolving Fund

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

State of California (all counties)

*15. Descriptive Title of Applicant's Project:

Providing loans and other forms of assistance for the construction of wastewater treatment facilities, the implementation of a non-point source management program, and development and implementation of estuary conservation and management plans.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-5

*b. Program/Project: California - All

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

17. Proposed Project:

*a. Start Date: 7/01/2013

*b. End Date: 6/30/2023

18. Estimated Funding ($):

*a. Federal	$111,188,000.00	*d. Local	
*b. Applicant	$22,237,600.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	$133,425,600.00

***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 12/17/12
☐ 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: Thomas

Midd le N ame:

*Last Name: Howard

Suffix:

*Title: Executive Director

*Telephone Number: 916-341-5615

Fax Number: 916-341-5621

*Email: thoward@waterboards.ca.gov

*Signature of Authorized Representative:

Date Signed: 12/21/12

OMB Number: 4040-0004
Expiration Date: 01/31/2012

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: 10 DEC 2012

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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8. APPLICANT INFORMATION:

* a. Legal Name: City of Anderson Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6027661

*c. Organizational DUNS: 876627530

d. Address:

*Street1: 2220 North Street
Street 2:
*City: Anderson
County: Shasta
*State: CA
Province:
Country:
*Zip/ Postal Code: 96007

e. Organizational Unit:

Department Name: Police Department

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: Modin
Suffix:

Title: Police Officer

Organizational Affiliation:
Anderson Police Department

*Telephone Number: 530-378-6600
Fax Number: 530-378-6625

*Email: rmodin@ci.anderson.ca.us

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Grant Program

*12. Funding Opportunity Number:

*Title:
Upgrade/Update Equipment

13. Competition Identification Number:

Title:

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

Anderson, CA

*15. Descriptive Title of Applicant's Project:
Equipment Update/Upgrade

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

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [x] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: L11AC20123

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): 94-6002123

* c. Organizational DUNS: 124726725

d. Address:

* Street1: 2150 Shattuck Ave, Suite 300
Street2: Sponsored Projects Office
* City: Berkeley
County: Alameda
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94704-5940

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: Kate

Middle Name:

* Last Name: Lewis

Suffix:

Title: Contracts and Grants Officer

Organizational Affiliation:

* Telephone Number: (510) 642-8117

Fax Number: (510) 642-8236

* Email: kate_lewis@berkeley.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:

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:**

Bureau of Land Management

11. Catalog of Federal Domestic Assistance Number:

15.231

CFDA Title:

Fish, Wildlife and Plant Conservation Resource Management

*** 12. Funding Opportunity Number:**

L11AS00077

* Title:

BLM CA CESU UC BERKELEY GIANT KANGAROO RAT POPULATION STUDY

13. Competition Identification Number:

Title:

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

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

Provide Baseline Environmental Data on Giant Kangaroo Rat Habitat in the Ciervo-Panoche Natural Area as a Prerequisite for Recovery of the Species

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 CA-009 * b. Program/Project CA-017

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2013 * b. End Date: 12/31/2013

18. Estimated Funding ($):

* a. Federal	14,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	14,000.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 12/21/12.

☐ 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 Explanation:

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: Kate

Middle Name:

* Last Name: Lewis

Suffix:

* Title: Contracts and Grants Officer

* Telephone Number: (510) 642-8117 Fax Number: (510) 642-8236

* Email: spo_grants_gov@lists.berkeley.edu

* Signature of Authorized Representative: * Date Signed: 12/21/12

Authorized for Local Reproduction

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 12-21-12	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: South Coast Air Quality Management District

Organizational DUNS: 953099419

Address:

Street: 21865 Copley Dr.

City: Diamond Bar, CA

County: Los Angeles

State: CA

Zip Code: 91765

Country: USA

Organizational Unit:

Department:

Division:

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:

Email: mleonard@aqmd.gov.

Phone Number (give area code): 909-396-2780

Fax Number (give area code): 909-396-2765

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3099419

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)

Other (specify)
Regional Agency

9. NAME OF FEDERAL AGENCY:
United States Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-001

TITLE (Name of Program):
Surveys, Studies, Investigations, Demonstrations and Special Purpose Activities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
S105 Air Pollution Control Program Support

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Orange and the non-desert areas of San Bernardino, L.A. and Riverside counties.

13. PROPOSED PROJECT

Start Date: 10/1/2012

Ending Date: 09/30/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 25-49

b. Project: 25-49

15. ESTIMATED FUNDING:

a. Federal	$ 254,275 00
b. Applicant	$ 00
c. State	$ 00
d. Local	$ 00
e. Other	$ 00
f. Program Income	$ 00
g. TOTAL	$ 254,275 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: 12/21/12

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

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: Barry R. Wallerstein

e. Date Signed: 12/21/2012

Previous Edition Usable
Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 12/26/2012

4. Applicant Identifier:

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STATE CLEARING HOUSE

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: 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:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95403-0869

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: Raquelle

Middle Name:

* Last Name: Myers

Suffix:

Title: Staff Attorney

Organizational Affiliation: National Indian Justice Center

* Telephone Number: 707-579-5507

Fax Number: 707-579-9019

* Email: nijc@aol.com

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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:**

Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.762

CFDA Title:

Solid Waste Management Grants

*** 12. Funding Opportunity Number:**

RUS-SWMGRANT-112612

* Title:

Solid Waste Management Grant

13. Competition Identification Number:

Title:

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

Santa Rosa, Sonoma County, California, National

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

Sustainable Tribal Integrated Solid Waste Management Solutions

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: CA 006
* b. Program/Project: CA 006

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013
* b. End Date: 09/30/2014

18. Estimated Funding ($):

* a. Federal	118,325.00
* b. Applicant	31,200.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	149,525.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 12/26/2012.

[ ] 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 [X] No Explanation

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)**

[X] ** 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: Joseph
Middle Name:
* Last Name: Myers
Suffix:

* Title: Executive Director

* Telephone Number: 707-579-5507
Fax Number: 707-579-9019

* Email: josephmyers@nijc.org

* Signature of Authorized Representative: Joseph Myers
* Date Signed: 12/26/2012

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application / Pre-application; ☒ Construction / ☒ Construction; ☐ Non-Construction / ☐ Non-Construction	2. DATE SUBMITTED 12/26/12	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED DEC 28 2012 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: Trout Gulch Mutual Water Co.

Organizational Unit: N/A

Department: N/A

Organizational DUNS: 002022418

Division: N/A

Address:

Street: 90 Victoria Lane

City: APTOS

County: SANTA CRUZ

State: CA

Zip Code 95003

Country: USA

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

Prefix: First Name: PATRICIA

Middle Name BRAWN

Last Name NEWBY

Suffix:

Email: TGW.STAFF@GMAIL.COM

Phone Number (give area code) 831-661-0997

Fax Number (give area code) 831-661-0997

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 26-1974635

7. TYPE OF APPLICANT: (See back of form for Application Types)
O: NOT for Profit Organization
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: USDA Rurul Dev.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE (Name of Program): WATER/WASTE DISPOSAL LOAN

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
TGW INFRASTRUCTURE IMPROVEMENTS

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
APTOS, SANTA CRUZ, CALIFORNIA

13. PROPOSED PROJECT
Start Date: FY2013 Ending Date: FY2017

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 17 b. Project 17

15. ESTIMATED FUNDING:

a. Federal	$ 2,417,643.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,417,643.00

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 First Name PATRICIA Middle Name BRAWN
Last Name NEWBY Suffix
b. Title TGW BOARD SECRETARY c. Telephone Number (give area code) 831-661-0997
d. Signature of Authorized Representative Patricia B. Newby e. Date Signed 12/26/12

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