

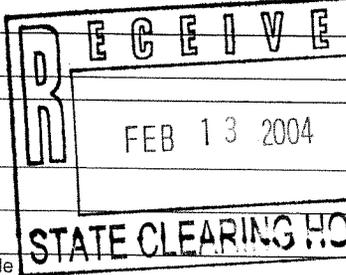
Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	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	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: City of Lindsay		Organizational Unit: Department: n/a	
Organizational DUNS:		Division: Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address: Street: 251 E. Honolulu		Prefix: Mr.	
City: Lindsay		First Name: Scot	
County: Tulare		Middle Name: B.	
State: CA		Last Name: Townsend	
Zip Code: 93247		Suffix:	
Country: USA		Email: scotbtownsend@lindsay.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000357		Phone Number (give area code): 559-562-7103	
		Fax Number (give area code): 559-562-7100	
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) Municipal Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Loan		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lindsay Wellness Center	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California			
13. PROPOSED PROJECT Start Date: January 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21	
Ending Date: June 2006		b. Project 21	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal U.S.D.A.	\$ 7,870,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/6/04	
b. Applicant	\$ 0 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 City of Lindsay/Hospital Dis	\$ 1,220,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other R.C.A.C.	\$ 1,000,000 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 10,090,000 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 Scot	Middle Name B.	
Last Name Townsend		Suffix	
b. Title City Manager		c. Telephone Number (give area code) 559-562-7103	
d. Signature of Authorized Representative		e. Date Signed 1/30/04	



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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 checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: San Jose State University Foundation		Organizational Unit: Department: Moss Landing Marine Laboratories	
Organizational DUNS: 05-682-0715		Division:	
Address: Street: 210 North Fourth Street, 4th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Jose		Prefix: Dr.	First Name: Kenneth
County: Santa Clara		Middle Name	
State: California		Last Name Coale	
Zip Code 95112-5569	Suffix:		
Country: U.S.A.		Email: coale@mlml.calstate.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6017638		Phone Number (give area code) (831) 771-4406	Fax Number (give area code) (831) 632-4403
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (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) <input type="radio"/> O Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Coastal Services Center 11-473		9. NAME OF FEDERAL AGENCY: Dept. of Commerce, NOAA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The California State University Center for Integrative Coastal Ocean Research RECEIVED FEB 13 2004 STATE CLEARING HOUSE	
13. PROPOSED PROJECT Start Date: 8/1/04 Ending Date: 7/31/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 16 b. Project 16	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,473,625.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/6/04	
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	\$ 2,473,625.00		
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 Dr.	First Name Pamela	Middle Name C.	
Last Name Stacks		Suffix	
b. Title Interim AVP Graduate Studies and Research		c. Telephone Number (give area code) (408) 924-2427	
d. Signature of Authorized Representative <i>Pamela C Stacks</i>		e. Date Signed 2/6/04	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0341-0043

2. DATE SUBMITTED *Not yet. 2/25/04*

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier **90RE008**

1. TYPE OF SUBMISSION:

- Application
- Construction Preapplication
- Non-Construction Constructor
- Non-Construction

5. APPLICANT INFORMATION

Legal Name: **Iraqi Community Association**

Address (give city, county, State, and zip code):
**447 Sutter St. Suite 414
 S.F., CA 94108**

Organizational Unit:

Name and telephone number of person to be contacted on matters involving this application (give area code):
**Ahmed Al-Ali
 415-981-7605**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-3285263

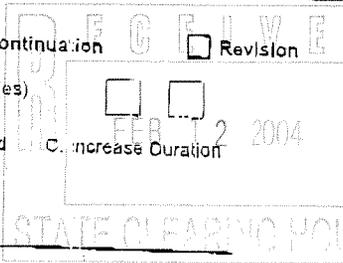
8. TYPE OF APPLICATION:

- New Continuation Revision

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

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify):



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

- A. State H. Independent School Dist.
- B. County I. State Controlled Institution of Higher Learning
- C. Municipal J. Private University
- D. Township K. Indian Tribe
- E. Interstate L. Individual
- F. Intermunicipal M. Profit Organization
- G. Special District N. Other (Specify) **non-profit**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

□□-□□□□

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

TITLE: **Ethnic Community Organ.**

San Francisco County, San Mateo County, Santa Clara County, Alameda County

8. NAME OF FEDERAL AGENCY:

Office of Refugee Resettlement

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The Proposal Project will enable the Iraqi Comm. Assoc. to achieve self-sufficiency, comm. strengthening and organization to society and culture.

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date: **9/12/04** Ending Date: **8/31/07**

a. Applicant: **Iraqi Comm. Assoc.**

b. Project: **Ethnic comm. organ.**

15. ESTIMATED FUNDING:

240,000

a. Federal	\$	240,000	00
b. Applicant	\$	0	00
c. State	\$	0	00
d. Local	\$	0	00
e. Other	\$	0	00
f. Program Income	\$	0	00
g. TOTAL	\$	240,000	00

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

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

DATE: **2/11/04**

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?

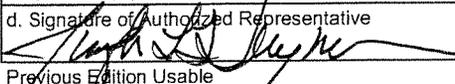
Yes If "Yes," attach an explanation. No

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

a. Type Name of Authorized Representative: **Ahmed Al-Ali** d. Title: **Acting Director** c. Telephone Number: **415-981-7600**

d. Signature of Authorized Representative: *[Signature]* e. Date Signed: **02/12/04**

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 6, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Cordelia Fire Protection District		Organizational Unit: Special District	
Address (give city, county, State, and zip code): 2155 Cordelia Road Fairfield, CA 94534		Name and telephone number of person to be contacted on matters involving this application (give area code) Lewis Broschard, Assistant Chief (707) 580-5498	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 1699663		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">G</div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture (USDA)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766 TITLE: Community Facilities Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of new fire station <div style="border: 2px solid black; padding: 10px; text-align: center; margin: 10px 0;"> RECEIVED FEB 10 2004 </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"> STATE CLEARING HOUSE </div>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated area of Solano County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 4/1/04	Ending Date 10/1/05	a. Applicant 7 & 10	b. Project 7 & 10
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,250,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12/08/03	
b. Applicant	\$ 450,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 1,700,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative JOSEPH L. HUYSSOON		b. Title FIRE CHIEF	c. Telephone Number (707) 864-0468
d. Signature of Authorized Representative 		e. Date Signed 1-6-2004	

Application for Federal Assistance		2. DATE SUBMITTED February 4, 2004	AI
1. TYPE OF SUBMISSION Personal Grant, Housing Grant, Low Income Grant, Education Grant		3. DATE RECEIVED BY STATE	SI
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FI
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Linda Renee Solla		Name and telephone number of the person on matters involving this application (give	
ADDRESS (give city, county, state, and zip code) 2109 Del Playa Ct. Stockton, CA 95206 San Joaquin County		7. Type of Applicant: (enter appropriate letter) <input checked="" type="radio"/> A State <input type="radio"/> B County <input type="radio"/> C Municipal <input type="radio"/> D Township <input type="radio"/> E Interstate <input type="radio"/> F Intermunicipal <input checked="" type="radio"/> G Special District H I J K L M N	
6. Employer Identification Number - S.S.# 54 - 955 1449		STATE CLEARING HOUSE RECEIVED FEB - 5 2004	
8. Type of Application: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration <u>Other (specify):</u> Personal Grant, Housing Grant, Low Income Grant, Education		9. Name of Federal Agency	
		10. Catalog of Federal Domestic Assistance <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Title:	
11. Descriptive Title of Applicant's Project Personal Grant - Housing Grant - Pay Mortgage Low Income Grant Education Grant - Want to go to School		12. Areas Affected by Project (cities, counties)	
13. Proposed Project:		14. Congressional Districts Of:	
Start Date	Ending Date	a. Applicant	b. Project
15. Estimated Funding:		16. Is application subject to review by State	
a. Federal	\$ 25,000	a. YES This preapplication was made a State Executive Order 12372 project DATE _____	
b. Applicant	\$ 0	b. NO <input type="checkbox"/> Program not covered by E.O. 1 <input type="checkbox"/> or Program has been selected	
c. State	\$ 25,000		
d. Local	\$ 25,000		
e. Other	\$ 25,000		
f. Program Income	\$	17. IS APPLICANT DELINQUENT ON ANY <input type="checkbox"/> Yes (If Yes, attach an explanation)	
g. Total	\$ 100,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE HAS BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY			

Linda R. Solla

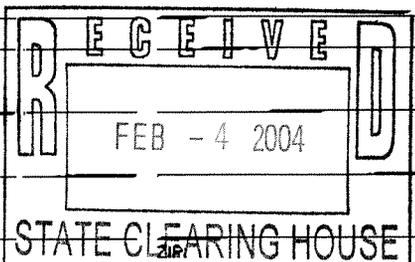
1. TYPE OF SUBMISSION:

- Application
- Construction
- Non-Construction
- Pre-application
- Construction
- Non-Construction

2. DATE SUBMITTED 02/06/2004	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Prevention & Education Project (CAL-PEP)	Organizational Unit: Department: Prevention
Organizational DUNS: 1353769938	Division: N/A
Address: Street: P.O. Box 71629	Name and telephone number of the person to be contacted on matters involving this application (give area code):
City: Oakland	Prefix: Ms.
County: Alameda	First Name: Gloria
State: CA	Middle Name: Jean
Country: United States	Last Name: Lockett
	Suffix:



6. EMPLOYER IDENTIFICATION NUMBER (EIN)

94 - 2971732

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):

Phone Number (give area code): (510) 874-7850	FAX Number (give area code): (510) 839-6775
7. TYPE OF APPLICANT (See back of form for Application Types):	
N, Other (Specify): Other (Specify): Non-Profit Organization	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

04 - 164

TITLE (Name of Program): N/A Project

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

Alameda County

9. NAME OF FEDERAL AGENCY: CDC
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: HIV Prevention Project for Community Based Organizations

13. PROPOSED PROJECT:

Start Date: October 01, 2004
End Date: September 30, 2009

14. CONGRESSIONAL DISTRICTS OF:	
a. Applicant District 9	b. Project District 9

16. ESTIMATED FUNDING:

a. Federal	\$500,000
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	\$0.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: _____
b. <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION 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: Ms.	First Name: Gloria	Middle Name: Jean
	Last Name: Lockett	Suffix:	
b. Title: Executive Director	c. Telephone Number (give area code): (510) 874-7850		
d. Signature of Authorized Representative: <i>Gloria Lockett</i>	e. Date Signed: 2/4/04		

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

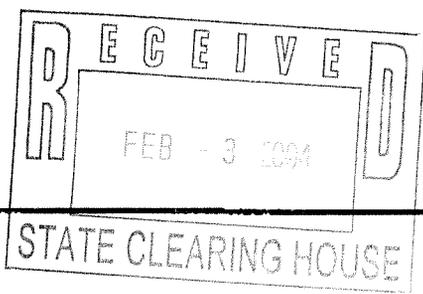
1. Type of Submission

Application

Preapplication

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name CITY OF BERKELEY, CALIFORNIA		8. Organizational Unit Housing Department	
9. Address (give city, county, State, and zip code) A. Address: 2180 Milvia Street B. City: Berkeley C. County: Alameda D. State: California E. Zip Code: 94704		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Roger Asterlino B. Title: Community Development Project Coordinator C. Phone: (510) 981-5405 D. Fax: (510) 981-5450 E. E-mail: rasterino@ci.berkeley.ca.us	
11. Employer Identification Number (EIN) or SSN 94-6000299		12. Type of Applicant (enter appropriate letter in box) C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Component Title: Section 108 14-248		16. Descriptive Title of Applicant's Program Jubilee Restoration, Inc. proposes to acquire and develop a site at 2608-2612 San Pablo Avenue in Berkeley, California. Jubilee Restoration proposes to construct the Jubilee Village, a low-income, affordable housing development that will include 120 apartments and 2,500 square feet of commercial/retail space. Jubilee Restoration will partner with the Related Companies of California to complete the development.	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City		18. Proposed Program start date 4/30/04	
18a. Proposed Program end date 2/28/07		19a. Congressional Districts of Applicant 9th Congressional District	
19b. Congressional Districts of Program 9th Congressional District		20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.	
21. 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 1/30/04 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



Funding Matrix

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

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Jubilee Village	3,008,000.00	1,800,000.00			18,964,962.00		10,071,078.00		31,844,041.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	3,008,000.00	1,800,000.00	0.00	0.00	18,964,962.00	0.00	10,071,078.00	0.00	31,844,041.00

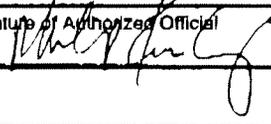
* For FHIPs, show both Initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 		Name (printed)	Phil Kamlarz
Title	Acting City Manager	Date (mm/dd/yyyy)	01/30/04

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED 7/10/03	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: ESPARTO COMMUNITY SERVICES DISTRICT		Organizational Unit: ESPARTO COMMUNITY SERVICES DISTRICT	
Address (give city, county, State, and zip code): P.O. Box 349 16960 YOLO AVE., ESPARTO, CA 95627-0349		Name and telephone number of person to be contacted on matters involving this application (give area code) DAVID M. HERBST, GEN. MNGR./SUPERINT. (530) 787-4502	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000548		7. TYPE OF APPLICANT: (enter appropriate letter in box) C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify): STATE CLEARING HOUSE		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM		9. NAME OF FEDERAL AGENCY: DEPT. OF AGRICULTURE - RURAL DEV'T. - RURAL UTILITIES SERVICE	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): YOLO COUNTY, CA.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY DOMESTIC WATER SYSTEM IMPROVEMENTS FOR THE COMMUNITY OF ESPARTO	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date FALL '03	Ending Date DEC. '04	a. Applicant 2ND CONGRESSIONAL DISTR. OF CA.	b. Project (SAME)
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,938,285 ⁰⁰	<input checked="" type="radio"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 0 ⁰⁰	DATE JULY 10, 2003	
c. State	\$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 3,938,285 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. Type Name of Authorized Representative David M. Herbst	b. Title GENERAL MANAGER/SUPERINT.	c. Telephone Number (530) 787-4502	
d. Signature of Authorized Representative <i>David M. Herbst</i>		e. Date Signed 7/10/03	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

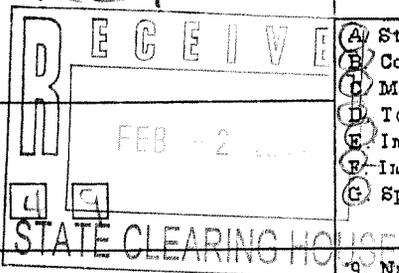
		2. DATE SUBMITTED 7/10/03	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: ESPARTO COMMUNITY SERVICES DISTRICT		Organizational Unit: ESPARTO COMMUNITY SERVICES DISTRICT	
Address (give city, county, State, and zip code): P.O. Box 349 16960 YOLO AVE., ESPARTO, CA 95627-0349		Name and telephone number of person to be contacted on matters involving this application (give area code) DAVID M. HERBST, GEN. MNGR./SUPERINTENDENT (530) 787-4502	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000548		7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): FEB - 3 2004 STATE CLEARING HOUSE		9. NAME OF FEDERAL AGENCY: DEPT. OF AGRICULTURE - RURAL DEV'T., - RURAL UTILITIES SERVICE	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY DOMESTIC WASTEWATER SYSTEM IMPROVEMENTS FOR THE COMMUNITY OF ESPARTO	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): YOLO COUNTY, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date FALL '03	Ending Date DEC. '04	a. Applicant 2ND CONGRESSIONAL DIST. OF CA.	b. Project (SAME)
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,436,216 ⁰⁰	<input checked="" type="checkbox"/> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE JULY 10, 2003 <input type="checkbox"/> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 0 ⁰⁰		
c. State	\$ 0 ⁰⁰		
d. Local	\$ 0 ⁰⁰		
e. Other	\$ 0 ⁰⁰		
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 1,436,216 ⁰⁰		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative David M. Herbst		b. Title GENERAL MANAGER/SUPERINT.	c. Telephone Number (530) 787-4502
d. Signature of Authorized Representative <i>David M. Herbst</i>		e. Date Signed 7/10/03	

Application for Federal Assistance		2. DATE SUBMITTED 1/6/04	AI
1. TYPE OF SUBMISSION federal Domestic Assistance		3. DATE RECEIVED BY STATE	S'
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FI
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
ADDRESS (give city, county, state, and zip code) 9022 Rivera Rd, PICO RIVERA CA, 90660 U.S.		Name and telephone number of the person on matters involving this application (give):	
6. Employer Identification Number 55-7371322		7. Type of Applicant: (enter appropriate letter) A. State H B. County I C. Municipal D. Township J E. Interstate K F. Intermunicipal I G. Special District M N	
8. Type of Application: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): federal Domestic Assistance		9. Name of Federal Agency	
11. Descriptive Title of Applicant's Project Women/Student		10. Catalog of Federal Domestic Assistance <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Title: RECEIVED FEB 02 2004	
13. Proposed Project:		12. Areas Affected by Project (cities, counties, etc.) STATE CLEARING HOUSE	
Start Date	Ending Date	a. Applicant	b. Project
15. Estimated Funding:		14. Congressional Districts Of:	
a. Federal	\$ 25,000		
b. Applicant	\$ 10,000		
c. State	\$ 25,000		
d. Local	\$ 25,000		
e. Other	\$ 25,000		
f. Program Income	\$		
g. Total	\$		
16. Is application subject to review by State		17. IS APPLICANT DELINQUENT ON ANY	
a. YES This preapplication was made av State Executive Order 12372 pre DATE _____		<input type="checkbox"/> Yes (If Yes, attach an explanation)	
b. NO <input type="checkbox"/> Program not covered by E.O. 12 <input type="checkbox"/> or Program has been selected by			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE AND HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY			

Application for Federal Assistance		2. DATE SUBMITTED Jan 14 2004	AI
1. TYPE OF SUBMISSION Federal Domestic Assistance		3. DATE RECEIVED BY STATE	S
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FI
5. APPLICANT INFORMATION			
Legal Name: Lupe Olmas		Organizational Unit:	
ADDRESS (give city, county, state, and zip code) 414 1/2 N. Sweetbrier Lindsay California 93247		Name and telephone number of the person on matters involving this application (give):	
6. Employer Identification Number 54-8114737		7. Type of Applicant: (enter appropriate letter) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H I J K L M N
8. Type of Application: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. Name of Federal Agency	
11. Descriptive Title of Applicant's Project Spanish Citizen of US Low income Person welfare receipt. physical Afflicted. Women w/children w/children SSI		10. Catalog of Federal Domestic Assistance Title:	
13. Proposed Project:		12. Areas Affected by Project (cities, counties, Congressional Districts) STATE CLEARING HOUSE JAN 20 2004	
Start Date	Ending Date	a. Applicant	b. Project
15. Estimated Funding:		16. Is application subject to review by State Executive Order 12372 procedure?	
a. Federal	\$ 25000	a. YES This preapplication was made as State Executive Order 12372 procedure DATE _____	
b. Applicant	\$ 23856	b. NO <input type="checkbox"/> Program not covered by E.O. 12372 or <input type="checkbox"/> Program has been selected by State	
c. State	\$ 25000		
d. Local	\$		
e. Other	\$ 25000		
f. Program Income	\$	17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. Total	\$ 73856	<input type="checkbox"/> Yes (If Yes, attach an explanation)	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT AND I HAVE BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH ALL FEDERAL AND STATE REGULATIONS AND POLICIES.			

Lupe Olmas.

Application for Federal Assistance			2. DATE SUBMITTED 15 Jan 03	AI
1. TYPE OF SUBMISSION Debt Grant			3. DATE RECEIVED BY STATE	SI
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY FI
5. APPLICANT INFORMATION Catherine Marie Smith				
Legal Name: ←			Organizational Unit:	
ADDRESS (give city, county, state, and zip code) PO Box 1303 Haines, AK 99827			Name and telephone number of the person on matters involving this application (give):	
6. Employer Identification Number 31-0946449			7. Type of Applicant: (enter appropriate letter) <input checked="" type="radio"/> A State <input type="radio"/> B County <input type="radio"/> C Municipal <input type="radio"/> D Township <input type="radio"/> E Interstate <input type="radio"/> F Intermunicipal <input type="radio"/> G Special District H I J K L M N	
8. Type of Application: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): <u>Debt Grant</u>			9. Name of Federal Agency	
11. Descriptive Title of Applicant's Project Debt Grant			10. Catalog of Federal Domestic Assistance <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Title:	
13. Proposed Project:			12. Areas Affected by Project (cities, counties, etc.)	
Start Date	Ending Date	a. Applicant	14. Congressional Districts Of:	
			b. Project	
15. Estimated Funding:			16. Is application subject to review by State Executive Order 12372?	
a. Federal	\$ 25,000		a. YES This preapplication was made in accordance with State Executive Order 12372 on DATE _____	
b. Applicant	\$ 0		b. NO <input type="checkbox"/> Program not covered by E.O. 12372 <input type="checkbox"/> or Program has been selected by State	
c. State	\$ 25,000			
d. Local	\$ 25,000			
e. Other	\$ 25,000			
f. Program Income	\$		17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes (If Yes, attach an explanation)	
g. Total	\$ 100,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT AND HAVE BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH ALL FEDERAL AND STATE REQUIREMENTS.				



Catherine Marie Smith 273

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 1/29/04	Applicant Identifier R9-Tracking No. 04-102
<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: California Air Resources Board	RECEIVED FEB - 2 2004	Organizational Unit: Department:
Organizational DUNS: 828321871		Division: Administrative Services Division
Address: Street: 1001 I Street P.O. Box 2815 City: Sacramento County:	STATE CLEARING HOUSE	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. Valinda First Name: Valinda Middle Name:
State: CA Country: USA		Last Name: Debbs Suffix:
Zip Code: 95812		Email: vdebbs@arb.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0288069

Phone Number (give area code): (916) 322-8201
Fax Number (give area code): (916) 322-9612

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)
A
Other (specify)

9. NAME OF FEDERAL AGENCY:
Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE (Name of Program):
Air Pollution Control Program Support
66-001

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Community-Based Mobility Marketing (CBMM), an outreach and education pilot project, seeks to change individual travel behavior in favor of hiking, walking and transit.

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

13. PROPOSED PROJECT
Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03
b. Project Statewide

15. ESTIMATED FUNDING:

a. Federal	\$	6,518,489 ⁰⁰
b. Applicant	\$	20,515,127 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	27,033,616 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: Signature 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 Mrs.	First Name Marie	Middle Name
Last Name LaVergne		Suffix
b. Title Chief, Administrative Services		c. Telephone Number (give area code) (916) 322-8198
d. Signature of Authorized Representative <i>Marie LaVergne</i>		e. Date Signed 1-29-04

Budget Information — Non-Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary		Estimated Unobligated Funds				New or Revised Budget		Total (g)
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)		
1. Air 105	66.001	\$	\$	\$ 6,518,489.00	\$ 20,515,127.00	\$ 27,033,616.00		
2.								
3.								
4.								
5. Totals		\$ 0.00	\$ 0.00	\$ 6,518,489.00	\$ 20,515,127.00	\$ 27,033,616.00		
Section B - Budget Categories		Grant Program, Function or Activity						Total (5)
Object Class Categories		(1) Base Grant/PAMS	(2) Sup#1-Diesel Emis	(3) Sup#2-Mobility Marketing				
a. Personnel		\$ 14,850,379.00	\$	\$		\$	\$ 14,850,379.00	
b. Fringe Benefits		4,692,720.00					4,692,720.00	
c. Travel		677,129.00					677,129.00	
d. Equipment		46,471.00					46,471.00	
e. Supplies		482,946.00					482,946.00	
f. Contractual		1,836,490.00	100,000.00	88,000.00			2,024,490.00	
g. Construction		0.00					0.00	
h. Other		4,259,481.00					4,259,481.00	
i. Total Direct Charges (sum of 6a-6h)		26,845,616.00	100,000.00	88,000.00		0.00	27,033,616.00	
j. Indirect Charges							0.00	
k. Totals (sum of 6i and 6j)		26,845,616.00	100,000.00	88,000.00		0.00	27,033,616.00	
7. Program Income		\$	\$	\$		\$	\$	

**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 1/29/04	Applicant Identifier R9-Tracking No. 04-102
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Air Resources Board		Organizational Unit: Department:	
Organizational DUNS: 828321871		Division: Administrative Services Division	
Address: Street: 1001 I Street P.O. Box 2815		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Valinda	
City: Sacramento		Middle Name	
County:		Last Name Debbs	
State: CA	Zip Code 95812	Suffix:	
Country: USA		Email: vdebbs@arb.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0288069

Phone Number (give area code) (916) 322-8201
Fax Number (give area code) (916) 322-9612

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)

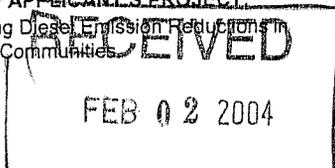
7. TYPE OF APPLICANT: (See back of form for Application Types)
A
Other (specify)

9. NAME OF FEDERAL AGENCY:
Environmental Protection Agency

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

TITLE (Name of Program):
Air Pollution Control Program Support

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Develop a model for achieving Diesel Emission Reduction in Disproportionately Impacted Communities



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

13. PROPOSED PROJECT
Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF CLEARING HOUSE
a. Applicant 03
b. Project Statewide

15. ESTIMATED FUNDING:		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: Signature Date b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 6,430,489.00	
b. Applicant	\$ 20,515,127.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	

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 Mrs.	First Name Marie	Middle Name
Last Name LaVergne		Suffix
b. Title Chief, Administrative Services		c. Telephone Number (give area code) (916) 322-8198
d. Signature of Authorized Representative <i>Marie LaVergne</i>		e. Date Signed 1-29-04

Budget Information — Non-Construction Programs

Section A - Budget Summary		Estimated Unobligated Funds			New or Revised Budget		Total (g)
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)		
1. Air 105	66.001	\$	\$	\$ 6,430,489.00	\$ 20,515,127.00	\$	26,945,616.00
2.							
3.							
4.							
5. Totals		\$ 0.00	\$ 0.00	\$ 6,430,489.00	\$ 20,515,127.00	\$	26,945,616.00
Section B - Budget Categories							
6. Object Class Categories	Grant Program, Function or Activity						
	(1) Base Grant/PAMS	(2) Supplemental #1-Diesel	(3) Mission	(4)			Total (5)
a. Personnel	\$ 14,850,379.00	\$	\$	\$	\$	\$	14,850,379.00
b. Fringe Benefits	4,692,720.00						4,692,720.00
c. Travel	677,129.00						677,129.00
d. Equipment	46,471.00						46,471.00
e. Supplies	482,946.00						482,946.00
f. Contractual	1,836,490.00	100,000.00					1,936,490.00
g. Construction	0.00						0.00
h. Other	4,259,481.00						4,259,481.00
i. Total Direct Charges (sum of 6a-6h)	26,845,616.00	100,000.00		0.00	0.00	0.00	26,945,616.00
j. Indirect Charges							0.00
k. Totals (sum of 6i and 6j)	26,845,616.00	100,000.00		0.00	0.00	0.00	26,945,616.00
7. Program Income	\$	\$	\$	\$	\$	\$	\$