

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<input type="text"/>	
<input checked="" 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 FEB - 2 2007 STATE CLEARING HOUSE					
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
<input type="text"/>		<input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: Thai Community Development Center, Inc					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
954531770			838237303		
* d. Address:					
* Street1:		6376 Yucca Street			
Street2:		Suite B			
* City:		Los Angeles			
County:		<input type="text"/>			
* State:		CA: California			
Province:		<input type="text"/>			
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		90028			
* 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:		Mrs.		* First Name: Chanchanit	
Middle Name:		<input type="text"/>			
* Last Name:		Martorell			
Suffix:		<input type="text"/>			
Title: Executive Director					
Organizational Affiliation:					
<input type="text"/>					
* Telephone Number:		323-468-2555		Fax Number: 323-461-4488	
* Email: chancee@thaicdc.org					

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:**

Administration for Children and Families

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Services Block Grant_Discretionary Awards

*** 12. Funding Opportunity Number:**

HHS-2006-ACF-OCS-EE-0019

* Title:

Community Services Block Grant Program Community Economic Development Discretionary Grant Program--Operational Projects

13. Competition Identification Number:

Title:

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

City of Los Angeles, Los Angeles County, State of California

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

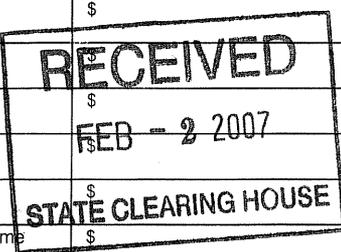
The Thai Town Bazaar and Food Court aims to develop employment and business opportunities for low-income individuals and welfare recipients while revitalizing a community.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-033	* b. Program/Project CA-033
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	01/01/2007	* b. End Date: 12/31/2012
18. Estimated Funding (\$):		
* a. Federal		468,821.00
* b. Applicant		0.00
* c. State		0.00
* d. Local		0.00
* e. Other		50,000.00
* f. Program Income		0.00
* g. TOTAL		518,821.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>		
<input checked="" 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.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="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)		
<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:	Mrs.	* First Name: Chanchanit
Middle Name:		
* Last Name:	Martorell	
Suffix:		
* Title:	Executive Director	
* Telephone Number:	323-468-2555	Fax Number: 323-461-4488
* Email:	chancee@thaicdc.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED 01/29/2007		Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier
5. APPLICANT INFORMATION		
Legal Name: City of California City, California		Organizational Unit: Department:
Organizational DUNS:		Division:
Address: Street: 21000 Hacienda Blvd		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Ramon
City: California City		Middle Name: H
County: Kern		Last Name: Pantoja
State: California	Zip Code: 93505	Suffix:
Country: United States		Email: rpantoja@heltengineering.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 2408763		Phone number (give area code): (661) 323-6045 FAX number (give area code): (661) 323-0799
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 Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 106 TITLE: Airport Improvement Program		9. NAME OF FEDERAL AGENCY Department of Transportation/Federal Aviation Administration
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of California City		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction for Widening Runway 6-24 from 60 feet to 75 feet for 60,000 pounds gross aircraft weight, and to remove and replace runway lighting at City of California City Municipal Airport
13. PROPOSED PROJECT Start Date: April, 2007 Ending Date: July, 2007		14. CONGRESSIONAL DISTRICTS OF a. Applicant: 22 b. Project:
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: 01/29/2007 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	\$ 1,797,294 .00	
b. Applicant	\$ 94,594 .00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program income	\$.00	
g. TOTAL	\$ 1,891,888 .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. Authorized Representative Prefix Mr. First Name William Middle Name W.		
Last Name Way Suffix		
b. Title City Manager c. Telephone number (give area code) (760) 373-7170		
d. Signature of Authorized Representative e. Date Signed 01/26/2007		

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED 01/29/2007		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY
Legal Name: City of California City, California		Federal Identifier
Organizational DUNS:		Organizational Unit: Department:
Address: Street: 21000 Hacienda Blvd		Division:
City: California City		Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Kern		Prefix:
State: California	Zip Code: 93505	First Name: Ramon
Country: United States		Middle Name: H
6. EMPLOYER IDENTIFICATION NUMBER EIN:		Last Name: Pantoja
95 - 240 8763		Suffix:
8. TYPE OF APPLICATION:		Email: rpantoja@heltengineering.com
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Phone number (give area code):
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)		(661) 323-6045
Other (specify)		FAX number (give area code): (661) 323-0799
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER		7. TYPE OF APPLICANT: (See back of form for Application Types)
2 0 - 1 0 6		C
TITLE: Airport Improvement Program		Other (specify)
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of California City		9. NAME OF FEDERAL AGENCY Department of Transportation/Federal Aviation Administration
13. PROPOSED PROJECT		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction for Widening Runway 6-24 from 60 feet to 75 feet for 60,000 pounds gross aircraft weight, and to remove and replace runway lighting at City of California City Municipal Airport :
Start Date April, 2007	Ending Date July, 2007	14. CONGRESSIONAL DISTRICTS OF
15. ESTIMATED FUNDING		a. Applicant 22
a. Federal	\$ 1,797,294 .00	b. Project
b. Applicant	\$ 94,594 .00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
c. State	\$.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
d. Local	\$.00	DATE: 01/29/2007
e. Other	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
f. Program income	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
g. TOTAL	\$ 1,891,888 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
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.		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No
a. Authorized Representative		
Prefix Mr.	First Name William	Middle Name W.
Last Name Way		Suffix
b. Title City Manager		c. Telephone number (give area code) (760) 373-7170
d. Signature of Authorized Representative		e. Date Signed 01/26/2007

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED []	Applicant Identifier []
5. APPLICANT INFORMATION		3. DATE RECEIVED BY STATE []	State Application Identifier []
* Legal Name: The Regents of the University of California		4. Federal Identifier DE-FG02-91ER40662 Supplemental	
Department: Office of Contract & Grant Ad Division: []		* Organizational DUNS: 092530369	
* Street1: 10920 Wilshire Blvd., Suite 1200 Street2: []		* City: Los Angeles County: Los Angeles * State: CA: California	
Province: [] * Country: UNITED ST * ZIP / Postal Code: 90024-1408			
Person to be contacted on matters involving this application			
Prefix: Ms.	* First Name: Karen	Middle Name: []	* Last Name: Marchant Suffix: []
* Phone Number: 310-794-0167		Fax Number: 310-794-0631	Email: kmarchant@resadmin.ucla.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 1956006143A1		7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> What other Agencies? NSF		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Liquid Argon Neutrino and Nucleon Decay Detector (LANNDD)-VD: A Scaled Down Liquid Argon TPC for LANNDD and LANNDD-5mD			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Los Angeles, CA, Geneva, Switzerland			
13. PROPOSED PROJECT: * Start Date 01/15/2007 * Ending Date 01/14/2008		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant CA-030 b. * Project 00-000	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: Prof.	* First Name: David	Middle Name: B.	* Last Name: Cline Suffix: []
Position/Title: Professor of Physics & Astronomy		* Organization Name: The Regents of the University of California	
Department: Physics and Astronomy		Division: UCLA	
* Street1: 475 Portola Plaza		Street2: []	
* City: Los Angeles		County: Los Angeles * State: CA: California	
Province: []		* Country: UNITED ST * ZIP / Postal Code: 90095-1547	
* Phone Number: 310-825-1673		Fax Number: 310-208-1091 * Email: dcline@physics.ucla.edu	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	60,000.00	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. * Total Federal & Non-Federal Funds	60,000.00	DATE: 02/06/2007	
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR	
		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	

18. 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 18, 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.

19. Authorized Representative

Prefix: Ms. * First Name: Karen Middle Name: Last Name: Marchant Suffix:

* Position/Title: Grant Analyst * Organization: The Regents of the University of California

Department: Office of Contract & Grant Ad Division:

* Street1: 10920 Wilshire Blvd., Suite 1200 Street2:

* City: Los Angeles County: Los Angeles * State: CA: California

Province: Country: UNITED STATES * ZIP / Postal Code: 90024-1406

* Phone Number: 310-794-0167 Fax Number: 310-794-0831 * Email: kmarchant@resadmin.ucla.edu

* Signature of Authorized Representative: Completed on submission to Grants.gov

* Date Signed: Completed on submission to Grants.gov

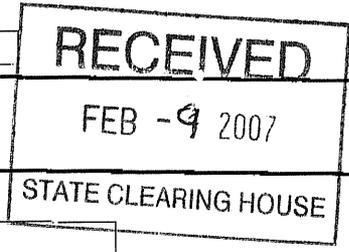
20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

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) _____
--	--	---



* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: 20070706
---	--------------------------------------

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

State Use Only:

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

B. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California, Santa Cruz

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1539563	* c. Organizational DUNS: 125084723
---	--

d. Address:

* Street1:	1156 High Street
Street2:	_____
* City:	Santa Cruz
County:	Santa Cruz
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95084

e. Organizational Unit:

Department Name: Earth and Planetary Sciences	Division Name: Physical and Biological Scienc
--	--

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

Prefix: Dr.	* First Name: Andrew
Middle Name: _____	
* Last Name: Fisher	
Suffix: _____	

Title: _____

Organizational Affiliation: _____

* Telephone Number: (831)459-5335	Fax Number: (831)459-3074
-----------------------------------	---------------------------

* Email: afisher@es.ucsc.edu

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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG-IXWPDG-2007

*** Title:**

Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

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

Improving Water Quality in a Nutrient-Impaired Wetland Through ASR-Based Denitrification: Delineation of Processes, Controls and In-Situ Potential

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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="244,712.00"/>
* b. Applicant	<input type="text" value="199,641.00"/>
* 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="444,353.00"/>

*** 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:

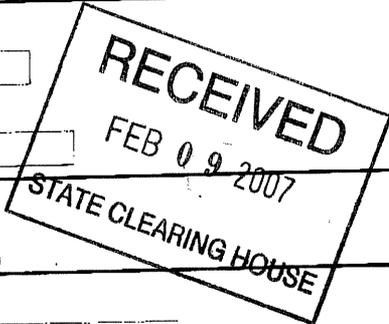
* Telephone Number: Fax Number:

* 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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> <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"/>
--	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--	--

8. APPLICANT INFORMATION:

* a. Legal Name: Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 27-0093858	* c. Organizational DUNS: 113645084	

d. Address:

* Street1:	University of California, Merced
Street2:	5200 North Lake Road
* City:	Merced
County:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95343

e. Organizational Unit:

Department Name: School of Natural Sciences	Division Name: N/A
--	-----------------------

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

Prefix:	<input type="text"/>	* First Name:	Thea
Middle Name:	<input type="text"/>		
* Last Name:	Vicari		
Suffix:	<input type="text"/>		
Title:	Director, Sponsored Projects Office		
Organizational Affiliation:	University of California, Merced		
* Telephone Number:	(209) 228-4318	Fax Number:	<input type="text"/>
* Email:	spo@ucmerced.edu		

Version 02

Application for Federal Assistance SF-424

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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG-IXWPDG-2007

* Title:

Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

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

Development and technology transfer of techniques for refined scale mapping of seasonal wetland moist soil plant associations in wildlife refuges using high resolution imagery and state-of-the art Imag

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Version 02

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="255,518.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="90,000.00"/>
* 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="345,518.00"/>

*** 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 (R&R)**

2. DATE SUBMITTED []	Applicant Identifier []
3. DATE RECEIVED BY STATE []	State Application Identifier []
4. Federal Identifier DE-FG02-01ER40662 Supplemental	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION * Organizational DUNS: 092630369

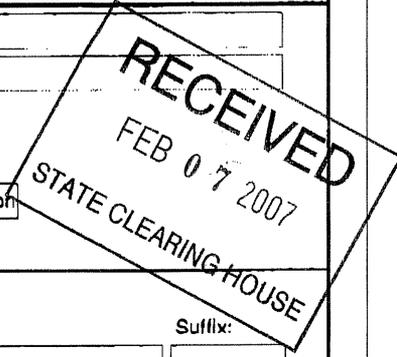
* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Ad Division: []

* Street1: 10920 Wilshire Blvd., Suite 1200 Street2: []

* City: Los Angeles County: Los Angeles * State: CA: California

Province: [] * Country: UNITED ST * ZIP / Postal Code: 90024-1405



Person to be contacted on matters involving this application

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

Ms. Karen Marchant

* Phone Number: 310-794-0167 Fax Number: 310-794-0831 Email: kmarchant@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
1956006143A1

7. * TYPE OF APPLICANT:
H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: New
 Resubmission Renewal Continuation Revision

Other (Specify):
 Women Owned Small Business Organization Type
 Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify)

8. * NAME OF FEDERAL AGENCY:
Chicago Service Center

* Is this application being submitted to other agencies? Yes No
 What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 81.049
 TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
UCLA Task L Request for Supplemental Funding: Hadron Collider Physics with CMS and CDF

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
Los Angeles, CA, Batavia, IL, Geneva, Sw

13. PROPOSED PROJECT:
 * Start Date: 01/15/2007 * Ending Date: 01/14/2008

14. CONGRESSIONAL DISTRICTS OF:
 a. * Applicant: CA-030 b. * Project: 00-000

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Prof. David B. Cline

Position/Title: Professor of Physics & Astronomy * Organization Name: The Regents of the University of California

Department: Physics and Astronomy Division: UCLA

* Street1: 475 Portola Plaza Street2: []

* City: Los Angeles County: Los Angeles * State: CA: California

Province: [] * Country: UNITED ST * ZIP / Postal Code: 90095-1547

* Phone Number: 310-825-1673 Fax Number: 310-206-1091 * Email: dccline@physics.ucla.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input type="text" value="121,300.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input type="text" value="121,300.00"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="02/07/2007"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	---

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and true, complete and accurate to the best of my knowledge. I also provide the required assurances* 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 18, 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 > agency specific instructions.

19. Authorized Representative

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

Ms. Karen Marchant

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative * Date Signed

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

2006 SEP 15 10:21

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 18, 2006	Applicant Identifier R-9 Tracking # 05-235																					
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: CITY OF GARDENA		Organizational Unit: Department: PUBLIC WORKS DEPARTMENT																						
Organizational DUNS: 785011748		Division: ENGINEERING																						
Address: Street: 1717 W. 162nd Street City: GARDENA County: LOS ANGELES State: CALIFORNIA Zip Code: 90247 Country: UNITED STATES OF AMERICA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: Last Name: Suffix: First Name: JOHN MARQUEZ FELIX Email: jfelix@d.gardena.ca.us																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000713		Phone Number (give area code): (310) 217-9643 Fax Number (give area code): (310) 217-8151																						
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: 66-608 TITLE (Name of Program): CONSOLIDATED APPROPRIATIONS ACT OF 2005		9. NAME OF FEDERAL AGENCY:																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF GARDENA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SANITARY SEWER MASTER PLAN, VIDEO, AND SEWER CLEANING PROJECT																						
13. PROPOSED PROJECT Start Date: APPROX END OF 2006 Ending Date: APPROX END OF 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 35 b. Project:																						
15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>240,600</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>198,854</td></tr> <tr><td>c. State</td><td>\$</td><td>00</td></tr> <tr><td>d. Local</td><td>\$</td><td>00</td></tr> <tr><td>e. Other</td><td>\$</td><td>00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>437,454</td></tr> </table>		a. Federal	\$	240,600	b. Applicant	\$	198,854	c. State	\$	00	d. Local	\$	00	e. Other	\$	00	f. Program Income	\$	00	g. TOTAL	\$	437,454	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: 2/9/2007 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	\$	240,600																						
b. Applicant	\$	198,854																						
c. State	\$	00																						
d. Local	\$	00																						
e. Other	\$	00																						
f. Program Income	\$	00																						
g. TOTAL	\$	437,454																						
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: Last Name: LANSDELL		First Name: MITCHELL Middle Name: G. Suffix:																						
b. Title: CITY MANAGER		c. Telephone Number (give area code): 310-217-9505																						
d. Signature of Authorized Representative: <i>[Signature]</i>		e. Date Signed: 9/15/06																						

Previous Edition Usable
 Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

Version 02

<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify)</p> <input type="text"/>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>FEB 13 2007</p> <p>STATE CLEARING HOUSE</p> </div>
--	--	---	---

* 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"/>

State Use Only:

6. Date Received by State:	7. State Application Identifier:
<input type="text"/>	<input type="text"/>

6. APPLICANT INFORMATION:

* a. Legal Name:	California State Coastal Conservancy	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
94-3164968	808322408	

d. Address:

* Street1:	1330 Broadway, 13th Floor
Street2:	<input type="text"/>
* City:	Oakland
County:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94612

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:	* First Name:	Betsy
Middle Name:	<input type="text"/>	
* Last Name:	Wilson	
Suffix:	<input type="text"/>	
Title:	Project Manager	

Organizational Affiliation:

San Francisco Bay Area Program

* Telephone Number:	510-286-4167	Fax Number:	510-286-0470
* Email:	bwilson@scc.ca.gov		

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:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

RECEIVED

FEB 13 2007

STATE CLEARING HOUSE

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG-IXWPDG-2007

*** Title:**

Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Napa, Sonoma, and Solano Counties (California)

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

Biophysical Monitoring for Wetland Restoration in the Napa-Sonoma Marshes Wildlife Area

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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.

SF424 Q16.doc

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="195,000.00"/>
* b. Applicant	<input type="text" value="20,000.00"/>
* c. State	<input type="text" value="45,000.00"/>
* 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="260,000.00"/>

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

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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 13 2007 STATE CLEARING HOUSE </div>		
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Pit Resource Conservation District		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0425211		*c. Organizational DUNS: 18-557-6431
*d. Address:		
*Street 1:	P.O. Box 301	
Street 2:	_____	
*City:	Bieber	
County:	Lassen	
*State:	California	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	96009	
*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: Todd
Middle Name:	_____	
*Last Name:	Sloat	
Suffix:	_____	
Title:	Watershed Coordinator	
Organizational Affiliation: Pit Resource Conservation District		
*Telephone Number: 530-336-5456		Fax Number: 530-336-5456
*Email: tsloat@citlink.net		

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: E. Regional Organization Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: Environmental Protection Agency, Regions	
11. Catalog of Federal Domestic Assistance Number: <u>66.461</u> CFDA Title: <u>Wetland Program Development Grants</u>	
*12 Funding Opportunity Number: <u>EPA-Reg IXWPDG-2007</u> *Title: <u>Region IX Wetland Program Development Grants</u>	
13. Competition Identification Number: Title: 	
14. Areas Affected by Project (Cities, Counties, States, etc.): The Upper Pit River Watershed, a primary tributary to the Sacramento River and San Francisco Bay-Delta, is located in northeastern California. The Upper Pit River drains portions of four counties: Modoc, Lassen, Shasta, and a small corner of Siskiyou. Three Resource Conservation Districts (RCDs) serve the watershed: Fall River, Pit, and Central Modoc.	
*15. Descriptive Title of Applicant's Project: Upper Pit River Wetland Assesment and Education Project	

Application for Federal Assistance SF-424

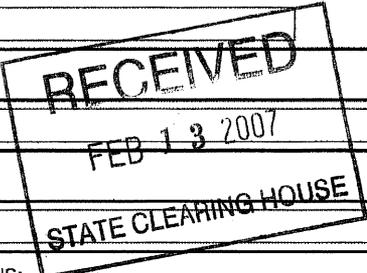
Version 02

* 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) _____
--	--	---

* 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: <u>Ventura County Resource Conservation District</u>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>952666744</u>	* c. Organizational DUNS: <u>037611725</u>

d. Address:	
* Street1:	<u>3380 Somis Road</u>
Street2:	<u>P.O. Box 147</u>
* City:	<u>Somis</u>
County:	<u>Ventura</u>
* State:	<u>California</u>
Province:	_____
* Country:	<u>United States of America</u>
* Zip / Postal Code:	<u>93066</u>

e. Organizational Unit:	
Department Name: _____	Division Name: _____

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <u>Mr.</u>	* First Name: <u>Marty</u>
Middle Name: _____	
* Last Name: <u>Melvin</u>	
Suffix: _____	
Title: <u>District Manager</u>	
Organizational Affiliation: _____	
* Telephone Number: <u>805-386-4685</u>	Fax Number: <u>805-386-4890</u>
* Email: <u>marty.melvin@vcrd.org</u>	

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:

N. Nonprofit without 501C3 IRS Status

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

United States Environmental Protection Agency, Region IX

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

REGIONAL WETLAND PROGRAM DEVELOPMENT GRANTS

* 12. Funding Opportunity Number:

EPA-Reg IXWPDG-2007

* Title:

Region IX Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Ventura County

* 15. Descriptive Title of Applicant's Project:

Ventura County Wetland Mitigation Tracking Project (see attached map)

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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="\$176,000.00"/>
* b. Applicant	<input type="text" value="\$10,000.00"/>
* c. State	<input type="text" value="\$20,000.00"/>
* d. Local	<input type="text" value="\$20,000.00"/>
* e. Other	<input type="text" value="\$10,000.00"/>
* f. Program Income	<input type="text" value="\$0.00"/>
* g. TOTAL	<input type="text" value="\$236,000.00"/>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

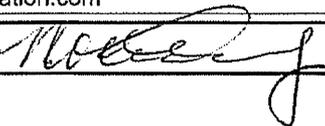
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

APPLICATION FOR FEDERAL ASSISTANCE

Version 703

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Federal Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: KETTENPOM ZENIA VOLUNTEERS		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS 145081803		Organizational Unit: Department		RECEIVED FEB 13 2007 STATE CLEARING HOUSE	
Address: Street: BOX 100 - LAKE MOUNTAIN ROAD		Division			
City: ZENIA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR First Name: GLENN			
County: TRINITY		Middle Name: ELLIS			
State: CA Zip Code: 95595		Last Name: SICKLESTEEL			
Country: USA		Suffix		Email: KEEMU@ASIS.COM	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0478787		Phone Number (give area code): 707-923-9646		Fax Number (give area code): 707-923-7156	
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) NOT FOR PROFIT ORGANIZATION Other (specify):			
Other (specify):		9. NAME OF FEDERAL AGENCY: USDA			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program) RURAL COOPERATIVE GRANT		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CONSTRUCTION OF A 36' X 80' METAL BUILDING TO HOUSE FIRE ENGINES AND RESCUE VEHICLE AND TO BE USED AS A COMMUNITY HALL			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): KETTENPOM-ZENIA -- TRINITY COUNTY, CA.		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CALIF. DIST. 2 b. Project: CALIF. DIST. 2			
13. PROPOSED PROJECT Start Date: 1 JUNE 2007 Ending Date: 30 SEPT 2007		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			
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal	\$	50,000			
b. Applicant	\$	22,000			
c. State	\$				
d. Local	\$	20,200			
e. Other	\$	LABOR & MATERIAL 12,400			
f. Program Income	\$				
g. TOTAL	\$	104,600			
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: GLENN		Middle Name: ELLIS	
Last Name: SICKLESTEEL		Suffix:		c. Telephone Number (give area code): 707-923-9646	
e. Title: BOARD MEMBER		e. Date Signed:			
d. Signature of Authorized Representative: <i>[Signature]</i>					

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) _____
--	--	---

* 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: San Jose State University	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 770414438	* c. Organizational DUNS: 050520840

d. Address:

* Street1: One Washington Square
Street2: _____
* City: San Jose
County: Santa Clara
* State: CA; California
Province: _____
* Country: USA; UNITED STATES
* Zip / Postal Code: 95192



e. Organizational Unit:

Department Name: Moss Landing Marine Labs	Division Name: _____
---	----------------------

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

Prefix: _____	* First Name: Pamela
Middle Name: C	_____
* Last Name: Stacks	_____
Suffix: _____	_____
Title: AVP, Graduate Studies and Research	_____
Organizational Affiliation: San Jose State University	_____

* Telephone Number: 408-924-2427	Fax Number: 408-924-2477
* Email: pstacks@jupiter.sjsu.edu	_____

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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG-IXWPDG-2007

*** Title:**

Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Alisal-Eikhorn Sloughs, California; Salinas River Lower Estuary; Moro Cojo Watershed

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

Support of the Central Coast Wetland Working Group Restoration Objectives

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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="85,970.00"/>
* b. Applicant	<input type="text" value="29,350.00"/>
* 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="115,320.00"/>

*** 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

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<input checked="" type="checkbox"/> Pre-application		<input checked="" type="checkbox"/> Construction			
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION					
Legal Name: Borrego Water District			Organizational Unit: Department: NA		
Organizational DUNS:			Division: NA		
Address: Street: 806 Palm Canyon Dr., P.O.Box 1870			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Borrego Springs			Prefix:	First Name: William	
County: San Diego			Middle Name: Robert		
State: CA			Last Name: Mills		
Zip Code: 92004			Suffix:		
Country: USA			Email: wrmills@sbcglobal.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0713922			Phone Number (give area code) 714/961-8041	Fax Number (give area code) 714/985-4664	
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) Special District Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Clark Lake Groundwater Development Project 2007		
TITLE (Name of Program): Water and Wastewater Disposal Program					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Borrego Springs, San Diego County, CA					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 02-07		Ending Date: 09-08	a. Applicant 52 of California		b. Project 52 of California
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	6,390,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	110,000 ⁰⁰	DATE: February 9, 2007		
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			
f. Program Income	\$	0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	6,500,000 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Russell		Middle Name	
Last Name Fogarty				Suffix	
b. Title General Manager				c. Telephone Number (give area code) 760/767-5806	
d. Signature of Authorized Representative <i>Russ Fogarty</i>				e. Date Signed 2-9-7	

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 12, 2007		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input checked="" type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Association of Bay Area Governments			Organizational Unit: Department: San Francisco Estuary Project		
Organizational DUNS: 07-907-3920			Division:		
Address: Street: P. O. Box 2050			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oakland			Prefix: Ms.		First Name: Marcia
County: Alameda			Middle Name L.		
State: CA			Last Name Brockbank		
Zip Code 94604-2050			Suffix:		
Country: USA			Email: mbrockbank@waterboards.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 8 3 2 4 7 8			Phone Number (give area code) 510-622-2325		Fax Number (give area code) 510-622-2501
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.)			7. TYPE OF APPLICANT: (See back of form for Application Types) N. Local government Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 - 4 6 1			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Stream and Wetlands Protection Policy		
TITLE (Name of Program): Wetland Program Development Grants					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): RWQCB 1 and 2 - congress. dist. 1; 6-10; 12-14; 17; 23-24; 30; 36-37; 46					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/1/07		Ending Date: 9/30/09		a. Applicant 9	
				b. Project See # 12 above	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	460,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	20,000	DATE: February 12, 2007		
c. State	\$	499,312	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	16,500	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	995,812			
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 Patricia		Middle Name M.	
Last Name Jones				Suffix	
b. Title Assistant Executive Director				c. Telephone Number (give area code) 510-464-7933	
d. Signature of Authorized Representative <i>Patricia M Jones</i>				e. Date Signed 2-12-07	