

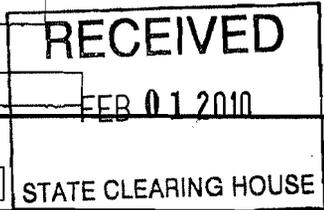
Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15, 2010**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
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* 3. Date Received:	4. Applicant Identifier:
_____	_____

5a. Federal Entity Identifier: kpbsfm1	* 5b. Federal Award Identifier: _____
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State Use Only:

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

B. APPLICANT INFORMATION:

* a. Legal Name: San Diego State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6042721	* c. Organizational DUNS: 07-337-1346
---	--

d. Address:

* Street1: 5250 Campanile Drive
 Street2: _____
 * City: San Diego
 County: San Diego
 * State: CA
 Province: _____
 * Country: USA; United States
 * Zip / Postal Code: 92182-

e. Organizational Unit:

Department Name:	Division Name:
_____	_____

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

Prefix: Ms. * First Name: Jennie
 Middle Name: _____
 * Last Name: Amison
 Suffix: _____
 Title: Director Sponsored Research Development
 Organizational Affiliation: San Diego State University Research Foundation

* Telephone Number: (619) 594-5731	Fax Number: (619) 594-4950
* Email: awards@foundation.sdsu.edu	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):San Diego, California
Imperial Valley, California*** 15. Descriptive Title of Applicant's Project:**

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- 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 thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, 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**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 30, 2009	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"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Alturas	Organizational Unit: Department: Public Works
Organizational DUNS: 15-416-1728	Division:
Address: Street: 200 W. North Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Chester
City: Alturas	Middle Name
County: Modoc	Last Name: Robertson
State: California Zip Code: 96101	Suffix:
Country: USA	Email: crobertson@cityofalturas.org

RECEIVED
 FEB 01 2010
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-6000290

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

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

9. NAME OF FEDERAL AGENCY:
 Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 20-106

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Alturas Municipal Airport, Alturas, Modoc County, California
 Extension of Water Lines and Fire Hydrant; Environmental Studies (EA); Avigation Easements; Engineering Design Projects; Medium Intensity Taxiway Edge Lights - Taxiway B Complex

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 City of Alturas, Modoc County, California

13. PROPOSED PROJECT
 Start Date: 2010 Ending Date: 2010

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

15. ESTIMATED FUNDING:

a. Federal	\$	646,950 ⁰⁰
b. Applicant	\$	34,050 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	0 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	681,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: January 5, 2010
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

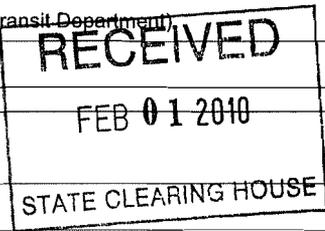
Prefix: Mr.	First Name: Chester	Middle Name:
Last Name: Robertson	Suffix:	
b. Title: Director of Public Works	c. Telephone Number (give area code): (530) 233-2377	
d. Signature of Authorized Representative: <i>Chester Robertson, DPW</i>	e. Date Signed: 01/14/10	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 1/27/2010	Applicant Identifier 1666
		3. DATE RECEIVED BY STATE	State Application Identifier 1666
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 1666

5. APPLICANT INFORMATION Legal Name: Torrance Transit System (City of Torrance Transit Department)		Organizational Unit: Department: Transit	
Organizational DUNS: 136190357		Division:	
Address: Street: 20500 Madrona Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jim	
City: Torrance		Middle Name	
County: Los Angeles		Last Name Mills	
State: California	Zip Code 90503	Suffix:	
Country:		Email:	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000803	Phone Number (give area code) 310-618-6291	Fax Number (give area code) 310-618-6229
---	---	---

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) <input type="checkbox"/> Municipal <input type="checkbox"/> Other (specify) Municipal/City
Other (specify)	9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Torrance Transit System - FTA Section 5307 (Preventive Maintenance, Bus Acquisition and AVL System)
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Torrance, Los Angeles County, State of California

13. PROPOSED PROJECT Start Date: 3/1/2010 Ending Date: 12/31/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 36 b. Project 36
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 4,195,768. ⁰⁰ b. Applicant \$ 771,752. ⁰⁰ c. State \$. ⁰⁰ d. Local \$. ⁰⁰ e. Other \$. ⁰⁰ f. Program Income \$. ⁰⁰ g. TOTAL \$ 4,967,520. ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1/27/2010 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input 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 Jim	Middle Name
Last Name Mills		Suffix
b. Title Administration Manager		c. Telephone Number (give area code) 310-618-6291
d. Signature of Authorized Representative		e. Date Signed 1/27/10

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 01 2010 </div>	
5. APPLICANT INFORMATION			
Legal Name: DUCOR COMMUNITY SERVICES DISTRICT		Organizational Unit: Department:	
Organizational DUNS: 605634336		Division: STATE CLEARING HOUSE	
Address: Street: P O BOX 187		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Ducor		Prefix: Mr. First Name: Stan	
Country: Tulare		Middle Name	
State: Ca Zip Code 93218		Last Name Carter	
Country: USA		Suffix:	
Email: dlong@ocsnet.net		Phone Number (give area code) 559 920-1141	
Fax Number (give area code) 559 783-0838		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0254861	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SERVICE AREA - DUCOR, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: NEW REPLACEMENT WELL, PUMP & APPURTENANCES, METERS, LINES, GATE VALVES AND OLD WELL ABANDONMENTS	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 300,000 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	\$ 10,000 ⁰⁰	DATE:	
c. State	\$ 1,056,913 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	\$ 12,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 1,378,913 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	Stan
Last Name		Carter	
b. Title		DCSD Board President	
c. Telephone Number (give area code)		559 920-1141	
d. Signature of Authorized Representative		e. Date Signed	

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

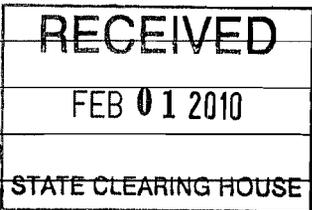
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 2/1/2009	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Association for Micro Enterprise Opportunity (CAMEO)	Organizational Unit: Department:
Organizational DUNS: 021966481	Division:
Address: Street: 275 5th Street, 4th Floor	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: San Francisco	Prefix: Ms.
County: San Francisco	First Name: Claudia
State: CA	Middle Name:
Zip Code: 94103	Last Name: Viek
Country:	Suffix:
	Email: cviek@microbiz.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-3246306

Phone Number (give area code): 414 348 6214
Fax Number (give area code): 415 541 8588

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)
 0. Not for Profit
 Other (specify):

9. NAME OF FEDERAL AGENCY:
USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-769

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Capacity building for Micro Enterprise Development Organizations serving 10 rural counties with a population of approximately 4 million residents with an average unemployment rate if 11.1% and an average median household income of \$45,590. This project will increase the number of small businesses served and number of jobs both new and retained.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Butte, Fresno, Humboldt, Kern, Mendo., Mont., Placer, Siskiyou, Tulare, Ventura

13. PROPOSED PROJECT
Start Date: 7/1/2010 Ending Date: 6/30/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 8 b. Project: 1,1,17,22,23

15. ESTIMATED FUNDING:

a. Federal	\$	99,000.00
b. Applicant	\$	110,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	209,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE:
 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: Ms.	First Name: Claudia	Middle Name:
Last Name: Viek	Suffix:	
b. Title: CEO	c. Telephone Number (give area code): 415 348 6214	
d. Signature of Authorized Representative: 	e. Date Signed: 2/1/2010	

Application for Federal Assistance SF-424

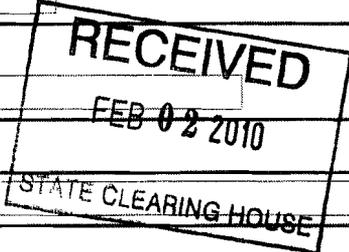
Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: _____	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: lisakoce	* 5b. Federal Award Identifier: _____
--	--

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



8. APPLICANT INFORMATION:

* a. Legal Name: KOCE-TV Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3220724	* c. Organizational DUNS: 03-738-7057
--	---------------------------------------

d. Address:

* Street1: 17011 Beach Blvd., Suite 1550
Street2: _____
* City: Huntington Beach
County: Orange
* State: CA
Province: _____
* Country: USA: United States
* Zip / Postal Code: 92647-0476

e. Organizational Unit:

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

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

Prefix: Mrs.	* First Name: Lisa
Middle Name: Emi	
* Last Name: Nichols	
Suffix: _____	

Title: Sr. Director, Corp. & Fdn. Relations

Organizational Affiliation: _____

* Telephone Number: (714) 861-4315	Fax Number: (714) 842-5809
------------------------------------	----------------------------

* Email: lnichols@koce.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

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

Greater Metro Los Angeles, including Los Angeles, Orange and portions of Ventura, Riverside and San Bernardino Counties.

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

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding (\$):

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

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

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

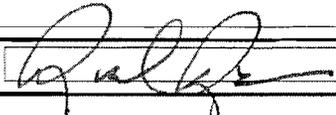
Authorized Representative:

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

* 3. Date Received: _____	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: emilyquirk1981	* 5b. Federal Award Identifier: _____
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State Use Only:

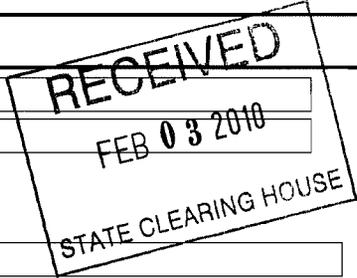
6. Date Received by State: _____	7. State Application Identifier: _____
----------------------------------	--

8. APPLICANT INFORMATION:

* a. Legal Name: Pataphysical Broadcasting Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1748316	* c. Organizational DUNS: 06-913-0607
---	--

d. Address:

* Street1: 203 8th Ave	
Street2: _____	
* City: Santa Cruz	
County: Santa Cruz	
* State: CA	
Province: _____	
* Country: USA: United States	
* Zip / Postal Code: 95062-4610	

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: Terry
Middle Name: _____	
* Last Name: Green	
Suffix: _____	

Title: General Manager

Organizational Affiliation: _____

* Telephone Number: (831) 476-2800 ext. 210	Fax Number: (831) 476-2802
---	----------------------------

* Email: terryg@kusp.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

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

Santa Cruz, Monterey, San Benito, Santa Clara Counties, California

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

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="70,252"/>
* b. Applicant	<input type="text" value="70,252"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="140,504"/>

*** 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 thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

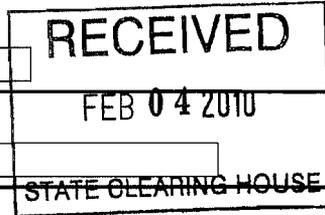
* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

911301



5a. Federal Entity Identifier:

gjohnson@kvie.org

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

KVIE, Inc.

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

94-1421463

* c. Organizational DUNS:

00-985-4852

d. Address:

* Street1:

2030 W. El Camino Ave.

Street2:

* City:

Sacramento

County:

Sacramento

* State:

CA

Province:

* Country:

USA: United States

* Zip / Postal Code:

95833-

e. Organizational Unit:

Department Name:

Engineering

Division Name:

Administration

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

Prefix:

Mr.

* First Name:

Greg

Middle Name:

K

* Last Name:

Johnson

Suffix:

Title:

Director of Engineering

Organizational Affiliation:

KVIE, Inc

* Telephone Number:

(916) 641-3571

Fax Number:

(916) 641-3599

* Email:

gjohnson@kvie.org

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

911301

5a. Federal Entity Identifier:

gjohnson@kvie.org

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

KVIE, Inc.

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

94-1421463

* c. Organizational DUNS:

00-985-4852

d. Address:

* Street1:

2030 W. El Camino Ave.

Street2:

* City:

Sacramento

County:

Sacramento

* State:

CA

Province:

* Country:

USA: United States

* Zip / Postal Code:

95833-

e. Organizational Unit:

Department Name:

Engineering

Division Name:

Administration

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

Prefix:

Mr.

* First Name:

Greg

Middle Name:

K

* Last Name:

Johnson

Suffix:

Title:

Director of Engineering

Organizational Affiliation:

KVIE, Inc

* Telephone Number:

(916) 641-3571

Fax Number:

(916) 641-3599

* Email:

gjohnson@kvie.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

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

North Central California

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

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="147,980"/>
* b. Applicant	<input type="text" value="147,980"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="295,960"/>

* 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 thy 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:

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. Totals						

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment		295,960			295,960
e. Supplies					
f. Contractual					
g. Construction					
h. Other		0			0
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)		295,960			295,960
7. Program Income					

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input 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: SOUTHERN HUMBOLDT COMMUNITY HOSPITAL DISTRICT		Organizational Unit: Department:	
Organizational DUNS: 006564673		Division:	
Address: Street: 733 CEDAR STREET		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: Harry	
City: GARBERVILLE		Middle Name: S.	
County: HUMBOLDT		Last Name: Jasper	
State: CA	Zip Code: 95542	Suffix:	
Country: US		Email: hjasper@shchd.org	

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 FEB 04 2010
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2064285	Phone Number (give area code) (707) 923-3921 x260	Fax Number (give area code) (707) 923-1456
--	--	---

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) 6 - SPECIAL DISTRICT Other (specify) GOV'T ENTITY
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facility Grant 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Personal Health Records Adoption Grant
---	---

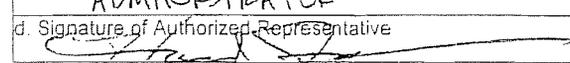
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Southern Humboldt	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA - District 1 b. Project CA - District 1
--	---

13. PROPOSED PROJECT Start Date: Summer 2010 Ending Date: Winter 2010	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 14th, 2009 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
---	--

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 \$ 50,250.00	
b. Applicant \$ 18,750.00	
c. State \$.00	
d. Local \$.00	
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$ 75,000.00	

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: HARRY	Middle Name: S.
Last Name: JASPER		Suffix:
b. Title: ADMINISTRATOR	c. Telephone Number (give area code): (707) 923-3921 x260	
d. Signature of Authorized Representative: 	e. Date Signed: 12/14/09	

Application for Federal Assistance SF-424

Version 02

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

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

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: DE-EE0000221
---------------------------------------	---

State Use Only:

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

8. APPLICANT INFORMATION:

***a. Legal Name:** State of California, California Energy Commission

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0364962	*c. Organizational DUNS: 002540768
---	--

d. Address:

***Street 1:** 1516 Ninth Street, MS-1
Street 2: _____
***City:** Sacramento
County: Sacramento
***State:** CA
Province: _____
***Country:** United States
***Zip / Postal Code** 95814-5512

e. Organizational Unit:

Department Name:	Division Name: Grants and Loans Office
-------------------------	--

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

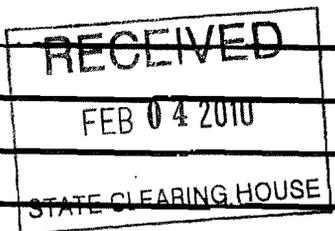
Prefix: _____ ***First Name:** Sherry
Middle Name: _____
***Last Name:** Mediatl
Suffix: _____

Title: Grants and Loans Manager

Organizational Affiliation:

*Telephone Number: (916) 654-4204	Fax Number: (916) 654-4076
--	-----------------------------------

***Email:** smediatl@energy.state.ca.us



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)

***10 Name of Federal Agency:**

U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.041

CFDA Title:

State Energy Program

***12 Funding Opportunity Number:**

DE-FOA-0000052

*Title:

State Energy Program Formula Grants, American Recovery and Reinvestment Act (ARRA)

13. Competition Identification Number:

Title:

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

California Statewide

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

California's State Energy Program

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-005		*b. Program/Project: CA-all
17. Proposed Project:		
*a. Start Date: April 21, 2009		*b. End Date: March 31, 2012
18. Estimated Funding (\$):		
*a. Federal	226,093,000	
*b. Applicant	0	
*c. State	0	
*d. Local	0	
*e. Other	0	
*f. Program Income	0	
*g. TOTAL	226,093,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="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		
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: <u>Ms.</u>	*First Name: <u>Melissa</u>	
Middle Name: _____		
*Last Name: <u>Jones</u>		
Suffix: _____		
*Title: Executive Director		
*Telephone Number: (916) 654-4996		Fax Number: _____
* Email: <u>mjones@energy.state.ca.us</u>		
*Signature of Authorized Representative: _____		*Date Signed: _____

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2-5-10	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: MENDOCINO COAST DISTRICT HOSPITAL

Organizational DUNS:

Address: 700 RIVER DRIVE

City: FORT BRAGG

County: MENDOCINO

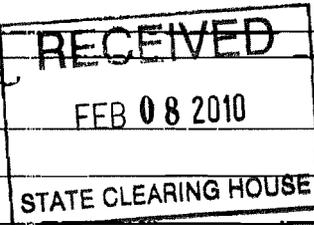
State: CA Zip Code: 95437

Country: USA

Organizational Unit:
Department: EMERGENCY SERVICES
Division: AMBULANCE

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: me First Name: JEFFREY
Middle Name: ALLEN
Last Name: DIETL
Suffix:

Email: jdietl@mcch.net



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-2627901

Phone Number (give area code): 707-961-4713 Fax Number (give area code): 707-961-4782

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)
G - SPECIAL DISTRICT
Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
19-766

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
EMs INFRASTRUCTURE (EQUIPMENT) PROJECT.

9. NAME OF FEDERAL AGENCY:
USDA

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
FORT BRAGG, WESTPORT, MENDOCINO, ELK, COMPACHE, LITTLE RIVER, AUBURN

13. PROPOSED PROJECT

Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF: MIKE THOMPSON
a. Applicant: MENDOCINO COAST DIST. b. Project: EMS EQUIP. PROJECT

15. ESTIMATED FUNDING:

a. Federal	\$	00
b. Applicant	\$	00
c. State	\$	00
d. Local	\$	00
e. Other	\$	00
f. Program Income	\$	00
g. TOTAL	\$	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: 2/5/10
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix: First Name: Raymond Middle Name: T.
Last Name: HINO Suffix:

b. Title: CEO

c. Telephone Number (give area code): 707-961-4620

d. Signature of Authorized Representative: [Signature] e. Date Signed: 2/6/10

APPLICATION FOR FEDERAL ASSISTANCE

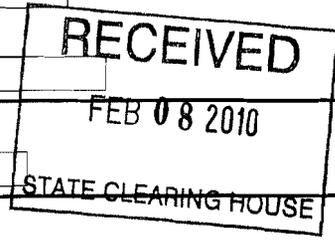
1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ <input type="checkbox"/> Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters relating to this application (give area code): Rik Rasmussen (916) 341-5549	
10. Catalog of Federal Domestic Assistance Number 66.454 Title: Water Quality Management Planning		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 7/1/2009 End Date 6/30/2014		11. Descriptive Title of Applicant's Project: Oversee and manage water quality planning projects as authorized by State law or local ordinances, to assure the maintenance, restoration, enhancement, and protection of water quality in the environment.	
15. ESTIMATED FUNDING: a. Federal \$491,593 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$491,593		14. Congressional District of: Applicant: 3 Project: California - All	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: February 8, 2010 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
a. Typed Name of Authorized Representative Dorothy Rice		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: 2/16/2010	

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FEB 08 2010
STATE CLEARING HOUSE

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: _____	4. Applicant Identifier: _____
------------------------------	-----------------------------------

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: KOCE-TV Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3220724	* c. Organizational DUNS: 03-738-7057
---	--

d. Address:

* Street1:	17011 Beach Blvd., Suite 1550
Street2:	_____
* City:	Huntington Beach
County:	Orange
* State:	CA
Province:	_____
* Country:	USA: United States
* Zip / Postal Code:	92647-0476

e. Organizational Unit:

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

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

Prefix: Mrs.	* First Name: Lisa
Middle Name: Emi	
* Last Name: Nichols	
Suffix: _____	

Title: Sr. Director, Corp. & Fdn. Relations

Organizational Affiliation:

* Telephone Number: (714) 861-4315	Fax Number: (714) 842-5809
------------------------------------	----------------------------

* Email: lnichols@koce.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

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

Greater Metro Los Angeles, including Los Angeles, Orange and portions of Ventura, Riverside and San Bernardino Counties.

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

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
* a. Applicant * b. Program/Project 3

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="56,000"/>
* b. Applicant	<input type="text" value="56,000"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="112,000"/>

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

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**
 Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that thy 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 <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: TRUCKEE TAHOE AIRPORT DISTRICT
 Organizational DUNS: 006492235
 Address: 10356 TRUCKEE AIRPORT ROAD
 Street: TRUCKEE
 City: TRUCKEE
 County: NEVADA
 State: CALIFORNIA Zip Code: 96161
 Country: USA

Organizational Unit:
 Department: TRUCKEE TAHOE AIRPORT
 Division: TRUCKEE TAHOE AIRPORT

Name and telephone number of person to be contacted on matters involving this application (give area code)
 Prefix: First Name: PHRED
 Middle Name: Last Name: STONER
 Suffix: Email: phred@truckeeatahoeairport.com

RECEIVED
 FEB 08 2010
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-1563328

Phone Number (give area code): 530-587-8993
 Fax Number (give area code): 530-587-2984

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)
 G. SPECIAL DISTRICT
 Other (specify):

9. NAME OF FEDERAL AGENCY:
 FEDERAL AVIATION ADMINISTRATION

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 20-106

TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Construction - Apron Lighting Replacement and Segmented Circle with Lighted Wind Cone
 Design - Rehabilitate Runway 10/28 and Taxiway A

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 TRUCKEE, NEVADA COUNTY, PLACER COUNTY, CALIFORNIA

13. PROPOSED PROJECT
 Start Date: MAY 2010 Ending Date: DECEMBER 2010

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

15. ESTIMATED FUNDING:

a. Federal	\$	760,000.00
b. Applicant	\$	40,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	800,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: FEBRUARY 4, 2010
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
 Prefix: First Name: SANDY Middle Name:
 Last Name: KORTH Suffix:
 b. Title: PRESIDENT c. Telephone Number (give area code): 530-587-4540
 d. Signature of Authorized Representative: *Sandy Korth* e. Date Signed: 2/3/10

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier 3-06-0087-FYI FFY2010
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
--	---

5. APPLICANT INFORMATION

Legal Name: City of Fresno	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED FEB 08 2010 STATE CLEARING HOUSE </div>	Organizational Unit: Department of Airports Department: Airports
organizational DUNS: 17-678-5079		Division: Projects and Engineering
Address: Street: 4995 East Clinton Way		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Kevin
City: Fresno		Middle Name:
County: Fresno	Last Name: Meikle	
State: CA Zip Code: 93727	Suffix:	
Country: USA	Email: Kevin.Meikle@fresno.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

<table border="1"> <tr><td>9</td><td>4</td><td>-</td><td>6</td><td>0</td><td>0</td><td>0</td><td>3</td><td>3</td><td>8</td></tr> </table>	9	4	-	6	0	0	0	3	3	8	Phone number (give area code): 559-621-4536	FAX number (give area code): 559-498-5549
9	4	-	6	0	0	0	3	3	8			

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)

C

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2	0	-	1	0	6
---	---	---	---	---	---

TITLE: Airport Improvement Program

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresno Yosemite International Airport (FAT) Part 150 Noise Compatibility Program, Acoustically Treating Residences in the 65-75 CNEL Contours of the NEM

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Counties of Fresno, Madera, Tulare, Kings, Merced and Mariposa

13. PROPOSED PROJECT

Start Date 612010	Ending Date 612013
-----------------------------	------------------------------

14. CONGRESSIONAL DISTRICTS OF

a. Applicant 21st	b. Project 21st
-----------------------------	---------------------------

15. ESTIMATED FUNDING

a. Federal	\$	3,000,000	.00
b. Applicant	\$	157,895	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	3,157,895	.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: **TBD**

b. No: PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation No

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

a. Authorized Representative

Prefix Mr.	First Name Russell	Middle Name C.
Last Name Widmar	Suffix AAE	
b. Title Director of Aviation	c. Telephone number (give area code) 559-621-4600	
d. Signature of Authorized Representative	e. Date Signed 1/28/10	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
3. DATE RECEIVED BY STATE
4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier 3-06-0088-FCH FFY2010
State Application Identifier
Federal Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: **City of Fresno**

Organizational DUNS: **17-678-5079**

Address: **4995 East Clinton Way**

City: **Fresno**

County: **Fresno**

State: **CA** Zip Code: **93727**

Country: **USA**

Organizational Unit: **Airports Department**

Department: **Airports**

Division: **Projects and Engineering**

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

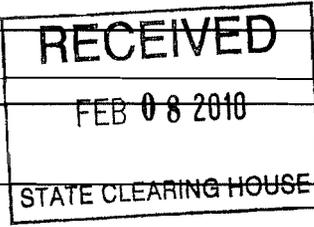
Prefix: **Mr.** First Name: **Kevin**

Middle Name:

Last Name: **Meikle**

Suffix:

Email: **kevin.meikle@fresno.gov**



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 3 8

Phone number (give area code): **559-621-4536**

FAX number (give area code): **559-498-5549**

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

C

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **Airport Improvement Program**

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Fresno Chandler Executive Airport (FCH); Preparation of EA/EIR for Runway 12130 Extension; Reconstruct Taxilanes at City Owned Hangars (Shade and BCH)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Fresno, Madera, Tulare, Kings, Merced, Mariposa Counties

13. PROPOSED PROJECT

Start Date	Ending Date
6/2010	6/2013

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
20th	20th

15. ESTIMATED FUNDING

a. Federal	\$	869,687	.00
b. Applicant	\$	24,031	.00
c. State	\$	21,742	.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	915,460	.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: **TBD**

b. No: PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation No

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

a. Authorized Representative

Prefix Mr.	First Name Russell	Middle Name C.
Last Name Widmar	Suffix AAE	
b. Title Director of Aviation	c. Telephone number (give area code) 559-621-4600	
d. Signature of Authorized Representative	e. Date Signed 1/28/10	

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED	Applicant Identifier 3-06-0087-FYIFFY2010
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
---	--

5. APPLICANT INFORMATION

Legal Name: **City of Fresno**

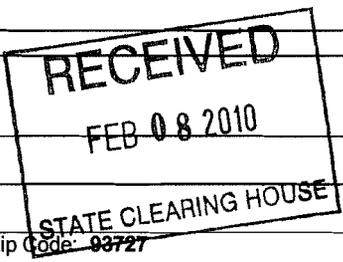
Organizational Unit: **Department of Airports**
Department: **Airports**

Organizational DUNS: **17-678-5079**

Division: **Projects and Engineering**

Address: **Street: 4995 East Clinton Way**

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



City: **Fresno**

County: **Fresno**

State: **CA** Zip Code: **93727**

Country: **United States of America**

Prefix: **Mr.** First Name: **Kevin**

Middle Name:

Last Name: **Meikle**

Suffix:

Email: **kevin.meikle@fresno.gov**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 3 8

Phone number (give area code): **559-621-4536**

FAX number (give area code): **559-498-5549**

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

C

Other (specify)

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **AIRPORT IMPROVEMENT PROGRAM**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresno Yosemite International Airport (FAT); Modify passenger terminal building; rehabilitate east side commercial aviation apron (Design).

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Counties of Fresno, Madera, Kings, Tulare, Merced, and Mariposa

13. PROPOSED PROJECT

Start Date: **612010** Ending Date: **612012**

14. CONGRESSIONAL DISTRICTS OF

a. Applicant: **21st** b. Project: **21st**

15. ESTIMATED FUNDING

a. Federal	\$	3,627,966	⁰⁰
b. Applicant	\$	190,946	⁰⁰
c. State	\$		⁰⁰
d. Local	\$		⁰⁰
e. Other	\$		⁰⁰
f. Program income	\$		⁰⁰
g. TOTAL	\$	3,818,912	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: **TBD**

b. No. PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation No

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

a. Authorized Representative

Prefix **Mr.** First Name **Russell** Middle Name **C.**

Last Name **Widmar** Suffix **AAE**

b. Title **Director of Aviation** c. Telephone number (give area code) **559-621-4600**

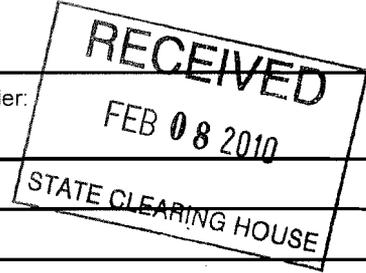
d. Signature of Authorized Representative e. Date Signed **1/28/10**

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 1, 2010	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: County of Kern, California		Organizational Unit: Department: Department of Airports	
Organizational DUNS: 94-916-9015		Division:	
Address: Street: 3701 Wings Way, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Bakersfield		Prefix: Mr.	First Name: John
County: Kern		Middle Name	
State: CA		Last Name Hipskind	
Zip Code 93308	Suffix:		
Country: USA		Email: hipskindj@co.kern.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 9 2 5		Phone Number (give area code) 661-391-1800	Fax Number (give area code) 661-391-1801
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIP		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of pavements at Wasco Airport: 1. East apron 2. Runway 12-30 3. Parallel taxiway A	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Wasco, Kern County, California, USA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22 b. Project 20	
13. PROPOSED PROJECT Start Date: 3/1/10 Ending Date: 1/1/11		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: February 1, 2010 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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	\$ 883,500 ⁰⁰		
b. Applicant	\$. ⁰⁰		
c. State	\$ 46,500 ⁰⁰		
d. Local	\$. ⁰⁰		
e. Other	\$. ⁰⁰		
f. Program Income	\$. ⁰⁰		
g. TOTAL	\$ 930,000 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 Jack	Middle Name	
Last Name Gotcher		Suffix	
b. Title Director, Kern County Department of Airports		c. Telephone Number (give area code) 661-391-1800	
d. Signature of Authorized Representative		e. Date Signed February 1, 2010	

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Circle Oaks County Water District		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2868801	*c. Organizational DUNS: 949969455	
d. Address:		
*Street 1:	380 Circle Oaks Drive	
Street 2:	_____	
*City:	Napa	
County:	_____	
*State:	California	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	94558	
e. Organizational Unit:		
Department Name: N/A	Division Name: N/A	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr. _____	*First Name: John (Jack) _____
Middle Name:	Fulton _____	
*Last Name:	MacDonald _____	
Suffix:	_____	
Title:	General Manager	
Organizational Affiliation:		
*Telephone Number: (707) 254-7796		
Fax Number: (707) 254-9880		
*Email: jack@circle-oaks.com		



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:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10-760 _____

CFDA Title:

Water & Waste Disposal Loan & Grant Program _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

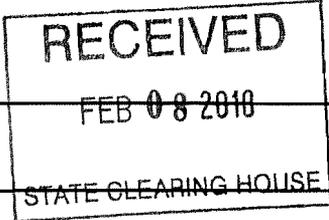
Napa County, California

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

Water System Upgrade Project

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-001	*b. Program/Project: CA-001	
17. Proposed Project:		
*a. Start Date: 1/1/10	*b. End Date: 12/31/10	
18. Estimated Funding (\$):		
*a. Federal	3,176,000	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	3,176,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>2/5/10</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <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: Mr.	*First Name: John	
Middle Name:		
*Last Name: MacDonald		
Suffix:		
*Title: General Manager		
*Telephone Number: (707) 254-7796	Fax Number: (707) 254-9880	
* Email: jack@circle-oaks.com		
*Signature of Authorized Representative:	*Date Signed: 2/4/2010	

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Circle Oaks County Water District		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2868801		*c. Organizational DUNS: 949969455
d. Address:		
*Street 1:	380 Circle Oaks Drive	
Street 2:	_____	
*City:	Napa	
County:	_____	
*State:	California	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	94558	
e. Organizational Unit:		
Department Name: N/A		Division Name: N/A
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr. _____	*First Name: John (Jack) _____
Middle Name:	Fulton _____	
*Last Name:	MacDonald _____	
Suffix:	_____	
Title:	General Manager	
Organizational Affiliation:		
*Telephone Number: (707) 254-7796		Fax Number: (707) 254-9880
*Email: jack@circle-oaks.com		



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: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: USDA	
11. Catalog of Federal Domestic Assistance Number: 10-760 _____ CFDA Title: Water & Waste Disposal Loan & Grant Program _____	
*12 Funding Opportunity Number: _____ *Title: _____	
13. Competition Identification Number: _____ Title: _____	
14. Areas Affected by Project (Cities, Counties, States, etc.): Napa County, California	
*15. Descriptive Title of Applicant's Project: Wastewater System Upgrade Project	

Application for Federal Assistance SF-424 Version 02

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

17. Proposed Project:
 *a. Start Date: 1/1/10 *b. End Date: 12/31/10

18. Estimated Funding (\$):

*a. Federal	_____	397,000	
*b. Applicant	_____		
*c. State	_____		
*d. Local	_____		
*e. Other	_____		
*f. Program Income	_____		
*g. TOTAL	_____	397,000	

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 2/5/10

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: John

Middle Name: _____

*Last Name: MacDonald

Suffix: _____

*Title: General Manager

*Telephone Number: (707) 254-7796 Fax Number: (707) 254-9880

* Email: jack@circle-oaks.com

*Signature of Authorized Representative  *Date Signed: 2/4/2010

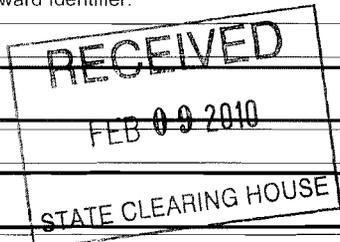
Application for Federal Assistance SF-424

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: _____	4. Applicant Identifier: _____
------------------------------	-----------------------------------

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



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Peace and Justice Network of San Joaquin County

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0097533	* c. Organizational DUNS: 08-384-5776
---	--

d. Address:

* Street1: 231 Bedford Rd.
Street2: _____
* City: Stockton
County: _____
* State: CA
Province: _____
* Country: USA: United States
* Zip / Postal Code: 95204-

e. Organizational Unit:

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

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

Prefix: Ms. * First Name: Margaret
Middle Name: Christie
* Last Name: Kelley
Suffix: _____

Title: Chairperson

Organizational Affiliation:
Member

* Telephone Number: (209) 943-0539 Fax Number: () - _____

* Email: kelleyno2@sbcglobal.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

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

County of San Joaquin
City of Tracy, CA
City of Stockton, CA

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

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="45,725"/>
* b. Applicant	<input type="text" value="45,725"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="91,450"/>

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

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

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

RECEIVED
FEB 09 2010
STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

* a. Legal Name: South Valley Peace Center	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 30-0291893	* c. Organizational DUNS: 17-916-9995

d. Address:

* Street1: 17206 Avenue 296
Street2: _____
* City: Visalia
County: Tulare
* State: CA
Province: _____
* Country: USA: United States
* Zip / Postal Code: 93292-

e. Organizational Unit:

Department Name: Department of Commerce	Division Name: NTIA
---	---------------------

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

Prefix: Mr.	* First Name: Harold
Middle Name: W	
* Last Name: Warner	
Suffix: _____	
Title: President	
Organizational Affiliation: _____	
* Telephone Number: (559) 782-9265	Fax Number: () - _____
* Email: uncx@sbcglobal.net	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

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

Tulare County, CA
Kings County, CA
Kern County, CA

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

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="21"/>	* b. Program/Project
		<input type="text" value="CA-020 CA-022"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10/01/2010"/>	* b. End Date:
		<input type="text" value="03/01/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="124,871"/>	
* b. Applicant	<input type="text" value="41,624"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="166,495"/>	
* 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	
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 thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Mr."/>	* First Name:
		<input type="text" value="Harold"/>
Middle Name:	<input type="text" value="W"/>	
* Last Name:	<input type="text" value="Warner"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="President"/>	
* Telephone Number:	<input type="text" value="(559) 782-9265"/>	Fax Number:
		<input type="text" value="() -"/>
* Email:	<input type="text" value="uncx@sbcglobal.net"/>	
* Signature of Authorized Representative:	<input type="text"/>	* Date Signed:
		<input type="text"/>

(Package revised 12/23/03)

Version 7/03

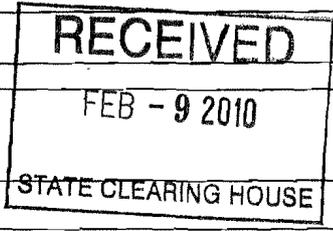
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED February, 2010	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:
 Application
 Construction
 Non-Construction
 Preapplication
 Construction
 Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of San Joaquin	Organizational Unit: Department: Stockton Metropolitan Airport
Organizational DUNS: 087226056	Division:
Address: Street: 5000 S. Airport Way, Rm 202	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: Ms. First Name: Susan
City: Stockton	Middle Name:
County: San Joaquin	Last Name: Palmeri
State: California Zip Code: 95206-3996	Suffix:
Country: United States of America	Email: Spalmeri@sigov.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	6	0	0	0	5	3	1		
---	---	---	---	---	---	---	---	---	--	--

Phone number: (give area code):
(209) 468-4700

FAX number (give area code):
(209) 468-4730

B. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in boxes:
 (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

2	0	-	1	0	6
---	---	---	---	---	---

 TITLE: (AIP) Airport Improvement Program

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Rehabilitate Taxiways H and J (Construction)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Stockton, San Joaquin County, California

13. PROPOSED PROJECT

Start Date	Ending Date
June, 2010	June, 2011

14. CONGRESSIONAL DISTRICTS OF
 a. Applicant: **11**
 b. Project: **11**

15. ESTIMATED FUNDING

a. Federal	\$	\$1,805,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$	\$95,000	.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	\$1,900,000	.00

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

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

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

a. Authorized Representative
 Prefix Supervisor: **Carlos** First Name: **Carlos** Middle Name:
 Last Name: **Villapudua** Suffix:
 b. Title: **Chairman, Board of Supervisors** c. Telephone number (give area code): **(209) 468-3113**
 d. Signature of Authorized Representative: e. Date Signed: **02-08-10**



COUNTY OF SAN JOAQUIN
DEPARTMENT OF AVIATION

Susan L. Palmeri, C.M.
Airport Director

February 9, 2010



Ms. Sheila Brown, Grants Coordinator
California State Clearinghouse
Governor's Office of Planning & Research
PO Box 3044
Sacramento, CA 95812-3044

Subject: Stockton Metropolitan Airport: Airport Improvement Program
Federal Assistance No. 20.106 – AIP 3-06-0250-28

Dear Ms. Brown:

Enclosed for your review is Form 424 from Application for Federal Assistance submitted by San Joaquin County to the Federal Aviation Administration to Rehabilitate Taxiways H and J at Stockton Metropolitan Airport.

Upon your review, please provide a letter of confirmation of the State of California Clearinghouse process. If you have any questions or comments on these proposed improvements, please do not hesitate to call me.

Sincerely,

Susan L. Palmeri, C.M.
Airport Director

SLP:dlv

Enclosure

c: Council of Governments w/copy of Application/Preapplication

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

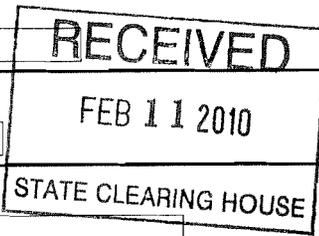
- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**



*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

ASD

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Activist San Diego

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

33-0860813

*** c. Organizational DUNS:**

01-342-0404

d. Address:

*** Street1:**

4246 Wightman St.

Street2:

*** City:**

San Diego

County:

San Diego

*** State:**

CA

Province:

*** Country:**

USA: United States

*** Zip / Postal Code:**

92105-

e. Organizational Unit:

Department Name:

Community Radio Project

Division Name:

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

Prefix:

Mr.

*** First Name:**

Martin

Middle Name:

James

*** Last Name:**

Eder

Suffix:

Title:

Executive Director

Organizational Affiliation:

Activist San Diego

*** Telephone Number:**

(619) 528-8383

Fax Number:

() -

*** Email:**

Martin@ActivistSanDiego.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

X

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

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

City of San Diego, California
San Diego County
Imperial County
Los Coyotes Indian Reservation

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

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="187,462"/>
* b. Applicant	<input type="text" value="62,488"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="249,950"/>

*** 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 thy 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: