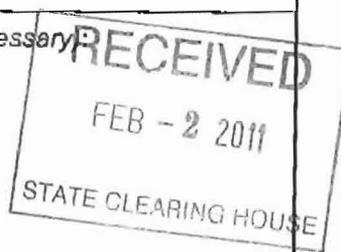
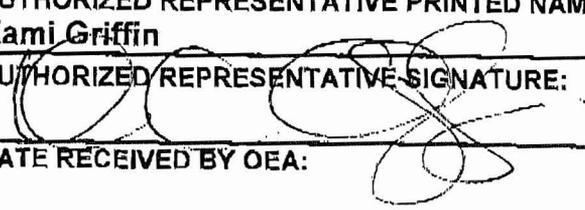


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15, 2011**. 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.

NOTICE TO THE GOVERNOR'S OFFICE OF PLANNING AND RESEARCH (OPR) OF APPLICATION FOR FEDERAL FUNDING FROM THE OFFICE OF ECONOMIC ADJUSTMENT

1. APPLICANT INFORMATION:	
County of San Luis Obispo	
Organizational Unit:	
Planning and Building Department	
Address:	Applicant contact information:
976 Osos Street; Rm 300	Name: Kami Griffin
City: San Luis Obispo	Title: Assistant Director
County: San Luis Obispo	Email: kgriffin@co.slo.ca.us
State: California	Phone number: 805-781-5708
Zip:	Fax Number: 805-781-5624
2. TYPE OF APPLICANT:	
<input type="checkbox"/> State <input type="checkbox"/> Interstate <input type="checkbox"/> Profit Organization <input type="checkbox"/> County <input type="checkbox"/> Special District <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Regional <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Other (Specify):	
3. TYPE OF APPLICATION (Check all that apply):	
<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> Construction <input type="checkbox"/> Non-construction	
4. NAME OF FEDERAL FUNDING AGENCY: Office of Economic Adjustment (OEA)	
5. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
6. NAME OF PROGRAM: Cam Robert Joint Land Use Study	
7. DESCRIPTION OF APPLICANT'S PROJECT (Attach additional pages if necessary):	
	
PROJECT LOCATION AND AREAS AFFECTED (Cities, Counties, States, etc.): County of San Luis Obispo, County of Monterey, City of Paso Robles	
8. PROPOSED PROJECT START DATE:	10. ESTIMATED FUNDING:
	a. Federal \$.00
	b. Applicant \$.00
9. PROPOSED PROJECT END DATE:	c. State \$.00
	d. Local \$.00
	e. Other \$.00
	g. TOTAL \$.00
TO THE BEST OF MY KNOWLEDGE ALL INFORMATION IN THIS NOTICE IS TRUE AND CORRECT	
AUTHORIZED REPRESENTATIVE PRINTED NAME:	
Kami Griffin	
AUTHORIZED REPRESENTATIVE SIGNATURE:	DATE SIGNED:
	12-15-10
DATE RECEIVED BY OEA:	DATE RECEIVED BY OPR:

Please submit completed form to:
 State of California, Governor's Office of Planning and Research, State Clearinghouse
 P.O. Box 3044, Sacramento, CA 95812-3044 or 1400 Tenth Street, Sacramento, CA 95814 or FAX: (916) 323-3018

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

*** 3. Date Received:**

4. Applicant Identifier:

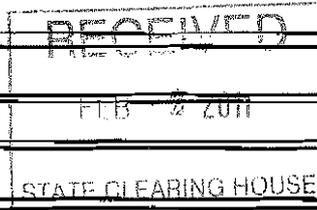
5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

7. State Application Identifier:



B. APPLICANT INFORMATION:

* a. Legal Name: North Cal-Neva RC&D Council, Inc.

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

68-0360689

* c. Organizational OUNS:

023629020

d. Address:

* Street1: 806 W. 12th St.

Street2:

* City: Alturas

County/Parish:

* State: CA

Province:

* Country:

* Zip / Postal Code: 96101

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: * First Name: Jerry

Middle Name:

* Last Name: Shea

Suffix:

Title: Secretary

Organizational Affiliation:

* Telephone Number: 530-233-8871

Fax Number: 530-233-8869

* Email: stacey.hafen@ca.usda.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

501 (c) 3 Non-Profit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

USDA NRCS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

65-9104-1-852

*** Title:**

NRCS Cooperating Agreement

13. Competition Identification Number:

Title:

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

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

Capacity building within the RC&D Council's area. Marketing and outreach to sponsor and non-sponsor entities. Complete the Circle of Diamond application.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 4

* b. Program/Project 4

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

17. Proposed Project:

* a. Start Date: 02/01/2011

* b. End Date: 09/30/2012

18. Estimated Funding (\$):

* a. Federal	\$4,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$4,500.00

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: _____ * First Name: Jerry

Middle Name: _____

* Last Name: Shea

Suffix: _____

* Title: _____

* Telephone Number: 530-233-8871 Fax Number: _____

* Email: stacey.hafen@ca.usda.gov

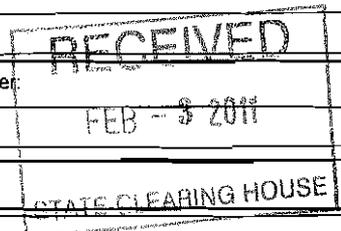
* Signature of Authorized Representative: *Stacey Hafen*

* Date Signed: 02/01/2011

1 of 3

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 02/02/2011	4. Applicant Identifier: 42-1586576	
5a. Federal Entity Identifier: USDA-NRCS	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: Central Sierra Resource Conservation and Development, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 42-1586576	* c. Organizational DUNS: 136584179	
d. Address:		
* Street1: 235D New York Ranch Road	<input type="text"/>	
Street2:	<input type="text"/>	
* City: Jackson	<input type="text"/>	
County/Parish:	<input type="text"/>	
* State: CA	<input type="text"/>	
Province:	<input type="text"/>	
* Country:	<input type="text"/>	
* Zip / Postal Code: 95642	<input type="text"/>	
e. Organizational Unit:		
Department Name:	Division Name:	
<input type="text"/>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Carolyn	<input type="text"/>
Middle Name:	<input type="text"/>	
* Last Name: Mendoza	<input type="text"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text"/>	
Organizational Affiliation:		
Central Sierra Resource Conservation and Development, Inc.		
* Telephone Number: 209-257-1851	Fax Number:	
<input type="text"/>	<input type="text"/>	
* Email: admin@csrcond.org		



2 of 3

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Federal Assistance

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-NRCS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

- Maintain Water Quality Monitoring teams in the Upper Dry Creek and Mokelumne River Watersheds.
- Conduct Water Cycle classroom presentations to 5th grade classes to kick off water Awareness contest at elementary schools
- Provide Community Garden assistance

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

- of 3

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	* b. Program/Project
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date: 02/02/2011	* b. End Date: 09/30/2012
18. Estimated Funding (\$):	
* a. Federal	\$8,730.00
* b. Applicant	\$0.00
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$0.00
* g. TOTAL	\$8,730.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 02/02/2011.	
<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.	
Faxed 2/3/11	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	* First Name: Valerie
Middle Name:	
* Last Name: Klinefelter	
Suffix:	
* Title:	
* Telephone Number: 209-257-1851	Fax Number:
* Email: Valerie Klinefelter [vk95669@hotmail.com]	
* Signature of Authorized Representative: Valerie Klinefelter	* Date Signed: 02/02/2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 02/03/2011	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application Construction	3. DATE RECEIVED BY STATE	State Application Identifier G1198000
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-84-E-3

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: Fish and Game		
Organizational DUNS: 808322358	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;">FEB - 3 2011</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;">STATE CLEARING HOUSE</div>	Division: GRANTS MANAGEMENT BRANCH		
Address: Street: 1831 9TH STREET		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: SACRAMENTO		Prefix: Ms First Name: CARRIE		
County: SACRAMENTO		Middle Name		
State: CA Zip Code: 95811	Last Name: HOLLER			
Country: USA	Suffix:			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code): (916) 327-0062	Fax Number (give area code): (916) 327-6320	

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) A. State Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-611		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CALIFORNIA HUNTER EDUCATION PROGRAM - ARCHERY IN THE SCHOOLS PROGRAM	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SAN DIEGO COUNTY			

13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE	
--	--	--	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 121,559.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/03/2011	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 40,520.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0.00		
g. TOTAL	\$ 162,079.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY 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: BLAINE	Middle Name:	
Last Name: NICKENS			Suffix:
b. Title: CHIEF, GRANTS MANAGEMENT BRANCH		c. Telephone Number (give area code): (916) 445-9300	
d. Signature of Authorized Representative		e. Date Signed	

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED January 31, 2011	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of Lake	Organizational Unit: Department: Public Works
Organizational DUNS: 09-783-8279	Division:
Address: Street: 255 North Forbes Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name Gerry Middle Name R. Last Name Shaul Suffix:
City: Lakeport County: Lake State: California Zip Code 95453-4790 Country: USA	Email: gerry_s@co.lake.ca.us Phone Number (give area code) 707-263-2341 Fax Number (give area code) 707-263-7748

RECEIVED
 FEB - 4 2011
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000825

8. TYPE OF APPLICATION:

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

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

B - County
 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:

Lampson Field Airport, Lakeport, Lake County, California
 Environmental Assessment (EA) - Airport Only Wastewater Collection and Transmission System

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

County of Lake, California

13. PROPOSED PROJECT

Start Date: 2011 Ending Date: 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 1st b. Project 1st

15. ESTIMATED FUNDING:

a. Federal	\$	20,900 ⁰⁰
b. Applicant	\$	1,100 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	22,000 ⁰⁰

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

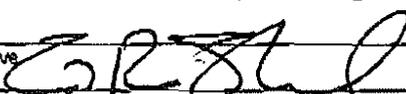
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: February 4, 2011
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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: Gerry Middle Name: R. Last Name: Shaul Suffix:	Title: Director of Public Works Telephone Number (give area code): (707) 263-2341 Date Signed: 3 FEB 2011
Signature of Authorized Representative: 	

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED January 31, 2011	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of Lake	Organizational Unit: Department: Public Works
Organizational DUNS: 09-783-6279	Division:
Address: Street: 255 North Forbes Street	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mr. First Name: Gerry Middle Name: R. Last Name: Shaul Suffix:
City: Lakeport County: Lake State: California Zip Code: 95453-4790 Country: USA	RECEIVED FEB - 4 2011 STATE CLEARING HOUSE
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000825	Email: gerry_s@co.lake.ca.us Phone Number (give area code): 707-263-2341 Fax Number (give area code): 707-263-7748

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) B - County Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Lake, California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lampson Field Airport, Lakeport, Lake County, California Enhanced Pavement Maintenance/Management Program Electrical System Evaluation and Management Plan (Electrical Study), Reimbursement for New Regulator & Pilot Control for MIRL Replace Rotating Beacon
--	--

13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st b. Project 1st
--	--

15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>89,300⁰⁰</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>4,700⁰⁰</td></tr> <tr><td>c. State</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>d. Local</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>e. Other</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>94,000⁰⁰</td></tr> </table>	a. Federal	\$	89,300 ⁰⁰	b. Applicant	\$	4,700 ⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	94,000 ⁰⁰	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 4, 2011 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	89,300 ⁰⁰																				
b. Applicant	\$	4,700 ⁰⁰																				
c. State	\$	⁰⁰																				
d. Local	\$	⁰⁰																				
e. Other	\$	⁰⁰																				
f. Program Income	\$	⁰⁰																				
g. TOTAL	\$	94,000 ⁰⁰																				
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No																					

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

a. Authorized Representative Prefix: Mr. First Name: Gerry Last Name: Shaul Title: Director of Public Works Signature of Authorized Representative: 	Middle Name: R. Suffix: c. Telephone Number (give area code): (707) 263-2341 e. Date Signed: 3 FEB 2011
--	--

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED January 31, 2011	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
County of Lake	Department: Public Works
Organizational DUNS: 09-783-6279	Division:
Address: Street: 255 North Forbes Street	Name and telephone number of person to be contacted on matters involving this application (give area code):
City: Lakaport	Prefix: Mr. First Name: Gerry
County: Lake	Middle Name: R.
State: California Zip Code: 95453-4790	Last Name: Shaul
Country: USA	Suffix: STATE CLEARING HOUSE
	Email: gerry_s@co.lake.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6000825

Phone Number (give area code): 707-263-2341
Fax Number (give area code): 707-263-7748

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

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

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
20-108

TITLE (Name of Program):
Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Lampson Field Airport, Lakaport, Lake County, California
Environmental Assessment (EA) - 15-acre Aircraft Storage and
Operation Area - Grading, Drainage, Paving, Utilities

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

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 1st b. Project 1st

15. ESTIMATED FUNDING:

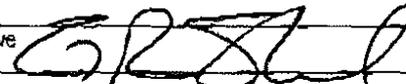
a. Federal	\$	161,500
b. Applicant	\$	8,500
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	170,000

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, 2011
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

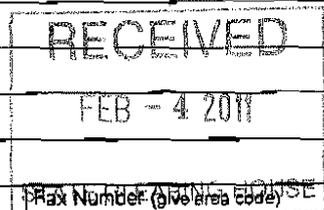
Prefix: Mr.	First Name: Gerry	Middle Name: R.
Last Name: Shaul	Suffix:	
b. Title: Director of Public Works	c. Telephone Number (give area code): (707) 263-2341	
d. Signature of Authorized Representative: 	e. Date Signed: 3 FEB 2011	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 14, 2010 (Revised 1/31/11)	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name:	County of Lake	Organizational Unit:	Department: Public Works
Organizational DUNS: 09-783-5279	Address: Street: 255 North Forbes Street	Division:	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Lakeport	State: California	Prefix: Mr.	First Name: Brent
County: Lake	Zip Code: 95453-4790	Middle Name: C.	Last Name: Slerner
Country: USA		Suffix:	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-8000825	7. TYPE OF APPLICANT: (See back of form for Application Types) B - County	Phone Number (give area code): 707-263-2341	Facsimile Number (give area code): 707-263-7748
--	--	--	--

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-108	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lampson Field Airport, Lakeport, Lake County, California Airport Layout Plan Narrative Report
--	---

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

13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st b. Project 1st
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 76,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 4, 2011
b. Applicant \$ 4,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 80,000.00	

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: Gerry Middle Name: R. Last Name: Shaul Suffix:	b. Title: Director of Public Works c. Telephone Number (give area code): (707) 263-2341 d. Signature of Authorized Representative:
	e. Date Signed: 3 FEB 2011

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

*2. Type of Application

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Loch Lomond Mutual Water Company

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

94-1615915

*c. Organizational DUNS:

020216581

d. Address:

*Street 1: P.O. Box 13

Street 2: _____

*City: Cobb

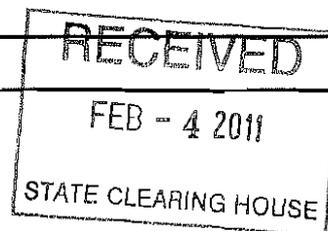
County: Lake

*State: California

Province: _____

*Country: USA

*Zip / Postal Code 95426

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Mr. *First Name: John

Middle Name: _____

*Last Name: Locey

Suffix: _____

Title: Project Engineer

Organizational Affiliation:

Brelje and Race

*Telephone Number: 707-576-1322

Fax Number: 707-576-0469

*Email: locey@brce.com

Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-760 _____

CFDA Title:

Water and Waste Disposal Loan and Grant Program _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Lake County, California

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

Water Distribution and Storage Improvements

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-001	*b. Program/Project: CA-001	
17. Proposed Project:		
*a. Start Date: 1/1/2011	*b. End Date: 12/31/2011	
18. Estimated Funding (\$):		
*a. Federal	\$2,535,000	
*b. Applicant	0	
*c. State	0	
*d. Local	0	
*e. Other	0	
*f. Program Income	0	
*g. TOTAL	\$2,535,000	
*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: Mr. _____	*First Name: Robert _____	
Middle Name: _____		
*Last Name: Stark _____		
Suffix: _____		
*Title: General Manager		
*Telephone Number: 707-928-5262	Fax Number: 707-928-5263	
* Email: cawd@hughes.net		
*Signature of Authorized Representative: 		*Date Signed: 1/25/10

Application for Federal Assistance SF-424

1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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FEB - 7 2011

STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

Financial Assistance Agreement # 03-FC-35-0014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Calleguas Municipal Water District

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

036560583

* c. Organizational DUNS:

00002698

d. Address:

* Street 1:

10000 Highway 166

Street 2:

* City:

House Rock

County/Parish:

Ventura County

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95026

e. Organizational Unit:

Department Name:

Engineering Department

Division Name:

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

Prefix:

* First Name:

WILLIAM

Middle Name:

* Last Name:

MOOREHEAD

Suffix:

Title:

Manager of Engineering

Organizational Affiliation:

Calleguas Municipal Water District

* Telephone Number:

(805) 526-7175

Fax Number:

(805) 526-3675

* Email:

william.moorehead@calleguaswater.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

[Redacted]

Type of Applicant 2: Select Applicant Type:

[Redacted]

Type of Applicant 3: Select Applicant Type:

[Redacted]

*** Other (specify):**

[Redacted]

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

[Redacted]

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Not Provided

*** 12. Funding Opportunity Number:**

[Redacted]

*** Title:**

[Redacted]

13. Competition Identification Number:

[Redacted]

Title:

[Redacted]

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

Ventura County, California

[Redacted]

[Redacted]

[Redacted]

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

[Redacted]

Attach supporting documents as specified in agency instructions.

[Redacted]

[Redacted]

[Redacted]

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-02-37 CA-024

* b. Program/Project: CA-02-37 CA-024

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

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: Feb 2011

* b. End Date: Nov 2011

18. Estimated Funding (\$):

Table with 2 columns: Category (a-g) and Amount. Includes Federal, Applicant, State, Local, Other, Program Income, and TOTAL.

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

- Checkboxes for a, b, c regarding Executive Order 12372 review process. Option a is checked with date 2/9/11.

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

Yes/No checkboxes. No is checked.

If "Yes", provide explanation and attach

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge...

I AGREE checkbox (checked)

** 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:

Name fields: Prefix, First Name, Middle Name, Last Name, Suffix

* Title: Manager of Operations

* Telephone Number: 805-526-7175 Fax Number: 805-526-3675

* Email: morgan@evolveinc.com

* Signature of Authorized Representative: [Signature] * Date Signed: 2/7/11

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED February 4, 2011	Applicant Identifier	
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: VENTURA COUNTY WATERWORKS DISTRICT NO. 19		Organizational Unit: Department: PUBLIC WORKS AGENCY		
Organizational DUNS: 06691122		Division: WATER AND SANIATION DEPARTMENT		
Address: P. O. BOX 250		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 6767 SPRING ROAD		Prefix: Mr.	First Name: R.	
City: MORPARK		Middle Name: REDDY		
County: VENTURA		Last Name: PAKALA		
State: CALIFORNIA		Zip Code: 93020-250		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB - 7 2011 STATE CLEARING HOUSE </div>
Country: USA		Email: reddy.pakala@mail.co.ventura.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Phone Number (give area code) 805.378-3005	Fax Number (give area code) 805.529-7542	
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.) <input type="checkbox"/> 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: 10.760 TITLE (Name of Program): WATER AND WASTE DISPOSAL SYSTEMS GRANT PROGRAM FOR RURAL COMMUNITIES		9. NAME OF FEDERAL AGENCY:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): VENTURA COUNTY, CALIFORNIA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County Waterworks District No. 19 – Water Infrastructure Project Phase I		
13. PROPOSED PROJECT Start Date: January 2012 Ending Date: December 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 24 TH DISTRICT b. Project: 24 TH DISTRICT		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$5,000,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON May 27, 2009		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
g. TOTAL	\$5,000,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name R.	Middle Name REDDY		Suffix
Last Name PAKALA		c. Telephone Number (give area code) 805.378.3005		
b. Title DIRECTOR, WATER AND SANITATION DEPARTMENT		e. Date Signed 2/4/11		
d. Signature of Authorized Representative				

(Package revised 12/23/03)
**APPLICATION FOR
 FEDERAL ASSISTANCE**

Version 7/03

2. DATE SUBMITTED January, 2011		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 3-06-0250-TBD

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:
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: CA Zip Code: 95210	Suffix:
Country: USA	Email: Spalmeri@sigov.org
7/1FNQMPZFSJEFCLUGDBUPOICVNCFSJFJD: 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

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):

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

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

TITLE: (AIP) Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Reconstruct Portions of Terminal Apron; Airfield Projects (marking, rubber removal and signage modifications required to meet standards and comply with FAR Part 139)

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

13. PROPOSED PROJECT

Start Date August, 2010	Ending Date June, 2011
-----------------------------------	----------------------------------

14. CONGRESSIONAL DISTRICTS OF

a. Applicant 11	b. Project 11
---------------------------	-------------------------

15. ESTIMATED FUNDING

a. Federal	\$	\$2,280,000	.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$	\$120,000	.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	\$2,400,000	.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, 2011**

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	First Name Frank	Middle Name
Last Name Ruhstaller		Suffix
b. Title Chairman, Board of Supervisors		c. Telephone number (give area code) (209) 468-3113
d. Signature of Authorized Representative <i>Frank Ruhstaller</i>		e. Date Signed 1/27/2011

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STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Rio Alto Water District	Organizational Unit: Department: Water & Wastewater Department
Organizational DUNS: 171225634	Division:
Address: Street: 22099 River View Drive	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms.
City: Cottonwood	First Name: Martha
County: Tehama	Middle Name S.
State: CA	Last Name Slack
Zip Code 96022	Suffix:
Country: USA	Email: mslack56@sbcglobal.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 4 - 1 7 1 2 2 6

Phone Number (give area code) 530-347-3835	Fax Number (give area code) 530-347-1007
---	---

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: USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 0 - 7 6 0
 TITLE (Name of Program):
 Water & Waste Disposal Loan & Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Wastewater Treatment Plant and constructed Wetlands Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Lake California Planned Development, Tehama County, CA

13. PROPOSED PROJECT
 Start Date: December 2013 Ending Date: September 2014

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant District 2 b. Project District 2

15. ESTIMATED FUNDING:

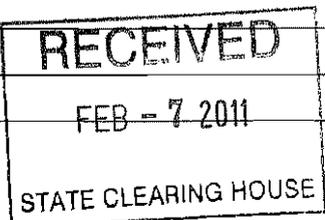
a. Federal	\$	6,026,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	6,026,000 ⁰⁰

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 27, 2011
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING 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 Martha	Middle Name S.
Last Name Slack	Suffix	
b. Title General Manager	c. Telephone Number (give area code) 530-347-3835	
d. Signature of Authorized Representative <i>Martha L. Slack</i>	e. Date Signed 1/27/2011	



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

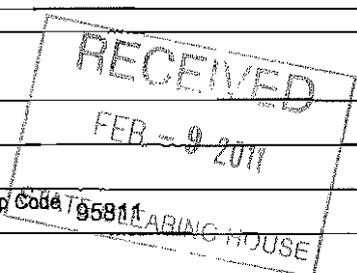
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 02/08/2011	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1198002
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-80-D-5
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: Fish and Game	
Organizational DUNS: 808322358		Division: GRANTS MANAGEMENT BRANCH	
Address: Street: 1831 9TH STREET		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: SACRAMENTO		Prefix: Ms	First Name: CARRIE
County: SACRAMENTO		Middle Name	
State: CA		Last Name: HOLLER	
Country: USA		Suffix:	
Zip Code: 95811		Email: choller@dfg.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 327-0062	Fax Number (give area code) (916) 327-6320
--	--	---	---

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) A. State Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-611		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 2	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): BUTTE, GLENN, NEVADA, AND YUBA COUNTIES			

13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 2, 4	
--	--	---	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,777,064.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/08/2011	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 592,355.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 174,732.00		
g. TOTAL	\$ 2,544,151.00		

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.

e. Authorized Representative		
Prefix: Mr.	First Name: BLAINE	Middle Name:
Last Name: NICKENS	Suffix:	
b. Title: CHIEF, GRANTS MANAGEMENT BRANCH	c. Telephone Number (give area code): (916) 445-9300	
d. Signature of Authorized Representative	e. Date Signed: 2/08/2011	

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 17, 2011	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: City of Oroville		Organizational Unit: Department: Public Works	
Organizational DUNS: 088123437		Division: Airports	
Address: Street: 1735 Montgomery Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Oroville		Prefix: Mr.	First Name: Kent
Country: USA		Middle Name	
State: California		Last Name Westover	
Zip Code 95969		Suffix:	
Country: USA		Email: westoverkr@cityoforoville.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-8000387		Phone Number (give area code) (530) 538-2498	Fax Number (give area code) 530-538-2428
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-108		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oroville, Butte County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oroville Municipal Airport, Oroville, Butte County, California Rehabilitate Runway 2-20 and Runway 13-31, Taxiways, and Apron Remark Runways 2-20 and 13-31, Taxiways, and Apron Engineering Design of Apron Rehabilitation - North Side (375,000 sq. ft.)	
13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st b. Project 1st	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 821,750	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 20, 2011	
b. Applicant	\$ 43,250	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 885,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Mr.	First Name Richard	Middle Name H.	
Last Name Walls	Suffix		
b. Title Airport Manager	c. Telephone Number (give area code) (530) 538-2507		
d. Signature of Authorized Representative <i>R Walls</i>	e. Date Signed 2-9-2011		

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 14, 2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: CITY OF MADERA		Organizational Unit: Department: MADERA MUNICIPAL AIRPORT	
Organizational DUNS: 142988646	RECEIVED FEB - 9 2011	Division:	
Address: Street: 4020 AVIATION DRIVE		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: MADERA	STATE CLEARING HOUSE	Prefix:	First Name: BECKY
County: MADERA		Middle Name:	Last Name: McCURDY
State: CA	Zip Code: 93637	Suffix:	
Country: USA		Email: rmccurdy@cityofmadera.com	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-8000365	Phone Number (give area code): (559) 661-3887/661-5400	Fax Number (give area code): (559) 674-7165
--	---	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM 20-106	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. INSTALL TAXIWAY EDGE LIGHTS ON ALL TAXIWAYS. 2. INSTALL RUNWAY END IDENTIFICATION LIGHTS (REILS) ON RUNWAY 12.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MADERA	

13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 b. Project 19
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 731,500.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: DECEMBER 20, 2010
b. Applicant \$ 38,500.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 770,000.00	

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	First Name: DAVID	Middle Name: R	
Last Name: TOOLEY	Suffix:		
b. Title: CITY ADMINISTRATOR	c. Telephone Number (give area code): (559) 661-5400		
d. Signature of Authorized Representative	e. Date Signed: 2-3-11		

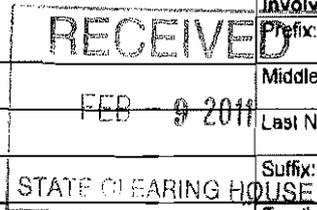
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED December 14, 2010	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: CITY OF MADERA	Organizational Unit: Department: MADERA MUNICIPAL AIRPORT
Organizational DUNS: 142908646	Division:
Address: Street: 4020 AVIATION DRIVE	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: BECKY
City: MADERA	
County: MADERA	Middle Name:
State: CA Zip Code: 93637	Last Name: McCURDY
Country: USA	Suffix: HOUSE
	Email: rmcurdy@cityofmadera.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-6000385

Phone Number (give area code) (559) 661-3887/661-5400	Fax Number (give area code) (559) 674-7165
--	---

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

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

9. NAME OF FEDERAL AGENCY:
 FEDERAL AVIATION ADMINISTRATION

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM
 20-108

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 ENGINEERING DESIGN - TEE HANGAR DEVELOPMENT - PHASE I

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

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

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 19 b. Project 19

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: DECEMBER 20, 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
a. Federal	\$ 73,150 ⁰⁰	
b. Applicant	\$ 3,850 ⁰⁰	
c. State	\$ 0 ⁰⁰	
d. Local	\$ 0 ⁰⁰	
e. Other	\$ 0 ⁰⁰	
f. Program Income	\$ 0 ⁰⁰	
g. TOTAL	\$ 77,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative

Prefix	First Name: DAVID	Middle Name: R
Last Name: TOOLEY	Suffix:	
b. Title: CITY ADMINISTRATOR	c. Telephone Number (give area code): (559) 661-5400	
d. Signature of Authorized Representative	e. Date Signed: 2-3-11	

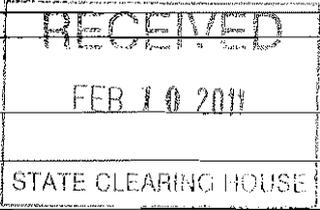
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 2/8/11	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: Access Services, Inc. PO Box 5728 El Monte, CA 91734-1728	Organizational Unit: Department:
Organizational DUNS: 883300121	Division:
Address: Street: PO Box 5728 City: El Monte County: Los Angeles	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Middle Name: Last Name: Garza
State: CA	Suffix:
Zip Code: 91734-1728	Email: garza@asifa.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-4489711

7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)	Phone Number (give area code) 213-270-6000	Fax Number (give area code) 213-270-6048
--	---	---

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)

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

13. PROPOSED PROJECT

Start Date: 7/1/2011	Ending Date: 6/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21-47	b. Project 2147
-------------------------	---------------------------	---	--------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 57,009,000 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 7,386,120 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ ⁰⁰	
g. TOTAL \$ 64,395,120 ⁰⁰	

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

a. Authorized Representative

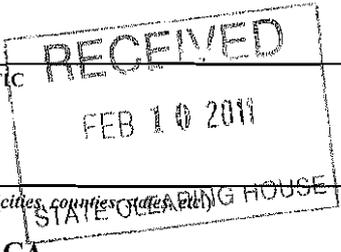
Prefix	First Name Gilbert	Middle Name
Last Name Garza	Suffix	
b. Title Grants Analyst	c. Telephone Number (give area code) 213-270-6000	
d. Signature of Authorized Representative	e. Date Signed 2/8/11	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 1/20/11	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <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 Lds Angeles County Metropolitan Transportation Authority	Organizational Unit: Programming & Policy Analysis
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952	Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75	7. TYPE OF APPLICANT: (enter appropriate letter in box) N
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)	A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)	State Chartered Transit District

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20-507	9. NAME OF FEDERAL AGENCY: Federal Transit Administration
12. AREAS AFFECTED BY PROJECT (cities, counties, state, etc.) County of Los Angeles, CA	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Growing States - PM Rail, CA-90-Y778-01



13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 7/1/10	Ending Date 6/30/12	a. Applicant Districts 26, 28, 32-35, 37, 28	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 6,500,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>1/20/11</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 1,625,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$.00		
g TOTAL	\$ 8,125,000.00		

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 Typed Name of Authorized Representative GLADYS LOWE	b Title Director Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 	e. Date Signed 1/20/2011	

OMB Number: 4040-0004

Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

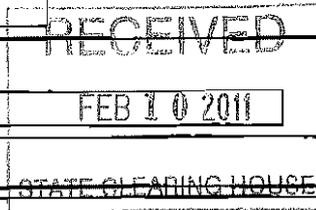
* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

CITY OF MOUNTAIN VIEW

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

94-6000379

* c. Organizational OUNS:

010917748

d. Address:

* Street1:

500 CASTRO STREET

Street2:

P.O. Box 7590

* City:

MOUNTAIN VIEW

County/Parish:

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94039-7590

e. Organizational Unit:

Department Name:

PUBLIC WORKS

Division Name:

PUBLIC SERVICES

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

Prefix:

* First Name:

GREGG

Middle Name:

* Last Name:

HOSFELDT

Suffix:

Title:

ASST. PUBLIC WORKS DIRECTOR

Organizational Affiliation:

* Telephone Number:

650.903.6205

Fax Number:

* Email:

gregg.hosfeldt@mountainview.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

C

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. DEPT. OF THE INTERIOR, BUREAU OF RECLAMATION

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

R11SF80310

* Title:

WATERSMART : DEVELOPMENT OF FEASIBILITY STUDIES UNDER THE TITLE XVI WATER RECLAMATION AND REUSE PROGRAM

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

RECYCLED WATER SYSTEM EXPANSION FEASIBILITY STUDY

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant **CA-014**

* b. Program/Project **CA-014**

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: **7/1/11**

* b. End Date: **6/30/12**

18. Estimated Funding (\$):

* a. Federal	98,500
* b. Applicant	103,300
* c. State	-
* d. Local	-
* e. Other	-
* f. Program Income	-
* g. TOTAL	201,800

* 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 **2/10/11**.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

I AGREE

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

Authorized Representative:

Prefix: * First Name: **GREGG**

Middle Name:

* Last Name: **HOSFELDT**

Suffix:

* Title: **ASST. PUBLIC WORKS DIRECTOR**

* Telephone Number: **650.903.6205** Fax Number:

* Email: **gregg.hosfeldt@mountainview.gov**

* Signature of Authorized Representative: *Gregg Hosfeldt* * Date Signed: **2/10/11** Complete Review Submission

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE: _____ State Application Identifier: _____

4. a. Federal Identifier: _____

b. Agency Routing Identifier: _____

1. * TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

2. DATE SUBMITTED: 02/10/2011
 Applicant Identifier: _____

5. APPLICANT INFORMATION * Organizational ID: 12504427

* Legal Name: Regents of the University of California
 Department: _____ Division: _____

* Street1: UC Santa Cruz
 Street2: 1156 High Street
 * City: Santa Cruz County / Parish: _____
 * State: CA: California Province: _____
 * Country: USA: UNITED STATES * ZIP / Postal Code: 95064-1077

RECEIVED
 FEB 10 2011
 STATE CLEARING HOUSE

Person to be contacted on matters involving this application
 Prefix: _____ * First Name: Kate Middle Name: _____
 * Last Name: Aja Suffix: _____
 * Phone Number: 831-459-3341 Fax Number: _____
 Email: kmaja@ucsc.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-1539563

7. * TYPE OF APPLICANT: _____ H: Public/State Controlled Institution of Higher Education
 Other (Specify): _____
 Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: New Resubmission Renewal Continuation Revision
 If Revision, mark appropriate boxes):
 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 E. Other (specify): _____

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

9. * NAME OF FEDERAL AGENCY: National Institute of Food and Agriculture
 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.307
 TITLE: Organic Agriculture Research and Extension Initiative

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 A Collaborative Research and Extension Network for Sustainable Organic Production Systems in Coastal California

12. PROPOSED PROJECT: * 13. CONGRESSIONAL DISTRICT OF APPLICANT
 * Start Date: 10/01/2011 * Ending Date: 09/30/2015 CA-017

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
 Prefix: _____ * First Name: Carol Middle Name: _____
 * Last Name: Shennan Suffix: _____
 Position/Title: Professor/PI
 * Organization Name: Regents of the University of California
 Department: Environmental Studies Division: _____
 * Street1: UC Santa Cruz
 Street2: 1156 High Street
 * City: Santa Cruz County / Parish: _____
 * State: CA: California Province: _____
 * Country: USA: UNITED STATES * ZIP / Postal Code: 95064-1077
 * Phone Number: 831-459-4182 Fax Number: _____
 * Email: cshennan@ucsc.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	2,608,205.00	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	0.00		
c. Total Federal & Non-Federal Funds	2,608,205.00	DATE:	02/10/2011
d. Estimated Program Income	0.00	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
			<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

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

18. SFLLL or other Explanatory Documentation

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
----------------------	--------------------------------	-----------------------------------	---------------------------------

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County/Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative	* Date Signed
<input type="text" value="Completed on submission to Grants.gov"/>	<input type="text" value="Completed on submission to Grants.gov"/>

20. Pre-application

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 02/10/2011	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier G1198006
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-76-D-5

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: Fish and Game
Organizational DUNS: 808322358		Division: GRANTS MANAGEMENT BRANCH
Address: Street: 1831 9TH STREET		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: CARRIE
City: SACRAMENTO		Middle Name
County: SACRAMENTO		Last Name: HOLLER
State: CA	Zip Code: 95811	Suffix:
Country: USA		Email: choller@dfg.ca.gov

RECEIVED
 FEB 10 2011
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1897567	Phone Number (give area code) (916) 327-0062	Fax Number (give area code) (916) 327-8320
--	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): IMPERIAL AND RIVERSIDE COUNTIES	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 6
--	--

13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 45, 51
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 915,486.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/10/2011
b. Applicant \$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 305,162.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$	
f. Program Income \$ 0.00	
g. TOTAL \$ 1,220,648.00	

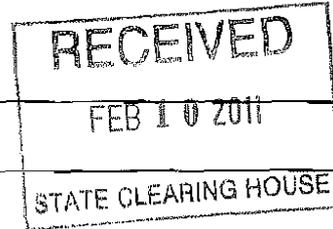
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Mr.	First Name BLAINE	Middle Name
Last Name NICKENS		Suffix
b. Title CHIEF, GRANTS MANAGEMENT BRANCH		c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed 2/10/2011

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: <u>City of Anaheim</u>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000666		*c. Organizational DUNS: 04-4329993	
d. Address:			
*Street 1: 201 South Anaheim Blvd, 11th Floor			
Street 2:			
*City: Anaheim			
County: Orange			
*State: CA			
Province:			
Country:			
*Zip/ Postal Code: 92805			
e. Organizational Unit:			
Department Name: City of Anaheim Public Utilities		Division Name: Water Services	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Rick	
Middle Name:			
*Last Name: Shintaku			
Suffix:			
Title: Water Resource and Planning Manager			
Organizational Affiliation:			
*Telephone Number: 714-765-4181		Fax Number: 714-765-4199	
*Email: rshintaku@anaheim.net			



Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:
- Select One -

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify):

*10. Name of Federal Agency:
U.S. Department of Interior, Policy and Administration, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

*12. Funding Opportunity Number: **R11SF80310**

*Title: **WaterSMART: Development of Feasibility Studies under the Title XVI Water Reclamation and Reuse Program**

13. Competition Identification Number:

Title:

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

City of Anaheim, Orange County, California

*15. Descriptive Title of Applicant's Project:

Anaheim, CA: Ball Road Recycled Water Project Feasibility Study

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

40, 42, 47

*b. Program/Project:

40, 42, 47

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

17. Proposed Project:

*a. Start Date: September 2011

*b. End Date: September 2012

18. Estimated Funding (\$):

*a. Federal	\$78,060.00	*d. Local	
*b. Applicant	\$78,277.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$156,337.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 02/11/11
- 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: Ms.

*First Name: Marcie

Middle Name:

*Last Name: Edwards

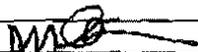
Suffix:

*Title: General Manager, City of Anaheim Public Utilities

*Telephone Number: 714-765-5173

Fax Number: 714-765-4199

*Email: medwards@anaheim.net

*Signature of Authorized Representative: 

Date Signed: 2/09/2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: City of Cloverdale	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 0.8em; margin: 0;">FEB 10 2011</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department: Engineering	
Organizational DUNS: 004952867		Division:	
Address: Street: 124 N. Cloverdale Boulevard		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Cloverdale		Prefix: Mr	First Name: Paul
County: Sonoma		Middle Name: W.	Last Name: Wade
State: CA	Zip Code: 95425	Suffix:	
Country: USA	Email: pwade@ci.cloverdale.ca.us		

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

Phone Number (give area code): 707-894-1722
 Fax Number (give area code): 707-894-1793

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

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

9. NAME OF FEDERAL AGENCY:
 USDA - RUS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 -

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Water System Improvements 2011 - includes improvement to water supply, treatment, distribution, storage and SCAOA as described in the PER.

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

13. PROPOSED PROJECT
 Start Date: June 2011 Ending Date: June 2012

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 01 b. Project: 01

15. ESTIMATED FUNDING:

a. Federal	\$	3,420,000
b. Applicant	\$	00
c. State	\$	00
d. Local	\$	00
e. Other	\$	00
f. Program Income	\$	00
g. TOTAL	\$	3,420,000

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: 2/10/11
 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 Nina	Middle Name
Last Name Regor	Suffix	
b. Title City Manager	c. Telephone Number (give area code) 707-894-1710	
d. Signature of Authorized Representative	e. Date Signed 2/9/11	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 02/11/2010	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier G0998009, Am#1
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-67-R-3, Am#1

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: Fish and Game
Organizational DUNS: 808322358	RECEIVED FEB 10 2011 STATE CLEARING HOUSE	Division: GRANTS MANAGEMENT BRANCH
Address: Street: 1831 9TH STREET		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: CARRIE
City: SACRAMENTO		Middle Name
County: SACRAMENTO		Last Name HOLLER
State: CA Zip Code 95811		Suffix:
Country: USA		Email: choller@dfg.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 327-0062	Fax Number (give area code) (916) 327-6320
--	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
---	--

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT INVENTORIES & RESEARCH - UPLAND GAME PROGRAM	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATEWIDE
--	--

13. PROPOSED PROJECT Start Date: 07/01/2009 Ending Date: 06/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ -319,232.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/10/2010
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ -106,411.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$	
f. Program Income \$ 0.00	
g. TOTAL \$ -425,643.00	

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 BLAINE	Middle Name
Last Name NICKENS	Suffix	
b. Title CHIEF, GRANTS MANAGEMENT BRANCH	c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative	e. Date Signed	

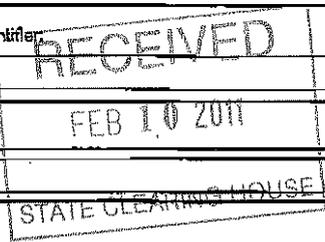
OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

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

<p>* 3. Date Received: Completed by Grants.gov upon submission.</p>	<p>4. Applicant Identifier: <input type="text"/></p>
---	--

<p>5a. Federal Entity Identifier: <input type="text"/></p>	<p>* 5b. Federal Award Identifier: <input type="text"/></p>
--	---



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="946000539"/></p>	<p>* c. Organizational DUNS: <input type="text" value="074662503"/></p>
---	---

d. Address:

* Street1:	<input type="text" value="404 Aviation Boulevard"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Santa Rosa"/>
County:	<input type="text" value="Sonoma"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="95403"/>

e. Organizational Unit:

<p>Department Name: <input type="text"/></p>	<p>Division Name: <input type="text"/></p>
--	--

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

Prefix:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Grant"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Davis"/>		
Suffix:	<input type="text"/>		

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="707-547-1911"/>	Fax Number: <input type="text" value="707-524-3787"/>
---	---

* Email:

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

0: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

R115F80311

* Title:

Title XVI Water Reclamation and Reuse Program Construction Activities for Fiscal Year 2011

13. Competition Identification Number:

Title:

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

Sonoma, Napa and Marin Counties

* 15. Descriptive Title of Applicant's Project:

North Bay Water Reuse Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-06	* b. Program/Project 06,01
Attach an additional list of Program/Project Congressional Districts if needed.		
	Add Attachment	Delete Attachment View Attachment
17. Proposed Project:		
* a. Start Date:	07/01/2011	* b. End Date: 09/30/2013
18. Estimated Funding (\$):		
* a. Federal	1,291,175.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	3,873,525.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	5,164,700.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	02/10/2011
<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	Explanation
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/>	** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	Mr.	* First Name: Grant
Middle Name:		
* Last Name:	Davis	
Suffix:		
* Title:	General Manager	
* Telephone Number:	707-547-1911	Fax Number: 707-324-3787
* Email:	grant.davis@scwa.ca.gov	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission. 2/10/11

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424		Version 02			
<table border="1"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table>			* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 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: <small>Completed by Grants.gov upon submission.</small>	4. Applicant Identifier:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 10 2011 STATE CLEARING HOUSE </div>			
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:				
State Use Only:					
6. Date Received by State:	7. State Application Identifier:				
B. APPLICANT INFORMATION:					
* a. Legal Name: <u>Sonoma County Water Agency</u>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>946000539</u>	* c. Organizational OUNS: <u>074662503</u>				
d. Address:					
* Street1:	<u>404 Aviation Boulevard</u>				
Street2:	_____				
* City:	<u>Santa Rosa</u>				
County:	<u>Sonoma</u>				
* State:	<u>CA: California</u>				
Province:	_____				
* Country:	<u>USA: UNITED STATES</u>				
* Zip / Postal Code:	<u>95403</u>				
e. Organizational Unit:					
Department Name:	Division Name:				
_____	_____				
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <u>Mr.</u>	* First Name: <u>Grant</u>				
Middle Name: _____					
* Last Name: <u>Davis</u>					
Suffix: _____					
Title: <u>General Manager</u>					
Organizational Affiliation: _____					
* Telephone Number: <u>707-547-1911</u>	Fax Number: <u>707-524-3787</u>				
* Email: <u>grant.davis@scwa.ca.gov</u>					

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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:**

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R11SF80310

*** Title:**

WaterSMART: Development of Feasibility Studies under the Title XVI Water Reclamation and Reuse Program

13. Competition Identification Number:

Title:

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

Sonoma, Napa and Marin Counties

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

North Bay Water Reuse Program

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-06"/>	* b. Program/Project <input type="text" value="06,01"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2011"/>	* b. End Date: <input type="text" value="09/30/2012"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="150,000.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="150,000.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="300,000.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="02/10/2011"/>	
<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	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Grant"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Davis"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="General Manager"/>	
* Telephone Number:	<input type="text" value="707-547-1911"/>	Fax Number: <input type="text" value="707-524-3787"/>
* Email:	<input type="text" value="grant.davis@ecwa.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission"/>	* Date Signed: <input type="text" value="2/10/11"/>

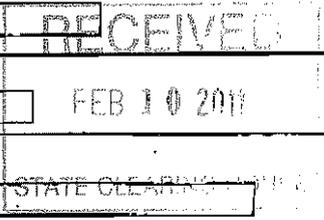
Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 **Version 02**

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



* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
--	---

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
---	--

State Use Only:

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

B. APPLICANT INFORMATION:

*** a. Legal Name:** Rancho Murieta Community Services District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0000905	* c. Organizational DUNS: 105918460
--	---

d. Address:

* Street1:	15160 Jackson Road
Street2:	<input type="text"/>
* City:	Rancho Murieta
County:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95683

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
---	---

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

Prefix:	<input type="text"/>	* First Name:	Edward
Middle Name:	<input type="text"/>		
* Last Name:	Crouse		
Suffix:	<input type="text"/>		

Title:

Organizational Affiliation:

* Telephone Number: 916-354-3700	Fax Number: 916-354-2082
---	---------------------------------

*** Email:** ecrouse@rncsd.com

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: 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: Bureau of Reclamation - Denver Office	
11. Catalog of Federal Domestic Assistance Number: 15.506	
CFDA Title: Water Desalination Research and Development Program	
* 12. Funding Opportunity Number: R11SF00307	
* Title: Reclamation Rural Water Supply Program	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Sacramento County, State of California	
* 15. Descriptive Title of Applicant's Project: Appraisal Investigation to Determine Viable Alternative(s) to Address Water Supply Needs	
Attach supporting documents as specified in agency instructions.	
Add Attachments	Delete Attachments View Attachments

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

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	80,000.00
* b. Applicant	10,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	90,000.00

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

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

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

Yes No

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

" I AGREE

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

Authorized Representative: 

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		* 4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>			
RECEIVED FEB 10 2011 STATE CLEARING HOUSE					
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text" value="Inland Empire Utilities Agency"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6004609"/>			* c. Organizational DUNS: <input type="text" value="043656206"/>		
d. Address:					
* Street1: <input type="text" value="6075 Kimball Avenue"/>		Street2: <input type="text"/>			
* City: <input type="text" value="Chino"/>		County: <input type="text" value="San Bernardino"/>			
* State: <input type="text" value="CA: California"/>		Province: <input type="text"/>			
* Country: <input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code: <input type="text" value="91708"/>			
e. Organizational Unit:					
Department Name: <input type="text" value="Financial Planning"/>			Division Name: <input type="text" value="Grants Administration"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <input type="text" value="Mr."/>		* First Name: <input type="text" value="Jason"/>			
Middle Name: <input type="text"/>		* Last Name: <input type="text" value="Gu"/>			
Suffix: <input type="text"/>		Title: <input type="text" value="Grants Officer"/>			
Organizational Affiliation: <input type="text" value="Inland Empire Utilities Agency"/>					
* Telephone Number: <input type="text" value="909-993-1636"/>			Fax Number: <input type="text" value="909-993-1986"/>		
* Email: <input type="text" value="jgu@ieua.org"/>					

Application for Federal Assistance SF-424

Version 02

8. 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:**

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R11SF80311

*** Title:**

Title XVI Water Reclamation and Reuse Program Construction Activities for Fiscal Year 2011

13. Competition Identification Number:

Title:

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

City of Chino, City of Chino Hills, City of Norco, City of Ontario, unincorporated San Bernardino and Riverside counties (including communities of Mira Loma, Glen Avon, and Home Gardens).

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

Chino Creek wellfield Development Project, Wells, 1, 2, and 3

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-42, -43, -26

*b. Program/Project: CA-42, -43, and -44

17. Proposed Project:

*a. Start Date: August 1, 2011

*b. End Date: July 29, 2013

18. Estimated Funding (\$):

*a. Federal	\$1,880,464
*b. Applicant	\$108,336
*c. State	\$1,675,000
*d. Local	3,858,057
*e. Other	
*f. Program Income	0
*g. TOTAL	\$7,521,857

*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 February 10, 2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Thomas

Middle Name: A.

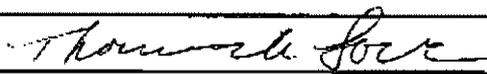
*Last Name: Love

Suffix: _____

*Title: CEO/General Manager

*Telephone Number: 909-993-1600

Fax Number: 909-993-1985

* Email: tlove@ieua.org*Signature of Authorized Representative: *Date Signed: 2/10/11

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

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):

[Empty field]

* Other (Specify):

[Empty field]

RECEIVED

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

FEB 10 2011

5a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

* a. Legal Name:

Inland Empire Utilities Agency

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

95-6004609

* c. Organizational DUNS:

043656206

d. Address:

* Street1:

6075 Kumball Avenue

Street2:

[Empty field]

* City:

Chino

County:

San Bernardino

* State:

CA: California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91708

e. Organizational Unit:

Department Name:

Financial Planning

Division Name:

Grants Administration

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

Prefix:

Mr.

* First Name:

Jason

Middle Name:

[Empty field]

* Last Name:

Gu

Suffix:

[Empty field]

Title:

Grance Officer

Organizational Affiliation:

Inland Empire Utilities Agency

* Telephone Number:

909-993-1636

Fax Number:

909-993-1986

* Email:

jgu@ieua.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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:**

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R11SP80310

*** Title:**

WaterSMART: Development of Feasibility Studies under the Title XVI Water Reclamation and Reuse Program

13. Competition Identification Number:

Title:

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

City of Chino, City of Chino Hills, City of Ontario, City of Montclair, City of Upland, City of Rancho Cucamonga, City of Fontana, San Bernardino County.

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

Turner Basin/Quartz Park Multiple Beneficial Use Project Feasibility Study

Attach supporting documents as specified in agency instructions.

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

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-42, -43, -26

*b. Program/Project: CA-42, -43, and -26

17. Proposed Project:

*a. Start Date: 6/1/2011

*b. End Date: 5/31/2012

18. Estimated Funding (\$):

*a. Federal	\$145,038.51
*b. Applicant	145,038.70
*c. State	
*d. Local	\$
*e. Other	
*f. Program Income	
*g. TOTAL	\$290,075.21
	\$

*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 2/10/11
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Thomas

Middle Name: A.

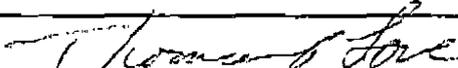
*Last Name: Love

Suffix: _____

*Title: General Manager

*Telephone Number: 909-993-1600

Fax Number: 909-993-1985

* Email: tlove@ieua.org*Signature of Authorized Representative: *Date Signed: 2/10/11

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED February 4, 2011	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Gold Mountain Community Services District	Organizational Unit: Water
Address (give city, county, State, and zip code): Clio, Plumas Co, Calif. 96106	Name and telephone number of person to be contacted on matters involving this application (give area code) Ivan Gossage (530) 832 5945

6. EMPLOYER IDENTIFICATION NUMBER (EIN) 76-0778990	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G
--	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
9. NAME OF FEDERAL AGENCY: USDA Rural Development	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: water & wastewater program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Well 32
--	---

2. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Plumas County, Calif.

13. PROPOSED PROJECT Start Date: 7/15/12 Ending Date: 9/15/12	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 4 b. Project: 4
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 496,750. ⁰⁰ b. Applicant \$ 218,640. ⁰⁰ c. State \$ 0. ⁰⁰ d. Local \$ 0. ⁰⁰ e. Other \$ 0. ⁰⁰ f. Program Income \$ 0. ⁰⁰ g. TOTAL \$ 715,390. ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 02/10/11 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 checked="" type="checkbox"/> No	

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

a. Type Name of Authorized Representative Ivan Gossage	b. Title General Manager	c. Telephone Number (530) 832-5945
d. Signature of Authorized Representative		e. Date Signed 2/9/11

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected 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. Application Identifier:
		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 11 2011 STATE CLEARING HOUSE </div>
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: California Air Resources Board		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069		*c. Organizational DUNS: 195930276
d. Address:		
*Street1: 1001 I Street Street 2: P.O. Box 1436 *City: Sacramento County: Sacramento *State: CA Province: Country: USA		
*Zip/ Postal Code: 95814		
e. Organizational Unit:		
Department Name: California Air Resources Board		Division Name: Administrative Services Division
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms. Middle Name: *Last Name: Ford Suffix:		First Name: Leslie
Title: Manager, Grants & Revenues Section		
Organizational Affiliation:		
*Telephone Number: (916)322-8202		Fax Number: (916)322-9612
*Email: lford@arb.ca.gov		

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-005

*b. Program/Project: CA-all for all

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

17. Proposed Project:

*a. Start Date: June 01, 2011

*b. End Date: May 30, 2015

18. Estimated Funding (\$):

*a. Federal \$3,000,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$3,000,000.00

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Cathy

Middle Name:

*Last Name: Chapin

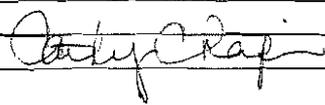
Suffix:

*Title: Chief, Financial Operations Branch

*Telephone Number: (916)322-8200

Fax Number: (916)322-9612

*Email: cchapin@arb.ca.gov

*Signature of Authorized Representative: 

Date Signed: 2/8/11

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: _____	RECEIVED FEB 11 2011 STATE CLEARING HOUSE
------------------------------	-----------------------------------	---

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

State Use Only:

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

B. APPLICANT INFORMATION:

* a. Legal Name: <u>Desert Mountain Resource Conservation and Development Council</u>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>77-0497819</u>	* c. Organizational DUNS: <u>142124994</u>

d. Address:

* Street 1:	<u>1525 N. Norma St. Ste C</u>
Street 2:	_____
* City:	<u>Ridgecrest</u>
County/Parish:	<u>Kern</u>
* State:	<u>CA</u>
Province:	_____
* Country:	<u>United States of America</u>
* Zip / Postal Code:	<u>93555</u>

e. Organizational Unit:

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

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

Prefix: _____	* First Name: <u>Doug</u>
Middle Name: _____	
* Last Name: <u>Thompson</u>	
Suffix: _____	
Title: _____	
Organizational Affiliation: _____	

* Telephone Number: <u>760-446-1974</u>	Fax Number: _____
* Email: <u>dmrcandd@rwnisp.com</u>	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Non-Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-NRCS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Counties of Mono, Inyo, Tulare, Kern, San Bernardino and Los Angeles

Attach supporting documents as specified in agency instructions.

Add Attachment

Delete Attachment

View Attachment

Application for Federal Assistance SF-424

16. Congressional Districts Of:
 * a. Applicant: 21, 22, 25, and 41
 * b. Program/Project: Implement RC&D Pgm

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

17. Proposed Project:
 * a. Start Date: 03/01/2011
 * b. End Date: 09/30/2012

18. Estimated Funding (\$):

* a. Federal	\$8,730.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$8,730.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on 02/11/2011
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

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

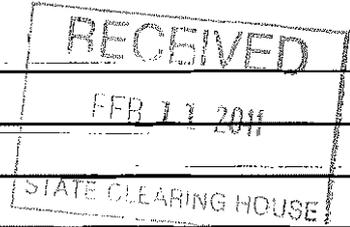
Authorized Representative:

Prefix: * First Name: Doug
 Middle Name:
 * Last Name: Thompson
 Suffix:
 * Title: President
 * Telephone Number: 760-446-1974 Fax Number:
 * Email: dmrcandd@twvisp.com
 * Signature of Authorized Representative: *Doug Thompson* * Date Signed: 02/08/2011

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:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 11 2011 STATE CLEARING HOUSE </div>
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: The Nature Conservancy		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 53-0242652		*c. Organizational DUNS: 072656630
d. Address:		
*Street 1:	<u>2015 J. Street, Sutie 103</u>	
Street 2:	_____	
*City:	<u>Sacramento</u>	
County:	<u>Sacramento</u>	
*State:	<u>California</u>	
Province:	_____	
*Country:	<u>United States</u>	
*Zip / Postal Code	<u>95811</u>	
e. Organizational Unit:		
Department Name: California Water Program		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Mr.</u>	*First Name: <u>Campbell</u>
Middle Name:	_____	
*Last Name:	<u>Ingram</u>	
Suffix:	_____	
Title:	<u>Associate Director, California Water Program</u>	
Organizational Affiliation:		
*Telephone Number: 916-449-2850 x4129		Fax Number: 916-448-3469
*Email: <u>cingram@tnc.org</u>		

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-5		*b. Program/Project: CA-3, CA-10, CA-11
17. Proposed Project:		
*a. Start Date: August 2011		*b. End Date: June 2014
18. Estimated Funding (\$):		
*a. Federal	\$2,000,000	
*b. Applicant		
*c. State	\$2,000,000	
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$4,000,000	
*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>2/11/11</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 21B, 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: _____	*First Name: <u>Rebecca</u>	
Middle Name: _____		
*Last Name: <u>Shaw</u>		
Suffix: _____		
*Title: Associate State Director		
*Telephone Number: 415 777-0487		Fax Number: 415 777-0244
* Email: rshaw@tnc.org		
*Signature of Authorized Representative: 		*Date Signed: February 11, 2011

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): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
B. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> City of Corona		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 95-6000697		* c. Organizational DUNS: <input type="text"/> 170737589
d. Address:		
* Street1: <input type="text"/> 400 S. Vicentia Avenue Street2: <input type="text"/> * City: <input type="text"/> Corona County: <input type="text"/> Riverside * State: <input type="text"/> CA Province: <input type="text"/> * Country: <input type="text"/> USA: UNITED STATES * Zip / Postal Code: <input type="text"/> 92882		
e. Organizational Unit:		
Department Name: <input type="text"/> Department of Water and Power		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/> * First Name: <input type="text"/> Jennifer Middle Name: <input type="text"/> * Last Name: <input type="text"/> Francis Suffix: <input type="text"/>		
Title: <input type="text"/> Business Supervisor		
Organizational Affiliation: <input type="text"/> City of Corona		
* Telephone Number: <input type="text"/> 951-739-4841		Fax Number: <input type="text"/>
* Email: <input type="text"/> jenniferf@ci.corona.ca.us		



Application for Federal Assistance SF-424 **Version 02**

9. Type of Applicant 1: Select Applicant Type:

Municipal Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

NGMS Agency U.S. Department of the Interior, Policy and Administration, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS No.: R11SF20311

*** Title**

MBL-SF424Family-AllForms **WaterSMART: Title XVI Water Reclamation and Reuse Program
Construction Activities for Fiscal Year 2011**

13. Competition Identification Number:

Not Applicable.

Title:

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

City of Corona, California

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

Corona, CA: Norco/Stagecoach/Butterfield Reclaimed Waterline and Foothill/Eagle Glen Reclaimed Waterline.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant California's 44th

* b. Program/Project California's 44th

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

Add Attachment

17. Proposed Project:

* a. Start Date: 04/2011

* b. End Date: 08/2012

18. Estimated Funding (\$): \$5,092,389

* a. Federal \$1,273,097

* b. Applicant

* c. State

* d. Local \$3,819,292

* e. Other

* f. Program Income

* g. TOTAL \$5,092,389

* 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 02/11/11

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

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

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

Yes No

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

I AGREE

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

Authorized Representative:

Prefix: _____ * First Name Jonathn

Middle Name: _____

* Last Name: Daly

Suffix: _____

* Title: General Manager

* Telephone Number: 951-736-2477

Fax Number: _____

* Email: jonathand@ci.corona.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2003)

Prescribed by OMB Circular A-102

Jonathan Daly

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501(c)(3) IRS status (other than institution of higher education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

* 10. Name of Federal Agency:

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.028

CFDA Title:

Wildlife Services

* 12. Funding Opportunity Number:

MBL-SF424Family-AllForms

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

11-8100-1601-GR

Title:

North American Pollinator Protection Campaign (NAPPC)
Conference Outreach

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

U.S.A. and Canada and Mexico

* 15. Descriptive Title of Applicant's Project:

North American Pollinator Protection Campaign (NAPPC) Conference
Outreach

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
* a. Applicant: **CA-008** * b. Program/Project: **US-all**

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

17. Proposed Project:
* a. Start Date: **10/01/10** * b. End Date: **10/30/10**

18. Estimated Funding (\$):
* a. Federal: **\$10,000**
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL: **\$10,000**

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

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

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

Authorized Representative:

Prefix: **Ms.** * First Name: **Laurie**
Middle Name: **Danies**
* Last Name: **Adams**
Suffix:

* Title: **Executive Director**

* Telephone Number: **415.362.1137** Fax Number: **415.362.3070**

* Email: **LDA@pollinator.org**

* Signature of Authorized Representative: _____ * Date Signed: _____
Completed by Grants.gov upon submission. Completed by Grants.gov upon submission.

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

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)

RECEIVED
 FEB 14 2011

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Elsinore Valley Municipal Water District

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

95-6005663

* c. Organizational DUNS:

042609810

d. Address:

* Street1: 31315 Chaney Street, P.O. Box 3000

Street2:

* City: Lake Elsinore

County: Riverside

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 92530

e. Organizational Unit:

Department Name:

Engineering

Division Name:

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

Prefix: Mr. * First Name: Ronald

Middle Name:

* Last Name: Young

Suffix: P.E., DEB

Title: General Manager

Organizational Affiliation:

Elsinore Valley Municipal Water District

* Telephone Number: (951) 674-3146, ext. 0224

Fax Number: (951) 674-9872

* Email: ryoung@evmwd.net

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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:**

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R11SF80311

*** Title:**

Title XVI Water Reclamation and Reuse Program Construction Activities for Fiscal Year 2011

13. Competition Identification Number:

Title:

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

Lake Elsinore and Wildomar, Riverside County, CA

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

Wildomar Recycled Water Project - Additional Customers

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

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

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

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	62,500.00
* b. Applicant	187,500.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	250,000.00

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

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

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

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

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

Yes No

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

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="text"/> <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 14 2011 </div>
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:		
<input type="text"/>		STATE CLEARING HOUSE		
State Use Only:				
6. Date Received by State:		7. State Application Identifier:		
<input type="text"/>		<input type="text"/>		
B. APPLICANT INFORMATION:				
* a. Legal Name: Elsinore Valley Municipal Water District				
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:		
95-6008668		042809818		
d. Address:				
* Street1: 5015 Craney Street, PO Box 3000				
Street2: <input type="text"/>				
* City: Lake Elsinore				
County/Parish: Riverside				
* State: California				
Province: <input type="text"/>				
* Country: USA: UNITED STATES				
* Zip / Postal Code: 92530				
e. Organizational Unit:				
Department Name:		Division Name:		
Engineering		<input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix:	Mr.	* First Name:	Randy	
Middle Name:	<input type="text"/>			
* Last Name:	Young			
Suffix:	P.E., DEE			
Title:	General Manager			
Organizational Affiliation:				
Elsinore Valley Municipal Water District				
* Telephone Number:	(951) 674-3146 ext. 8224	Fax Number:	(951) 674-9872	
* Email:	ryoung@evmwd.net			

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

D. Special District Applicant

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 Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Not Provided

*** 12. Funding Opportunity Number:**

RL15P0311

*** Title:**

**WaterSMART
Title XVI Water Reclamation and Reuse Program Construction Activities
for Fiscal Year 2011**

13. Competition Identification Number:

Title:

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

Lake Blainore, Riverside Co., CA

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Tuscany Recycled Water Project (Phase 1)

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-49

* b. Program/Project CA-49

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

17. Proposed Project:

* a. Start Date: July 2011

* b. End Date: March 2013

18. Estimated Funding (\$):

* a. Federal	\$2,000,000
* b. Applicant	\$7,400,000
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$9,400,000

19. Is this 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 2/11/11
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Ronald
 Middle Name:
 * Last Name: Young
 Suffix: P. E., DEE

* Title: General Manager

* Telephone Number: 951-674-3118 Ext: 8224 Fax Number: 951-674-9872

* Email: ryoung@evmsd.net

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: February 10, 2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

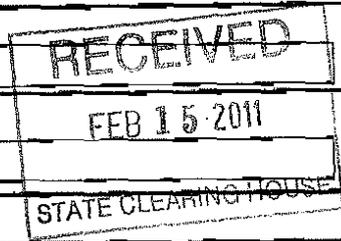
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 16, 2011	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: San Juan Water District		Organizational Unit: Department: San Juan Water District Retail		
Organizational DUNS: 06-781-5985		Division: Conservation		
Address: Street: 8936 Auburn Folsom Road		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Granite Bay		Prefix: Ms. Vicki Sacksteder		
County: Placer County		Middle Name L.		
State: California		Last Name Sacksteder		
Zip Code 95748		Suffix:		
Country: USA		Email: vsacksteder@sjwd.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6021908		Phone Number (give area code) 916-791-8933		Fax Number (give area code) 916-791-8983
7. 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) Special District Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water Conservation Field Services Program (WCFSP)		8. NAME OF FEDERAL AGENCY: Bureau of Reclamation - Mid-Pacific Region		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Granite Bay, Placer County / portion of City of Folsom, Sacramento County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Conservation Rebate and Irrigation Efficiency Improvement Reimbursement Program		
13. PROPOSED PROJECT Start Date: September 30, 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Fourth Congressional District		
Ending Date: September 30, 2012		b. Project Fourth Congressional District		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 49,760.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 51,354.00	DATE: February 14, 2011		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 101,114.00			
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 Ms.	First Name Shauna	Middle Name		
Last Name Lorance	Suffix			
b. Title General Manager	c. Telephone Number (give area code) 916-791-8936			
d. Signature of Authorized Representative 	e. Date Signed February 14, 2011			

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
	#67



5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
NRCS Agreement No. 65-9104-1-853	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:	Northwest California Resource Conservation & Development Council	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	68-0396859	
* c. Organizational DUNS:	136 722 910	

d. Address:

* Street1:	P. O. Box 2183
Street2:	#3 Horseshoe Lane
* City:	WEAVERVILLE
County/Parish:	Trinity
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	96093-2183

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	* First Name:	Patrick
Middle Name:		
* Last Name:	Truman	
Suffix:		
Title:	Council Representative	

Organizational Affiliation:

Northwest California Resource Conservation & Development Council

* Telephone Number:	530-623-2009 Ext. 3	Fax Number:	530-623-2353
---------------------	---------------------	-------------	--------------

* Email: Truman@jeffnct.org

Application for Federal Assistance SF-424

8. Type of Applicant 1: Select Applicant Type:

Non-Profit 501 (c) (3)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Natural Resources Conservation Service, USDA

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Trinity, Humboldt & Del Norte Counties

Add Attachment

Delete Attachment

View Attachment

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

Cooperative Agreement between USDA/NRCS and NW California RC&D Council to provide technical assistance to assist Council to become a sound business Councilship.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$4,500.00"/>
* b. Applicant	<input type="text"/>
* 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="\$4,500.00"/>

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

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

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

Yes No

If "Yes," provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

City of La Habra Utility Authority

RECEIVED

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

FEB 15 2011

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name: City of La Habra Utility Authority

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

95-6000730

* c. Organizational DUNS:

094714938

d. Address:

* Street1: 621 W. Lambert Road

Street2:

* City: La Habra

County:

Orange

* State:

Province:

* Country:

United States

* Zip / Postal Code:

90631

e. Organizational Unit:

Department Name:

Public Works

Division Name:

Water Division

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

Prefix: Mr.

* First Name: Jeff

Middle Name:

* Last Name: Henderson

Suffix:

Title: Management Analyst

Organizational Affiliation:

* Telephone Number: 562-905-9792

Fax Number: 562-691-1626

* Email: jeffh@lahabracity.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

City Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of the Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

WaterSMART: Water and Energy Efficiency Grants for Fiscal Year (FY) 2011

* 12. Funding Opportunity Number:

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for Fiscal Year (FY) 2011

13. Competition Identification Number:

Title:

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

City of La Habra

* 15. Descriptive Title of Applicant's Project:

Citywide Smart Timer and Flow Sensor Installation Project for City Owned Green Spaces.

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="\$300,000.00"/>
* b. Applicant	<input type="text" value="\$423,056.35"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="\$40,150.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$763,206.35"/>

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

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

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

Yes No

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

- ** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 15 2011 STATE CLEARING HOUSE </div>		
* 3. Date Received:	4. Applicant Identifier:	
<input type="text"/>	<input type="text"/>	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
<input type="text"/>	<input type="text"/>	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
<input type="text"/>	<input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: North Coast Resource Conservation and Development Council		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
68-048941	126172779	
d. Address:		
* Street1:	2448 Guerneville Road, Suite 100	
Street2:	<input type="text"/>	
* City:	Santa Rosa	
County/Parish:	<input type="text"/>	
* State:	California	
Province:	<input type="text"/>	
* Country:	USA	
* Zip / Postal Code:	95403	
e. Organizational Unit:		
Department Name:	Division Name:	
<input type="text"/>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Ron	
Middle Name:	<input type="text"/>	
* Last Name:	Rolleri	
Suffix:	<input type="text"/>	
Title:	<input type="text"/>	
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number:	707 569 9710	* Fax Number: 707 569 9746
* Email:	nrcrcaand@sonic.net	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

501(c) (3)

Type of Applicant 2: Select Applicant Type:

[Empty text box]

Type of Applicant 3: Select Applicant Type:

[Empty text box]

*** Other (specify):**

[Empty text box]

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

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

[Empty text box]

CFDA Title:

[Empty text box]

*** 12. Funding Opportunity Number:**

[Empty text box]

*** Title:**

[Empty text box]

13. Competition Identification Number:

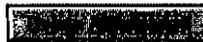
[Empty text box]

Title:

[Empty text box]

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

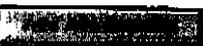
[Empty text box]



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

North Coast Resource Conservation and Development Council Capacity Building

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

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

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

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	\$4,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$4,500.00

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Guadalupe Union School District"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="77-0070778"/>		* c. Organizational DUNS: <input type="text" value="100006121"/>
d. Address:		
* Street 1: <input type="text" value="4465 Ninth Street"/>		
Street 2: <input type="text"/>		
* City: <input type="text" value="Guadalupe"/>		
County: <input type="text" value="Santa Barbara"/>		
* State: <input type="text" value="CA"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="93434"/>		
e. Organizational Unit:		
Department Name: <input type="text" value="Maintenance, Operations & Transportatn"/>		Division Name: <input type="text" value="Grounds"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: <input type="text" value="Kim"/>
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Greer"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Director of Business Services"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(805) 343-1178"/>		Fax Number: <input type="text" value="(805) 343-6155"/>
* Email: <input type="text" value="kgreer@sbceo.org"/>		

RECEIVED

FEB 15 2011

STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1 - Select Applicant Type: <input type="text" value="Independent School District"/> Type of Applicant 2- Select Applicant Type: <input type="text"/> Type of Applicant 3- Select Applicant Type: <input type="text"/> * Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: <input type="text" value="NGMS Agency US Department of Agriculture"/>	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="10.766"/> CFDA Title: <input type="text"/>	
* 12. Funding Opportunity Number: <input type="text" value="MBL-SF424 FAMILY-ALL FORMS"/> * Title: <input type="text" value="MBL-SF424 FAMILY - ALL FORMS
Community Facilities Grant"/>	
13. Competition Identification Number: <input type="text"/> Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="School District"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Mower to maintain school grounds"/>	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="23"/>	* b. Program/Project <input type="text" value="23"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text"/>	* b. End Date: <input type="text"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="\$7,369.00"/>	
* b. Applicant	<input type="text" value="\$6,029.00"/>	
* 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="\$13,398.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .		
<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 <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications- and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances **and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Hugo"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Lara"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Superintendent"/>	
* Telephone Number:	<input type="text" value="(805) 343-2114"/>	Fax Number: <input type="text" value="(805) 343-6155"/>
* Email:	<input type="text" value="laragusd@sbceo.org"/>	
* Signature of Authorized Representative:		* Date Signed <input type="text"/>

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	02/14/2011	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		G1198003
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			W-79-D-5

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational Unit: _____
Department: Fish and Game

Organizational DUNS: 808322358

Division: GRANTS MANAGEMENT BRANCH

Address: 1831 9TH STREET

City: SACRAMENTO

County: SACRAMENTO

State: CA Zip Code: 95811

Country: USA

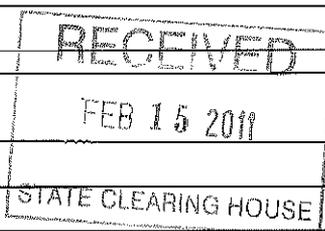
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms First Name: CARRIE

Middle Name: _____

Last Name: HOLLER

Suffix: _____

Email: choller@dfg.ca.gov



8. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1897567

9. TYPE OF APPLICANT: (See back of form for Application Types)
 New Continuation Revision
Other (specify) _____

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611

TITLE (Name of Program): WILDLIFE RESTORATION ACT

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): NAPA, SONOMA, SOLANO, AND YOLO COUNTIES

13. PROPOSED PROJECT
Start Date: 07/01/2011 Ending Date: 08/30/2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3 b. Project 1, 6, 10

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 3

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: 02/14/2011
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

15. ESTIMATED FUNDING:

a. Federal	\$	1,294,025.00
b. Applicant	\$	
c. State	\$	431,342.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	21,516.00
g. TOTAL	\$	1,746,883.00

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

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

a. Authorized Representative
Prefix Mr. First Name BLAINE Middle Name _____
Last Name NICKENS Suffix _____
b. Title CHIEF, GRANTS MANAGEMENT BRANCH
c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative *Blaine Nickens* a. Date Signed 2/14/2011

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received:	4. Applicant Identifier:	RECEIVED FEB 15 2011 STATE CLEARING HOUSE
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: City of San Diego		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000776W		*c. Organizational DUNS: 826399206000
d. Address:		
*Street 1:	9192 Topaz Way	
Street 2:	_____	
*City:	San Diego	
County:	San Diego	
*State:	CA	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	92123	
e. Organizational Unit:		
Department Name: Public Utilities		Division Name: Finance and Information Technology
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: Pamela	
Middle Name: Jane	_____	
*Last Name: Carreon	_____	
Suffix: _____	_____	
Title:	Senior Management Analyst	
Organizational Affiliation:		
*Telephone Number: (858) 614-5753		Fax Number: (858) 614-4027
*Email: Pcarreon@sandiego.gov		

Application for Federal Assistance SF-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:15.507

CFDA Title:

WaterSMART (Sustaining and Manage America's Resources for Tomorrow)***12 Funding Opportunity Number:**R11SF80303

*Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011**13. Competition Identification Number:**

Title:

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

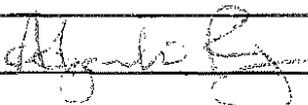
City of San Diego

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

City of San Diego Sustainable Landscape Rebate Program

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-053	*b. Program/Project: CA-053	
17. Proposed Project:		
*a. Start Date: 07/01/2011	*b. End Date: 06/30/2013	
18. Estimated Funding (\$):		
*a. Federal	_____	\$300,000
*b. Applicant	_____	\$333,383
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$633,383
*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>2/15/2011</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: _____	*First Name: <u>Alex</u> _____	
Middle Name: _____		
*Last Name: <u>Ruiz</u> _____		
Suffix: _____		
*Title: Assistant Director of Public Utilities		
*Telephone Number: (858) 292-6401		Fax Number: (858)292-6420
* Email: <u>RuizA@sandiego.gov</u>		
*Signature of Authorized Representative: 		*Date Signed: <u>2/15/11</u>

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Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102