Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1 - 15, 2012.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424

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

FAXED 1-31-12

* 3. Date Received:	4. Applicant Identifier:
01/30/2012	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

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* a. Legal Name: Butte-Glenn Community College District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
941637174	0861259520000

d. Address:

* Street1:	3536 Butte Campus Drive
Street2:	Agriculture Department
* City:	Oroville
County/Parish:	Butte
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	959658303

e. Organizational Unit:

Department Name:	Division Name:
Agriculture Department	Career Technical Education

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

Prefix:	Mr.	* First Name:	Lyman
Middle Name:			
* Last Name:	Hagen		
Suffix:			

Title: Chair, Agriculture and Environmental Science

Organizational Affiliation:
Butte College

* Telephone Number:	5308952593	Fax Number:	5308952929

* Email: hagenly@butte.edu

FAXED 1-31-12

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-12-01

* Title:

2012 Conservation Innovation Grant Funding Opportunity

13. Competition Identification Number:

Title:

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

14.Areas Affected by the Project.docx | Add Attachment | Delete Attachment | View Attachment

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

Barley Fodder as an Alternative Low-cost and Sustainable Feed Source

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

FAXED 1/31/12

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-002 b. Program/Project: CA-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/03/2012 * b. End Date: 08/30/2013

18. Estimated Funding ($):

* a. Federal	29,996.00
* b. Applicant	35,956.00
* c. State	0.00
* d. Local	0.00
* e. Other	3,880.00
* f. Program Income	0.00
* g. TOTAL	69,832.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/31/2012.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach

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)**

[X] ** I AGREE

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

Authorized Representative:

Prefix: Dr. * First Name: Kimberly

Middle Name:

* Last Name: Perry

Suffix:

* Title: Superintendent/President

* Telephone Number: 5308952484 Fax Number:

* Email: perryki@butte.edu

* Signature of Authorized Representative: Juri Brilts * Date Signed: 01/30/2012

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: Torres-Martinez Desert Cahuilla Indians	Organizational Unit: Department:
Organizational DUNS: 617168620	Division:
Address: Street: 66725 Martinez Road	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Columba
City: Thermal	Middle Name
County: Riverside	Last Name Quintero
State: California / Zip Code 92274	Suffix:
Country: USA	Email: cquintero@tmdci-nsn.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3772517	Phone Number (give area code) 5(760) 397-0300 ext 1112 / Fax Number (give area code) (760) 262-1495

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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) K. Indian Tribe7 Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770 TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Torres-Martinez Avenue 64 Subdivision Connection to Coachella Valley Water District Community Sewer System
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Torres-Martinez Indian Tribe, Riverside County, State of California	
13. PROPOSED PROJECT: Start Date: TBD / Ending Date: Three Years from Start	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 45 / b. Project 45

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 1,700,000.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 0.00	
c. State	$ 0.00	
d. Local	$ 0.00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ 0.00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 1,700,000.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix	First Name Mary	Middle Name L.
Last Name Resvaloso		Suffix
b. Title Tribal Chairwoman		c. Telephone Number (give area code) (760) 397-0300 ext 1205
d. Signature of Authorized Representative		e. Date Signed February 1. 2012

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 2/6/12	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

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1. TYPE OF SUBMISSION:

Application: ☐ **Construction** ☑ **Non-Construction**

Pre-application: ☐ **Construction** ☐ **Non-Construction**

5. APPLICANT INFORMATION

Legal Name: Access Services PO Box 5728 El Monte, CA 91734-1728

Organizational DUNS: 883300121

Address:

Street: PO Box 5728

City: El Monte

County: Los Angeles

State: CA

Zip Code: 91734-1728

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix:

First Name: Gilbert

Middle Name

Last Name: Garza

Suffix:

Email: garza@asila.org

Phone Number (give area code): 213-270-6000

Fax Number (give area code): 213-270-6048

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

8. TYPE OF APPLICATION:

☑ **New** ☐ **Continuation** ☐ **Revision**

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

Other (specify)

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

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

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: 7/1/2012

Ending Date: 6/30/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 21-47

b. Project: 21-47

15. ESTIMATED FUNDING:

a. Federal	$ 58,200,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 7,584,156.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 65,784,156.00

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

a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix

First Name: 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: Gilbert Garza

e. Date Signed: 2/6/12

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

Application for Federal Assistance SF-424

Version 02

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

* 2. Type of Application:
- [x] 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:

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Salyer Community Service District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0366003

* c. Organizational DUNS: 767037428

d. Address:

* Street 1: PO BOX 503
Street 2:
* City: Salyer
County: Trinity
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95563

e. Organizational Unit:

Department Name: Fire Department

Division Name:

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

Prefix: Mr
* First Name: Garrett
Middle Name: Lewis
* Last Name: Watty
Suffix:

Title: Chairman

Organizational Affiliation:

* Telephone Number: (530) 629-6887
Fax Number:

* Email: glwatty@yahoo.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

Special District

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:

10.766

CFDA Title

Community Facilities Grant Program

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title

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

Trinity County

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

ADA Parking & Water System

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: 2
* b. Program/Project: 2

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06-01-2012
* b. End Date: 08-01-2012

18. Estimated Funding ($):

* a. Federal	$23,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$23,500.00

*** 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.)**

[ ] Yes [✓] No Explanation

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

[✓] ** I AGREE

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

Authorized Representative:

Prefix:	Mr
* First Name:	Garrett
Middle Name:	Lewis
* Last Name:	Watty
Suffix:	
* Title:	Chairman
*Telephone Number:	(530) 629-2887
Fax Number:	
* Email:	glwatty@yahoo.com
* Signature of Authorized Representative:	Garrett Watty
* Date Signed:	2/8/2012

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
02/02/2012	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:

State Use Only:

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

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8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6036494	0471200840000

d. Address:

* Street1:	1850 Research Park Drive
Street2:	Suite 300
* City:	Davis
County/Parish:	Yolo
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618-6153

e. Organizational Unit:

Department Name:	Division Name:
Office of Research	Sponsored Programs

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

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

Title: Contracts and Grants Analyst

Organizational Affiliation:
Sponsored Programs Office, Office of Research

* Telephone Number:	530-754-7700	Fax Number:	530-752-0333

* Email: proposals@ucdavis.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G12AS20011

* Title:

Cooperative Ecosystem Studies Unit, Californian CESU

13. Competition Identification Number:

G12AS20011

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Use of Autonomic Recording Units to Monitor California Clapper Rail Calling Rates in a Tidal Marsh Ecosystem

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-001 b. Program/Project CA-009

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 02/13/2012 * b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	63,237.94
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	63,237.94

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/10/2012.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach

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)**

[X] ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Brian

Middle Name:

* Last Name: Russ

Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: 530-754-7700 Fax Number: 530-752-0333

* Email: bdruss@ucdavis.edu

* Signature of Authorized Representative: Brian Russ * Date Signed: 02/02/2012

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:** California Clapper Rail.doc

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File | Delete Optional Project Narrative File | View Optional Project Narrative File

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 2/10/2012	Applicant Identifier Department of Food & Agriculture	
3. DATE RECEIVED BY STATE 1/31/2012	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-2006-1005-CA	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit:
Department: Food and Agriculture
Division: Plant Health & Pest Prevention Services

Organizational DUNS: 807487665

Address:
Street: 1220 N Street, Room 341
City: Sacramento
County: Sacramento
State: California
Zip Code 95814
Country: USA

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Victoria
Middle Name
Last Name Hornbaker
Suffix:
Email: vhornbaker@cdfa.ca.gov
Phone Number (give area code) 916-403-6648
Fax Number (give area code) 916-653-2403

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 68-0325104

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

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

9. NAME OF FEDERAL AGENCY: USDA-APHIS-PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-664
TITLE (Name of Program): Plant Pest and Animal Disease

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Conduct survey, regulatory, control, and eradication activities that will provide specific information to the Cooperator, APHIS, and other interested parties for Pink Bollworm programs.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):*
Phoenix, AZ, Maricopa County; Shafter, CA, Kern County

13. PROPOSED PROJECT
Start Date: October 1, 2011
Ending Date: September 30, 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant CA:3rd
b. Project CA= 22nd, 51st / AZ= 4th

15. ESTIMATED FUNDING:

a. Federal	$ 400,000.00
b. Applicant	$ .00
c. State	$ 0.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 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: 2/10/2012
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: Kathy
Middle Name
Last Name: Alameda
Suffix
b. Title: Federal Funds Manager
c. Telephone Number (give area code): 916-403-6525
d. Signature of Authorized Representative
e. Date Signed

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 02/10/2012	Applicant Identifier CA-95-X138	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-95-X138	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Foothill Transit

Organizational DUNS: 94-364-2124

Address:

Street: 100 S. Vincent Avenue, Suite 200

City: West Covina

County: Los Angeles

State: CA

Zip Code: 91791

Country: USA

Organizational Unit:

Department: Finance

Division:

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

Prefix: Mr. First Name: Gil

Middle Name

Last Name: Victorio

Suffix: NA

Email: gvictorio@foothilltransit.org

Phone Number (give area code): (626) 931-7227

Fax Number (give area code): (626) 931-7327

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4668218

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

Other (specify): Joint Powers Authority

9. NAME OF FEDERAL AGENCY: Federal Transit Authority

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ExpressLanes - Operating Assistance7

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: 20 cities and Los Angeles County

13. PROPOSED PROJECT

Start Date: 11/14/2011

Ending Date: 12/31/2014

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District No. 26,29,32,38 & 42

b. Project: Same

15. ESTIMATED FUNDING:

a. Federal	$ 3,200,000
b. Applicant	$
c. State	$
d. Local	$ 0
e. Other	$
f. Program Income	$
g. TOTAL	$ 3,200,000

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: 02/10/2012

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: Gil Middle Name

Last Name: Victorio Suffix

b. Title: Finance Manager

c. Telephone Number (give area code): (626) 931-7227

d. Signature of Authorized Representative

e. Date Signed: 02/10/2012

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED February 10, 2012	Applicant Identifier Dept. of Food and Agriculture	
3. DATE RECEIVED BY STATE January 30, 2012	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-1512-CA	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational DUNS: 807487665

Address:

Street: 1220 N Street, Room 315

City: Sacramento

County: Sacramento

State: California | Zip Code 95814

Country: United States

Organizational Unit:

Department: Food and Agriculture

Division: Plant Health and Pest Prevention Services

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

Prefix: | First Name: Jason

Middle Name: K

Last Name: Chan

Suffix:

Email: jason.chan@cdfa.ca.gov

Phone Number (give area code): (916) 654-1211

Fax Number (give area code): (916) 654-0555

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 6 8 - 0 3 2 5 1 0 4

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

A - State

Other (specify)

8. TYPE OF APPLICATION:

☑ **New** ☐ **Continuation** ☐ **Revision**

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

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 0 2 5

TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Oriental Fruit Fly Eradication Project - Anaheim, Orange County

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

State of California

13. PROPOSED PROJECT

Start Date: October 12, 2011 | Ending Date: September 12, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 47 | b. Project: Oriental Fruit Fly Eradication Proj

15. ESTIMATED FUNDING:

a. Federal	$ 310,311.00
b. Applicant	$ .00
c. State	$ 490,498.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 800,809.00

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 30, 2012

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix	First Name: Kathy	Middle Name
Last Name: Alameda		Suffix
b. Title: Manager, Federal Funds Management Office		c. Telephone Number (give area code): (916) 403-6525
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

*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: Oroville Hospital, a nonprofit corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1634554

*c. Organizational DUNS:

d. Address:

*Street 1: 2767 Olive Highway
Street 2:
*City: Oroville
County: Butte
*State: California
Province:
*Country: United States
*Zip / Postal Code 95966

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: Ashok
Middle Name:
*Last Name: Khanchandani
Suffix:

Title: CFO

Organizational Affiliation:
OroHealth Corporation, parent company

*Telephone Number: 530-532-8509
Fax Number: 530-532-8600

*Email: akhanchandani@orohosp.com

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

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit 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:
10.766

CFDA Title:
Community Facilities Loans and Grants

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

City of Oroville, California and the surrounding area within Butte County, California

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

The loan is to purchase new equipment, fund relocation costs for selected department related to future expansion, and to refinance a portion of the Hospital's long-term debt. This loan is being done in conjunction with a Business & Industry Guaranteed loan.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-004 *b. Program/Project: CA-004

17. Proposed Project:

*a. Start Date: 04-1-2012 *b. End Date: 07-01-2012

18. Estimated Funding ($):

*a. Federal	5,000,000 CF
*b. Applicant	
*c. State	
*d. Local	
*e. Other	10,000,000 B&I
*f. Program Income	
*g. TOTAL	15,000,000

***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: *First Name: Ashok

Middle Name:

*Last Name: Khanchandani

Suffix:

*Title: VP | CFO

*Telephone Number: 530-532-8509 Fax Number: 530-532-8600

* Email: akhanchandani@orohosp.com

*Signature of Authorized Representative: [redacted] *Date Signed: 1/26/2012

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

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 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: Los Angeles County Department of Public Health

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956000927

* c. Organizational DUNS: 624882309

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d. Address:

* Street1: 5050 Commerce Drive
Street2: Room 116
* City: Baldwin Park
County: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91706

e. Organizational Unit:

Department Name: Environmental Health

Division Name: Environmental Protection

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

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

Title: Chief Environmental Health Specialist

Organizational Affiliation: Los Angeles County Department of Public Health

* Telephone Number: 626-430-5295

Fax Number: 626-813-3025

* Email: caborja@ph.lacounty.gov

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:

B: County 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:

R12SF80082

* 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.):

Los Angeles County, California
Coconino County, Arizona
Harris County, Texas
Orange County and Wake County, North Carolina

* 15. Descriptive Title of Applicant's Project:

Decentralized Water/Wastewater Reuse (DWR) technology feasibility in western cities and peri-urban areas for local non-potable 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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-032
* b. Program/Project: CA-032

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

Congressional Districts of P | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012
* b. End Date: 12/31/2013

18. Estimated Funding ($):

* a. Federal	149,999.00
* b. Applicant	66,699.00
* c. State	0.00
* d. Local	0.00
* e. Other	133,424.00
* f. Program Income	0.00
* g. TOTAL	350,122.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/13/2012.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Carlos

Middle Name:

* Last Name: Borja

Suffix:

* Title: Chief Environmental Health Specialist

* Telephone Number: 626-430-5295 Fax Number: 626-813-3025

* Email: caborja@ph.lacounty.gov

* 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 10/2005)
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:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

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

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 02/13/2012

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

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6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Monterey Regional Water Pollution Control Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 942424202

* c. Organizational DUNS: 102772860

d. Address:

* Street1: 5 Harris Court
Street2:
* City: Monterey
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93940

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: Robert
Middle Name:
* Last Name: Holden
Suffix:

Title: Principal Engineer

Organizational Affiliation:

* Telephone Number: 831-645-4634
Fax Number: 831-372-6178

* Email: bobh@mrwpca.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:

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R12SF80082

* 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.):

Monterey County, California

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

Groundwater Replenishment Project Feasibility Studies

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: 17
* b. Program/Project: 17

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05/01/2012
* b. End Date: 09/30/2013

18. Estimated Funding ($):

* a. Federal	149,791.34
* b. Applicant	428,023.35
* c. State	75,000.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	652,814.69

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/13/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr.
* First Name: Robert
Middle Name:
* Last Name: Holden
Suffix:

* Title: Water Recycling Projects Manager
* Telephone Number: 831-645-4634
Fax Number: 831-883-2551
* Email: bobh@mrwpca.com
* Signature of Authorized Representative: Robert Holden
* Date Signed: 02/13/2012

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

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Inland Empire Utilities Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956004609

* c. Organizational DUNS: 043656206

d. Address:

* Street1: 6075 Kimball Avenue
Street2:
* City: Chino
County: San Bernardino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91708-9174

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: H.
* Last Name: Gu
Suffix:

Title: Grants Officer

Organizational Affiliation: Inland Empire Utilities Agency employee

* Telephone Number: (909) 993-1636
Fax Number: (909)993-1986

* Email: jgu@icua.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:**

R12SF80082

* 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.):

Cities of the Cities of Chino Hills, Fontana, Montclair, Ontario, Rancho Cucamonga, Upland, and unincorporated areas of San Antonio Heights and Alta Loma, which are located in San Bernardino County in the State of California

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

Inland Empire Utilities Agency Recycled Water Expansion Program 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-042
* b. Program/Project: CA-042

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

Additional Congressional Dis | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012
* b. End Date: 03/31/2014

18. Estimated Funding ($):

* a. Federal	150,000.00
* b. Applicant	50,000.00
* c. State	75,000.00
* d. Local	75,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	350,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/13/2012.

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

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

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

[ ] Yes [X] No | Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Thomas
Middle Name: A.
* Last Name: Love
Suffix:

* Title: General Manager Thomas Love
* Telephone Number: (909) 993-1600 Fax Number: (909) 993-1985
* Email: tlove@ieua.org
* 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 10/2005)
Prescribed by OMB Circular A-102

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

Version 02

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 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: Inland Empire Utilities Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956004609

* c. Organizational DUNS: 043656206

d. Address:

* Street1: 6075 Kimball Avenue
Street2:
* City: Chino
County: San Bernardino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91708-9174

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: H.
* Last Name: Gu
Suffix:

Title: Grants Officer

Organizational Affiliation: Inland Empire Utilities Agency employee

* Telephone Number: (909) 993-1636
Fax Number: (909)993-1986

* Email: jgu@ieua.org

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

Version 02

Application for Federal Assistance SF-424

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:**

R12SF80082

* 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.):

Cities of the Cities of Chino Hills, Fontana, Montclair, Ontario, Rancho Cucamonga, Upland, and unincorporated areas of San Antonio Heights and Alta Loma, which are located in San Bernardino County in the State of California

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

Inland Empire Utilities Agency Recycled Water Expansion Program 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

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-042
* b. Program/Project: CA-042

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

Additional Congressional Dis | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012
* b. End Date: 03/31/2014

18. Estimated Funding ($):

* a. Federal	150,000.00
* b. Applicant	50,000.00
* c. State	75,000.00
* d. Local	75,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	350,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/13/2012.

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

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

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

[ ] Yes [X] No | Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Thomas

Middle Name: A.

* Last Name: Love

Suffix:

* Title: General Manager Thomas A. Love

* Telephone Number: (909)993-1600 Fax Number: (909)993-1985

* Email: tlove@ieua.org

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

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

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

Application for Federal Assistance SF-424

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

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

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

*** Other (Specify):**

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

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FEB 14 2012
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** City of Mt. Shasta

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000378

*** c. Organizational DUNS:** 0703158900000

d. Address:

*** Street1:** 305 N. Mt. Shasta Blvd.
Street2:
*** City:** Mt. Shasta
County/Parish: Siskiyou
*** State:** CA: California
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 96067-2230

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:** Theodore
Middle Name:
*** Last Name:** Marconi
Suffix:

Title: City Manager

Organizational Affiliation:

*** Telephone Number:** 530-926-7510
Fax Number:

*** Email:** marconi@ci.mt-shasta.ca.us

Application for Federal Assistance SF-424

*** 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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

*** 12. Funding Opportunity Number:**

EPA-OSWER-OBLR-12-01

* Title:

Proposal Guidelines for Brownfields Multi-Purpose Pilot Grants

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:**

Brownfields Multi-Purpose Grant for City of Mt. Shasta

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: 2
b. Program/Project: 2

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2012
* b. End Date: 07/31/2015

18. Estimated Funding ($):

* a. Federal	400,000.00
* b. Applicant	40,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	440,000.00

*** 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 02/10/2012.

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

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: Theodore
Middle Name:
* Last Name: Marconi
Suffix:

* Title: City Manager

* Telephone Number: 530-926-7510
Fax Number:

* Email: marconi@ci.mt-shasta.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: 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
- [x] Application
- [ ] Changed/Corrected Application

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

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received

4. Applicant Identifier

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STATE CLEARING HOUSE

5a. Federal Entity Identifier

* 5b. Federal Award Identifier

State Use Only:

6. Date Received by State

7. State Application Identifier

8. APPLICANT INFORMATION:

* a. Legal Name: Shingletown Library Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0190048

* c. Organizational DUNS: 059924014

d. Address:

* Street 1: 7074 Wilson Hill Road
Street 2: P.O. Box 635
* City: Shingletown
County: Shasta
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 96088

e. Organizational Unit:

Department Name: N.A.

Division Name: N.A.

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

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

Title: Staff Volunteer

Organizational Affiliation: None

* Telephone Number: (530) 474 3506

Fax Number:

* Email: mrstrom@frontiernet.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:

M. Nonprofit

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify)

X. Nonprofit 501(C)(3) Corporation

*** 10 Name of Federal Agency:**

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Grant and Loan Program

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY ALL FORMS

13. Competition Identification Number:

N.A.

Title

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

None

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

Roof and Carpet Rehab Project

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

15. Congressional Districts Of:

* a. Applicant: CA-002 * b. Program/Project: CA-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08-01-2012 * b. End Date: 07-31-2013

18. Estimated Funding ($):

* a. Federal	$17,176.00
* b. Applicant	$7,500.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$24,676.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02-15-2012
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: | * First Name: Katharine

Middle Name:

* Last Name: Arbuckle

Suffix:

* Title: President and Chairperson

*Telephone Number: (530) 474-1334 | Fax Number:

* Email: kay.arbuckle@msn.com

* Signature of Authorized Representative: Katharine Arbuckle | * Date Signed: 2/16/12

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Prescribed by OMB Circular A-102