

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-28-2009**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- 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: Coral Reef Alliance

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94 - 3211245

*c. Organizational DUNS:
928418967

d. Address:

*Street 1: 351 CALIFORNIA STREET
Street 2: SUITE 605
*City: SAN FRANCISCO
County: SAN FRANCISCO
*State: CALIFORNIA
Province: _____
*Country: USA
*Zip / Postal Code: 94104

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: Rick
Middle Name: Joseph
*Last Name: MacPherson
Suffix: _____

Title: Director, Conservation Programs

Organizational Affiliation:
Coral Reef Alliance

*Telephone Number: 415-834-0900 x302

Fax Number: 415-834-0999

*Email: rmacpherson@coral.org

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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463 _____

CFDA Title:

Habitat Conservation _____

***12 Funding Opportunity Number:**

NMFS-HCPO-2009-2001494. _____

*Title:

General Coral Reef Conservation _____

13. Competition Identification Number:

2119910 _____

Title:

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

All of Maui County, Maui, State of Hawaii

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

Maui Marine Managed Area Support: Developing and Expanding Monitoring, Outreach, and Education Strategies

APPLICATION FOR FEDERAL ASSISTANCE		Version 02
16. Congressional District Of:		
*a. Applicant: 0	*b. Program/Project: 2	
17. Proposed Project:		
*a. Start Date: 07/01/2009	*b. End Date: 09/30/2010	
18. Estimated Funding (\$):		
*a. Federal	49,000	
*c. State	19,775	
*d. Local		
*e. Other		
*f. Program Income	50,925	
*g. TOTAL	119,700	
*10. 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>2/17/09</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		
<p>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)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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</p>		
Authorized Representative:		
Prefix: _____	*First Name: <u>Rick</u>	
Middle Name: _____		
*Last Name: <u>MacPherson</u>		
Suffix: _____		
*Title: Director, Conservation Program		
*Telephone Number: 415-834-0900 x302	Fax Number: 415-834-0999	
* Email: rmacpherson@coral.org		
*Signature of Authorized Representative: 	*Date Signed: <u>2/17/09</u>	

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

2. DATE SUBMITTED
[]

Applicant Identifier
Boles20091040

3. DATE RECEIVED BY STATE
[]

State Application Identifier
[]

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

4. Federal Identifier
DE-FG02-96ER14620 "Renewal"

5. APPLICANT INFORMATION

* Organizational DUNS: 094878394

* Legal Name: The Regents of the University of California

Department: Institute for Crustal Studies

Division: []

* Street1: 1140 Girvetz Hall - MC 1100

Street2: []

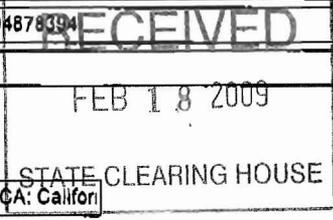
* City: Santa Barbara

County: []

* State: CA: Californ

Province: []

* Country: UNITED ST * ZIP / Postal Code: 93106-1100



Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Ms. Stephanie [] May []

* Phone Number: 805-893-3890 Fax Number: 805-893-2611 Email: may@research.ucsb.edu

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

956006145

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

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

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

If Revision, mark appropriate box(es).

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify).

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

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

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Fault-Related CO2 Degassing, Geothermics, & Fluid Flow in Southern California Basins---Physiochemical Evidence & Modeling

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

California

13. PROPOSED PROJECT:

* Start Date * Ending Date
02/01/2010 01/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project
CA23 CA1-53

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Prof. James [] Boles []

Position/Title: [] * Organization Name: The Regents of the University of California

Department: Institute for Crustal Studies Division: []

* Street1: 1140 Girvetz Hall - MC 1100 Street2: []

* City: Santa Barbara County: [] * State: CA: Californ

Province: [] * Country: UNITED ST * ZIP / Postal Code: 93106-1100

* Phone Number: 805-893-8231 Fax Number: 805-893-8649 * Email: boles@geol.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	342,947.00	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	342,947.00	DATE:	02/17/2009
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372; OR
		<input type="checkbox"/>	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

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

Ms. Stephanie May

* Position/Title: Sponsored Projects Officer * Organization: The Regents of the University of California

Department: Office of Research Division: Sponsored Projects

* Street1: 3227 Cheadle Hall - MC 2050 Street2:

* City: Santa Barbara County: * State: CA: California

Province: * Country: UNITED ST * ZIP / Postal Code: 93106-2050

* Phone Number: 805-893-3690 Fax Number: 805-893-2611 * Email: proposals@research.ucsb.edu

* Signature of Authorized Representative * Date Signed

Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

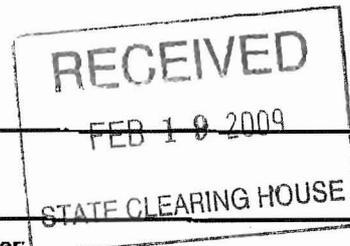
21. Attach an additional list of Project Congressional Districts if needed.

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

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:			
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: University of San Diego					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 952544535			*c. Organizational DUNS: 064467962		
*d. Address:					
*Street 1:		<u>5998 Alcalá Park</u>			
Street 2:		_____			
*City:		<u>San Diego</u>			
County:		<u>San Diego</u>			
*State:		<u>CA</u>			
Province:		_____			
*Country:		<u>USA</u>			
*Zip / Postal Code		<u>92110</u>			
*e. Organizational Unit:					
Department Name: Marine and Environmental Science			Division Name: Arts & Sciences		
*f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____		*First Name: <u>Traci</u>			
Middle Name: _____					
*Last Name: <u>Merrill</u>					
Suffix: _____					
Title: Associate Director, Office of Sponsored Programs					
Organizational Affiliation: Office of Sponsored Programs					
*Telephone Number: 619-260-6825			Fax Number: 619-260-2225		
*Email: <u>research@sandiego.edu</u>					



Application for Federal Assistance SF-424

Version 02

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

O. Private Institute of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

***12 Funding Opportunity Number:**

NMFS-HCPO-2009-2001494.

*Title:

General Coral Reef Conservation

13. Competition Identification Number:

2119910

Title:

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

U.S. Virgin Islands

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

Storm Water Runoff & Sedimentation into Coastal Bays with Coral Reefs: Comparisons between Developed and Underdeveloped Watersheds, US Virgin Islands

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: VI

17. Proposed Project:

*a. Start Date: 07/01/2009

*b. End Date: 12/31/2010

18. Estimated Funding (\$):

*a. Federal	49,722
*b. Applicant	49,914
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	99,636

***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 02/18/2009
- 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: Dr. _____ *First Name: Julie _____
 Middle Name: H. _____
 *Last Name: Sullivan _____
 Suffix: _____

*Title: Vice President & Provost

*Telephone Number: 619-260-6825

Fax Number: 619-260-2225

* Email: research@sandiego.edu

*Signature of Authorized Representative:

William J. O'Neill for Dr. Sullivan

*Date Signed: Feb 19, 2009

Application for Federal Assistance SF-424

Version 02

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

* a. Legal Name: Rural Community Assistance Corporation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942512284	* c. Organizational DUNS: 093587368



d. Address:

* Street1: 3120 Freeboard Drive, Suite 201
Street2: _____
* City: West Sacramento
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95691

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: George
Middle Name: _____	
* Last Name: Schendler	
Suffix: _____	
Title: Environmental Director	
Organizational Affiliation: _____	
* Telephone Number: 509/921-9415	Fax Number: 509/921-9417
* Email: gschlender@rcac.org	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.808

CFDA Title:

Solid Waste Management Assistance Grants

*** 12. Funding Opportunity Number:**

EPA-R9-WST7-09-002

* Title:

Solid Waste Assistance Grants

13. Competition Identification Number:

Title:

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

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

Moloka'i, Hawaii school will use waste materials diverted from landfill to manufacture items for sale.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="52,651.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="52,651.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

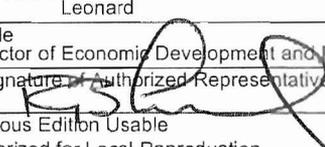
* Telephone Number: Fax Number:

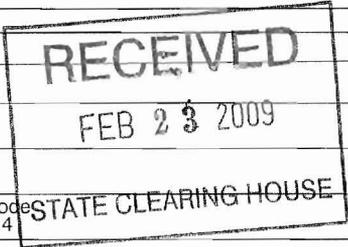
* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 13, 2009	Applicant Identifier																					
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier																						
5. APPLICANT INFORMATION Legal Name: County of Sacramento		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
Organizational DUNS: 071550800	Organizational Unit: Department: Economic Development and Intergovernmental Affairs Division:																							
Address: Street: 700 H Street, #7650 City: Sacramento County: Sacramento State: CA Zip Code: 95814	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Richard Middle Name: Last Name: Maddox Suffix:																							
Country: USA	Email: maddoxr@saccounty.net																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []	Phone Number (give area code) 916-874-7440	Fax Number (give area code) 916-874-5885																						
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" Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water & Waste Disposal Loan & Grant Program 1 0 - 7 6 0	9. NAME OF FEDERAL AGENCY: USDA																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rural Freeport, Sacramento County, CA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Provide water service to the town of Freeport to eliminate decades old septic systems which are failing and impacting drinking water.																							
13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Doris Matsui b. Project: Dan Lundgren																							
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal USDA grant</td> <td>\$</td> <td>1,000,000⁰⁰</td> </tr> <tr> <td>b. Applicant County of Sacramento</td> <td>\$</td> <td>2,830,000⁰⁰</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>3,830,000⁰⁰</td> </tr> </table>	a. Federal USDA grant	\$	1,000,000 ⁰⁰	b. Applicant County of Sacramento	\$	2,830,000 ⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	3,830,000 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: 2-11-09 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 USDA grant	\$	1,000,000 ⁰⁰																						
b. Applicant County of Sacramento	\$	2,830,000 ⁰⁰																						
c. State	\$	⁰⁰																						
d. Local	\$	⁰⁰																						
e. Other	\$	⁰⁰																						
f. Program Income	\$	⁰⁰																						
g. TOTAL	\$	3,830,000 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: Robert Middle Name:		Last Name: Leonard Suffix:																						
b. Title: Director of Economic Development and Intergovernmental Affairs		c. Telephone Number (give area code): 916-874-5220																						
d. Signature of Authorized Representative: 		e. Date Signed: 02-13-09																						



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 13, 2009	Applicant Identifier
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department: Economic Development and Intergovernmental Affairs	
County of Sacramento		Division:	
Organizational DUNS: 071550800		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address:		Prefix: Mr.	First Name: Richard
Street: 700 H Street, #7650		Middle Name	
City: Sacramento	RECEIVED FEB 23 2009 STATE CLEARING HOUSE	Last Name Maddox	
County: Sacramento		Suffix:	
State: CA		Email: maddoxr@saccounty.net	
Country: USA	Zip Code 95814	Phone Number (give area code) 916-874-7440	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>	Phone Number (give area code) 916-874-7440	Fax Number (give area code) 916-874-5885
--	---	---

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) "B" Other (specify)
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water & Waste Disposal Loan & Grant Program	9. NAME OF FEDERAL AGENCY: USDA
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rural Freeport, Sacramento County, CA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Provide sewer service to the town of Freeport to eliminate decades old septic systems which are failing and impacting drinking water.
---	---

13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Doris Matsui b. Project Dan Lundgren
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal USDA grant \$ 1,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2-11-09
b. Applicant County of Sacramento \$ 2,830,000.00	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 \$ 3,830,000.00	

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.

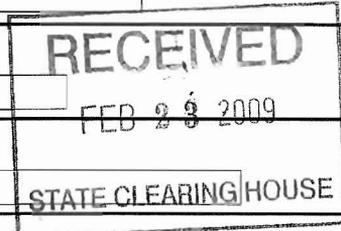
a. Authorized Representative		
Prefix Mr.	First Name Robert	Middle Name
Last Name Leonard		Suffix
b. Title Director of Economic Development and Intergovernmental Affairs		c. Telephone Number (give area code) 916-874-5220
d. Signature of Authorized Representative		e. Date Signed 02-13-09

Application for Federal Assistance SF-424

Version 02

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

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



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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: TOXIC SUBSTANCES CONTROL, CALIFORNIA DEPARTMENT OF
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281381	* c. Organizational DUNS: 949010870
--	---

d. Address:

* Street1: 8800 CAL CENTER DRIVE
Street2: _____
* City: SACRAMENTO
County: _____
* State: CALIFORNIA
Province: _____
* Country: UNITED STATES OF AMERICA
* Zip / Postal Code: 95826

e. Organizational Unit:

Department Name: HAZARDOUS WASTE PERMITTING TEAMS	Division Name: _____
---	--------------------------------

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

Prefix: _____	* First Name: BEVERLY
Middle Name: _____	
* Last Name: RIKALA	
Suffix: _____	

Title: HAZARDOUS SUBSTANCES ENGINEER / PERMITTING TEAM LEADER
--

Organizational Affiliation: _____

* Telephone Number: (916) 255-3746	Fax Number: (916) 255-3596
---	-----------------------------------

* Email: BRIKALA@DTSC.CA.GOV

Application for Federal Assistance SF-424

Version 02

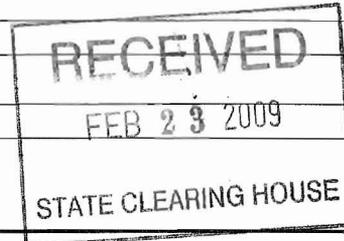
9. Type of Applicant 1: Select Applicant Type:

STATE GOVERNMENT

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):



* 10. Name of Federal Agency:

U.S. ENVIRONMENTAL PROTECTION AGENCY, REGION 9

11. Catalog of Federal Domestic Assistance Number:

66.808

CFDA Title:

* 12. Funding Opportunity Number:

EPA-R9-WST7-09-002

* Title:

SOLID WASTE ASSISTANCE GRANTS

13. Competition Identification Number:

Title:

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

STATE OF CALIFORNIA

* 15. Descriptive Title of Applicant's Project:

ELECTRONIC HAZARDOUS WASTE PERMITTING INFORMATION MANAGEMENT SYSTEM

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$90,000.00"/>
* b. Applicant	<input type="text" value="\$0.00"/>
* c. State	<input type="text" value="\$0.00"/>
* d. Local	<input type="text" value="\$0.00"/>
* e. Other	<input type="text" value="\$0.00"/>
* f. Program Income	<input type="text" value="\$0.00"/>
* g. TOTAL	<input type="text" value="\$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:

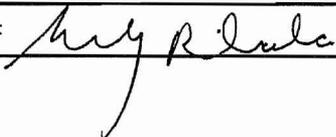
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

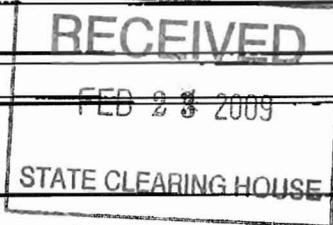
* Signature of Authorized Representative:  * Date Signed:

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"/>
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>		
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:				
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>		
8. APPLICANT INFORMATION:				
* a. Legal Name: The Regents of the University of California				
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2226406		* c. Organizational DUNS: 046705849		
d. Address: * Street1: Office of Research Administration, UC Irvine Street2: 300 University Tower * City: Irvine County: * State: CA: California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 92697-7600				
e. Organizational Unit: Department Name: Network & Academ. Comp. Serv. Division Name:				
f. Name and contact information of person to be contacted on matters involving this application: Prefix: Mr. * First Name: Stephen Middle Name: Anton * Last Name: Soeller Suffix: Title: Sr. Research Computing Specialist Organizational Affiliation: UC Irvine Network & Academic Computing Services * Telephone Number: 949-824-3239 Fax Number: 949-824-2069 * Email: tsoeller@uci.edu				



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:

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:**

Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.675

CFDA Title:

Urban and Community Forestry Program

*** 12. Funding Opportunity Number:**

USDA-FS-2009

*** Title:**

2009 Urban Forestry Challenge Cost Share Grant Program Request for Proposals

13. Competition Identification Number:

Title:

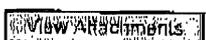
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Irvine, State of California, and cities throughout the United States

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

WikiForest: a web-based, user-friendly system for developing tree inventories using Geographic Information System (GIS)

Attach supporting documents as specified in agency instructions.



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	49,955.00
* b. Applicant	77,007.00
* c. State	0.00
* d. Local	0.00
* e. Other	19,000.00
* f. Program Income	0.00
* g. TOTAL	145,962.00

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 02/24/2009	Applicant Identifier G0998010
<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	<input type="checkbox"/> Non-Construction	W-68-R-3	

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA	Organizational Unit:
Organizational DUNS: 808322358	Department: FISH AND GAME
Address: Street: 1812 9TH STREET, GMFAB	Division: GRANT MANAGEMENT BRANCH
City: SACRAMENTO	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: SACRAMENTO	Prefix: MS First Name: LISA
State: CALIFORNIA Zip Code 95811	Middle Name
Country: USA	Last Name BAYS
	Suffix:
	Email: lbays@dfg.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1697567

Phone Number (give area code) (916) 445-3701	Fax Number (give area code) (916) 327-6320
---	---

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:
U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-811

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
WILDLIFE HABITAT INVENTORIES & RESEARCH - ELK & ANTELOPE

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

13. PROPOSED PROJECT
 Start Date: 07/01/2009 Ending Date: 06/30/2010

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. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/24/2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 156,770.00	
b. Applicant	\$	
c. State	\$ 52,257.00	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$ 209,027.00	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 Ms	First Name DEBBIE	Middle Name
Last Name ACKERMAN	Suffix	
b. Title CHIEF, GRANTS MANAGEMENT BRANCH	c. Telephone Number (give area code) (916) 327-0062	
d. Signature of Authorized Representative	e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

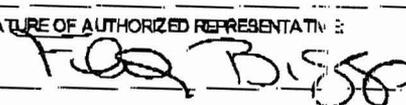
Version 7/03

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 02/12/2009	Applicant Identifier
5. APPLICANT INFORMATION			3. DATE RECEIVED BY STATE	State Application Identifier
Legal Name: COUNTY OF SAN DIEGO			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Organizational DUNS: 00-9581646		RECEIVED FEB 25 2009 STATE CLEARING HOUSE	Organizational Unit: Department: PUBLIC WORKS	
Address: Street: 1960 JOE CROSSON DR.			Division: AIRPORTS	
City: EL CAJON			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER	
County: SAN DIEGO			Middle Name Last Name DRINKWATER	
State: CA	Zip Code 92020	Suffix:		
Country: USA		Email: PETER.DRINKWATER@sdcounty.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8000934		Phone Number (give area code) (619) 956-4800		Fax Number (give area code) (619) 956-4801
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 Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FALLBROOK, SAN DIEGO COUNTY, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FALLBROOK AIRPORT - ENVIRONMENTAL STUDY FOR THE RUNWAY SAFETY AREA TRANSLATION IMPROVEMENT PROJECT PHASE 1		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 237,500.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: BY 02/17/09(Faxed to (916) 323.3018) F. BROWN		
b. Applicant	\$ 6,562.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 5,938.00	<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	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.		
g. TOTAL	\$ 250,000.00	a. Authorized Representative		
Prefix		First Name PETER	Middle Name L.	
Last Name DRINKWATER		Suffix		
b. Title DIRECTOR OF COUNTY AIRPORTS		c. Telephone Number (give area code) (619) 956-4839		
d. Signature of Authorized Representative <i>Peter Drinkwater</i>		e. Date Signed 02/17/2009		

Previous Edition Usable
Authorized for Local Reproduction

DRAFT

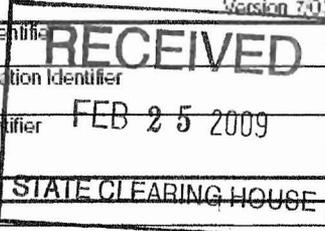
PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction	
Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)		STATE APPLICATION IDENTIFIER:	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 01/16/09	3. DATE RECEIVED BY STATE:	FEDERAL IDENTIFIER: 16 SCPCA002	
2b. APPLICATION ID: 09SC095735	4. DATE RECEIVED BY FEDERAL AGENCY: 01/16/09		
5. APPLICATION INFORMATION			
LEGAL NAME: Pomona Valley Community Services DUNS NUMBER: 126438013		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Gwen Albin TELEPHONE NUMBER: (909) 621-9900 222 FAX NUMBER: INTERNET E-MAIL ADDRESS: cssgalber@inkline.com	
ADDRESS (give street address, city, state, zip code and county): 141 South Spring Street Claremont CA 91711 County: Los Angeles			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 953100466	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization		
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input checked="" type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		RECEIVED FEB 25 2009 STATE CLEARING HOUSE	
		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pomona Valley SCP		
10b. TITLE: Senior Companion Program	11.b. CNCS PROGRAM INITIATIVE (IF ANY):		
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Azusa, Chino, Chino Hills, Claremont, Covina, Diamond Bar, Glendora, La Verne, Montclair, Ontario, Pomona, Rancho Cucamonga, San Dimas, Upland, Walnut, West	13. PROPOSED PROJECT: START DATE: 04/01/09 END DATE: 03/31/12		
14. CONGRESSIONAL DISTRICT OF: a. Applicant <input type="checkbox"/> b. Program <input type="checkbox"/>		15. ESTIMATED FUNDING: Year #: 1	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS IS AN APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 15-MAR-09 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372		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. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Floy Biggs	b. TITLE: CEO	c. TELEPHONE NUMBER: (909) 621-9900	
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		e. DATE SIGNED: 01/16/09	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 1-6-2009

Applicant Identifier



1. TYPE OF SUBMISSION: Application

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: City of Point Arena

Organizational Unit: Department: Administration

Organizational DUNS: 119288087

Division:

Address: Street: PO Box 67 / 451 School Street

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

City: Point Arena

Prefix: Ms. First Name: Claudia

County: Mendocino

Middle Name: Brooks

State: CA

Zip Code: 95468

Last Name: Hillary

Country: United States of America

Suffix: Email: ptarena@mcn.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6019185

Phone Number (give area code): 707-882-2122

Fax Number (give area code): 707-882-2124

8. TYPE OF APPLICATION: [X] New [] Continuation [] Revision

7. TYPE OF APPLICANT: C. - Municipal

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Point Arena Wastewater System Rehabilitation project

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

13. PROPOSED PROJECT Start Date: 3/2009

Ending Date: 3/2014

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

Table with 2 columns: Funding Source, Amount. Rows include Federal (\$2,066,000), Applicant, State, Local, Other, Program Income, and TOTAL (\$2,066,000).

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes [X] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Pending

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

a. Authorized Representative Prefix Ms. First Name Claudia

Middle Name Brooks

Last Name Hillary

Suffix

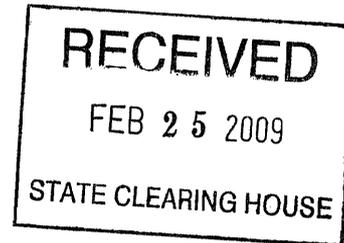
b. Title City Clerk / Administrator

c. Telephone Number (give area code) 707-882-2122

d. Signature of Authorized Representative [Handwritten Signature]

e. Date Signed 2-23-2009

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Upstate California Economic Development Council		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0333573		*c. Organizational DUNS: 828932157
d. Address:		
*Street 1:	<u>21880 Parkway Dr.</u>	
Street 2:	_____	
*City:	<u>Red Bluff, CA</u>	
County:	<u>Tehama</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>96080</u>	
e. Organizational Unit:		
Department Name: N/A		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Mrs.</u>	*First Name: <u>Alison</u>
Middle Name:	<u>Elizabeth</u>	
*Last Name:	<u>O'Sullivan</u>	
Suffix:	_____	
Title:	Coordinator	
Organizational Affiliation: Upstate California Economic Development Council		
*Telephone Number: 530-528-1397		Fax Number: 530-528-1397
*Email: alisono@edoncall.com		



Application for Federal Assistance SF-424

Version 02

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

N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu

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 Commerce Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

N/A _____

CFDA Title:

Technical Assistance _____

***12 Funding Opportunity Number:**

11.303 _____

*Title:

Economic Development - Technical Assistance _____

13. Competition Identification Number:

N/A _____

Title:

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

Counties of:

Sierra

Nevada

El Dorado

Modoc

Shasta

Siskiyou

Tehama

Glenn

Butte
Yuba
Sutter
Del Norte
Trinity
Humboldt
Mendocino
Lake
Colusa
Lassen
Plumas
Placer

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

TASK 1. CREATION OF THE UPSTATE CALIFORNIA ECONOMIC DEVELOPMENT COUNCIL CEDS REPORT

TASK 2. TARGET INDUSTRY STIMULUS PROGRAM

The result of the above activities will provide Upstate California Economic Development Council with strategies and action items to implement an aggressive regional economic development program. Furthermore, the creation of a regional CEDS will prioritize and accommodate future EDA funded infrastructure projects.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

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16. Congressional Districts Of:

*a. Applicant: CA-002

*b. Program/Project: CA-002,003,004

17. Proposed Project:

*a. Start Date: 6/2009

*b. End Date: 6/2011

18. Estimated Funding (\$):

*a. Federal	_____	130,000
*b. Applicant	_____	130,000
*c. State	_____	
*d. Local	_____	

*e. Other	
*f. Program Income	
*g. TOTAL	260,000

***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: Mrs *First Name: Alison

Middle Name: Elizabeth

*Last Name: O'Sullivan

Suffix: _____

*Title: Coordinator

*Telephone Number: 530-528-1397	Fax Number: 530-528-1397
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* Email: alisono@edoncall.com

*Signature of Authorized Representative:	*Date Signed: 2/24/2009
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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:**

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:**

Daniel Pankau / City of Calabasas

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

155055693

*** c. Organizational DUNS:**

027116205

d. Address:

*** Street1:**

100 Civic Center Way

Street2:

*** City:**

Calabasas

County:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

91302

e. Organizational Unit:

Department Name:

Public Works

Division Name:

Environmental Services

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

Prefix:

Mr.

*** First Name:**

Daniel

Middle Name:

Raymond

*** Last Name:**

Pankau

Suffix:

Title:

Environmental Service Assistant

Organizational Affiliation:

*** Telephone Number:**

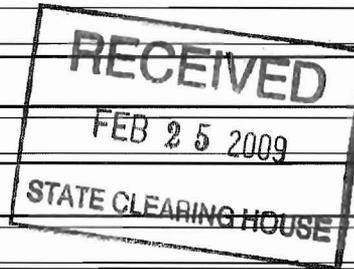
818-224-1682

Fax Number:

818-225-7338

*** Email:**

dpankau@cityofcalabasas.com



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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.808

CFDA Title:

Solid Waste Management Assistance Grants

*** 12. Funding Opportunity Number:**

EPA-R9-WST7-09-002

* Title:

Solid Waste Assistance Grants

13. Competition Identification Number:

Title:

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

All Region 9 areas could be be affected

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

please see attached word document

Attach supporting documents as specified in agency instructions.