Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-28, 2010.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

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

4. a. Federal Identifier:
b. Agency Routing Identifier:

2. DATE SUBMITTED: 02/16/2010
Applicant Identifier:

5. APPLICANT INFORMATION
* Organizational DUNS: 125084723
* Legal Name: Regents of the University of California
Department:
Division:
* Street1: UC Santa Cruz
Street2: 1156 High Street
* City: Santa Cruz
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 95064-1077

RECEIVED
FEB 16 2010
STATE CLEARING HOUSE

Person to be contacted on matters involving this application
Prefix:
* First Name: Kate
Middle Name:
* Last Name: Aja
Suffix:
* Phone Number: 831-459-3341
Fax Number: 831-459-4015
Email: kmaja@ucsc.edu

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

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

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

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

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

9. * NAME OF FEDERAL AGENCY: National Institute of Food and Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.307
TITLE: Organic Agriculture Research and Extension Initiative

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

12. PROPOSED PROJECT:
* Start Date: 10/01/2010
* Ending Date: 09/30/2014

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-017

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix:
* First Name: Carol
Middle Name:
* Last Name: Shennan
Suffix:
Position/Title: PI/Professor
* Organization Name: Regents of the University of California
Department: Environmental Studies
Division: Social Sciences
* Street1: UC Santa Cruz
Street2: 1156 High Street
* City: Santa Cruz
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 95064-1077
* Phone Number: 831-459-4540
Fax Number: 831-459-4015
* Email: cshennan@ucsc.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	2,888,225.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	2,888,225.00
d. Estimated Program Income	0.00

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: 02/16/2010

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Kate | Middle Name:

* Last Name: Aja | Suffix:

* Position/Title: Contracts And Grants Offier

* Organization: Regents of the University of California

Department: Office of Sponsored Projects | Division:

* Street1: UC Santa Cruz

Street2: 1156 High Street

* City: Santa Cruz | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 95064-1077

* Phone Number: 831-459-3341 | Fax Number: 831-459-4015

* Email: kmaja@ucsc.edu

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

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name:
Tipton Community Services District

Organizational DUNS: 011428737

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STATE CLEARINGHOUSE

Address:
Street:
P O Box 266

City: Tipton

County: Tulare

State: Ca

Zip Code 93272

Country: USA

Organizational Unit:
Department:

Division:

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

Prefix: Mr.

First Name: Steve

Middle Name

Last Name Hunt

Suffix:

Email:

Phone Number (give area code) (559) 752-4182

Fax Number (give area code) (559) 752-4186

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
9 4 - 1 5 2 5 3 8 6

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

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

9. NAME OF FEDERAL AGENCY:

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Water Main Installation Installation at North Burnett Road in Tipton

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
North Burnett Road Neighborhood in Tipton, Ca.

13. PROPOSED PROJECT

Start Date: 8-110

Ending Date: 2-1-11

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 21

b. Project 21

15. ESTIMATED FUNDING:

a. Federal	$ 52,900.00
b. Applicant	$ 0.00
c. State	$ 211,400.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 264,300.00

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 Mr.

First Name Steve

Middle Name

Last Name Hunt

Suffix

b. Title President - Board of Directors

c. Telephone Number (give area code) (559) 752-4182

d. Signature of Authorized Representative

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 2-22-2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Central Sierra Resource Conservation & Development, Inc

Organizational Unit: Department:

Organizational DUNS: 136584179

Division:

Address: Street: 2350 New York Ranch Road

City: Jackson

County: Amador

State: CA

Zip Code: 95642

Country: USA

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

Prefix: Ms

First Name: Valerie

Middle Name

Last Name: Klinefelter

Suffix:

Email: 'vk95669@hotmail.com'

Phone Number (give area code): (209) 245-3168

Fax Number (give area code): (209) 257-0910

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 4 2 - 1 5 8 6 5 7 6

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)

O - Not for Profit

Other (specify)

9. NAME OF FEDERAL AGENCY: Natural Resources Conservation Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 9 0 1

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Central Sierra RC&D Cooperative Agreement

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Counties of Alpine, Amador, Calaveras, Mono (north half), and Tuolumne

13. PROPOSED PROJECT

Start Date: 8/01/2009

Ending Date: 10/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 3

b. Project: 3, 19

15. ESTIMATED FUNDING:

a. Federal	$ 7,500 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 7,500 .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: 2-18-10

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Ms

First Name: Valerie

Middle Name

Last Name: Klinefelter

Suffix

b. Title: CSRC&D Chairperson

c. Telephone Number (give area code): (209) 257-1851 x100

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:	* 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:
02/17/2010	

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: Pacific Coachway's Charter Services, Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
330381645	621412527

d. Address:

* Street1: 11771 Markon Drive
Street2:
* City: Garden Grove
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92841

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: Michael
Middle Name:
* Last Name: Giddens
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 714-892-5000
Fax Number:

* Email: mgiddens@pacificcoachways.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:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.057

CFDA Title:

Intercity Bus Security Grants

*** 12. Funding Opportunity Number:**

DHS-10-GPD-057-000-01

* Title:

Fiscal Year 2010 Intercity Bus Security Grant Program (IBSGP)

13. Competition Identification Number:

Title:

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

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

Applicant is requesting funding for security enhancements including emergency preparedness planning and training and development of a public awareness campaign.

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: 40th
* b. Program/Project: 40th

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/10/2010
* b. End Date: 02/10/2011

18. Estimated Funding ($):

* a. Federal	32,605.00
* b. Applicant	13,275.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	45,880.00

*** 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 02/16/2010.
- [ ] 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:	Michael
Middle Name:	
* Last Name:	Giddens
Suffix:	
* Title:	Vice President
* Telephone Number:	714-892-5000
Fax Number:	
* Email:	mgiddens@pacificcoachways.com
* Signature of Authorized Representative:	Ryan Reeves
* Date Signed:	02/17/2010

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
02/18/2010	

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

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: American Star Trailways, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
770318930	796110609

d. Address:

* Street1: 897 Oak Park Blvd. # 204
Street2:
* City: Pismo Beach
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93449

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: Dockerty
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: (805) 543-9999
Fax Number:

* Email: Bob@AmericanStarInc.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:

A: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.057

CFDA Title:

Intercity Bus Security Grants

*** 12. Funding Opportunity Number:**

DHS-10-GPD-057-000-01

* Title:

Fiscal Year 2010 Intercity Bus Security Grant Program (IBSGP)

13. Competition Identification Number:

Title:

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

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

Applicant is requesting funding for security enhancements including emergency preparedness planning and training, real time vehicle monitoring and tracking, and facility security improvements.

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: 23rd
* b. Program/Project: 23rd

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/10/2010
* b. End Date: 02/10/2011

18. Estimated Funding ($):

* a. Federal	203,117.00
* b. Applicant	74,341.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	277,458.00

*** 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 02/16/2010.
- [ ] 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: Robert
Middle Name:
* Last Name: Dockerty
Suffix:

* Title: Vice President

* Telephone Number: (805)543.9999
Fax Number:

* Email: Bob@AmericanStarInc.Net

* Signature of Authorized Representative: Ryan Reeves
* Date Signed: 02/18/2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 2/18/10	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☑ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Access Services, Inc. PO Box 71684 L.A.	**Organizational Unit:** Department:
Organizational DUNS: 883300121	Division:
Address: Street: PO Box 71684	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: Gilbert
City: Los Angeles, CA	Middle Name
County: Los Angeles, CA	Last Name Garza
State: CA / Zip Code 90071	Suffix:
Country: USA	Email: garza@asila.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-4489711	Phone Number (give area code) 213-270-6000 / Fax Number (give area code) 213-270-6048
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**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	**14. CONGRESSIONAL DISTRICTS OF:**
Start Date: 7/1/2010 / Ending Date: 6/30/2011	a. Applicant 21-47 / b. Project 2147

15. ESTIMATED FUNDING:

a. Federal	$ 55,711,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 7,048,096.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 62,759,096.00

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		e. Date Signed 2/18/10

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

RECEIVED FEB 23 2010 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: Pine Grove Community Services Dist.	Organizational Unit:
Organizational DUNS: 004954764	Department:
Address:	Division:
Street: 19840 State Highway 88	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jay
City: Pine Grove	Middle Name D.
County: Amador	Last Name Ollig
State: CA Zip Code 95665	Suffix:
Country: Unites States	Email: ~~Jollig~~ PGCOMSER@Volcano.Net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1639885	Phone Number (give area code) (209) 296-7188 Fax Number (give area code) 209-296-7189

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

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

9. NAME OF FEDERAL AGENCY: USDA RD

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE (Name of Program): Water & Sewer Project

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
12" Water line from Storage facilities to Ridge Road to increase fire flow to meet new Current Standards

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

13. PROPOSED PROJECT
Start Date: 10/2010 Ending Date: 09/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3rd b. Project 3rd

15. ESTIMATED FUNDING:

a. Federal	$ 830,618.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 830618.00

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 Mr.	First Name Jay	Middle Name D.
Last Name Ollig		Suffix
b. Title Financial Officer		c. Telephone Number (give area code) 209-296-7188
d. Signature of Authorized Representative		e. Date Signed

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Standard Form 424 (Rev.9-2003)
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:	* 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:

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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: California Cut Flower Commission

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0276757

* c. Organizational DUNS: 78-3292519

d. Address:

* Street 1: 1521 "I" Street
Street 2:
* City: Sacramento
County: Sacramento
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
* First Name: Kasey
Middle Name:
* Last Name: Cronquist
Suffix:

Title: Executive Director/Ambassador

Organizational Affiliation:

* Telephone Number: (805) 696-5000
Fax Number:

* Email: kcronquist@ccfc.org

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:

X

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify)

State Marketing Program

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

NGMS Agency Department of Agriculture, Office of Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-769

CFDA Title:

Rural Business Enterprise Grant

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS RBEG

* Title:

MBL-SF424 FAMILY - ALL FORMS

Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

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

State of California

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

California Floral Shipping Network: The "New Model"

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-05
* b. Program/Project: CA-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05-01-2010
* b. End Date: 12-31-2011

18. Estimated Funding ($):

* a. Federal	$200,000.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$200,000.00

*** 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 02-23-2010
- [ ] 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: Kasey

Middle Name:

* Last Name: Cronquist

Suffix:

* Title: Executive Director/Ambassador

*Telephone Number: (805) 696-5000 | Fax Number:

* Email: kcronquist@ccfc.org

* Signature of Authorized Representative: | * Date Signed: 02-23-2010

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 3-01-2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Central Sierra Resource Conservation & Development, Inc

Organizational Unit:
Department:
Division:

Organizational DUNS: 956135384

Address:
Street: 235D New York Ranch Road
City: Jackson
County: Amador
State: CA
Zip Code: 95642
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms
First Name: Valerie
Middle Name
Last Name: Klinefelter
Suffix:
Email: 'vk95669@hotmail.com'
Phone Number (give area code): (209) 245-3168
Fax Number (give area code): (209) 257-0910

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 8 0 - 0 1 6 9 2 9 2

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)
O - Not for Profit (application submitted)
Other (specify)

9. NAME OF FEDERAL AGENCY:
Natural Resources Conservation Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 9 0 1
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
California Association of RC&D Councils Cooperative Agreement

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

13. PROPOSED PROJECT
Start Date: 4/01/2010
Ending Date: 3/31/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: California All
b. Project: California All

15. ESTIMATED FUNDING:

a. Federal	$ 12,500 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 12,500 .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: 2-23-10
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Ms
First Name: Valerie
Middle Name
Last Name: Klinefelter
Suffix
b. Title: CARC&DC President
c. Telephone Number (give area code): (209) 257-1851 x100
d. Signature of Authorized Representative
e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	2/23/10
Applicant Identifier	Planning Grant
3. DATE RECEIVED BY STATE	
State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	
Federal Identifier	

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: **Cable Airport, Inc.**

Organizational Unit:

Department:

Division:

Organizational DUNS: **02-956-7724**

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Address:

Street: **1749 West 13th Street**

City: **Upland**

County: **San Bernardino**

State: **CA** Zip Code: **91786-2199**

Country : **USA**

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

Prefix: **Mr.** First Name: **William**

Middle Name: **Briggs**

Last Name: **Blanchard**

Suffix:

Email: **BBLBB@roadrunner.com**

Phone number (give area code): **909-518-4662**

FAX number (give area code): **909-608-1660**

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:

9 5 - 2 0 9 5 1 9 6

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)**

N

Other (specify) **Privately Owned Public Use Apt.**

9. NAME OF FEDERAL AGENCY

FAA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Update Master Plan and ALP

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

Upland, San Bernardino Co., CA

13. PROPOSED PROJECT

Start Date	Ending Date
March 1, 2010	November 1, 2010

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
26	26

15. ESTIMATED FUNDING

a. Federal	$	232,377	.00
b. Applicant	$	12,230	.00
c. State	$	0	.00
d. Local	$	0	.00
e. Other	$	0	.00
f. Program income	$	0	.00
g. TOTAL	$	244,607	.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. 2/23/10

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a. Authorized Representative

Prefix **Mr.**	First Name **William**	Middle Name **Briggs**
Last Name **Blanchard**		Suffix
b. Title **Planning Director**		c. Telephone number (give area code) **909-518-4662**
d. Signature of Authorized Representative		e. Date Signed **2/23/10**

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
01/20/10

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:
833640196

2b. APPLICATION ID:
10SR111818

4. DATE RECEIVED BY FEDERAL AGENCY:
01/20/10

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Senior Volunteer Services

DUNS NUMBER: 833640196

ADDRESS (give street address, city, state, zip code and county):
660 Pismo Street
San Luis Obispo CA 93401 - 3945
County: San Luis Obispo

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NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Marie C. Brinkmeyer

TELEPHONE NUMBER: (805) 544-8740

FAX NUMBER: (805) 544-9146

INTERNET E-MAIL ADDRESS: rsvpslo@srvolunteer.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
770433542

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization
Volunteer Management Organization

8. TYPE OF APPLICATION (Check appropriate box).

[ ] NEW [X] NEW/PREVIOUS GRANTEE

[ ] CONTINUATION [ ] AMENDMENT

If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER *(specify below)*:

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
RSVP of the Central Coast

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Northern Santa Barbara County, San Luis Obispo County

13. PROPOSED PROJECT: START DATE: 04/01/10 END DATE: 03/31/11

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 023 b.Program CA 023

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 115,972.00
b. APPLICANT	$ 55,433.00
c. STATE	$ 3,000.00
d. LOCAL	$ 24,000.00
e. OTHER	$ 16,929.00
f. PROGRAM INCOME	$ 11,504.00
g. TOTAL	$ 171,405.00

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

[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 01-MAR-10

[ ] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation. [X] 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:
Peter Wilt

b. TITLE:
Chairman of the Board

c. TELEPHONE NUMBER:
(805) 544-8740

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:
Peter Wilt

e. DATE SIGNED:
01/20/10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED December 30, 2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: City of Chico

Organizational DUNS: 08-528-7522

Address:

Street: P.O. Box 3420

City: Chico

County: Butte

State: California

Zip Code: 95927

Country: USA

Organizational Unit:

Department: General Services

Division: Facilities - Airports

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

Prefix: Mr. First Name: Kim

Middle Name

Last Name: Parks

Suffix:

Email: KParks@ci.chico.ca.us

Phone Number (give area code): (530) 894-4200

Fax Number (give area code): (530) 895-4731

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RECEIVED FEB 26 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 0 0 3 0 8

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

C. Municipal

Other (specify)

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

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

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Chico Municipal Airport, Chico, Butte County, California
Reconstruct Aircraft Parking Apron:
Phase 2b - AC Section (415' x 1,100') & PCC Aircraft Parking Position Slabs (2,200 sq. yd.)

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

City of Chico, Butte County and Adjacent Counties

13. PROPOSED PROJECT

Start Date: 2010

Ending Date: 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 2nd

b. Project: 2nd

15. ESTIMATED FUNDING:

a. Federal	$ 3,900,700.00
b. Applicant	$ 205,300.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 4,106,000.00

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

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

DATE: January 6, 2010

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mr. First Name: David Middle Name

Last Name: Burkland Suffix

b. Title: City Manager

c. Telephone Number (give area code): (530) 896-7200

d. Signature of Authorized Representative

e. Date Signed: 2/25/10

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

AUTHORIZED PURSUANT TO BUDGET POLICY G.6.a. PARTICIPATION IN FEDERAL, STATE, OR OTHER FUNDING ASSISTANCE PROGRAMS, AS CONTAINED IN THE 2009-10 ANNUAL BUDGET