

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-29, 2008**. 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

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

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

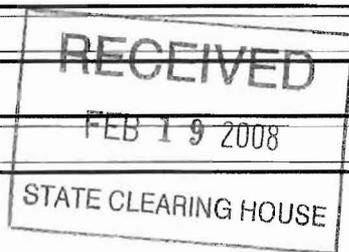
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> _____
--	---

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> William S. Hart Union High School District	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6001532	<b>* c. Organizational DUNS:</b> 079604351



**d. Address:**

<b>* Street1:</b> 21515 Centre Point Parkway
<b>Street2:</b> _____
<b>* City:</b> Santa Clarita
<b>County:</b> Los Angeles
<b>* State:</b> CA: California
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 91350

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
-------------------------------	-----------------------------

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

<b>Prefix:</b> Mr.	<b>* First Name:</b> Robert
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Weber	
<b>Suffix:</b> _____	
<b>Title:</b> Risk Manager/Safety Coordinator/Energy Manage	
<b>Organizational Affiliation:</b> William S. Hart Union High School District	
<b>* Telephone Number:</b> 661-259-0033	<b>Fax Number:</b> 6610-253-2708
<b>* Email:</b> rfw@hartdistrict.org	

**Application for Federal Assistance SF-424**

Version 02

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

B: County Government

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

Local School District

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-010808-001

\* Title:

Readiness and Emergency Management for Schools CFDA 84.184E

**13. Competition Identification Number:**

84-184E2008-1

Title:

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

The proposed project will serve the entire school district of William S. Hart Union High School District. The District is located in Los Angeles County, California and serves more than 24,000 students. The District encompasses more than 60 miles.

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

Emergency Preparedness for the William S. Hart Union High School District

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="173,025.00"/>
* b. Applicant	<input type="text" value="40,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="213,025.00"/>

**\* 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 SF-424**

Version 02

**\* Applicant Federal Debt Delinquency Explanation**

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

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<b>2. DATE SUBMITTED</b> February 11, 2008	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> City of South Lake Tahoe	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;"><b>RECEIVED</b></p> <p style="font-size: 18px; margin: 0;">FEB 19 2008</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	<b>Organizational Unit:</b> Department: Department of Public Works
<b>Organizational DUNS:</b> 09-5883476		<b>Division:</b>
<b>Address:</b> Street: 1052 Tata Lane		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Rick Middle Name:
City: South Lake Tahoe County: El Dorado State: California Zip Code: 96150 Country: USA		Last Name: Jenkins Suffix: Email: rjenkins@cityofslt.us

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1610868	<b>Phone Number (give area code)</b> (530) 542-6182	<b>Fax Number (give area code)</b> (530) 544-6366
---	--	--

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

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Airport Improvement Program 20-106	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California Engineering Design and Environmental Study (Cat Ex) - Rehabilitation of Runway 18-36 Obstruction Removal Reimbursement
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> South Lake Tahoe; El Dorado County; Douglas City, Nevada	

<b>13. PROPOSED PROJECT</b> Start Date: 2008    Ending Date: 2008	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 14    b. Project 14
--	--

<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width: 100%;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">602,300<sup>00</sup></td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">16,642<sup>00</sup></td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">15,058<sup>00</sup></td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">00<sup>00</sup></td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">00<sup>00</sup></td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">00<sup>00</sup></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">634,000<sup>00</sup></td></tr> </table>	a. Federal	\$	602,300 <sup>00</sup>	b. Applicant	\$	16,642 <sup>00</sup>	c. State	\$	15,058 <sup>00</sup>	d. Local	\$	00 <sup>00</sup>	e. Other	\$	00 <sup>00</sup>	f. Program Income	\$	00 <sup>00</sup>	g. TOTAL	\$	634,000 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 15, 2008 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	\$	602,300 <sup>00</sup>																				
b. Applicant	\$	16,642 <sup>00</sup>																				
c. State	\$	15,058 <sup>00</sup>																				
d. Local	\$	00 <sup>00</sup>																				
e. Other	\$	00 <sup>00</sup>																				
f. Program Income	\$	00 <sup>00</sup>																				
g. TOTAL	\$	634,000 <sup>00</sup>																				
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <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.**

<b>a. Authorized Representative</b>		
Prefix: Mr.	First Name: Rick	Middle Name:
Last Name: Angelocci		Suffix:
<b>b. Title</b> Assistant City Manager		<b>c. Telephone Number (give area code)</b> (530) 542-6048
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 2-13-08

Application for Federal Assistance SF-424 Version 02

<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>* Other (Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	---	--

<p>* 3. Date Received:</p> <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission</div>	<p>4. Applicant Identifier:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	---

<p>5a. Federal Entity Identifier:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>* 5b. Federal Award Identifier:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	--

State Use Only:

<p>6. Date Received by State:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>7. State Application Identifier:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---

**8. APPLICANT INFORMATION:**

<p>* a. Legal Name: William S. Hart Union High School District</p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <div style="border: 1px solid black; padding: 2px;">95-6001532</div>	<p>* c. Organizational DUNS:</p> <div style="border: 1px solid black; padding: 2px;">079604351</div>

<p>d. Address:</p>	
<p>* Street1: 21515 Centre Point Parkway</p> <p>Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>* City: Santa Clarita</p> <p>County: Los Angeles</p> <p>* State: CA: California</p> <p>Province: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>* Country: USA: UNITED STATES</p> <p>* Zip / Postal Code: 91350</p>	<div style="border: 2px solid black; padding: 10px; width: 100%;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 24px; margin: 5px 0 0 0;">FEB 20 2008</p> <p style="font-size: 18px; margin: 0;">STATE CLEARING HOUSE</p> </div>

<p>e. Organizational Unit:</p>	
<p>Department Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Division Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

<p>Prefix: Mr.</p>	<p>* First Name: Robert</p>
<p>Middle Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p>	
<p>* Last Name: Weber</p>	
<p>Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p>	
<p>Title: Risk Manager/Safety Coordinator/Energy Manage</p>	

<p>Organizational Affiliation:</p> <div style="border: 1px solid black; padding: 2px;">William S. Hart Union High School District</div>	
---	--

<p>* Telephone Number: 661-259-0033</p>	<p>Fax Number: 6610-253-2708</p>
<p>* Email: rfw@hartdistrict.org</p>	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

Local School District

\* 10. Name of Federal Agency:

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

\* 12. Funding Opportunity Number:

ED-GRANTS-010808-001

\* Title:

Readiness and Emergency Management for Schools CFDA 84.184E

13. Competition Identification Number:

84-184E2008-1

Title:

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

The proposed project will serve the entire school district of William S. Hart Union High School District. The District is located in Los Angeles County, California and serves more than 24,000 students. The District encompasses more than 60 miles.

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

Emergency Preparedness for the William S. Hart Union High School District

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="173,025.00"/>
* b. Applicant	<input type="text" value="40,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="213,025.00"/>

\* 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 SF-424

Version 02

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

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
---	--

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

State Use Only:

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

8. APPLICANT INFORMATION:

\* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6000938"/>	* c. Organizational DUNS: <input type="text" value="193099777"/>
--	---

d. Address:

* Street1: <input type="text" value="3350 Education Drive"/>	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 5px 0;">FEB 19 2008</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>
Street2: <input type="text"/>	
* City: <input type="text" value="San Luis Obispo"/>	
County: <input type="text" value="San Luis Obispo"/>	
* State: <input type="text" value="CA: California"/>	
Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code: <input type="text" value="93405"/>	

e. Organizational Unit:

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

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

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

Title:

Organizational Affiliation:

\* Telephone Number:  Fax Number:

\* Email:

**Application for Federal Assistance SF-424**

Version 02

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

B: County Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

**CFDA Title:**

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-010308-001

**\* Title:**

Grants To Reduce Alcohol Abuse CFDA 84.184A

**13. Competition Identification Number:**

84-184A2008-1

**Title:**

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

Communities and schools in northern San Luis Obispo County, California.

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

San Luis Obispo County Alcohol Reduction in Education Success (SLOCARES)

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="413,297.00"/>
* 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="413,297.00"/>

\* 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:

2/19/08

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
* 3. Date Received: Completed by Grants.gov upon submission.		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
4. Applicant Identifier: WASET, INC		
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: Wasel, Inc.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>             FEB 21 2008         </div>
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4354411	* c. Organizational DUNS: 071412006	
d. Address:		STATE CLEARING HOUSE
* Street1:	3460 S. Broadway	
Street2:	<input type="text"/>	
* City:	Los Angeles	
County:	<input type="text"/>	
* State:	CA: California	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	90007-4409	
e. Organizational Unit:		
Department Name: N.A.	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mrs.	* First Name: Patricia	
Middle Name:	<input type="text"/>	
* Last Name: Swearinger		
Suffix:	<input type="text"/>	
Title: Secretary		
Organizational Affiliation: Wasel, Inc.		
* Telephone Number: 323 231-1107	Fax Number: 323 232-0094	
* Email: hdsimgmt@aol.com		

**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:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.157

**CFDA Title:**

Supportive Housing for the Elderly

**\* 12. Funding Opportunity Number:**

FR-S154-N-01

**\* Title:**

Section 202 Demonstration Pre-Development Grant Program

**13. Competition Identification Number:**

S202-DEMO

**Title:**

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

City of Hemet, County of Riverside, CA

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

Waset, Inc. is the nonprofit sponsor of Oasis Senior Villa, a 65 unit affordable senior project funded by HUD through its 2007 Section 202 competition.

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA 31	* b. Program/Project CA 45
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	10/01/2008	* b. End Date: 01/01/2009
<b>18. Estimated Funding (\$):</b>		
* a. Federal		9,308,400.00
* b. Applicant		0.00
* c. State		3,600,000.00
* d. Local		350,000.00
* e. Other		0.00
* f. Program Income		0.00
* g. TOTAL		13,258,400.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 04/04/2007 .		
<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.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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)</b>		
<input checked="" type="checkbox"/> <b>I AGREE</b>		
<b>** 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.</b>		
<b>Authorized Representative:</b>		
Prefix:	Ms.	* First Name: Patricia
Middle Name:		
* Last Name:	Swearinger	
Suffix:		
* Title:	Secretary	
* Telephone Number:	323 231-1107	Fax Number:
* Email:	hdsimgmt@aol.com	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

**Application for Federal Assistance SF-424**

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify)

**RECEIVED**

FEB 21 2008

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

StopWaste.Org

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

94-3123756

\* c. Organizational DUNS:

130472579

d. Address:

\* Street1:

1537 Webster Street

Street2:

\* City:

Oakland

County:

\* State:

CA

Province:

\* Country:

USA

\* Zip / Postal Code:

94612

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

\* First Name:

Rory

Middle Name:

\* Last Name:

Bakke

Suffix:

Title:

Senior Program Manager

Organizational Affiliation:

\* Telephone Number:

510 891 6521

Fax Number:

510 893 2308

\* Email:

rbakke@stopwaste.org

**Application for Federal Assistance SF-424**

Version 02

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

D. Special District Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Environmental Protection Agency, Region 9

**11. Catalog of Federal Domestic Assistance Number:**

66.808

**CFDA Title:**

Solid Waste Management Assistance

**\* 12. Funding Opportunity Number:**

EPA-R9-WST7-08-001

**\* Title:**

Solid Waste Assistance Grants/ Tribal Solid Waste Grants 2008 Request for Initial Proposals

**13. Competition Identification Number:**

**Title:**

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

San Francisco Bay Area (with potential larger impact depending on supply chain impacts)

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

StopWaste.Org's Regional Reusable Transport Packaging Project

Attach supporting documents as specified in agency instructions.



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

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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



Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="\$51,000.00"/>
* b. Applicant	<input type="text" value="\$77,800.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$128,800.00"/>

**\* 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:

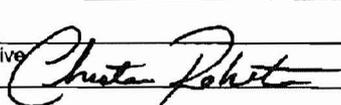
Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 11, 2008	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: City of Alturas		Organizational Unit: Department: Public Works	
Organizational DUNS: 15-416-1728		Division:	
Address: Street: 200 W. North Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Alturas		Prefix: Mr.	First Name: Chester
County: Modoc		Middle Name	
State: California		Last Name Robertson	
Zip Code: 96101	Suffix:		
Country: USA	Email: crobertson@cityofalturas.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000290		Phone Number (give area code) 530-233-2377	Fax Number (give area code) 530-233-3559
<b>8. TYPE OF APPLICATION:</b> <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)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C. Municipal Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-106		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration	
TITLE (Name of Program): Airport Improvement Program		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Alturas Municipal Airport, Alturas, Modoc County, California Remark Runway 3-21, Runway 13-31, Taxiways, and Apron Reseal Joints In Runway, Taxiway, and Apron Pavements Extension of Water Lines and Fire Hydrant	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Alturas, Modoc County, California		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 02 b. Project 02	
<b>13. PROPOSED PROJECT</b> Start Date: 2008 Ending Date: 2008		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 15, 2008 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	
<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 631,750.00		
b. Applicant	\$ 17,456.00		
c. State	\$ 15,794.00		
d. Local	\$ 0.00		
e. Other	\$ 0.00		
f. Program Income	\$ 0.00		
g. TOTAL	\$ 665,000.00		
<b>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.</b>			
a. Authorized Representative			
Prefix Mr.	First Name Chester	Middle Name	
Last Name Robertson		Suffix	
b. Title Director of Public Works		c. Telephone Number (give area code) (530) 233-2377	
d. Signature of Authorized Representative 		e. Date Signed 02/14/08	

**RECEIVED**  
 FEB 21 2008  
 STATE CLEARING HOUSE

**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:**

KCSM-PTFP08

**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:** KCSM TV & Radio

RECEIVED

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

94-3084147

**\* c. Organizational DUNS:**

04-132-0797

FEB 22 2008

**d. Address:**

STATE CLEARING HOUSE

**\* Street1:** 1700 W. Hillsdale Boulevard

**Street2:** Building 9

**\* City:** San Mateo

**County:** San Mateo

**\* State:** CA

**Province:**

**\* Country:** USA: United States

**\* Zip / Postal Code:** 94402-3784

**e. Organizational Unit:**

**Department Name:**

KCSM TV & Radio

**Division Name:**

FM Radio, 91.1

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

**Prefix:** Mrs.

**\* First Name:** Michele

**Middle Name:** I.

**\* Last Name:** Muller

**Suffix:**

**Title:** Director of Technology

**Organizational Affiliation:**

KCSM TV & Radio

**\* Telephone Number:** (650) 524-6908

**Fax Number:** (650) 524-6978

**\* Email:** michele@kcsm.net

**Application for Federal Assistance SF-424**

Version 02

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

D

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

CFDA Title:

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

Northern California, including San Mateo, Santa Clara, San Francisco, Marin, Contra Costa, Solano and Alameda counties

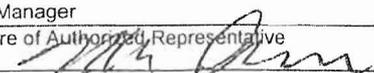
**\* 15. Descriptive Title of Applicant's Project:**

Construction Project

Attach supporting documents as specified in agency instructions.

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 15 Feb 2008	Applicant Identifier
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Loleta Community Services District		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: P.O. Box 236 City: Loleta County: Humboldt State: CA		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>FEB 22 2008</b>  <b>STATE CLEARING HOUSE</b> </div>	
Country: USA			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 93-0798812		Phone Number (give area code) 707-733-1717	Fax Number (give area code)
<b>8. TYPE OF APPLICATION:</b> <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)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program		<b>9. NAME OF FEDERAL AGENCY:</b> USDA / RD	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Loleta, Humboldt County CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Purchase and Upgrade of Jensen Well to Public Water Supply Standards	
<b>13. PROPOSED PROJECT</b> Start Date: Ending Date:		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-01 b. Project CA-01	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 760,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON <b>ATTACHED</b> DATE: 2/19/08 (Copy of communication <del>pending</del> )	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 760,000.00		
<b>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.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr.	First Name Markus	Middle Name	
Last Name Drumm		Suffix	
b. Title General Manager		c. Telephone Number (give area code) 707-733-1717	
d. Signature of Authorized Representative 		e. Date Signed Feb 15, 08	

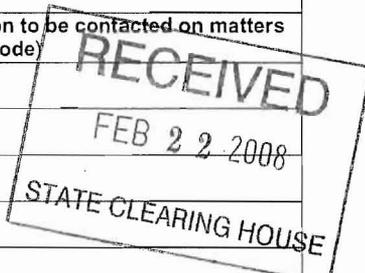
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> February 11, 2008	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name:	County of Modoc	Organizational Unit:	Department: Public Works
Organizational DUNS: 07-611-8678		Division:	
Address:	Street: 202 W. 4th Street	Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Alturas	State: California	Zip Code 96101	Prefix: Mr.
County: Modoc			First Name: Richard
			Middle Name R.
			Last Name Hironymous
			Suffix:
Country: USA		Email: rhironymous@modoccounty.us	



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000522	Phone Number (give area code) 530-233-6403	Fax Number (give area code) 530-233-3132
---	---	---

<b>8. TYPE OF APPLICATION:</b> <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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Airport Improvement Program 20-106	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Cedarville Municipal Airport, Cedarville, Modoc County, California Reconstruction of Service Road (30' x 250') Reseal Joints in Pavement Slurry Seal Runway, Taxiways, and Apron (50,000 sq. yd.) Construct Grated Drains at Taxiway and Runway Intersection
--	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Town of Cedarville, Modoc County, California	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 02    b. Project 02
--	--

<b>13. PROPOSED PROJECT</b> Start Date: 2008    Ending Date: 2008	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 15, 2008 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
--	---

<b>15. ESTIMATED FUNDING:</b>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
-------------------------------	--

a. Federal \$ 772,350.00 b. Applicant \$ 21,341.00 c. State \$ 19,309.00 d. Local \$ 0.00 e. Other \$ 0.00 f. Program Income \$ 0.00 g. TOTAL \$ 813,000.00	
---	--

**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.**

<b>a. Authorized Representative</b>		
Prefix Mr.	First Name Richard	Middle Name
Last Name Hironymous		Suffix
b. Title Director, Public Works Department		c. Telephone Number (give area code) (530) 233-6403
d. Signature of Authorized Representative <i>Richard Hironymous</i>		e. Date Signed 2/20/08

**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"/> Application	<input checked="" type="checkbox"/> New	<input type="text"/>
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Continuation	* Other (Specify)
		<input type="checkbox"/> Revision	<input type="text"/>

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

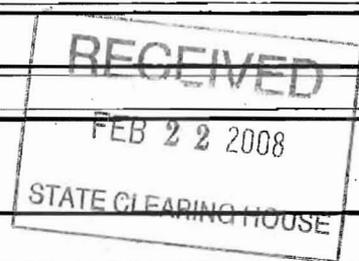
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
<input type="text"/>	<input type="text"/>

**State Use Only:**

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

**B. APPLICANT INFORMATION:**

* a. Legal Name:	Menorah Housing Foundation	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
23-7103775	946905304	



**d. Address:**

* Street1:	10780 Santa Monica Blvd., #260	
Street2:	<input type="text"/>	
* City:	Los Angeles	
County:	<input type="text"/>	
* State:	CA: California	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	90025	

**e. Organizational Unit:**

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

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

Prefix:	Ms.	* First Name:	Anne
Middle Name:	<input type="text"/>		
* Last Name:	Friedrich		
Suffix:	<input type="text"/>		
Title:	President		
Organizational Affiliation:	Menorah Housing Foundation		
* Telephone Number:	(310) 475-6083 x206	Fax Number:	(310) 475-6287
* Email:	afriedrich@menorahhousing.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:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.157

CFDA Title:

Supportive Housing for the Elderly

**\* 12. Funding Opportunity Number:**

FR-5154-N-01

\* Title:

Section 202 Demonstration Pre-Development Grant Program

**13. Competition Identification Number:**

S202-DEMO

Title:

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

City of Los Angeles  
County of Los Angeles  
State of California

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

Pico/Veteran Senior Housing  
46 Units of HUD Section 202 subsidized housing for very low-income elderly

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="6,596,500.00"/>
* b. Applicant	<input type="text" value="10,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="2,400,000.00"/>
* e. Other	<input type="text" value="1,600,000.00"/>
* f. Program Income	<input type="text" value="879,390.00"/>
* g. TOTAL	<input type="text" value="11,485,890.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**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:**

500009

**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:**

KVIE, Inc.

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

94-1421463

**\* c. Organizational DUNS:**

00-985-4852

**d. Address:**

**\* Street1:**

2595 Capitol Oaks Drive

**Street2:**

**\* City:**

Sacramento

**County:**

Sacramento

**\* State:**

CA

**Province:**

**\* Country:**

USA: United States

**\* Zip / Postal Code:**

95833-

RECEIVED

FEB 22 2008

STATE CLEARING HOUSE

**e. Organizational Unit:**

**Department Name:**

Engineering

**Division Name:**

Administration

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

**Prefix:**

Mr.

**\* First Name:**

Greg

**Middle Name:**

**\* Last Name:**

Johnson

**Suffix:**

**Title:**

Director of Engineering

**Organizational Affiliation:**

KVIE, Inc.

**\* Telephone Number:**

(916) 641-3571

**Fax Number:**

(916) 641-3599

**\* Email:**

gjohnson@kvie.org

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

CFDA Title:

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

North Central California

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

Construction Project

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="349,649"/>
* b. Applicant	<input type="text" value="349,649"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="699,298"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier <b>3-06-0088-FCH FFY2008</b>
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: <b>City of Fresno</b>	Organizational Unit: <b>Department of Airports</b>
Organizational DUNS: <b>17-678-5079</b>	Department: <b>Airports</b>
Address: Street: <b>4995 East Clinton Way</b>	Division: <b>Projects and Engineering</b>
City: <b>Fresno</b>	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: <b>Fresno</b>	Prefix: <b>Mr.</b> First Name: <b>Kevin</b>
State: <b>CA</b> Zip Code: <b>93727</b>	Middle Name:
Country: <b>USA</b>	Last Name: <b>Meikle</b>
	Suffix:
	Email: <b>Kevin.Meikle@fresno.gov</b>

## 6. EMPLOYER IDENTIFICATION NUMBER EIN:

9 4 - 6 0 0 0 3 3 8

Phone number (give area code): <b>559-621-4536</b>	FAX number (give area code): <b>559-498-5549</b>
---	---

## 8. TYPE OF APPLICATION:

New  Continuation  Revision

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

Other (specify)

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

**C**

Other (specify)

## 9. NAME OF FEDERAL AGENCY Federal Aviation Administration

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Chandler Executive Airport (FCH) Environmental Assessment for runway extension; Northside Infrastructure, including Taxiway H (Design)

**RECEIVED**  
FEB 22 2008

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: AIRPORT IMPROVEMENT PROGRAM (AIP)

## 14. CONGRESSIONAL DISTRICTS OF

a. Applicant <b>20th</b>	b. Project <b>20th</b>
-----------------------------	---------------------------

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

## 13. PROPOSED PROJECT

Start Date <b>6/2008</b>	Ending Date <b>6/2011</b>
-----------------------------	------------------------------

## 15. ESTIMATED FUNDING

a. Federal	\$	<b>1,067,800</b>	<b>.00</b>
b. Applicant	\$	<b>29,505</b>	<b>.00</b>
c. State	\$	<b>26,695</b>	<b>.00</b>
d. Local	\$		<b>.00</b>
e. Other	\$		<b>.00</b>
f. Program Income	\$		<b>.00</b>
g. TOTAL	\$	<b>1,124,000</b>	<b>.00</b>

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

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

DATE: **TBD**

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

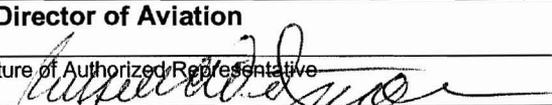
OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation  No

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

## a. Authorized Representative

Prefix <b>Mr.</b>	First Name <b>Russell</b>	Middle Name <b>C.</b>
Last Name <b>Widmar</b>		Suffix <b>AAE</b>
b. Title <b>Director of Aviation</b>		c. Telephone number (give area code) <b>559-621-4600</b>
d. Signature of Authorized Representative 		e. Date Signed <b>2/19/08</b>

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier <b>3-06-0087-FYI FFY2008</b>
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: <b>City of Fresno</b>	Organizational Unit: <b>Department of Airports</b> Department: <b>Airports</b>
Organizational DUNS: <b>17-678-5079</b>	Division: <b>Projects and Engineering</b>
Address: Street: <b>4995 East Clinton Way</b>	
City: <b>Fresno</b>	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <b>Mr.</b> First Name: <b>Kevin</b>
County: <b>Fresno</b>	Middle Name:
State: <b>CA</b> Zip Code: <b>93727</b>	Last Name: <b>Meikle</b>
Country: <b>United States of America</b>	Suffix:
	Email: <b>kevin.meikle@fresno.gov</b>

**6. EMPLOYER IDENTIFICATION NUMBER EIN:**

9	4	-	6	0	0	0	3	3	8	
---	---	---	---	---	---	---	---	---	---	--

Phone number (give area code): **559-621-4536** FAX number (give area code): **559-498-5549**

**8. TYPE OF APPLICATION:**

New  Continuation  Revision

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

Other (specify)

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

**9. NAME OF FEDERAL AGENCY**  
**Federal Aviation Administration**

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER**  
TITLE: AIRPORT IMPROVEMENT PROGRAM (AIP)  
**2 0 - 1 0 6**

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
**Fresno Yosemite International Airport (FAT) Rehabilitate Taxiway B6-2/3 (Const); Rehabilitate Taxiway B (Design); Rehabilitate Taxiway C (Design); Rehabilitate Commercial Aviation Apron AC/PCC (Design); install Enhanced Taxiway Centerline Markings :**

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

**13. PROPOSED PROJECT**

Start Date <b>6/2008</b>	Ending Date <b>6/2011</b>
-----------------------------	------------------------------

**14. CONGRESSIONAL DISTRICTS OF**

a. Applicant <b>21st</b>	b. Project <b>21st</b>
-----------------------------	---------------------------

**15. ESTIMATED FUNDING**

a. Federal	\$	<b>6,562,980</b>	.00
b. Applicant	\$	<b>345,420</b>	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	<b>6,908,400</b>	.00

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

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

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

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

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

a. Authorized Representative

Prefix <b>Mr.</b>	First Name <b>Russell</b>	Middle Name <b>C.</b>
Last Name <b>Widmar</b>		Suffix <b>AAE</b>
b. Title <b>Director of Aviation</b>		c. Telephone number (give area code) <b>559-621-4600</b>
d. Signature of Authorized Representative 		e. Date Signed <b>2/17/08</b>

**RECEIVED**  
FEB 22 2008  
STATE CLEARING HOUSE

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> February 11, 2008	Applicant Identifier
<input checked="" type="checkbox"/> <b>Construction</b>	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> <b>Non-Construction</b>			

**5. APPLICANT INFORMATION**

Legal Name: City of Chico	<b>Organizational Unit:</b> Department: Airport Administration
Organizational DUNS: 08-528-7522	Division: Airports
<b>Address:</b> Street: P.O. Box 3420	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: David
City: Chico	Middle Name
County: Butte	Last Name Burkland
State: California Zip Code 95927	Suffix:
Country: USA	Email: DBurklan@ci.chico.ca.us

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-6000308

**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:**  
20-106

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Chico Municipal Airport, Chico, Butte County, California  
Crack Seal and Remark Runways and Taxiways  
Replace AWOS  
Reconstruct Aircraft Parking Apron Phase 2 - PCC Section  
(150' x 1,100') and PCC Pavement CDF Apron (19,500 sq. ft.)

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
City of Chico, Butte County and Adjacent Counties

**13. PROPOSED PROJECT**  
Start Date: 2008 Ending Date: 2008

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 2nd b. Project 2nd

**15. ESTIMATED FUNDING:**

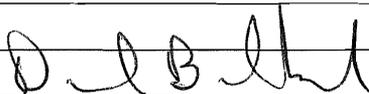
a. Federal	\$	3,933,000 <sup>00</sup>
b. Applicant	\$	207,000 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	4,140,000 <sup>00</sup>

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: February 15, 2008  
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 Interim City Manager		c. Telephone Number (give area code) (530) 896-7200
d. Signature of Authorized Representative 		e. Date Signed 2/14/08

Previous Edition Usable  
Authorized for Local Reproduction

AUTHORIZED PURSUANT TO BUDGET POLICY  
G.6.A. PARTICIPATION IN FEDERAL, STATE,  
OR OTHER FUNDING ASSISTANCE  
PROGRAMS, AS CONTAINED IN THE 2006-08  
BIENNIAL BUDGET

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

**Application for Federal Assistance SF-424**

Version 02

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

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
-------------------------------------	--

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

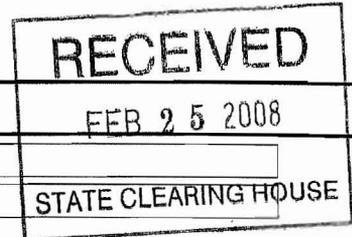
**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** KCET TV

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-2211661	<b>* c. Organizational DUNS:</b> 00-678-1348
--	---



**d. Address:**

<b>* Street1:</b> 4401 Sunset Blvd
<b>Street2:</b> _____
<b>* City:</b> Los Angeles
<b>County:</b> Los Angeles
<b>* State:</b> CA
<b>Province:</b> _____
<b>* Country:</b> USA: United States
<b>* Zip / Postal Code:</b> 90027-

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
----------------------------------	--------------------------------

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

<b>Prefix:</b> Ms.	<b>* First Name:</b> Susan
<b>Middle Name:</b> Erburu	
<b>* Last Name:</b> Reardon	
<b>Suffix:</b> _____	

**Title:** Executive Vice President

**Organizational Affiliation:**  
\_\_\_\_\_

<b>* Telephone Number:</b> (323) 953-5282	<b>Fax Number:</b> (323) 664-3638
---	-----------------------------------

**\* Email:** sreardon@kcet.org

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

CFDA Title:

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

Los Angeles, Orange, Kern, San Luis Obispo, Santa Barbara, Ventura, San Bernardino, Riverside, San Diego, Imperial and Inyo Counties (all located in California)

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

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="160,500"/>
* b. Applicant	<input type="text" value="160,500"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="321,000"/>

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

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

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

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  Date Signed:

**Application for Federal Assistance SF-424**

Version 02

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

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: PTFP - MC
---	---------------------------------------

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

**State Use Only:**

6. Date Received by State: 02/21/2008	7. State Application Identifier: <input type="text"/>
---------------------------------------	---

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Rural California Broadcasting Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2718837	* c. Organizational DUNS: 10-836-4993
---	--

**d. Address:**

* Street1: 5850 Labath Ave	
Street2: <input type="text"/>	
* City: Rohnert Park	
County: <input type="text"/>	
* State: CA	
Province: <input type="text"/>	
* Country: USA: United States	
* Zip / Postal Code: 94928-2041	

**e. Organizational Unit:**

Department Name: Technical Operations	Division Name: Television
--	------------------------------

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

Prefix: Mr.	* First Name: Larry
Middle Name: R	
* Last Name: Stratton	
Suffix: <input type="text"/>	

Title: Chief Operating Officer / Chief Engineer

Organizational Affiliation:

* Telephone Number: (707) 584-2009	Fax Number: (707) 585-1363
------------------------------------	----------------------------

\* Email: Larry\_Stratton@KRCB.org

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

CFDA Title:

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

Sonoma, Napa, Marin, Mendocino, San Francisco, San Mateo, Alameda, Contra Costa, Solano, Yolo and Lake counties of Northern California.

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

Construction Project

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="583,383"/>
* b. Applicant	<input type="text" value="194,461"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="777,844"/>

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

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

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

- Yes
- No

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

**\*\* I AGREE**

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

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

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
-------------------------------------	--

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

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Pala Band of Mission Indians

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-2863815	<b>* c. Organizational DUNS:</b> 17-714-6362
--	---

**d. Address:**

<b>* Street1:</b> 35008 Pala Temecula Road	<b>RECEIVED</b> FEB 25 2008 <b>STATE CLEARING HOUSE</b>
<b>Street2:</b> PMB 50	
<b>* City:</b> Pala	
<b>County:</b> _____	
<b>* State:</b> CA	
<b>Province:</b> _____	
<b>* Country:</b> USA: United States	
<b>* Zip / Postal Code:</b> 92059-	

**e. Organizational Unit:**

<b>Department Name:</b> Pala Radio Station	<b>Division Name:</b> _____
---	--------------------------------

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

<b>Prefix:</b> Mr.	<b>* First Name:</b> Kilma
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Lattin	
<b>Suffix:</b> _____	

**Title:** Tribal Secretary

**Organizational Affiliation:**  
Pala Band of Mission Indians

<b>* Telephone Number:</b> (760) 891-3500 ext. 3516	<b>Fax Number:</b> (760) 742-1207
---	-----------------------------------

**\* Email:** secretary@palatribe.com

**Application for Federal Assistance SF-424**

Version 02

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

I

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

CFDA Title:

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

Pala, Fallbrook, Valley Center, Temecula,

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

Construction Project

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="78,000"/>
* b. Applicant	<input type="text" value="78,000"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="156,000"/>

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

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

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

Yes  No

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

**\*\* I AGREE**

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

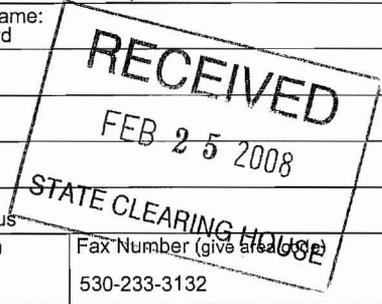
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> February 11, 2008	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: County of Modoc	<b>Organizational Unit:</b> Department: Public Works
Organizational DUNS: 07-611-8678	Division:
<b>Address:</b> Street: 202 W. 4th Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Richard
City: Alturas	Middle Name R.
County: Modoc	Last Name Hironymous
State: California Zip Code 96101	Suffix:
Country: USA	Email: rhonymous@modoccounty.us



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000522	Phone Number (give area code) 530-233-6403	Fax Number (give area code) 530-233-3132
---	---	---

<b>8. TYPE OF APPLICATION:</b> <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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Airport Improvement Program 20-106	<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration
--	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Town of Tulelake, Modoc County, California	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Tulelake Municipal Airport, Modoc County, California Reconstruction of Tie Down Apron (136,000 sq. ft.)
--	--

<b>13. PROPOSED PROJECT</b> Start Date: 2008 Ending Date: 2008	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 02 b. Project 02
---	---

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 1,026,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 15, 2008
b. Applicant \$ 28,350.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 25,650.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 1,080,000.00	

**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.**

<b>a. Authorized Representative</b>		
Prefix Mr.	First Name Richard	Middle Name
Last Name Hironymous		Suffix
<b>b. Title</b> Director of Public Works		<b>c. Telephone Number (give area code)</b> (530) 233-6403
<b>d. Signature of Authorized Representative</b> <i>Richard R. Hironymous</i>		<b>e. Date Signed</b> 2/20/08

**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:**

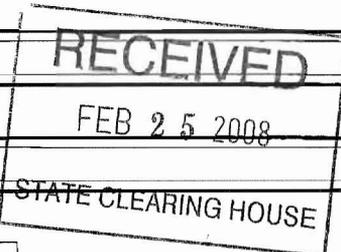
**\* a. Legal Name:** Garden Grove Unified School District

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

952378800

**\* c. Organizational DUNS:**

073591760



**d. Address:**

**\* Street1:** 10331 Stanford Avenue

**Street2:**

**\* City:** Garden Grove

**County:** Orange

**\* State:** CA: California

**Province:**

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 92840

**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:** Sue

**Middle Name:**

**\* Last Name:** McCann

**Suffix:**

**Title:** Assistant Superintendent Business Services

**Organizational Affiliation:**

**\* Telephone Number:** 7146636000 **Fax Number:**

**\* Email:** smccann@ggusd.us

**Application for Federal Assistance SF-424**

**Version 02**

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

G: Independent School District

**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 Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

**CFDA Title:**

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-010808-001

**\* Title:**

Readiness and Emergency Management for Schools CFDA 84.184E

**13. Competition Identification Number:**

84-184E2008-1

**Title:**

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

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

Garden Grove Unified School District Readiness and Emergency Management for Schools Program

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="926,679.00"/>
* b. Applicant	<input type="text" value="112,599.00"/>
* 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="1,039,278.00"/>

**\* 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:

Authorized for Local Reproduction

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

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/6/08	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Westside Tule Enterprise Community

Organizational DUNS: 611723573

Address: 198 E. Elm Street, Suite 102

City: Coalinga  
County: Fresno  
State: California  
Zip Code: 93210  
Country: United States

Organizational Unit: Coalinga and Huron Community Centers

Division: Coalinga and Huron Enterprise Communities

Name and telephone number of person to be contacted on matters involving this application (give area code):  
Prefix: Ms. First Name: Becky  
Middle Name: E.  
Last Name: Barabe  
Suffix: N/A  
Email: bbarabe@westsidetule.org

**RECEIVED**  
 FEB 25 2008  
 STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
20-2095537

Phone Number (give area code): (559) 824-3730  
Fax Number (give area code): (559) 325-5730

**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)  
 Not for Profit Organization  
 Other (specify):

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

TITLE (Name of Program): Rural Business Enterprise Grants (RBEG)

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Multimedia Design & Print Production Project

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Coalinga & Huron, Fresno County, California

**13. PROPOSED PROJECT**  
Start Date: 7/1/2008    Ending Date: 6/30/2009

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant: Jim Costa    b. Project: Jim Costa

**15. ESTIMATED FUNDING:**

a. Federal	\$	249,800 <sup>00</sup>
b. Applicant	\$	6,300 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	118,710 <sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	374,810 <sup>00</sup>

**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: 2/25/08  
 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: Becky Middle Name: E.  
Last Name: Barabe Suffix: N/A  
Title: Executive Director  
Telephone Number (give area code): (559) 824-3730  
Signature of Authorized Representative: [Signature] Date Signed: 2/25/08



# SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted	05/15/2008	Applicant Identifier	B-08-UC-06-0502	<b>Type of Submission</b>	
Date Received by state		State Identifier		<b>Application</b>	<b>Pre-application</b>
Date Received by HUD		Federal Identifier		<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
				<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>					
COUNTY OF KERN			CA69029 KERN COUNTY		
2700 "M" Street, Suite 250			063-811-350		
0			Organizational Unit		
Bakersfield	California	Board of Supervisors		<b>RECEIVED</b> FEB 27 2008 <b>STATE CLEARING HOUSE</b>	
93301	Country U.S.A.	Division			
<b>Employer Identification Number (EIN):</b>			County: Kern County		
95-6000925			Program Year Start Date (MM/DD) 07/01/2008		
<b>Applicant Type:</b>			<b>Specify Other Type if necessary:</b>		
Local Government: County			Specify Other Type		
<b>Program Funding</b>			<b>U.S. Department of Housing and Urban Development</b>		
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding					
<b>Community Development Block Grant</b>			14.218 Entitlement Grant		
The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title 1 of the Act.			Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, Maricopa, Ridgecrest, Shafter, and Tehachapi.		
\$CDBG Grant Amount - \$4,999,821		\$Additional HUD Grant(s) Leveraged - \$0		Describe - N/A	
\$Additional Federal Funds Leveraged - \$0			\$Additional State Funds Leveraged - \$0		
\$Locally Leveraged Funds - \$196,578			\$Grantee Funds Leveraged - \$0		
\$Anticipated Program Income - \$85,000			Other (Describe) - \$1,836,731 (Certificates of Participation; Developer fees; Redevelopment )		
Total Funds Leveraged for CDBG-based Project(s) - \$2,118,309					
<b>Home Investment Partnerships Program</b>			14.239 HOME		
			Applicant Identifier - M-08-UC-06-0517		
To provide for decent, safe, sanitary, and affordable housing for low and moderate income families and to expand the long-term supply of affordable housing in Kern County.			Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, Maricopa, Ridgecrest, Shafter, and Tehachapi.		

\$HOME Grant Amount - \$2,035,680 * (includes \$11,811 of ADDI funds)	\$Additional HUD Grant(s) Leveraged - \$0	Describe- N/A
\$Additional Federal Funds Leveraged - \$0	\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds - \$0	\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$550,000	Other (Describe)-\$0	
Total Funds Leveraged for HOME-based Project(s) - \$550,000 (Includes Program Income)		

**Housing Opportunities for People with AIDS** 14.241 HOPWA: *The County of Kern does not receive/administer HOPWA funds.*

**Emergency Shelter Grants Program** 14.231 ESG  
Applicant Identifier - S-08-UC-06-0502  
The provision of quality emergency shelters, essential social services, and prevention services for the homeless or at risk of becoming homeless. Metropolitan Bakersfield and the City of Ridgecrest.

\$ESG Grant Amount - \$223,240	\$Additional HUD Grant(s) Leveraged - \$0	Describe- N/A
\$Additional Federal Funds Leveraged - \$0	\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds - \$212,078	\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$0	Other (Describe)- \$0	
Total Funds Leveraged for ESG-based Project(s) - \$212,078		

Congressional Districts of: 20 <sup>th</sup> & 22 <sup>nd</sup> Congressional Districts	Is application subject to review by state Executive Order 12372 Process?	
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.	<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on February 25, 2008
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No Program is not covered by EO 12372
	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Barry	K	Jung
Director	(661)-862-5050	(661) 862-5052 - FAX
barry@co.kern.ca.us	Grantee Website	Other Contact
Signature of Authorized Representative		Date Signed

**Application for Federal Assistance SF-424**

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify)

\* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

02/22/2008

7. State Application Identifier:

**B. APPLICANT INFORMATION:**

\* a. Legal Name:

ASSOCIATED STUDENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS

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

94-1347060

\* c. Organizational DUNS:

82-994-6230

**d. Address:**

\* Street1:

347 Memorial Union

Street2:

One Shields Avenue

\* City:

Davis

County:

Yolo

\* State:

CA

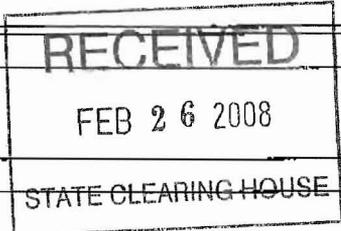
Province:

\* Country:

USA: United States

\* Zip / Postal Code:

95616-



**e. Organizational Unit:**

Department Name:

KDVS

Division Name:

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

Prefix:

Mr.

\* First Name:

Todd

Middle Name:

H

\* Last Name:

Urlick

Suffix:

Title:

Asst. Engineer

Organizational Affiliation:

Broadcast Consultant

\* Telephone Number:

(530) 848-7831

Fax Number:

(530) 752-8548

\* Email:

thurick@ucdavis.edu

**Application for Federal Assistance SF-424**

Version 02

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

H

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**Other (specify):**

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

**CEDA Title:**

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

**Title:**

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

**Title**

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

Sacramento, CA  
Sacramento County, CA  
Yolo County, CA  
Davis, CA

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

Construction Project

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	1	* b. Program/Project
		1, 2, 3, 4, 5, 0
Attach an additional list of Program/Project Congressional Districts if needed.		
<b>17. Proposed Project:</b>		
* a. Start Date:	10/01/2008	* b. End Date:
		10/01/2010
<b>18. Estimated Funding (\$):</b>		
* a. Federal	49,551	
* b. Applicant	49,551	
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	99,102	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on <span style="border: 1px solid black; width: 50px; height: 15px; display: inline-block;"></span>	
<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.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/>	<b>** I AGREE</b>	
** 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.		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name:
		Mark
Middle Name:		
* Last Name:	Champagne	
Suffix:		
* Title:	Business Manager	
* Telephone Number:	(520) 752-1990	Fax Number:
		(530) 752-8548
* Email:	mrchampagne@ucdavis.edu	
* Signature of Authorized Representative:		* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

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

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
---	--

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6003272"/>	* c. Organizational DUNS: <input type="text" value="15-083-7003"/>
--	---



**d. Address:**

* Street1:	<input type="text" value="4910 N Chestnut Avenue M/S OF 123"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Fresno"/>
County:	<input type="text" value="Fresno"/>
* State:	<input type="text" value="CA"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: United States"/>
* Zip / Postal Code:	<input type="text" value="93726-1852"/>

**e. Organizational Unit:**

Department Name: <input type="text" value="Department of Nursing"/>	Division Name: <input type="text" value="College of Health and Human Services"/>
--	---

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

Prefix: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Mary"/>
Middle Name: <input type="text" value="D"/>	
* Last Name: <input type="text" value="Barakzai"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="(559) 451-3428"/>	Fax Number: <input type="text" value="(559) 451-3434"/>
---	---

\* Email:

**Application for Federal Assistance SF-424**

Version 02

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

H

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

CFDA Title:

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

Counties: Fresno, Kings, Madera, Merced, Tulare

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

Construction Project

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="342,100"/>
* b. Applicant	<input type="text" value="363,900"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="706,000"/>

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

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

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 11, 2008	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: City of Alturas		Organizational Unit: Department: Public Works	
Organizational DUNS: 15-416-1728		Division:	
Address: Street: 200 W. North Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Alturas		Prefix: Mr.	First Name: Chester
County: Modoc		Middle Name	
State: California		Last Name Robertson	
Zip Code 96101	Suffix:		
Country: USA		Email: crobertson@cityofalturas.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000290		Phone Number (give area code) 530-233-2377	Fax Number (give area code) 530-233-3559
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Alturas, Modoc County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Alturas Municipal Airport, Alturas, Modoc County, California Remark Runway 3-21, Runway 13-31, Taxiways, and Apron Reseal Joints in Runway, Taxiway, and Apron Pavements Extension of Water Lines and Fire Hydrant	
13. PROPOSED PROJECT Start Date: 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02	
Ending Date: 2008		b. Project 02	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 631,750 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 15, 2008	
b. Applicant	\$ 17,456 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 15,794 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 665,000 <sup>00</sup>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Chester	Middle Name	
Last Name Robertson		Suffix	
b. Title Director of Public Works		c. Telephone Number (give area code) (530) 233-2377	
d. Signature of Authorized Representative 		e. Date Signed 02/14/08	

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 11, 2008	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Town of Mammoth Lakes		Department: Public Works	
Organizational DUNS: 144603339		Division:	
Address: Street: HCR 79, Box 209		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Mammoth Lakes		Prefix: Mr.	
County: Mono		First Name: William	
State: California		Middle Name B.	
Zip Code 93546		Last Name Manning	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0043067		Email: wmanning@cl.mammoth-lakes.ca.us	
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) Change of Priority		Phone Number (give area code) 760-934-3813	
		Fax Number (give area code) 760-934-3119	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		7. TYPE OF APPLICANT: (See back of form for Application Types) D - Township Other (specify)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Mammoth Lakes, California		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
13. PROPOSED PROJECT Start Date: 2008		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California Reconstruction of Runway 8-27 - Phase 2	
Ending Date: 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th	
15. ESTIMATED FUNDING:		b. Project 4th	
a. Federal	\$ 3,135,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 15, 2008	
b. Applicant	\$ 88,625.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 78,375.00	<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? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 3,300,000.00		
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 William	
Last Name Manning		Middle Name B.	
b. Title Airport Manager		Suffix	
d. Signature of Authorized Representative		c. Telephone Number (give area code) (760) 934-3813	
		e. Date Signed 24 Feb 08	

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

<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b> UCSD # 2008-2690	
<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
<b>1. * TYPE OF SUBMISSION</b> <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<b>4. Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b> <span style="float: right;">* Organizational DUNS:804355790</span>			
* Legal Name: The Regents of the Univ. of Calif., U.C. San Diego Department: Office of C & G Administration      Division: * Street1: 9500 Gilman Drive      Street2: 0934 * City: La Jolla      County: San Diego      * State: CA: California Province:      * Country: USA: UNITED STATES      * ZIP / Postal Code: 92093-0934			
Person to be contacted on matters involving this application Prefix:      * First Name:      Middle Name:      * Last Name:      Suffix: Mrs.      Judith      L      Whealon * Phone Number: (858) 534-8832      Fax Number: (858) 534-0280      Email: jwhealon@ucsd.edu			
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN):</b> 95-6006144		<b>7. * TYPE OF APPLICANT</b> H: Public/State Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): <b>Small Business Organization Type</b> <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> National Institute for Particle Astrophysics			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> San Diego County			
<b>13. PROPOSED PROJECT:</b> * Start Date      * Ending Date 07/01/2008      06/30/2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant      b. * Project CA-053      CA-053	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix:      * First Name:      Middle Name:      * Last Name:      Suffix: Dr.      George           Fuller      PhD Position/Title: Professor      * Organization Name: The Regents of the Univ. of Calif., U.C. San Diego Department: CASS      Division: General Campus * Street1: 9500 Gilman Drive      Street2: 0424 * City: La Jolla      County: San Diego      * State: CA: California Province:      * Country: USA: UNITED STATES      * ZIP / Postal Code: 92093-0424 * Phone Number: (858) 822-1214      Fax Number: (858) 534-0177      * Email: gfuller@ucsd.edu			

**RECEIVED**  
 FEB 28 2008  
 STATE CLEARING HOUSE

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

<b>16. ESTIMATED PROJECT FUNDING</b>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. * Total Estimated Project Funding	\$257,000.00	a. YES	<input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	\$257,000.00	DATE:	02/29/2008
c. * Estimated Program Income	\$0.00	b. NO	<input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
			<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<p><b>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)</b></p> <p><input checked="" type="radio"/> * I agree</p> <p><small>* 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.</small></p>			
<b>19. Authorized Representative</b>			
Prefix:	* First Name:	Middle Name:	* Last Name:
Mrs.	Judith	L	Wheaton
			Suffix: OCGA
* Position/Title: Contract and Grant Officer	* Organization Name: The Regents of the Univ. of Calif., U.C. San Diego		
Department: Office of C & G Administration	Division: General Campus		
* Street1: 9500 Gilman Drive	Street2: 0934		
* City: La Jolla	County: San Diego	* State: CA: California	
Province:	* Country: USA: UNITED STATES	* ZIP / Postal Code: 92093-0934	
* Phone Number: (858) 534-8832	Fax Number: (858) 534-0280	* Email: jwheaton@ucsd.edu	
* Signature of Authorized Representative		* Date Signed	
Judith Wheaton		02/26/2008	
<b>20. Pre-application File Name: Mime Type:</b>			
<b>21. Attach an additional list of Project Congressional Districts if needed.</b>			
File Name: Mime Type:			

## 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(a):

\* 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:

## B. APPLICANT INFORMATION:

\* a. Legal Name: University of San Diego

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

952544535

\* c. Organizational DUNS:

064467962

## d. Address:

\* Street1:

5996 Alcalá Park

Street2:

\* City:

San Diego

County:

San Diego

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92110

RECEIVED

FEB 28 2008

STATE CLEARING HOUSE

## e. Organizational Unit:

Department Name:

Marine &amp; Environmental Science

Division Name:

Arts &amp; Sciences

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

Prefix:

Dr.

\* First Name:

Sarah

Middle Name:

\* Last Name:

Gray

Suffix:

Title: Associate Professor

Organizational Affiliation:

University of San Diego

\* Telephone Number:

619-260-4098

Fax Number:

\* Email:

sgray@sandiego.edu

**Application for Federal Assistance SF-424**

Version 02

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

O: Private 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:**

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.463

CFDA Title:

Habitat Conservation

**\* 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001019

\* Title:

General Coral Reef Conservation

**13. Competition Identification Number:**

2075859

Title:

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

St. John, U.S. Virgin Islands

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

A comparative study of Fringing Reefs below Developed v. Undeveloped Watersheds, U.S. Virgin Islands

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA 53	* b. Program/Project
		Virg I
Attach an additional list of Program/Project Congressional Districts if needed.		
SF 424 Q 14.pdf	Add Attachment	Delete Attachment View Attachment
<b>17. Proposed Project:</b>		
* a. Start Date:	07/01/2008	* b. End Date:
		01/01/2010
<b>18. Estimated Funding (\$):</b>		
* a. Federal		47,388.00
* b. Applicant		63,910.00
* c. State		0.00
* d. Local		0.00
* e. Other		0.00
* f. Program Income		0.00
* g. TOTAL		111,298.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 02/28/2008	
<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.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<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>		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name: William
Middle Name:		
* Last Name:	O'Neill	
Suffix:		
* Title:	Director, Office of Sponsored Programs	
* Telephone Number:	619-260-8825	* Fax Number: 619-260-2225
* Email:	research@sandlego.edu	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

**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 na
------------------	-------------------------------

5a. Federal Entity Identifier na	5b. Federal Award Identifier na
-------------------------------------	------------------------------------

**State Use Only**

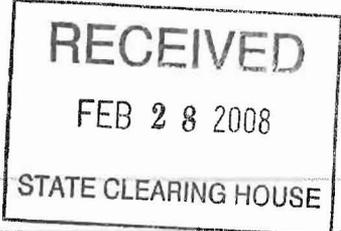
6. Date Received by State:	7. State Application Identifier
----------------------------	---------------------------------

**8. APPLICANT INFORMATION**

*a. Legal Name: Self Help Home Improvement Project	
*b. Employer/Taxpayer Identification Number (EIN/TIN) 95-3900578	*c. Organizational OUNS: 082852603

**d. Address:**

*Street 1	3777 Meadowview Dr, #100
Street 2	_____
*City	Rerking
County	_____
*State	California
Province	_____
*Country	USA
*Zip / Postal Code	96002



**e. Organizational Unit:**

Department Name Self-Help Home Improvement Project	Division Name na
---	---------------------

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

Prefix	_____	*First Name	Keith
Middle Name:	_____		
*Last Name:	Griffith		
Suffix:	_____		
Title:	Executive Director		
Organizational Affiliation	_____		

*Telephone Number: 530-378-6905	Fax Number: 530-378-6910
*Email: kgrif@shhip.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:**

USDA Rural Development

**11. Catalog of Federal Domestic Assistance Number:**

10-433

CFDA Title:

Housing Preservation Grant

**\*12 Funding Opportunity Number:**

10-433

\*Title:

Housing Preservation Grant

**13. Competition Identification Number**

na

Title:

na

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

Shasta and Tehama Counties, California

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

Scattered site housing preservation repair and rehabilitation assistance to 25 very low-income owner occupied housing units in Shasta and Tehama counties, California.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant: 2nd

\*b. Program/Project: 2nd

17. Proposed Project:

\*a. Start Date: 6/1/08

\*b. End Date: 6/1/10

18. Estimated Funding (\$):

*a. Federal	100,000
*b. Applicant	
*c. State	
*d. Local	325,000
*e. Other	
*f. Program Income	
*g. TOTAL	325,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 2/27/08
- 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: Keith

Middle Name: \_\_\_\_\_

\*Last Name: Griffith

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 530-378-6905

Fax Number: 530-378-6910

\*Email: kgrif@ship.org

\*Signature of Authorized Representative

\*Date Signed: 2/27/08

**Application for Federal Assistance SF-424**

Version 02

**Applicant Federal Debt Delinquency Explanation**

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

na

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

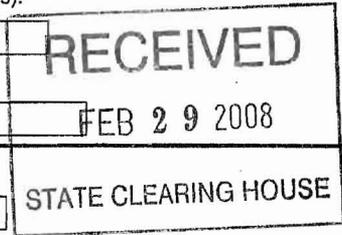
- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

**\* Other (Specify)**



**\* 3. Date Received:**

**4. Applicant Identifier:**

KXSR Generator

**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:**

Capital Public Radio, Inc.

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

68-0223271

**\* c. Organizational DUNS:**

62-275-1451

**d. Address:**

**\* Street1:**

7055 Folsom Blvd

**Street2:**

**\* City:**

Sacramento

**County:**

**\* State:**

CA

**Province:**

**\* Country:**

USA: United States

**\* Zip / Postal Code:**

95826-

**e. Organizational Unit:**

**Department Name:**

Engineering

**Division Name:**

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

**Prefix:**

Ms.

**\* First Name:**

Aria

**Middle Name:**

**\* Last Name:**

Gibson

**Suffix:**

**Title:**

Director of Marketing and Development

**Organizational Affiliation:**

**\* Telephone Number:**

(916) 278-8979

**Fax Number:**

(916) 278-8980

**\* Email:**

agibson@csus.edu

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

CFDA Title:

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

Amador County, Tuolumne County, Stanislaus County, Merced County, San Joaquin County, Calaveras County

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

Construction Project

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="14,584"/>
* b. Applicant	<input type="text" value="14,585"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="29,169"/>

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

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

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

**PROJECT INFORMATION**

22. Applicant Name Capital Public Radio, Inc.

23a. Enter "Y" if Reactivation N 23b. Old File # \_\_\_\_\_ 24. Main Station Call Letters KXSR FM 91.7 Radio MHZ TV Channel

25.  Yes  No Have you previously received a PTFP grant? If Yes, enter a grant number here 0601N02134

26. Enter letter(s) to classify project

(P) lanning or (C) onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B 27. Enter the Priority of Category under which you request the application be reviewed. 2

28. For NEW BROADCAST station, repeater, or translator applications, enter the number of persons that the project will benefit. 29. Engineering Contact

Population currently without a signal that will receive its first signal from the proposed facility	0
Population currently receiving a signal from another public station that will also receive a signal from the proposed facility	0

Name Jeff Browne  
Title Director of Engineering  
Phone (916) 278-8933  
Email address jeff.browne@csus.edu

30. Summary of the application (Summarize the purposes of the application in a few sentences):  
The purpose of this application is to request funds to support the purchase and installation of an emergency back-up generator for noncommercial FM radio station KXSR.

31. Enter Y if New FCC Authorizations and/or New Sites are required for the project \_\_\_\_\_ (If yes, complete the following table).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

32.  Yes  No Have you applied to, intend to apply to, or received funds from another Federal program or CPB for this project or a related project? If Yes, please provide information regarding the other funds as an attachment to this page.

33. Is the station CPB qualified? (Enter Y or N)  Y  N (CPB qualification is NOT a requirement to receive a PTFP grant.)  
If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.   Date of expected qualification \_\_\_\_\_

34. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1MV for FM, Grade B for TV).

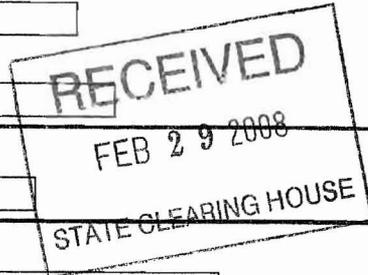
City	Call Letters
City	Call Letters
City	Call Letters

35. Station Operations THIS YEAR NEXT YEAR IF PROJECT FUNDED

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	2	40	2	40
Part-Time Staff	0	0	0	0
Volunteers	0	0	0	0
Operating Budget	5,521,451		5,797,523	

**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:**

Microwave Relay Tower

**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:** Capital Public Radio, Inc.

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

68-0223271

**\* c. Organizational DUNS:**

62-275-1451

**d. Address:**

\* Street1: 7055 Folsom Blvd

Street2:

\* City: Sacramento

County:

\* State: CA

Province:

\* Country: USA: United States

\* Zip / Postal Code: 95826-

**e. Organizational Unit:**

**Department Name:**

Engineering

**Division Name:**

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

Prefix: Ms. \* First Name: Arla

Middle Name:

\* Last Name: Gibson

Suffix:

Title: Director of Marketing and Development

**Organizational Affiliation:**

\* Telephone Number: (916) 278-8979 Fax Number: (916) 278-8980

\* Email: agjbson@csus.edu

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

CFDA Title:

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

Sacramento County, Placer County, San Joaquin County, El Dorado County, Yolo County, Amador County, Tuolumne County, Stanislaus County, Merced County, Calaveras County, Sutter County

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

Construction Project

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="378,271"/>
* b. Applicant	<input type="text" value="378,271"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="756,542"/>

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

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

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

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that thy false, flctitious, 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:

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

OMB Approval  
0660-0003

**PROJECT INFORMATION**

22. Applicant Name Capital Public Radio, Inc.

23a. Enter "Y" if Reactivation N 23b. Old File # \_\_\_\_\_ 24. Main Station Call Letters KXJZ FM 90.9 \_\_\_\_\_  
Radio MHz TV Channel

25.  Yes  No Have you previously received a PTFP grant? If Yes, enter a grant number here 0601N02134

26. Enter letter(s) to classify project

(P) lanning or (R)adio or (T)V (B)roadcast or (N)onbroadcast 27. Enter the Priority of Category  
(C) onstruction C or (RT) for both R or (BN) for both B under which you request the application be reviewed. 4A

28. For NEW BROADCAST station, repeater, or translator applications, enter the number of persons that the project will benefit. 29. Engineering Contact

Population currently without a signal that will receive its first signal from the proposed facility	0
Population currently receiving a signal from another public station that will also receive a signal from the proposed facility	0

Name Jeff Browne  
Title Director of Engineering  
Phone (916) 278-8933  
Email address jeff.browne@csus.edu

30. Summary of the application (Summarize the purposes of the application in a few sentences.):  
Capital Public Radio seeks funding assistance for new microwave relay tower serving four stations throughout northern and central California. The tower will also serve as a back-up transmitter tower.

31. Enter Y if New FCC Authorizations and/or New Sites are required for the project Y (If yes, complete the following table).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased
Sacramento, CA	215	BXPED-20070131	SDR Radio Tower		X
Sacramento, CA	205	BXPED-20070131	SDR Radio Tower		X

32.  Yes  No Have you applied to, intend to apply to, or received funds from another Federal program or CPB for this project or a related project? If Yes, please provide information regarding the other funds as an attachment to this page.

33. Is the station CPB qualified? (Enter Y or N)  Y  N  
(CPB qualification is NOT a requirement to receive a PTFP grant.)  
If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification

34. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1MV for FM, Grade B for TV).

City	Call Letters
<u>Sacramento, CA</u>	<u>KQEI</u>
City	Call Letters
City	Call Letters

35. Station Operations THIS YEAR NEXT YEAR IF PROJECT FUNDED

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	2	40	2	40
Part-Time Staff	0	0	0	0
Volunteers	0	0	0	0
Operating Budget	5,521,451		5,797,523	

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

**\* Other (Specify)**

RECEIVED

**\* 3. Date Received:**

**4. Applicant Identifier:**

KUOP News Bureau

FEB 29 2008

STATE CLEARING HOUSE

**5a. Federal Entity Identifier:**

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

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Capital Public Radio, Inc.

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

68-0223271

**\* c. Organizational DUNS:**

62-275-1451

**d. Address:**

**\* Street1:**

7055 Folsom Blvd

**Street2:**

**\* City:**

Sacramento

**County:**

**\* State:**

CA

**Province:**

**\* Country:**

USA: United States

**\* Zip / Postal Code:**

95826-

**e. Organizational Unit:**

**Department Name:**

Engineering

**Division Name:**

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

**Prefix:**

Ms.

**\* First Name:**

Arla

**Middle Name:**

**\* Last Name:**

Gibson

**Suffix:**

**Title:**

Director of Marketing and Development

**Organizational Affiliation:**

**\* Telephone Number:**

(916) 278-8979

**Fax Number:**

(916) 278-8980

**\* Email:**

agibson@csus.edu

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

CFDA Title:

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

San Joaquin County, Stanislaus County

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

Construction Project

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="22,312"/>
* b. Applicant	<input type="text" value="22,313"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="44,625"/>

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

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

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

- Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

**PROJECT INFORMATION**

22. Applicant Name Capital Public Radio, Inc.

23a. Enter "Y" if Reactivation N 23b. Old File # \_\_\_\_\_ 24. Main Station Call Letters KUOP.FM 91.3 TV Channel  
Radio MHz

25.  Yes  No Have you previously received a PTFP grant? If Yes, enter a grant number here 0601N02134

26. Enter letter(s) to classify project

(P) lanning or (R)adio or (T)V or (C) onstruction C (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B 27. Enter the Priority of Category under which you request the application be reviewed. 2

28. For NEW BROADCAST station, repeater, or translator applications, enter the number of persons that the project will benefit. 29. Engineering Contact

Population currently without a signal that will receive its first signal from the proposed facility	0
Population currently receiving a signal from another public station that will also receive a signal from the proposed facility	0

Name Jeff Browne  
Title Director of Engineering  
Phone (916) 278-8933  
Email address jeff.browne@csus.edu

30. Summary of the application (Summarize the purposes of the application in a few sentences.):  
The purpose of this application is to help fund equipment necessary to produce locally originated news for noncommercial FM radio station KUOP.

31. Enter Y if New FCC Authorizations and/or New Sites are required for the project \_\_\_\_\_ (If yes, complete the following table).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

32.  Yes  No Have you applied to, intend to apply to, or received funds from another Federal program or CPB for this project or a related project? If Yes, please provide information regarding the other funds as an attachment to this page.

33. Is the station CPB qualified? (Enter Y or N)  Y (CPB qualification is NOT a requirement to receive a PTFP grant.) If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification

34. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1MV for FM, Grade B for TV).

City	Call Letters
City	Call Letters
City	Call Letters

35. Station Operations THIS YEAR NEXT YEAR IF PROJECT FUNDED

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	2	40	2	40
Part-Time Staff	0	0	0	0
Volunteers	0	0	0	0
Operating Budget	5,521,451		5,797,523	

**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:**

KKTO Digital Conversion

RECEIVED

FEB 29 2008

**5a. Federal Entity Identifier:**

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

STATE CLEARING HOUSE

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Capital Public Radio, Inc.

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

68-0223271

**\* c. Organizational DUNS:**

62-275-1451

**d. Address:**

**\* Street1:**

7055 Folsom Blvd

**Street2:**

**\* City:**

Sacramento

**County:**

**\* State:**

CA

**Province:**

**\* Country:**

USA: United States

**\* Zip / Postal Code:**

95826-

**e. Organizational Unit:**

**Department Name:**

Engineering

**Division Name:**

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

**Prefix:**

Ms.

**\* First Name:**

Arla

**Middle Name:**

**\* Last Name:**

Gibson

**Suffix:**

**Title:**

Director of Development and Marketing

**Organizational Affiliation:**

**\* Telephone Number:**

(916) 278-8979

**Fax Number:**

(916) 278-8980

**\* Email:**

agibson@csus.edu

**Application for Federal Assistance SF-424**

**Version 02**

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**

11.550

CFDA Title:

Public Telecommunications Facilities Program

**\* 12. Funding Opportunity Number:**

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

In California: Amador County, Alpine County, Placer County  
In Nevada: Washoe County, Storey County, Douglas County, Lyon County

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

Construction Project

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="54,865"/>
* b. Applicant	<input type="text" value="54,866"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="109,731"/>

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

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

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

**PROJECT INFORMATION**

22. Applicant Name Capital Public Radio, Inc.

23a. Enter "Y" if Reactivation N 23b. Old File # \_\_\_\_\_ 24. Main Station Call Letters KKTO FM 90.5 Radio MHz TV Channel

25.  Yes  No Have you previously received a PTFP grant? If Yes, enter a grant number here 0601N02134

26. Enter letter(s) to classify project

(P) lanning or (R)adio or (T)V (B)roadcast or (N)onbroadcast 27. Enter the Priority of Category ROC  
(C) onstruction C or (RT) for both R or (BN) for both B under which you request the application be reviewed. \_\_\_\_\_

28. For NEW BROADCAST station, repeater, or translator applications, enter the number of persons that the project will benefit. 29. Engineering Contact

Population currently without a signal that will receive its first signal from the proposed facility	0
Population currently receiving a signal from another public station that will also receive a signal from the proposed facility	0

Name Jeff Browne  
Title Director of Engineering  
Phone (916) 278-8933  
Email address jeff.browne@csus.edu

30. Summary of the application (Summarize the purposes of the application in a few sentences.):  
The purpose of this application is to request funding to support the addition of digital broadcasting to noncommercial FM radio station KKTO.

31. Enter Y if New FCC Authorizations and/or New Sites are required for the project \_\_\_\_\_ (If yes, complete the following table).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

32.  Yes  No Have you applied to, intend to apply to, or received funds from another Federal program or CPB for this project or a related project? If Yes, please provide information regarding the other funds as an attachment to this page.

33. Is the station CPB qualified? (Enter Y or N)  Y  N (CPB qualification is NOT a requirement to receive a PTFP grant.)  
If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification

34. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1MV for FM, Grade B for TV).

City	Call Letters
<u>Reno, NV</u>	<u>KUNR</u>
City	Call Letters
City	Call Letters

35. Station Operations THIS YEAR NEXT YEAR IF PROJECT FUNDED

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	2	40	2	40
Part-Time Staff	0	0	0	0
Volunteers	0	0	0	0
Operating Budget	5,521,451		5,797,523	

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

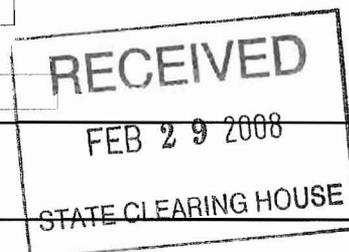
- Preapplication
- Application
- Changed/Corrected Application

\* 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:

Piazza Apartments

5a. Federal Entity Identifier:

Department of HUD

\* 5b. Federal Award Identifier:

Section 202 Demonstration

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Elderly Housing Development and Operations Corporation

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

65-0665009

\* c. Organizational DUNS:

133085381

d. Address:

\* Street1: 1580 Sawgrass Corporate Parkway, Suite 210

Street2:

\* City: Fort Lauderdale

County:

\* State: FL: Florida

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 33323

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: James

Middle Name: N.

\* Last Name: Broder

Suffix:

Title: Authorized Representative

Organizational Affiliation:

General Counsel of Applicant

\* Telephone Number: 207-774-9000

Fax Number: 207-775-0612

\* Email: jbroder@curtisthaxter.com

**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:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.157

CFDA Title:

Supportive Housing for the Elderly

**\* 12. Funding Opportunity Number:**

FR-5154-N-01

\* Title:

Section 202 Demonstration Pre-Development Grant Program

**13. Competition Identification Number:**

S202-DEMO

Title:

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

Fontana, San Bernadino County, California

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

Piazza Apartments

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="8,594,700.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="2,152,941.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="10,772,641.00"/>

**\* 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:

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED</b> 02/29/2008	<b>Applicant Identifier</b> 
<b>SF 424 (R&amp;R)</b>		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>4. Federal Identifier</b> DE-FC02-04ERS4698	
<b>5. APPLICANT INFORMATION</b>		* Organizational DUNS: 067638957 FEB 29 2008	
* Legal Name: General Atomics		STATE CLEARING HOUSE	
Department: Energy	Division: Magnetic Fusion		
* Street1: 3550 General Atomics Court	Street2:		
* City: San Diego	County:	* State: CA: Californ	
Province:	* Country: UNITED ST	* ZIP / Postal Code: 92121-1122	
Person to be contacted on matters involving this application			
Prefix: Ms.	* First Name: Ramona	Middle Name:	* Last Name: Gompper
* Phone Number: 858-455-3057		Fax Number: 858-455-3545	Email: ramona.gompper@gat.com
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-3735102		<b>7. * TYPE OF APPLICANT:</b> Q: For-Profit Organization (Other than Small Business)	
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): <b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify).		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049	
What other Agencies?		TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> DIII-D National Fusion Program Research and Facility Operations and Advanced Fusion Technology Research and Development			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> See Congressional Districts attachment			
<b>13. PROPOSED PROJECT:</b> * Start Date: 11/01/2008 * Ending Date: 10/31/2013		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: CA-53 b. * Project: CA-53	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix: Dr.	* First Name: Tony	Middle Name: S.	* Last Name: Taylor
Position/Title: Director, DIII-D National Fusion Program		* Organization Name: General Atomics	
Department: Energy	Division: Magnetic Fusion		
* Street1: 3550 General Atomics Court	Street2:		
* City: San Diego	County:	* State: CA: Californ	
Province:	* Country: UNITED ST	* ZIP / Postal Code: 92121-1122	
* Phone Number: 858-455-3559	Fax Number:	* Email: taylor@fusion.gat.com	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

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

# Page 2

<b>16. ESTIMATED PROJECT FUNDING</b>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. * Total Estimated Project Funding	<input type="text" value="376,797,876.00"/>	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	DATE: <input type="text" value="02/29/2008"/>
b. * Total Federal & Non-Federal Funds	<input type="text" value="376,797,876.00"/>	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
c. * Estimated Program Income	<input type="text" value="0.00"/>		
<p>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)</p> <p><input checked="" type="checkbox"/> * I agree</p> <p><small>* 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.</small></p>			
<b>19. Authorized Representative</b>			
Prefix:	* First Name:	Middle Name:	* Last Name:
Ms.	Ramona		Gompper
* Position/Title:	Sr. Contract Administrator	* Organization:	General Atomics
Department:	Contracts and Purchasing	Division:	
* Street1:	3550 General Atomics Court	Street2:	
* City:	San Diego	County:	
		* State:	CA: Californi
Province:		* Country:	UNITED ST
		* ZIP / Postal Code:	92121-1122
* Phone Number:	858-455-3057	Fax Number:	
		* Email:	ramona.gompper@gal.com
* Signature of Authorized Representative Completed on submission to Grants.gov		* Date Signed Completed on submission to Grants.gov	
<b>20. Pre-application</b>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<b>21. Attach an additional list of Project Congressional Districts if needed.</b>		<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>
<input type="text" value="districts.pdf"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>