

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16 - 29, 2012**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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:

RECEIVED

FEB 16 2012

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
06-12-41911

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: State of California

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6001347

*c. Organizational DUNS:
172070807

d. Address:

*Street 1: P.O. Box 942896
Street 2: _____
*City: Sacramento
County: Sacramento
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code: 91296-0001

e. Organizational Unit:

Department Name:
Department of Parks and Recreation

Division Name:
Office Of Historic Preservation

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

Prefix: Mr. *First Name: John
Middle Name: Raymond
*Last Name: Thomas
Suffix: _____

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

*Telephone Number: (916) 445-7024

Fax Number: (916) 445-7053

*Email: jthomas@parks.ca.gov

Application for Federal Assistance SF-424

Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.904 _____

CFDA Title:

Historic Preservation Fund, Grants in Aid _____

***12 Funding Opportunity Number:**

NPS -SHPO 2012 _____

*Title:

Historic Preservation Fund - State Historic Preservation Office Operations Grant _____

13. Competition Identification Number:

N/A _____

Title:

N/A _____

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

State of California

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

20 State Historic Preservation Office Operations Grant

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: _____ *b. Program/Project: See #15 Above

17. Proposed Project:
*a. Start Date: October 1, 2011 *b. End Date: September 30, 2013

18. Estimated Funding (\$):

*a. Federal	1,494,229.00
*b. Applicant	787,134.00
*c. State	114,808.00
*d. Local	94,211.00
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	2,490,382.00

***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

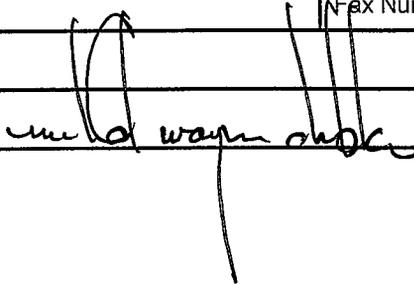
Authorized Representative:

Prefix: Mr. *First Name: Milford
Middle Name: Wayne
*Last Name: Donaldson
Suffix: FAIA

*Title: State Historic Preservation Officer

*Telephone Number: (916)445-7050 Fax Number: (916) 445-7053

* Email: mwdonaldson@parks.ca.gov

*Signature of Authorized Representative:  *Date Signed: _____

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.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 10, 2012	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: Cascadel Mutual Water Company		Organizational Unit Department:		
Organizational OUNS:		Division:		
Address: Street: P. O Box 321		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mr. First Name: Brian		
City: North Fork		Middle Name:		
County: Madera		Last Name: Curtis		
State: CA		Suffix:		
Zip Code: 93643		Email: bc-curtis@netplc.net		
Country: United States		Phone Number (give area code): 559-877-2635		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2448048		Fax Number (give area code): 559-877-4024		
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) N Other (specify): Mutual Water Company		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		9. NAME OF FEDERAL AGENCY: USDA-Rural Development		
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replace existing water storage with new one to serve Cascadel Woods Subdivisions 1, 2 and 4.		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cascadel Woods Subdivisions 1, 2 and 4 - Madera County - North Fork, CA		
13. PROPOSED PROJECT Start Date: 09/01/12 Ending Date: 11/01/12		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 19th b. Project: 19th		
15. ESTIMATED FUNDING: a. Federal: \$ 384,500 b. Applicant: \$ 0 c. State: \$ 0 d. Local: \$ 0 e. Other: \$ 0 f. Program Income: \$ 0 g. TOTAL: \$ 384,500		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/10/12 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix: Mr		First Name: Stan		Middle Name:
Last Name: Eggink		Suffix:		
b. Title: President, Cascadel Mutual Water CO		c. Telephone Number (give area code): 559-877-2635		
d. Signature of Authorized Representative:		e. Date Signed: 02/10/12		

Previous Edition Usable
Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input checked="" 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: 15 FEB 2012		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: Salyer Community Service District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0366003		* c. Organizational DUNS: 787037428
d. Address: * Street 1: PO BOX 503 Street 2: [] * City: Salyer County: Trinity * State: CA Province: [] * Country: USA: UNITED STATES - Zip / Postal Code: 95563		
e. Organizational Unit: Department Name: Fire Department Division Name: []		
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr * First Name: Garrett		
Middle Name: Lewis		
* Last Name: Watty		
Suffix: []		
Title: Chairman		
Organizational Affiliation: []		
* Telephone Number: (530) 629-6887		Fax Number: []
* Email: glwatty@yahoo.com		

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Special District

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

*** Other (specify):**

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

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

100-766

CFDA Title:

Community Facilities Grant Program

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

*** Title:**

MBL-SF424 FAMILY-ALL FORMS

13. Competition Identification Number:

Title:

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

Trinity County

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

ADA Parking & Water System

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="2"/>	* b. Program/Project
		<input type="text" value="2"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="06-01-2012"/>	* b. End Date:
		<input type="text" value="08-01-2012"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="\$23,500.00"/>	
* b. Applicant	<input type="text"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$23,500.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
<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 216, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix:	<input type="text" value="Mr"/>	* First Name: <input type="text" value="Garrett"/>
Middle Name:	<input type="text" value="Lewis"/>	
* Last Name:	<input type="text" value="Watty"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Chairman"/>	
* Telephone Number:	<input type="text" value="(530) 629-2887"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="glwatty@yahoo.com"/>	
* Signature of Authorized Representative:	<input type="text" value="Garrett Watty"/>	* Date Signed: <input type="text" value="2/8/2012"/>

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

Application for Federal Assistance SF-424

1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED

FEB 16 2012

STATE CLEARING HOUSE

3. Date Received:

[]

4. Applicant Identifier:

[]

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

CA-H090009

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

8. APPLICANT INFORMATION:

a. Legal Name:

County of Alameda

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

94-6000503

c. Organizational DUNS:

021116418

d. Address:

Street1:

224 W. Winton Avenue, Room 102

Street2:

[]

City:

Hayward

County/Parish:

[]

State:

CA

Province:

[]

Country:

[]

Zip / Postal Code:

94541

e. Organizational Unit:

Department Name:

Housing and Community Development Department

Division Name:

na

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

Prefix: Ms.

* First Name:

Hazel

Middle Name: L.

* Last Name:

Weiss

Suffix:

Title:

Housing and Community Development Manager

Organizational Affiliation:

Alameda County Housing and Community Development Department

* Telephone Number:

(510) 670-5941

Fax Number:

(510) 670-6378

* Email:

Hazel.Weiss@acgov.org

Application for Federal Assistance SF-424

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 Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.241

CFDA Title:

Housing Opportunities for Persons With AIDS

* 12. Funding Opportunity Number:

* Title:

Standards for Fiscal Year 2012 HOPWA Permanent Supportive Housing Renewal Applications

13. Competition Identification Number:

Title:

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

County of Alameda

View Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

PROJECT INDEPENDENCE Housing Assistance and Supportive Services for People Living With HIV/AIDS

Attach supporting documents as specified in agency instructions.

View Attachment

Delete Attachment

View Attachment

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 9/10/11/13

* b. Program/Project 9/10/11/13

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

Attachment boxes for additional list of Program/Project Congressional Districts.

17. Proposed Project:

* a. Start Date: 09/01/2012

* b. End Date: 08/31/2015

18. Estimated Funding (\$):

* a. Federal	\$1,488,830.81
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$1,488,830.81

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Attachment boxes for explanation of delinquency.

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

I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Linda
 Middle Name: M.
 * Last Name: Gardner
 Suffix:

* Title: Housing Director

* Telephone Number: (510) 670-5939 Fax Number: (510) 670-6378

* Email: Linda.Gardner@acgov.org

* Signature of Authorized Representative: [Signature] * Date Signed: 02/14/2012

RECEIVED
FEB 21 2012
STATE CLEARING HOUSE

Application for Federal Assistance SF-424			Version 02
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <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: Gold Rush Home Study Charter School			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0570969		* c. Organizational DUNS: 058744850	
d. Address:			
* Street 1:	14673 Mono Way		
* Street 2:	<input type="text"/>		
* City:	Sonora		
* County:	Tuolumne		
* State:	CA		
* Province:	<input type="text"/>		
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	95370		
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:	Mr.	* First Name:	Jane
Middle Name:	Anthony		
Last Name:	Gallino		
Suffix:	<input type="text"/>		
Title:	<input type="text"/>		
Organizational Affiliation: <input type="text"/>			
* Telephone Number:	(209) 533-8644	* Fax Number:	(209) 568-9988
* Email:	igallino.teacher@gmail.com		

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

non-profit

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

*** Other (specify):**

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

NGMS Agency USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

*** Title:**

MBL-SF424 FAMILY-ALL FORMS

13. Competition Identification Number:

Title

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

Tuolumne County

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

Purchase Land with Building and remodel to be used for Charter High School

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 19th

* b. Program/Project: 19th

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

17. Proposed Project:

* a. Start Date: 05-01-2012

* b. End Date: 08-01-2012

18. Estimated Funding (\$):

* a. Federal	<u>\$810,000.00</u>
* b. Applicant	<u>\$90,000.00</u>
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	<u>\$900,000.00</u>

* 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 28, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: JAMES
 Middle Name: Anthony
 * Last Name: Gallino
 Suffix:

* Title: Vice Principal / CBO

* Telephone Number: (209) 533-8644 Fax Number: (209) 588-9988

* Email: jgallino.teacher@gmail.com

* Signature of Authorized Representative: [Signature] * Date Signed: 2-14-2012

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 2/23/2012	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: Western Sierra Medical Center, Inc.			Department:		
Organizational DUNS:			Division:		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code):		
Street: 1345 Whispering Pines Lane			Prefix:	First Name: Tom	RECEIVED FEB 23 2012
City: Grass Valley			Middle Name:		
County: Nevada			Last Name: Morrissey		
State: California			Suffix:		STATE CLEARING HOUSE
Zip Code: 95945			Email: tom@wsmcmed.org		
Country: U.S.A.			Phone Number (give area code): 530 273 4894		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2279011			Fax Number (give area code): 530 273 7255		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
TITLE (Name of Program): Community Facilities Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a new community medical clinic		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Nevada County, California			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 4 b. Project: 4		
13. PROPOSED PROJECT Start Date: 6/1/2012 Ending Date: 6/1/2013			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/23/2012 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		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	4,870,000.00			
b. Applicant	\$	168,480.00			
c. State	\$.00			
d. Local	\$.00			
e. Other	\$.00			
f. Program Income	\$.00			
g. TOTAL	\$	5,038,480.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix	First Name Tom		Middle Name		
Last Name Morrissey		Suffix			
b. Title CFO		c. Telephone Number (give area code)			
d. Signature of Authorized Representative <i>Tom Morrissey</i>				e. Date Signed 2/23/2012	

FEDERAL GRANT APPLICATION REQUEST

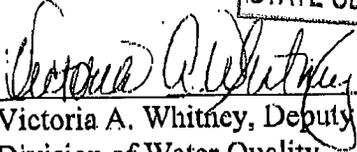
TO: Budgets Branch
 Division of Administrative Services
 State Water Resources Control Board
 1001 I Street, 18th Floor
 Sacramento, CA 95814

DATE: FEB 7 - 2012

APPROVED:



FROM: 
 Kevin Graves
 Division of Water Quality
 1001 I Street, 15th Floor
 Sacramento, CA 95814


 Victoria A. Whitney, Deputy Director
 Division of Water Quality

TYPE OF APPLICATION: <small>(please highlight)</small>	NEW	REVISION x (Amendment #4)	CONTINUATION
1. Federal ID No.: LS 97952501		3. Project Manager: Kevin Graves Organization: Division of Water Quality Phone / FAX: 341-5782/341-5808 (Fax)	
2. CFDA No.: 66.805		5. Federal Task/PCA Nos: 325	
4. Project Title: Leaking Underground Storage Tanks Program (LUST) Cleanup		8. If a State Match is included, what is the source of funding and Task/PCA Nos: N/A	
6. Project Amount: \$150,000 (In-kind only) Federal: \$150,000 State: Total: \$150,000* *(New Project total: (\$20,324,044))	7. Project Period: From: 7/1/08 To: 6/30/12		
9. Federal Contact: (name, phone & fax) Joel Coffman, (415) 972-3530, (415) 947-3530 (Fax)		10. Date Due to Federal Agency: March 1, 2012	
11. Special Considerations: Does this grant have any "in-kind" assistance? If yes, what is the dollar amount? Yes. This additional \$150,000 brings the total federal in-kind contribution to: \$6,953,540 Does this grant fund an Intergovernmental Personnel Assignment (IPA)? If yes, what is the dollar amount? No			

Checklist of Attachments Required for this Application

1. SWRCB Resolution (required when federal funds exceed \$500,000 or three years duration).
2. Workplan (USEPA approved).
3. Budget Summary (total for this application only).
4. Spending Plan (FY detail - for budget authority purposes).
5. Other federal communications.

Please complete all sections and send to the Budgets Branch, with the attachments listed above.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1	
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)	
* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update		* 2. Date Received: Completed by Grants.gov upon submission.	
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		STATE USE ONLY: 5. Date Received by State: []	
3. Applicant Identifier: MST Fleet Modernization		6. State Application Identifier: []	
4a. Federal Entity Identifier: 942222398		4b. Federal Award Identifier: FTA-2012-004-TPM-8GR	
7. APPLICANT INFORMATION:			
* a. Legal Name: Monterey-Salinas Transit			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942222398		* c. Organizational DUNS: 073957813	
d. Address:			
* Street1: One Ryan Ranch Road		Street2: []	
* City: Monterey		County: Monterey	
* State: CA: California		Province: []	
* Country: USA: UNITED STATES		* Zip / Postal Code: 93940	
e. Organizational Unit:			
Department Name: Finance & Administration		Division Name: []	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: Ms.	* First Name: Michelle	Middle Name: []	
* Last Name: Overmeyer		Suffix: []	
Title: Grants & Compliance Analyst			
Organizational Affiliation: Monterey-Salinas Transit			
* Telephone Number: (831) 393-8131		Fax Number: (831) 899-1954	
* Email: movermeyer@msat.org			

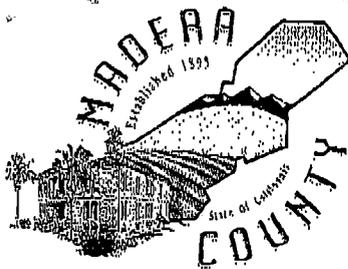
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 8a. TYPE OF APPLICANT:		
D: Special District Government		
* Other (specify):		
b. Additional Description:		
Public Transit District		
* 9. Name of Federal Agency:		
DOT/Federal Transit Administration		
10. Catalog of Federal Domestic Assistance Number:		
20.500		
CFDA Title:		
Federal Transit_Capital Investment Grants		
11. Areas Affected by Funding:		
Monterey County, California San Luis Obispo County, California Santa Clara County, California Santa Cruz County, California		
12. CONGRESSIONAL DISTRICTS OF:		
* a. Applicant:	b. Program/Project:	
17		
Attach an additional list of Program/Project Congressional Districts if needed.		
13. FUNDING PERIOD:		
a. Start Date:	b. End Date:	
09/01/2012	12/31/2013	
14. ESTIMATED FUNDING:		
* a. Federal (\$):	b. Match (\$):	
10,560,870.00	2,640,218.00	
* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?		
<input checked="" type="checkbox"/> a. This submission was made available to the State under the Executive Order 12372 Process for review on: 02/27/2012		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
<p>* 16. Is The Applicant Delinquent On Any Federal Debt?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Standard</p>		
<p>17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)</p> <p>** I Agree <input checked="" type="checkbox"/></p> <p>** This list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix: Mr.	* First Name: Carl	
Middle Name: 		
* Last Name: Sedoryk		
Suffix: 	* Title: General Manager/CEO	
Organizational Affiliation: 		
* Telephone Number: (831) 393-8123		
* Fax Number: (831) 899-3954		
* Email: csedoryk@mt.org		
* Signature of Authorized Representative: Completed by Grants.gov upon submission.		
* Date Signed: Completed by Grants.gov upon submission.		
<p>Attach supporting documents as specified in agency instructions.</p> <p>Attachments Date Signed Agency Reference</p>		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
5. APPLICANT INFORMATION		3. DATE RECEIVED BY STATE	State Application Identifier
Legal Name: County of Madera Board of Supervisors		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Organizational DUNS: 004939377		Organizational Unit: Department: Madera County Agricultural Commissioner	
Address: Street: 546465485 332 Madera Avenue City: Madera County: Madera State: Ca Zip Code: 93637		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jay Middle Name: H Last Name: Seslowe Suffix: USE	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 5 1 8		Phone Number (give area code): 559-675-7876 Fax Number (give area code): 559-674-4071	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) (B) County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant & Animal Disease, Pest Control & Animal Care		9. NAME OF FEDERAL AGENCY: USDA APHIS PPO	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Madera		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Area wide management of GLASSY-WINGED sharpshooter in Madera County, California	
13. PROPOSED PROJECT Start Date: March 1, 2012 Ending Date: February 28, 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18 and 19 b. Project As per #11	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 200,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 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. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 200,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name	
Prefix Mr.	First Name Robert	J	
Last Name Rolan		Suffix	
b. Title Madera County Agricultural Commissioner/Sealer of Weights & Measures		c. Telephone Number (give area code) 559-675-7876	
d. Signature of Authorized Representative <i>Robert J Rolan by Jay Seslowe</i>		e. Date Signed	

RECEIVED
 FEB 27 2012
 STATE CLEARING HOUSE

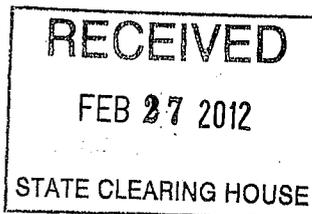


Madera County Department of Agriculture Weights and Measures

Robert J. Rolan, Agricultural Commissioner
Scaler of Weights and Measures

Jay Seslowe, Assistant Agricultural
Commissioner/Scaler

California Grants Coordinator
State Clearinghouse
Office of Planning and Research
P.O. Box 3044, Room 222
Sacramento, California 95812-3044



February 27, 2012

To Whom It May Concern,

Attached is Madera County California's Application For Federal Assistance (SF 424). As per; State Executive Order Number 12372 I am faxing this document.

Please confirm receipt of this form by providing a date stamp to the following fax number; 559-674-4071.

Regards,

A handwritten signature in cursive script, appearing to read "Jay Seslowe".

Jay Seslowe

Madera County Assistant Agricultural Commissioner

MODE = MEMORY TRANSMISSION

START=FEB-28 11:50

END=FEB-28 11:52

FILE NO.=768

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	2	915596744071	003/003	00:00:59

-STATE CLEARINGHOUSE -

***** UF-8000 ***** -916 323 3018 - *****

1400 TENTH STREET P.O. BOX 3044 SACRAMENTO, CALIFORNIA 95812-3044
TEL (916) 445-0613 FAX (916) 823-3018 www.oprc.ca.gov

3

Number of Pages
Including cover sheet

State Clearinghouse Fax: 916-323-3018

Date: 2/28/12

Fax Number: 559 674-4071

To: Jay Estlowe

From: Sheila Brown

Instructions: Date stamped
grant letter

Facsimile Transmittal

State Clearinghouse
Governor's Office of Planning and Research



STATE OF CALIFORNIA



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

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 29 2012 STATE CLEARING HOUSE </div>	
5a. Federal Entity Identifier:		5b. Federal Award Identifier:			
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: Big Pine Paiute Tribe of the Owens Valley					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3059258			* c. Organizational DUNS: 0107086340000		
d. Address:					
* Street1:		P. O. Box 700			
Street2:		825 S. Main St.			
* City:		Big Pine			
County/Parish:					
* State:		CA: California			
Province:					
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		93513-0700			
e. Organizational Unit:					
Department Name: Environmental			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		* First Name:		Sara "Sally"	
Middle Name:					
* Last Name:		Manning			
Suffix:					
Title:		Environmental Director			
Organizational Affiliation:					
<input type="text"/>					
* Telephone Number:		760-938-2003 ext 233		Fax Number: 760-938-2290	
* Email:		s.manning@bigpinepaiute.org			

Application for Federal Assistance SF-424

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

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.604

CFDA Title:

Environmental Justice Small Grant Program

*** 12. Funding Opportunity Number:**

EPA-OECA-OEJ-12-01

* Title:

Environmental Justice Small Grants Program

13. Competition Identification Number:

Title:

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

Add Attachment

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

One Hundred Years of the Los Angeles Aqueduct: Changes to the Big Pine Paiute landscape due to groundwater pumping and fish hatchery operations

Attach supporting documents as specified in agency instructions.

Add Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 25

b. Program/Project 25

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012

* b. End Date: 09/30/2013

18. Estimated Funding (\$):

* a. Federal	25,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	25,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 03/01/2012.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

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: Middle Name: * First Name: Virgil

* Last Name: Moose

Suffix:

* Title: Tribal Chairperson

* Telephone Number: 760-938-2003 Fax Number: 760-938-2942

* Email: dmoose@cebridge.net

* 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		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		RECEIVED FEB 29 2012 STATE CLEARING HOUSE	
*3. Date Received:		4. Application 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: Rose Foundation for Communities and the Environment					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			*c. Organizational DUNS:		
94-3179772			960436855		
d. Address:					
*Street1: 6008 College Avenue, Suite 10					
Street 2:					
*City: Oakland					
County: CA					
*State: 94618					
Province:					
Country: United States			*Zip/ Postal Code: 94618		
e. Organizational Unit:					
Department Name:			Division Name:		
New Voices Are Rising					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: MS.		First Name: Robyn			
Middle Name:					
*Last Name: Herr					
Suffix:					
Title: Development and Communications Coordinator					
Organizational Affiliation:					
*Telephone Number: 510-658-0702 x304			Fax Number: 510-658-0732		
*Email: rherr@rosefdn.org					

Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U.S. Environmental Protection Agency, Office of Environmental Justice

11. Catalog of Federal Domestic Assistance Number:

66.604

CFDA Title:

Environmental Justice Small Grants Program

*12. Funding Opportunity Number: **EPA-OECA-OEJ-12-01**

*Title: **Environmental Justice Small Grants Program**

13. Competition Identification Number:

Title:

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

**Cities - Oakland, Richmond and Hercules
Counties - Alameda and Contra Costa
States - California**

*15. Descriptive Title of Applicant's Project:

New Voices Are Rising - Youth Inputs on Health, Planning, and Environmentally Just Communities

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-009

*b. Program/Project: CA-007, CA-009

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

17. Proposed Project:

*a. Start Date: July 1, 2012

*b. End Date: June 30, 2013

18. Estimated Funding (\$):

*a. Federal \$25,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$25,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 2/28/2012
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Jill

Middle Name:

*Last Name: Ratner

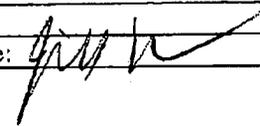
Suffix:

*Title: President and Program Director

*Telephone Number: 510-658-07020 x306

Fax Number: 510-658-0732

*Email: jratner@rosefdn.org

*Signature of Authorized Representative: 

Date Signed: 2/28/2012

Application for Federal Assistance SF-424

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



* 3. Date Received: 02/29/2012	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: Community Health Councils		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4487664	* c. Organizational DUNS: 8745439290000	

d. Address:

* Street1:	3731 Stocker St.
Street2:	Suite 201
* City:	Los Angeles
County/Parish:	Los Angeles
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90008-5146

e. Organizational Unit:

Department Name: Community Health and Education	Division Name: _____
---	--------------------------------

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

Prefix: Ms.	* First Name: Gwendolyn
Middle Name: _____	
* Last Name: Flynn	
Suffix: _____	

Title: Policy Director

Organizational Affiliation: _____

* Telephone Number: 323-295-9372	Fax Number: 323-295-9467
---	---------------------------------

* Email: gwen@chc-inc.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.604

CFDA Title:

Environmental Justice Small Grant Program

*** 12. Funding Opportunity Number:**

EPA-OECA-OEJ-12-01

* Title:

Environmental Justice Small Grants Program

13. Competition Identification Number:

Title:

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

14. Areas Affected by Project .pdf

Add Attachment

Delete Attachment

View Attachment

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

Empowered Communities for Transparency, Health, and Safety

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="25,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="25,000.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received:	4. Application Identifier:
---------------------------	-----------------------------------

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

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

8. APPLICANT INFORMATION:

*** a. Legal Name: Instituto de Educacion Popular del Sur de California**

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4431992	*c. Organizational DUNS: 0603-26563
--	---

d. Address:
*Street1: 1565 W. 14th St.
Street 2:
*City: Los Angeles
County: Los Angeles
*State: California
Province:
Country: United States
*Zip/ Postal Code: 90015



e. Organizational Unit:

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

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

Prefix: Mr. First Name: Marlon
Middle Name:
*Last Name: Portillo
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (213) 25-2952	Fax Number: (213) 252-2953
*Email: maportillo@idepsca.org	

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.604

CFDA Title:

Office of Environmental Justice

*12. Funding Opportunity Number:

EPA-OECA-OEJ-12-01

*Title: Environmental Justice Small Grants Program

13. Competition Identification Number:

Title:

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

Greater Los Angeles Area, specifically City of Los Angeles and Pasadena located in Los Angeles County, in California State.

*15. Descriptive Title of Applicant's Project:

Safer Alternatives to Toxic Substances in Los Angeles Low-wage Worker Communities

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant
34

*b. Program/Project:
34,31,29,36

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

17. Proposed Project:

*a. Start Date: July 1, 2012

*b. End Date: June 30, 2013

18. Estimated Funding (\$):

*a. Federal	\$25,000.00
*b. Applicant	\$10,000.00
*c. State	\$0.00
*d. Local	\$10,000.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$45,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on Feb. 29, 2012
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

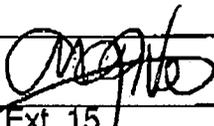
*First Name: Marlon

Middle Name:

*Last Name: Portillo

Suffix:

*Title: Executive Director



*Telephone Number: (213) 252-2952 Ext. 15

Fax Number: (213) 252-2953

*Email: maportillo@idepsca.org

*Signature of Authorized Representative:

Date Signed: February 29, 2012