

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-28, 2007**. 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

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> January 31, 2007	Applicant Identifier
		<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: California Association for Local Economic Development		<b>Organizational Unit:</b> Department: Division:	
Organizational DUNS: 119083145		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: WAYNE Middle Name: A. Last Name: SCHELL Suffix:	
Address: Street: 550 Bercut Drive, Suite G City: Sacramento County: Sacramento State: CA Zip Code: 95814		Email: wachell@caled.org Phone Number (give area code): (916) 448-8252 Fax Number (give area code): (916) 448-3811	

**RECEIVED**  
 FEB 20 2007  
 STATE CLEARING HOUSE

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2645503	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> "a" - Not for profit organization <input checked="" type="checkbox"/> "n" - other, CA Enterprise Development Authority <b>8. NAME OF FEDERAL AGENCY:</b> DOC Economic Development Administration
<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>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 11-309 TITLE (Name of Program): <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> California - Statewide

<b>13. PROPOSED PROJECT</b> Start Date: 3/01/07 Ending Date: 2/27/08	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CD 5 b. Project CD 1-53
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<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr><td>a. Federal</td><td>\$ 85,000<sup>00</sup></td></tr> <tr><td>b. Applicant CEDA</td><td>\$ 20,000<sup>00</sup></td></tr> <tr><td>c. State</td><td>\$ <sup>00</sup></td></tr> <tr><td>d. Local</td><td>\$ <sup>00</sup></td></tr> <tr><td>e. Other Wells/CDC Sm Business Fin</td><td>\$ 85,000<sup>00</sup></td></tr> <tr><td>f. Program Income</td><td>\$ <sup>00</sup></td></tr> <tr><td>g. TOTAL</td><td>\$ 190,000<sup>00</sup></td></tr> </table>	a. Federal	\$ 85,000 <sup>00</sup>	b. Applicant CEDA	\$ 20,000 <sup>00</sup>	c. State	\$ <sup>00</sup>	d. Local	\$ <sup>00</sup>	e. Other Wells/CDC Sm Business Fin	\$ 85,000 <sup>00</sup>	f. Program Income	\$ <sup>00</sup>	g. TOTAL	\$ 190,000 <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: 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	\$ 85,000 <sup>00</sup>														
b. Applicant CEDA	\$ 20,000 <sup>00</sup>														
c. State	\$ <sup>00</sup>														
d. Local	\$ <sup>00</sup>														
e. Other Wells/CDC Sm Business Fin	\$ 85,000 <sup>00</sup>														
f. Program Income	\$ <sup>00</sup>														
g. TOTAL	\$ 190,000 <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>9. Authorized Representative</b> First Name: WAYNE Middle Name: A. Last Name: SCHELL Title: PRESIDENT/CEO Signature of Authorized Representative: <i>Wayne Schell</i> Date Signed: 1/31/07	Suffix: c. Telephone Number (give area code): (916) 448-8252
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**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> January 31, 2007	Applicant Identifier
Preapplication <input 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

**5. APPLICANT INFORMATION**

Legal Name: City of Huron	Organizational Unit: Police Department
Address (give city, county, State, and zip code): P O Box 339 Huron CA 93234	Name and telephone number of person to be contacted on matters involving this application (give area code) Chief Frank Steenport 945-2046

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 — 6 0 0 3 5 5 8	<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
<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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 0 — 7 6 6 TITLE: Community Facilities Grant	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Public Safety Equipment for Police Department <b>RECEIVED</b> FEB 21 2007 <b>STATE CLEARING HOUSE</b>
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Huron	

<b>13. PROPOSED PROJECT</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>
Start Date: 6/1/06 Ending Date: 3/31/07	a. Applicant: 20 Costa b. Project: 20 Costa

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 50,000 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____
b. Applicant \$ 41,000 <sup>00</sup>	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
c. State \$ _____ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
d. Local \$ _____ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$ _____ <sup>00</sup>	
f. Program Income \$ _____ <sup>00</sup>	
g. TOTAL \$ 91,000 <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. Type Name of Authorized Representative Alan Bengyel	b. Title Interim City Manager	c. Telephone Number (559) 945-2241
d. Signature of Authorized Representative 	e. Date Signed 2/1/07	

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <u>2/12/2007</u>	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Caruthers Community Services District		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: P.O. Box 218 City: Caruthers County: Fresno		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Michael Middle Name:	
State: CA	Zip Code 93609	Last Name Taylor	
Country: USA		Suffix:	
		Email:	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-1569881</u>		Phone Number (give area code) (559) 449-2700	Fax Number (give area code) (559) 449-2715
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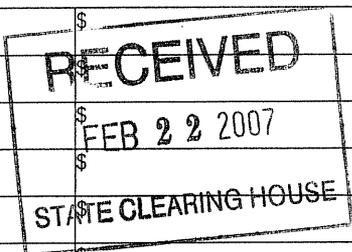
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-760</u> TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Well #5 Arsenic Treatment Project
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Caruthers, Fresno	9. NAME OF FEDERAL AGENCY: USDA RURAL UTILITY SERVICE
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13. PROPOSED PROJECT Start Date: June 2007 Ending Date: June 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 b. Project 20
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 998,000. <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:
b. Applicant \$ . <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ . <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ . <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ . <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$ . <sup>00</sup>	
g. TOTAL \$ 998,000. <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	First Name David	Middle Name	
Last Name McIntyre		Suffix	
b. Title District Manager		c. Telephone Number (give area code) (559) 864-8189	
d. Signature of Authorized Representative <u>David R. McIntyre</u>		e. Date Signed <u>2/12/2007</u>	

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <i>2/12/2007</i>	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 <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Caruthers Community Services District	<b>Organizational Unit:</b> Department:
Organizational DUNS:	Division:
<b>Address:</b> Street: P.O. Box 218 City: Caruthers County: Fresno	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Middle Name: Michael
State: CA	Last Name: Taylor
Zip Code: 93609	Suffix:
Country:	Email: mtaylor@ppeng.com

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

Phone Number (give area code) (559) 449-2700	Fax Number (give area code) (559) 449-2715
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**8. TYPE OF APPLICATION:**  
 New     Continuation     Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)  
 Other (specify)

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

**9. NAME OF FEDERAL AGENCY:**  
 USDA RURAL UTILITY SERVICE

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 1 0 - 7 6 0  
 TITLE (Name of Program):

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Wastewater Treatment Expansion Project

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

**13. PROPOSED PROJECT**

Start Date: June 2007	Ending Date: June 2009
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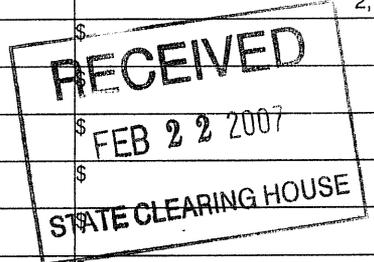
**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant 20    b. Project 20

**15. ESTIMATED FUNDING:**

a. Federal	\$	2,180,000 <sup>00</sup>
b. Applicant	\$	<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	\$	2,180,000 <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:  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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



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

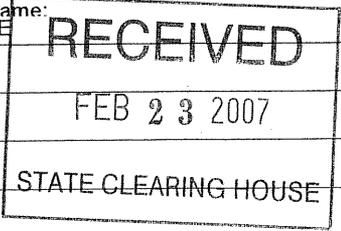
**a. Authorized Representative**

Prefix	First Name David	Middle Name
Last Name McIntyre	Suffix	
b. Title District Manager	c. Telephone Number (give area code) (559) 864-8189	e. Date Signed <i>2/12/2007</i>
d. Signature of Authorized Representative <i>David L. McIntyre</i>		

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> January 31, 2007	Applicant Identifier
		<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: California Association for Local Economic Development		<b>Organizational Unit:</b> Department:	
Organizational DUNS: 119083145		Division:	
<b>Address:</b> Street: 550 Bercut Drive, Suite G		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix:	
City: Sacramento		First Name: WAYNE	
County: Sacramento		Middle Name: A.	
State: CA		Last Name: SCHELL	
Zip Code: 95814		Suffix:	
Country: USA		Email: wschell@caled.org	



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 2   6 4 5 5 0 3	Phone Number (give area code) (916) 448-8252	Fax Number (give area code) (916) 448-3811
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<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) "o" - Not for profit organization Other (specify) "n" - other, CA Enterprise Development Authority <b>9. NAME OF FEDERAL AGENCY:</b> DOC Economic Development Administration
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITIF (Name of Program): 1 1 - 3 0 3	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> STATEWIDE "ONE STOP" TECHNICAL ASSISTANCE CLEARINGHOUSE FOR ECONOMIC DEVELOPMENT FINANCING RESOURCES
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> California - Statewide
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<b>13. PROPOSED PROJECT</b> Start Date: 3/01/07	Ending Date: 2/27/08	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CD 5	b. Project CD 1-53
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 85,000 <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:
b. Applicant CEDA \$ 20,000 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other Wells/CDC Sm Business Fin \$ 85,000 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 190,000 <sup>00</sup>	

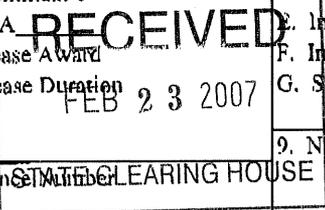
**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

<b>a. Authorized Representative</b> First Name: WAYNE	Middle Name: A.
Last Name: SCHELL	Suffix:
Title: PRESIDENT/CEO	c. Telephone Number (give area code) (916) 448-8252
d. Signature of Authorized Representative 	e. Date Signed 1/31/07



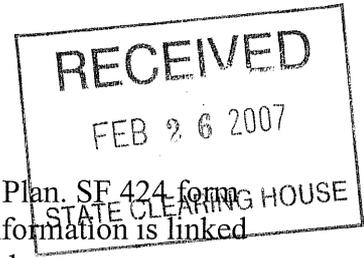
**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier L 00941107
6. D U N S Number: 808321913		7. Type of Applicant; (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
8. Type of Application: ____ New ____ Revision <input checked="" type="checkbox"/> Continuation If Revision, enter appropriate letter(s): <u>A</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number: 66.804 Title: State Underground Storage Tanks Program		11. Descriptive Title of Applicant's Project: Development and implementation of regulatory programs for the prevention, detection, and correction of leaking UST's containing petroleum and hazardous substances.	
12. Area Affected by Project: (cities, counties, states, etc.) California		14. Congressional District of: Applicant: Project: 3 California - All	
13. Proposed Project: Start Date End Date 7/1/2006 6/30/2007		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: February 23, 2007 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
15. ESTIMATED FUNDING: a. Federal \$150,926 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$150,926		17. Is the applicant delinquent on any Federal debt? ____ YES, attach 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 BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Thomas Howard		b. Title: Acting Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed:	





# 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 05/15/2007	Applicant Identifier B-07-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	
93301	Country U.S.A.	Division	
<b>Employer Identification Number (EIN):</b>		County: Kern County	
95-6000925		Program Year Start Date (MM/DD) 07/01/2007	
<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 - \$5,186,210	\$Additional HUD Grant(s) Leveraged - \$300,000	Describe City of Bakersfield CDBG funds	
\$Additional Federal Funds Leveraged - \$1,000,000		\$Additional State Funds Leveraged - \$7,200,000	
\$Locally Leveraged Funds - \$230,647		\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$160,000		Other (Describe) – 625,000 (Private Foundations: W.M. Keck, Kesge, and Exxon Mobile Foundations)	
Total Funds Leveraged for CDBG-based Project(s) - \$9,515,647 (Includes Program Income)			
<b>Home Investment Partnerships Program</b>		14.239 HOME	
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 - \$2,140,249 * (includes \$29,231 of ADDI funds)	\$Additional HUD Grant(s) Leveraged - \$0	Describe
\$Additional Federal Funds Leveraged - \$0	\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds - \$0	\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$650,000	Other (Describe)	
Total Funds Leveraged for HOME-based Project(s) - \$650,000 (Includes Program Income)		

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

**Emergency Shelter Grants Program** 14.231 ESG  
 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 - \$231,829	\$Additional HUD Grant(s) Leveraged - \$0	Describe
\$Additional Federal Funds Leveraged - \$0	\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds - \$220,238	\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$0	Other (Describe)	
Total Funds Leveraged for ESG-based Project(s) - \$220,238		

Congressional Districts of: 20 <sup>th</sup> & 21 <sup>st</sup> Congressional Districts		20 <sup>th</sup> & 21 <sup>st</sup> Congressional Dists.	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 19, 2007
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<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**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> February 21, 2007	Applicant Identifier R-9 #06-211 (2004 Special Appropriation)	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Monterey County Water Resources Agency		Organizational Unit: Department: Water Planning and Management		
Organizational DUNS: 60-241-6174		Division:		
<b>Address:</b> Street: P.O. Box 930		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Salinas		Prefix:	First Name: Elizabeth	
County: Monterey		Middle Name A.		
State: CA		Last Name Krafft		
Zip Code 93902	Suffix:			
Country: USA	Email: kraftea@co.monterey.ca.us			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000524		Phone Number (give area code) 831 755-4864	Fax Number (give area code) 831 424-7935	
<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) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G. Special District Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 66-606		<b>9. NAME OF FEDERAL AGENCY:</b> EPA		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Salinas Valley, Monterey County, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Planning and design of the Salinas Valley Water Project		
<b>13. PROPOSED PROJECT</b> Start Date: April 15, 2007		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 17th Congressional District of CA		
Ending Date: April 15, 2009		b. Project 17th Congressional District of CA		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 337,500.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 276,146.00	DATE: Feb 21, 2007		
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 613,646.00			
<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 Curtis	Middle Name V.		
Last Name Weeks		Suffix		
b. Title General Manager	c. Telephone Number (give area code) 831 755-4860			
d. Signature of Authorized Representative		e. Date Signed 2/20/07		

**RECEIVED**  
 FEB 26 2007  
 STATE CLEARING HOUSE

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 21, 2007	Applicant Identifier R-9 #06-211 (2005 Special Appropriation)																					
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																					
<b>5. APPLICANT INFORMATION</b> Legal Name: Monterey County Water Resources Agency		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier																						
<b>Organizational DUNS:</b> 60-241-6174		<b>Organizational Unit:</b> Department: Water Planning and Management																						
<b>Address:</b> Street: P.O. Box 930 City: Salinas County: Monterey State: CA Zip Code: 93902 Country: USA		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Elizabeth Middle Name: A. Last Name: Krafft Suffix: Email: kraftea@co.monterey.ca.us																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000524		Phone Number (give area code) 831 755-4864	Fax Number (give area code) 831 424-7935																					
<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. Special District Other (specify)																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 66-606		<b>9. NAME OF FEDERAL AGENCY:</b> EPA																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Salinas Valley, Monterey County, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Salinas Valley Water Project																						
<b>13. PROPOSED PROJECT</b> Start Date: April 30, 2007 Ending Date: April 30, 2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 17th Congressional District of CA b. Project 17th Congressional District of CA																						
<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>336,800<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>275,893<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>612,693<sup>00</sup></td> </tr> </table>		a. Federal	\$	336,800 <sup>00</sup>	b. Applicant	\$	275,893 <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	\$	612,693 <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: Feb 21, 2007 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	\$	336,800 <sup>00</sup>																						
b. Applicant	\$	275,893 <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	\$	612,693 <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																								
<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 Curtis	Middle Name V.																						
Last Name Weeks	Suffix																							
b. Title General Manager	c. Telephone Number (give area code). 831 755-4860																							
d. Signature of Authorized Representative		e. Date Signed 2/21/07																						

**RECEIVED**  
 FEB 26 2007  
 STATE CLEARING HOUSE

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 02/26/2007	Applicant Identifier																												
Pre-application <input 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>																												
<b>5. APPLICANT INFORMATION</b> Legal Name: Sierra Economic Development District		<b>Organizational Unit:</b> Department:																													
Organizational DUNS: 08-885-6885		Division:																													
<b>Address:</b> Street: 560 Wall Street, Suite F City: Auburn County: Placer State: CA Zip Code: 95603		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                       FEB 26 2007                       STATE CLEARING HOUSE                 </div>																													
Country: United States																															
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-11706043		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Brent Middle Name: Last Name: Smith Suffix:																													
<b>7. 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) O Other (specify)																													
<b>8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program):		<b>9. NAME OF FEDERAL AGENCY:</b> USDA/Rural Development																													
<b>10. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Sierra County, City of Loyalton		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Business Plan/Foasibility Analysis for wood pellet manufacture in Sierra County																													
<b>12. PROPOSED PROJECT</b> Start Date: 06/01/2007 Ending Date: 05/30/2008		<b>13. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant Doolittle - 4 b. Project Doolittle - 4																													
<b>14. ESTIMATED FUNDING:</b> <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>50,000</td><td>00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td></td><td>00</td></tr> <tr><td>c. State</td><td>\$</td><td></td><td>00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td><td>00</td></tr> <tr><td>e. Other</td><td>\$</td><td></td><td>00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td><td>00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>50,000</td><td>00</td></tr> </table>		a. Federal	\$	50,000	00	b. Applicant	\$		00	c. State	\$		00	d. Local	\$		00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	50,000	00	<b>15. 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 27, 2007 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	\$	50,000	00																												
b. Applicant	\$		00																												
c. State	\$		00																												
d. Local	\$		00																												
e. Other	\$		00																												
f. Program Income	\$		00																												
g. TOTAL	\$	50,000	00																												
<b>16. 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>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
<b>a. Authorized Representative</b> Prefix: Mr. First Name: Brent Last Name: Smith Title: President		Middle Name: Suffix: c. Telephone Number (give area code): 530-823-4703 e. Date Signed:																													
d. Signature of Authorized Representative: <i>Brent Smith</i>																															

**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> 02/27/07	Applicant Identifier
Pre-application <input 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: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS	
Organizational DUNS: 00-9581646		Division: AIRPORTS	
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: Last Name: DRINKWATER First Name: PETER Suffix:	
Zip Code: 92020		Email: Peter.Drinkwater@adcounty.ca.gov	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000934		Phone Number (give area code): (619) 956-4800 Fax Number (give area code): (619) 956-4801	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" 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 checked="" type="checkbox"/> A		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP) 20-106		<b>9. NAME OF FEDERAL AGENCY:</b> FEDERAL AVIATION ADMINISTRATION	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> CARLSBAD, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> McCLELLAN-PALOMAR AIRPORT - PALOMAR AIRPORT TERMINAL REDEVELOPMENT PROJECTS	
<b>13. PROPOSED PROJECT</b> Start Date: TBD Ending Date: TBD		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 52 b. Project: 51	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ (Less \$500K FY2006 Entitlement.) 13,251,500 <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: 02/28/07 Fax (916) 323-3018 Shella Brown	
b. Applicant	\$ 618,500 <sup>00</sup>	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	
c. State	\$		
d. Local	\$		
e. Other	\$ 7,500,000 <sup>00</sup>		
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 21,370,000 <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	
<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	First Name: PETER	Middle Name:	
Last Name: DRINKWATER			Suffix:
b. Title: DIRECTOR OF COUNTY AIRPORTS			c. Telephone Number (give area code): (619) 956-4839
d. Signature of Authorized Representative: <i>Peter Drinkwater</i>			e. Date Signed: 02/27/07