

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15, 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 | | 2. DATE SUBMITTED 12/29/06 | Applicant Identifier |
| i. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

| | |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal Name Los Angeles County Metropolitan Transportation Authority | Organizational Unit: Programming & Policy Analysis |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635 |

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| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975 | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award) | A State H Independent School Dist. B County I State Controlled Institution 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) _____ |
| If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) | State Chartered Transit District |

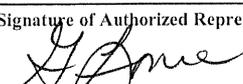
9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

| | |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE 49 U.S.C. § 5309 | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Crenshaw - Prairie Transit Corridor CA-04-0034 |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA | |

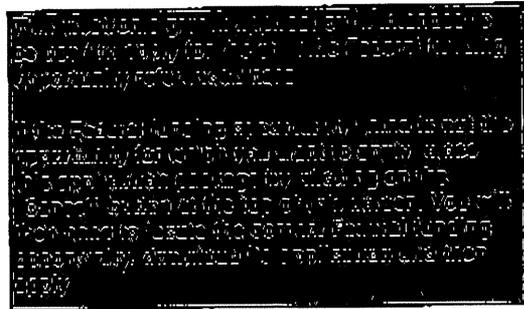
| | | | |
|------------------------------|--------------------------------|--------------------------------------------------------|-------------------------------|
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DISTRICTS OF | | |
| Start Date 12/1/06 | Ending Date 8/31/09 | a. Applicant Districts 24 through 39, and 41 | b. Project 33,35,36 |

| | | | |
|-----------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 1,623,366.00 | a YES THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>12/29/06</u> | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JAN 05 2007</p> <p>STATE CLEARING HOUSE</p> </div> |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 | |
| c State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d Local | \$ 405,842.00 | | |
| e Other | \$.00 | | |
| f Program Income | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No | |
| g TOTAL | \$ 2,029,208.00 | | |

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 Typed Name of Authorized Representative GLADYS LOWE | b Title Director Regional Program Management | c Telephone number (213) 922-2459 |
| d. Signature of Authorized Representative  | e. Date Signed 12-29-06 | |

| | |
|-------------------------|--------------------------------------------------------------------------------------|
| Opportunity Title: | Annual Notice Submission of Renewal and Supplemental |
| Offering Agency: | Chicago Service Center |
| CFDA Number: | 81.049 |
| CFDA Description: | Office of Science Financial Assistance Program |
| Opportunity Number: | DE-PS02-07ER07-02 |
| Competition ID: | NONE |
| Opportunity Open Date: | 10/05/2006 |
| Opportunity Close Date: | 10/01/2007 |
| Agency Contact: | Marilyn Oyler GRANTS & CONTRACTS ANALYST E-mail: marilyn.oyler@science.doe.gov |



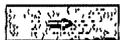
I will be submitting applications on my behalf, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name: Dr. Byer DE-FG02-03ER41276 cont.

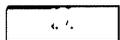
Mandatory Documents

SF424 (R&R)
Research & Related Other Project Information
Research & Related Budget

Move Form to Submission List



Move Form to Documents List



Open Form

Mandatory Completed Documents for Submission

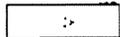
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STATE CLEARING HOUSE

Open Form

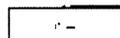
Optional Documents

Disclosure of Lobbying Activities (SF-LLL)
R&R Subaward Budget Attachment(s) Form

Move Form to Submission List



Move Form to Documents List



Open Form

Optional Completed Documents for Submission

(Empty box for optional completed documents)

Open Form

Instructions

Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Submit" button will not be functional until the application is complete and saved.

Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

-It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

-The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

-To open an item, simply click on it to select the item and then click on the "Open" button. When you have completed a form or document, click the form/document name to select it, and then click the => button. This will move the form/document to the "Completed Documents" box.

To remove a form/document from the "Completed Documents" box, click the form/document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

-When you open a required form, the fields which must be completed are highlighted in yellow. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

Click the "Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and saved the application, the "Submit" button will become active.
- You will be taken to a confirmation page where you will be asked to verify that this is the funding opportunity and Agency to which you want to submit an application.

Application Submission Verification and Signature

Opportunity Title: Annual Notice Submission of Renewal and Supplemental
Offering Agency: Chicago Service Center
CFDA Number: 81.049
CFDA Description: Office of Science Financial Assistance Program
Opportunity Number: DE-PS02-07ER07-02
Competition ID: NONE
Opportunity Open Date: 10/05/2006
Opportunity Close Date: 10/01/2007
Application Filing Name: Dr. Byer DE-FG02-09ER41276 cont.

Do you wish to sign and submit this application?

Please review the summary provided to ensure that the information listed is correct and that you are submitting an application to the opportunity for which you want to apply.

If you want to submit the application package for the listed funding opportunity, click on the "Sign and Submit Application" button below to complete the process. You will then see a screen prompting you to enter your user ID and password.

If you do not want to submit the application at this time, click the "Exit Application" button. You will then be returned to the previous page where you can make changes to the required forms and documents or exit the process.

If this is not the application for the funding opportunity for which you wish to apply, you must exit this application package and then download and complete the correct application package.

Sign and Submit Application

Exit Application

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

| | |
|---------------------------------------------------|--------------------------------------------|
| 2. DATE SUBMITTED 01/25/2007 | Applicant Identifier [] |
| 3. DATE RECEIVED BY STATE [] | State Application Identifier [] |
| 4. Federal Identifier DE-FG06-97ER41276 | |

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

5. APPLICANT INFORMATION * Organizational DUNS: 0092142140000

* Legal Name: Board of Trustees of the Leland Stanford Junior University

Department: Office of Sponsored Research Division: Dean of Reserch

* Street1: 320 Panama Street Street2: []

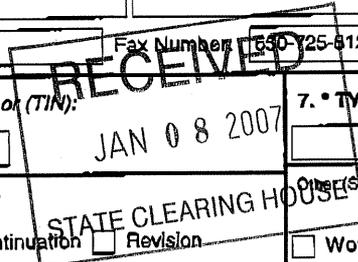
* City: Stanford County: [] * State: CA: Califon

Province: [] * Country: JNITED ST * ZIP / Postal Code: 94305-4100

Person to be contacted on matters involving this application

Prefix: * First Name: Jenny Middle Name: [] * Last Name: Kienitz Suffix: []

* Phone Number: 650-723-0139 Fax Number: 650-725-8125 Email: jkienitz@stanford.edu



6. EMPLOYER IDENTIFICATION (EIN) or (TIN):
941156365

8. TYPE OF APPLICATION: New Resubmission Renewal Continuation Revision

7. TYPE OF APPLICANT:
 O: Private Institution of Higher Education
 Other (Specify): []
 Women Owned Small Business Organization Type Socially and Economically Disadvantaged

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

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

What other Agencies? []

9. NAME OF FEDERAL AGENCY:
Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
81.049

TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Development of high-gradient extended dielectric based Laser-Driven Partical Accelerator Structures

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

13. PROPOSED PROJECT:
 * Start Date: 08/01/2007 * Ending Date: 07/31/2010

14. CONGRESSIONAL DISTRICTS OF:
 a. * Applicant: CA-014 b. * Project: CA-014

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Robert Middle Name: L * Last Name: Byer Suffix: []

Position/Title: Professor of Applied Physics * Organization Name: Board of Trustees of the Leland Stanford Junior University

Department: E. L. Ginzton Laboratory Division: Dean of Reserch

* Street1: 450 Via Palou Street2: []

* City: Stanford County: [] * State: CA: Califon

Province: [] * Country: JNITED ST * ZIP / Postal Code: 94305-4088

* Phone Number: 650-723-0226 Fax Number: 650-723-2666 * Email: byer@stanford.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * 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

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

* I agree

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

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative * Date Signed

Completed on submission to Grants.gov

20. Pre-application

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 01/12/07 | Applicant Identifier | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 3. DATE RECEIVED BY STATE | | State Application Identifier | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. APPLICANT INFORMATION Legal Name: | | 4. DATE RECEIVED BY FEDERAL AGENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY OF SAN DIEGO Organizational DUNS: 00-9581646 | | Organizational Unit: Department: PUBLIC WORKS Division: AIRPORTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov Phone Number (give area code): (619) 956-4839 Fax Number (give area code): (619) 956-4800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934 | | 7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | 9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP) 20-106 | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: BORREGO VALLEY AIRPORT - CONSTRUCTION OF RUN-UP AREAS, DESIGN AND CONSTRUCTION OF HELICOPTER PARKING APRON AND FUEL TANK APRON AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): BORREGO SPRINGS, SAN DIEGO, CA | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD | | 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: 01/17/07 (FAX & MAIL) 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: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>731,952</td><td>00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>20,224</td><td>00</td></tr> <tr><td>c. State</td><td>\$</td><td>18,299</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>770,475</td><td>00</td></tr> </table> | | a. Federal | \$ | 731,952 | 00 | b. Applicant | \$ | 20,224 | 00 | c. State | \$ | 18,299 | 00 | d. Local | \$ | | 00 | e. Other | \$ | | 00 | f. Program Income | \$ | | 00 | g. TOTAL | \$ | 770,475 | 00 | 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 | \$ | 731,952 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Applicant | \$ | 20,224 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. State | \$ | 18,299 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Local | \$ | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Other | \$ | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Program Income | \$ | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. TOTAL | \$ | 770,475 | 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: PETER Middle Name: L. Last Name: DRINKWATER Suffix: b. Title: DIRECTOR OF COUNTY AIRPORTS c. Telephone Number (give area code): (619) 956-4800 d. Signature of Authorized Representative: <i>Peter Drinkwater</i> e. Date Signed: 01/12/07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RECEIVED
 JAN 12 2007
 STATE CLEARING HOUSE