

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

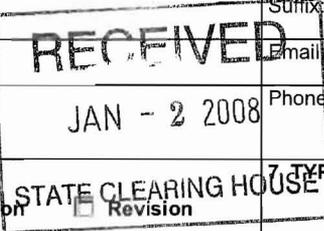
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name: TRUCKEE TAHOE AIRPORT DISTRICT		<b>Organizational Unit:</b> Department:	
Organizational DUNS: 006492235		Division: TRUCKEE TAHOE AIRPORT	
<b>Address:</b> Street: 10356 TRUCKEE AIRPORT ROAD		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: DAVID	
City: TRUCKEE		Middle Name	
County: NEVADA		Last Name GOTSCHALL	
State: CALIFORNIA	Zip Code 96161	Suffix	
Country: USA		Email manager@truckeeairport.com	



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 1 5 6 3 3 2 8		Phone Number (give area code) 530-587-4540	Fax Number (give area code) 530-587-2984
--	--	---	---

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G. SPECIAL DISTRICT	
Other (specify)		Other (specify)	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 1. 2008 PAVEMENT MAINTENANCE PROJECTS 2. PURCHASE SNOW REMOVAL EQUIPMENT 3. AIRPORT GATES/RUNWAY INCURSION PREVENTION 4. RUNWAY 28 TOUCHDOWN RECONSTRUCTION (2,300'x100')	
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> TRUCKEE, NEVADA COUNTY, PLACER COUNTY, CALIFORNIA		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 14th b. Project 14th	
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<b>13. PROPOSED PROJECT</b> Start Date: JUNE 2008 Ending Date: OCTOBER 2008		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: DECEMBER 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	
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<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
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a. Federal	\$	4,508,800 <sup>00</sup>
b. Applicant	\$	252,200 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	4,761,000 <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>		
Prefix	First Name DAVID	Middle Name
Last Name GOTSCHALL	Suffix	
b. Title GENERAL MANAGER	c. Telephone Number (give area code) 530-587-4540	
d. Signature of Authorized Representative	e. Date Signed	

**Application for Federal Assistance SF-424**

Version 02

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

NA  
• Other (Specify)  
NA

**\* 3. Date Received:**

**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:**

City of Ferndale

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

94-6000332

**\* c. Organizational DUNS:**

004940862

**d. Address:**

**\* Street 1:**

834 Main St

**Street 2:**

**\* City:**

Ferndale

**County:**

Humboldt

**\* State:**

CA

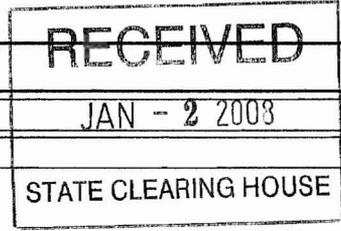
**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95536



**e. Organizational Unit:**

**Department Name:**

Public Works

**Division Name:**

Wastewater

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

**Prefix:**

**\* First Name:**

Jay

**Middle Name:**

**\* Last Name:**

Parrish

**Suffix:**

**Title:**

City Manager

**Organizational Affiliation:**

**\* Telephone Number:**

(707) 786-4224

**Fax Number:**

(707) 786-9314

**\* Email:**

citymanager@ci.ferndale.ca.us

**Application for Federal Assistance SF-424**

Version 02

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

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

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

**\* Other (specify):**

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

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

**CFDA Title:**

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

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="\$7,506,250.00"/>
* 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="\$7,506,250.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

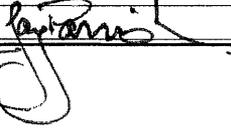
**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

## APPLICATION FOR FEDERAL ASSISTANCE

**SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>
		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<b>4. Federal Identifier</b> DE-FG02-01ER45926	
<b>5. APPLICANT INFORMATION</b> * Legal Name: The Regents of the University of California Department: Office of Research Admn. Division: UC Irvine * Street1: 300 University Tower Street2: * City: Irvine County: Orange County * State: CA: California Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 92697-7600 * Organizational DUNS:046705849			
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Darlene Sullivan * Phone Number: 949-824-0341 Fax Number: 949-824-2094 Email: dksulliv@uci.edu			
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN):</b> 95-2226406		<b>7. * TYPE OF APPLICANT</b> H: Public/State Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input type="radio"/> New <input type="radio"/> Resubmission <input checked="" type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): <b>Small Business Organization Type</b> <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Density Functional Calculations of Transport through Single Molecules			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> N/A			
<b>13. PROPOSED PROJECT:</b> * Start Date * Ending Date 03/15/2008 03/14/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant b. * Project CA-048 CA-048	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Kieron J. Burke Position/Title: Professor * Organization Name: University of California, Irvine Department: Office of Research Admn. Division: UC Irvine * Street1: 1102 Natural Sciences 2 Street2: * City: Irvine County: Orange County * State: CA: California Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 92697-2025 * Phone Number: 949-824-0374 Fax Number: 904-824-8571 * Email: kieron@uci.edu			



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

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding \$358,101.00                  b. * Total Federal &amp; Non-Federal Funds \$358,101.00                  c. * Estimated Program Income \$0.00</p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:                  DATE: 11/20/2007</p> <p>b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR  <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>																																																		
<p><b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b></p> <p style="text-align: center;"><input checked="" type="radio"/> * I agree</p> <p><small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small></p>																																																			
<p><b>19. Authorized Representative</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Prefix:</td> <td style="width:25%;">* First Name:</td> <td style="width:25%;">Middle Name:</td> <td style="width:25%;">* Last Name:</td> <td style="width:20%;">Suffix:</td> </tr> <tr> <td>Ms.</td> <td>Darlene</td> <td></td> <td>Sullivan</td> <td></td> </tr> <tr> <td colspan="2">* Position/Title: Contract and Grant Officer</td> <td colspan="3">* Organization Name: The Regents of the University of California</td> </tr> <tr> <td colspan="2">Department: Office of Research Admin.</td> <td colspan="3">Division: UC Irvine</td> </tr> <tr> <td colspan="2">* Street1: 300 University Tower</td> <td colspan="3">Street2:</td> </tr> <tr> <td colspan="2">* City: Irvine</td> <td>County: Orange County</td> <td colspan="2">* State: CA: California</td> </tr> <tr> <td colspan="2">Province:</td> <td>* Country: USA: UNITED STATES</td> <td colspan="2">* ZIP / Postal Code: 92697-7600</td> </tr> <tr> <td colspan="2">* Phone Number: 949-824-0341</td> <td>Fax Number: 949</td> <td colspan="2">* Email: dksullivan@uci.edu</td> </tr> <tr> <td colspan="3" style="text-align: center;">* Signature of Authorized Representative</td> <td colspan="2" style="text-align: center;">* Date Signed</td> </tr> <tr> <td colspan="3" style="text-align: center;">Darlene Sullivan </td> <td colspan="2" style="text-align: center;">11/21/2007</td> </tr> </table>		Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	Ms.	Darlene		Sullivan		* Position/Title: Contract and Grant Officer		* Organization Name: The Regents of the University of California			Department: Office of Research Admin.		Division: UC Irvine			* Street1: 300 University Tower		Street2:			* City: Irvine		County: Orange County	* State: CA: California		Province:		* Country: USA: UNITED STATES	* ZIP / Postal Code: 92697-7600		* Phone Number: 949-824-0341		Fax Number: 949	* Email: dksullivan@uci.edu		* Signature of Authorized Representative			* Date Signed		Darlene Sullivan			11/21/2007	
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:																																															
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* Signature of Authorized Representative			* Date Signed																																																
Darlene Sullivan			11/21/2007																																																
<p><b>20. Pre-application File Name: Mime Type:</b></p>																																																			
<p><b>21. Attach an additional list of Project Congressional Districts if needed.</b></p> <p>File Name: Mime Type:</p>																																																			



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

Page 2

<b>16. ESTIMATED PROJECT FUNDING</b>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. * Total Estimated Project Funding	\$292,915.00	a. YES	<input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	\$292,915.00	DATE:	12/04/2007
c. * Estimated Program Income	\$0.00	b. NO	<input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
			<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<p><b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b></p> <p><input checked="" type="radio"/> * I agree</p> <p><small>* The list of certifications and assurances, or on Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small></p>			
<b>19. Authorized Representative</b>			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
	Darlene		Sullivan
* Position/Title: Contract and Grant Officer	* Organization Name: The Regents of the University of California		
Department: Office of Research Admin.	Division: Sponsored Projects Admin.		
* Street1: 300 University Tower	Street2:		
* City: Irvine	County: Orange	* State: CA: California	
Province:	* Country: USA: UNITED STATES	* ZIP / Postal Code: 92697-7600	
* Phone Number: (949) 824-0341	Fax Number: (949) 824-2094	* Email: dksulliv@uci.edu	
* Signature of Authorized Representative		* Date Signed	
Darlene Sullivan 		12/03/2007	
<b>20. Pre-application</b> File Name: Mime Type:			
<b>21. Attach an additional list of Project Congressional Districts if needed.</b>			
File Name: Mime Type:			



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

Page 2

<b>16. ESTIMATED PROJECT FUNDING</b>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. * Total Estimated Project Funding	\$372,927.00	a. YES	<input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	\$372,927.00	DATE:	12/04/2007
c. * Estimated Program Income	\$0.00	b. NO	<input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
			<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<p><b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b></p> <p><input checked="" type="radio"/> * I agree</p> <p><small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small></p>			
<b>19. Authorized Representative</b>			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
	Darlene		Sullivan
* Position/Title: Contract and Grant Officer	* Organization Name: The Regents of the University of California		
Department: Office of Research Admin.	Division: Sponsored Projects Admin.		
* Street1: 300 University Tower	Street2:		
* City: Irvine	County: Orange	* State: CA: California	
Province:	* Country: USA: UNITED STATES	* ZIP / Postal Code: 92697-7600	
* Phone Number: (949) 824-0341	Fax Number: (949) 824-2094	* Email: dksulliv@ucl.edu	
* Signature of Authorized Representative		* Date Signed	
Darlene Sullivan 		12/03/2007	
<b>20. Pre-application File Name: Mime Type:</b>			
<b>21. Attach an additional list of Project Congressional Districts if needed.</b>			
File Name: Mime Type:			

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

<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b>	
<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
<b>1. * TYPE OF SUBMISSION</b> <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<b>4. Federal Identifier</b> DE-FG02-96ER45576	
<b>5. APPLICANT INFORMATION</b>		* <b>Organizational DUNS:046705849</b>	
* Legal Name: The Regents of the University of California Department: Office-Research Administration * Street1: 300 University Tower * City: Irvine Province:		Division: Sponsored Projects Street2: County: Orange * Country: USA: UNITED STATES	
		* State: CA: California * ZIP / Postal Code: 92697-7600	
Person to be contacted on matters involving this application			
Prefix:	* First Name: Darlene	Middle Name: K.	* Last Name: Sullivan Suffix:
* Phone Number: 949-824-0341		Fax Number: 949-824-2094 Email: dksulliv@uci.edu	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN):</b> 95-2226406		<b>7. * TYPE OF APPLICANT</b> H: Public/State Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input type="radio"/> New <input type="radio"/> Resubmission <input checked="" type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): <b>Small Business Organization Type</b> <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81,049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Optical Spectroscopy and Scanning Tunneling Microscopy Studies of Molecular Adsorbates and Anisotropic Ultrathin Films			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Irvine, Orange County, CA			
<b>13. PROPOSED PROJECT:</b> * Start Date 04/15/2008		* Ending Date 04/14/2011	
		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant CA-048 b. * Project CA-048	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix:	* First Name: John	Middle Name: C.	* Last Name: Hemminger Suffix:
Position/Title: Dean/Professor Department: Chemistry * Street1: Natural sciences II * City: Irvine Province:		* Organization Name: The Regents of the University of California Division: Physical Sciences Street2: County: Orange * Country: USA: UNITED STATES	
		* State: CA: California * ZIP / Postal Code: 92697-2025 * Email: jchemmin@uci.edu	
* Phone Number: 949-824-6020		Fax Number: 949-824-2261	

RECEIVED

JAN 4 2008

STATE CLEARING HOUSE

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

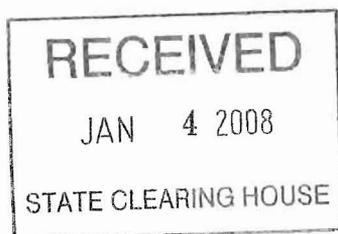
Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	\$578,900.00	a. YES	<input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	\$578,900.00	DATE:	12/19/2007
c. * Estimated Program Income	\$0.00	b. NO	<input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372: OR
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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)			
<input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>			
19. Authorized Representative			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
	Darlene	K.	Sullivan
* Position/Title: Contracts and Grants Officer	* Organization Name: The Regents of the University of California		
Department: Office-Research Administration	Division: Sponsored Projects		
* Street1: 300 University Tower	Street2:		
* City: Irvine	County: Orange	* State: CA: California	
Province:	* Country: USA: UNITED STATES	* ZIP / Postal Code: 92697-7600	
* Phone Number: 949-824-0341	Fax Number: 949-824-2094	* Email: dksulliv@uci.edu	
* Signature of Authorized Representative		* Date Signed	
Darlene Sullivan 		12/19/2007	
20. Pre-application File Name: Mime Type:			
21. Attach an additional list of Project Congressional Districts if needed.			
File Name: Mime Type:			

## APPLICATION FOR FEDERAL ASSISTANCE

**SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>
		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<b>4. Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b> * Legal Name: The Regents of the University of California Department: Office of Research Admin. Division: Sponsored Projects Admin. * Street1: 300 University Tower Street2: * City: Irvine County: Orange * State: CA: California Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 92697-7600 * Organizational DUNS:046705849			
Person to be contacted on matters involving this application			
Prefix:	* First Name: Darlene	Middle Name:	* Last Name: Sullivan Suffix:
* Phone Number: 949-824-0341	Fax Number: 949-824-2094	Email: dksulliv@uci.edu	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN):</b> 95-2226408	<b>7. * TYPE OF APPLICANT</b> H: Public/State Controlled Institution of Higher Education		
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision	Other (Specify): <b>Small Business Organization Type</b> <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged		
IF Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):	<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center		
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program		
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Optimizing New Dark Energy Experiments			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> U.S.			
<b>13. PROPOSED PROJECT:</b> * Start Date 07/01/2008 * Ending Date 06/30/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant CA-048 b. * Project CA-048	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix:	* First Name: David	Middle Name:	* Last Name: Kirkby Suffix:
Position/Title: Associate Professor	* Organization Name: The Regents of the University of California		
Department: Physics and Astronomy	Division:		
* Street1: 3182 Frederick Reines Hall	Street2:		
* City: Irvine	County: Orange		* State: CA: California
Province:	* Country: USA: UNITED STATES		* ZIP / Postal Code: 92697-4575
* Phone Number: 949-824-9479	Fax Number: 949-824-2174	* Email: dkirkby@uci.edu	



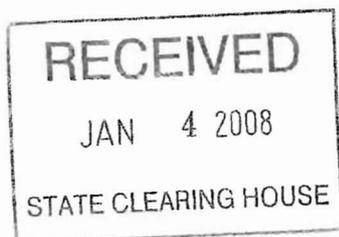
**SF 424 (R&R)** APPLICATION FOR FEDERAL ASSISTANCE

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding \$69,970.00                  b. * Total Federal &amp; Non-Federal Funds \$69,970.00                  c. * Estimated Program Income \$0.00</p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:                  DATE: 12/18/2007</p> <p>b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR  <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>																																																		
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<p><b>19. Authorized Representative</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Prefix:</td> <td style="width:25%;">* First Name:</td> <td style="width:25%;">Middle Name:</td> <td style="width:25%;">* Last Name:</td> <td style="width:20%;">Suffix:</td> </tr> <tr> <td></td> <td>Darlene</td> <td></td> <td>Sullivan</td> <td></td> </tr> <tr> <td>* Position/Title: Contract and Grant Officer</td> <td colspan="4">* Organization Name: The Regents of the University of California</td> </tr> <tr> <td>Department: Office of Research Admin.</td> <td colspan="4">Division: Sponsored Projects Admin.</td> </tr> <tr> <td>* Street1: 300 University Tower</td> <td colspan="4">Street2:</td> </tr> <tr> <td>* City: Irvine</td> <td>County: Orange</td> <td colspan="3">* State: CA; California</td> </tr> <tr> <td>Province:</td> <td>* Country: USA; UNITED STATES</td> <td colspan="3">* ZIP / Postal Code: 92697-7600</td> </tr> <tr> <td>* Phone Number: (949) 824-0341</td> <td>Fax Number: (949) 824-2094</td> <td colspan="3">* Email: dksulliv@uci.edu</td> </tr> <tr> <td colspan="3" style="text-align: center;">* Signature of Authorized Representative</td> <td colspan="2" style="text-align: center;">* Date Signed</td> </tr> <tr> <td colspan="3" style="text-align: center;">Darlene Sullivan </td> <td colspan="2" style="text-align: center;">12/18/2007</td> </tr> </table>		Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		Darlene		Sullivan		* Position/Title: Contract and Grant Officer	* Organization Name: The Regents of the University of California				Department: Office of Research Admin.	Division: Sponsored Projects Admin.				* Street1: 300 University Tower	Street2:				* City: Irvine	County: Orange	* State: CA; California			Province:	* Country: USA; UNITED STATES	* ZIP / Postal Code: 92697-7600			* Phone Number: (949) 824-0341	Fax Number: (949) 824-2094	* Email: dksulliv@uci.edu			* Signature of Authorized Representative			* Date Signed		Darlene Sullivan			12/18/2007	
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<p><b>20. Pre-application File Name: Mime Type:</b></p>																																																			
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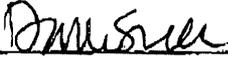
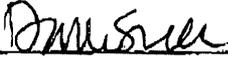
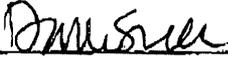
## APPLICATION FOR FEDERAL ASSISTANCE

**SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="radio"/> Pre-application <input type="radio"/> Application <input checked="" type="radio"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>
		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<b>4. Federal Identifier</b> GRANT00391271	
<b>5. APPLICANT INFORMATION</b> * Legal Name: The Regents of the University of California Department: Sponsored Projects * Street1: 300 University Tower * City: Irvine Province: Division: Office of Res. Admn. Street2: County: Orange * Country: USA: UNITED STATES * Organizational DUNS:048705849			
Person to be contacted on matters involving this application			
Prefix: Ms.	* First Name: Darlene	Middle Name: K.	* Last Name: Sullivan Suffix:
* Phone Number: 949-824-0341		Fax Number: 949-824-2094	Email: dksulliv@uci.edu
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN):</b> 95-2226406		<b>7. * TYPE OF APPLICANT</b> H: Public/State Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		Other (Specify): <b>Small Business Organization Type</b> <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81,049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Assessing the Tropical Feedback to Abrupt Climate Change: An Investigation Using an Anomaly Coupling Strategy In the NCAR CCSMTr			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Tropical ocean			
<b>13. PROPOSED PROJECT:</b> * Start Date: 07/01/2008 * Ending Date: 06/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: 48 b. * Project: 48	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix: Prof.	* First Name: Jin-Yi	Middle Name:	* Last Name: Yu Suffix:
Position/Title: Associate Professor Department: Earth System Science * Street1: 3315 Crowl Hall * City: Irvine Province: * Phone Number: 949-824-3878		* Organization Name: The Regents of the University of California Division: School of Physical Sciences Street2: County: Orange * Country: USA: UNITED STATES Fax Number: 949-824-3874 * State: CA: California * ZIP / Postal Code: 92697 * Email: jyyu@uci.edu	



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

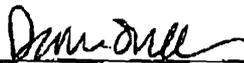
<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding \$361,146.00</p> <p>b. * Total Federal &amp; Non-Federal Funds \$361,146.00</p> <p>c. * Estimated Program Income \$0.00</p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: 12/17/2007</p> <p>b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>																																													
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APPLICATION FOR FEDERAL ASSISTANCE  
**SF 424 (R&R)**

2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
1. * TYPE OF SUBMISSION <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application			
4. Federal Identifier		RECEIVED JAN - 4 2008 STATE CLEARING HOUSE	
5. APPLICANT INFORMATION * Legal Name: The Regents of the University of California Department: Office of Research Admin. * Street1: 300 University Tower * City: Irvine Province:		* Organizational DUNS:046705849 Division: Sponsored Projects Admin. Street2: County: Orange * Country: USA: UNITED STATES State: CA: California * ZIP / Postal Code: 92697-7600	
Person to be contacted on matters involving this application Prefix: * First Name: Darlene Middle Name: * Last Name: Sullivan Suffix: * Phone Number: 949-824-0341 Fax Number: 949-824-2094 Email: dksulliv@ucl.edu			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): 95-2226406		7. * TYPE OF APPLICANT H: Public/State Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es): <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Data Quality Monitoring for the ATLAS Experiment and Exploring the Energy Frontier			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) U.S.			
13. PROPOSED PROJECT: * Start Date 07/01/2008 * Ending Date 06/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant 48 b. * Project 48	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Anyes Middle Name: * Last Name: Taffard Suffix: Position/Title: Assistant Professor * Organization Name: The Regents of the University of California Department: Physics and Astronomy Division: * Street1: 3127 Frederick Reines Hall Street2: * City: Irvine County: Orange * State: CA: California Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 92697-4575 * Phone Number: 949-824-0591 Fax Number: 949-824-2174 * Email: ataffard@ucl.edu			

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

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	\$296,955.00	a. YES	<input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	\$296,955.00	DATE:	12/04/2007
c. * Estimated Program Income	\$0.00	b. NO	<input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
			<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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)			
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19. Authorized Representative			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
	Darlene		Sullivan
* Position/Title: Contract and Grant Officer	* Organization Name: The Regents of the University of California		
Department: Office of Research Admin.	Division: Sponsored Projects Admin.		
* Street 1: 300 University Tower	Street 2:		
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* Phone Number: 949-824-0341	Fax Number: 949-824-2094	* Email: dksulliv@uci.edu	
* Signature of Authorized Representative		* Date Signed	
Darlene Sullivan 		12/03/2007	
20. Pre-application File Name: Mime Type:			
21. Attach an additional list of Project Congressional Districts if needed.			
File Name: Mime Type:			

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input type="checkbox"/> New  <input checked="" type="checkbox"/> Continuation  <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(s):</p> <input type="text"/>  <p>* Other (Specify)</p> <p><u>Extension</u></p> </td> </tr> </table>			<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify)</p> <p><u>Extension</u></p>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify)</p> <p><u>Extension</u></p>			
<p>* 3. Date Received: <input type="text"/></p> <p>Completat by Grants.gov upon submission.</p>		<p>4. Applicant Identifier: <input type="text"/></p>			
<p>5a. Federal Entity Identifier:</p> <p><u>XXX</u></p>		<p>* 5b. Federal Award Identifier:</p> <p><u>1-9692331-1</u></p>			
<p>STATE CLEARING HOUSE</p> <p>JAN - 7 2008</p>					
<p>State Use Only:</p>					
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>				
<b>8. APPLICANT INFORMATION:</b>					
<p>* a. Legal Name: <u>Frontier Fertilizer Superfund Oversight Group</u></p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p><u>68-0342908</u></p>	<p>* c. Organizational DUNS:</p> <p><u>168211592</u></p>				
<b>d. Address:</b>					
<p>* Street1: <u>3010 Loyola Drive</u></p> <p>Street2: <input type="text"/></p> <p>* City: <u>Davis</u></p> <p>County: <u>yolo</u></p> <p>* State: <u>CA</u></p> <p>Province: <input type="text"/></p> <p>* Country: <u>USA: UNITED STATES</u></p> <p>* Zip / Postal Code: <u>95618</u></p>					
<b>e. Organizational Unit:</b>					
Department Name: <input type="text"/>	Division Name: <input type="text"/>				
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: <u>Ms.</u>	* First Name: <u>Famela</u>				
Middle Name: <u>Sue Anne</u>	<input type="text"/>				
* Last Name: <u>Wieberg</u>	<input type="text"/>				
Suffix: <input type="text"/>	<input type="text"/>				
Title: <u>Project Manager</u>					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: <u>530-756-6856</u>	Fax Number: <input type="text"/>				
* Email: <u>pnrieberg@den.davis.ca.us</u>					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M Non-profit Corporation with tax-exempt status.

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

NGMS Agency U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.806

CFDA Title:

Superfund Technical Assistance Grants (TAGS) for Community Groups at National Priorities List (NPL) Sites.

\* 12. Funding Opportunity Number:

MBL-SF424FAMILY-ALLFORMS

\* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

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

Davis, Yolo County, CA

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

Technical Assistance for the Frontier Fertilizer Superfund Site in Davis, CA.

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-001

\* b. Program/Project CA-001

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

Add Attachment

17. Proposed Project:

\* a. Start Date: 1-1-08

\* b. End Date: 12-31-08

18. Estimated Funding (\$):

* a. Federal	\$ 25,000
* b. Applicant	\$ 6,328
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	\$ 31,328

\* 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 1-7-08.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

Middle Name: Sue Anne

\* Last Name: Nieberg

Suffix:

\* Title: Project Manager

\* Telephone Number: 530-756-6856 Fax Number:

\* Email: pnierberg@dcd.davis.ca.us

\* Signature of Authorized Representative: Completed by Grants.gov upon submission \* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

*Pamela S Nieberg*

1-5-08

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

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

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	Applicant Identifier
5. APPLICANT INFORMATION		3. DATE RECEIVED BY STATE		State Application Identifier
Legal Name: California - Department of Parks and Recreation		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01636
Organizational DUNS: 172070807		Organizational Unit: Department: California Department of Parks and Recreation		
Address: Street: PO Box 942896		Division: Office of Grants and Local Services		Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento		Prefix: Ms.		First Name: Betty
County: Sacramento		Middle Name		Last Name: Ettinger
State: California		Zip Code: 94296-0001		Suffix:
Country: USA		Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 653-6511
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.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bothe-Napa Valley SP Alternative Camping Development California State Parks - Planning Division 1416 9th Street, Room 108 Sacramento, CA 95814		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-18100		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 01		
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2011		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: 12/21/07 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: a. Federal \$ 100,000.00 b. Applicant \$ 100,000.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 200,000.00		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 Ms. First Name Betty Middle Name		Last Name Ettinger Suffix		
b. Title Chief, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 12-21-07		

**Notice of Exemption**

**Form D**

To:  Office of Planning and Research  
PO Box 3044, 1400 Tenth Street, Room 212  
Sacramento, CA 95812-3044

From: (Public Agency) California State Parks  
Planning Division, 1416 9th Street, Room 108  
Sacramento, CA 95814  
*(Address)*

County Clerk  
County of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Title:** Alternative Camping Facility Development in Bothe Napa Valley SP

**Project Location - Specific:**

Bothe Napa Valley State Park, 3801 St Helena Hwy. N., Calistoga, CA. 94515

**Project Location – City:** Calistoga **Project Location – County:** Napa

**Description of Project:**

The project would develop four alternative camping facilities (e.g., rustic cabins, yurts, or tent cabins) in Bothe Napa Valley State Park. Facilities would be built within existing campsites in the campground. Facilities are proposed for campsites #22, #24, #26, and #36. The project would require minor grading of the campsites to prepare for the placement of piers. Facilities would be built/placed on piers that would raise the floor off of the existing grade. Facilities would include connection to the existing electric utility system on site. The connection would require trenching and/or boring through existing developed areas (i.e., paved paths, roads, and parking areas). Access to parking would be from the existing paved road. Existing conditions at campsites #22, #24, #26 would accommodate parking. The existing 15-minute parking area would be increased by one space to accommodate a second parking space for campsite #36. Minor grading would be required to provide ADA access to the facilities.

**Name of Public Agency Approving Project:** California Department of Parks and Recreation

**Name of Person or Agency Carrying Out Project:** Stuart Hong

**Exempt Status:** *(check one)*

- Ministerial (Sec. 21080(b)(1); 15268);
- Declared Emergency (Sec. 21080(b)(3); 15269(a));
- Emergency Project (Sec. 21080(b)(4); 15269(b)(c));
- Categorical Exemption. State type and section number: Section 15303(c)
- Statutory Exemptions. State code number: \_\_\_\_\_

**Reasons why project is exempt:**

Based on preliminary environmental review described in the attached report and because the project site is not located in an environmentally sensitive area, the proposed project would qualify for a Categorical Exemption under Section 15303(c) of CEQA, which allows the "construction and location of limited numbers of new, small facilities or structures."

**Lead Agency**

**Contact Person:** Stuart Hong **Area Code/Telephone/Extension:** 916/653-9644

**If filed by applicant:**

1. Attach certified document of exemption finding.
2. Has a Notice of Exemption been filed by the public agency approving the project?  Yes  No

Signature: *Stuart Hong* Date: 12/13/07 Title: sr P&RS

- Signed by Lead Agency
  - Signed by Applicant
- Date received for filing at OPR: \_\_\_\_\_

January 2004

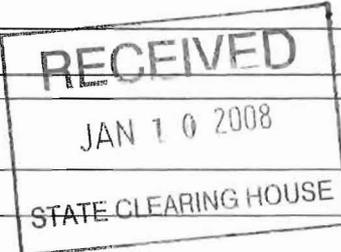
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01660
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California		Middle Name	
Zip Code: 94296-0001	Last Name: Ettinger		
Country: USA	Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Email: betti@parks.ca.gov	
7. TYPE OF APPLICANT: (See back of form for Application Types)		Phone Number (give area code): (916) 651-8174	
<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.)		Fax Number (give area code): (916) 653-6511	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mt. Diablo State Park Alternative Camping Development California State Parks, Planning Division 1416 9th Street, Room 108 Sacramento, CA 95814	
TITLE (Name of Program): Land & Water Conservation Fund			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date:	Ending Date: 06/30/2011	a. Applicant 03	b. Project 10
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 100,000.00	DATE: 12/21/07	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 200,000.00		



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

a. Authorized Representative			
Prefix: Ms.	First Name: Betty	Middle Name	
Last Name: Ettinger		Suffix	
b. Title: Assistant Chief, Office of Grants and Local Services		c. Telephone Number (give area code): (916) 653-7423	
d. Signature of Authorized Representative: <i>Betty Ettinger</i>		e. Date Signed: 12-21-07	

# Notice of Exemption

Form D

To:  Office of Planning and Research  
PO Box 3044, 1400 Tenth Street, Room 212  
Sacramento, CA 95812-3044

From: (Public Agency) California State Parks

Planning Division, 1416 9th Street, Room 108

Sacramento, CA 95814

(Address)

County Clerk  
County of Contra Costa

P.O. Box 350

Martinez, CA 94553

Project Title: Alternative Camping Facility Development in Mount Diablo SP

### Project Location - Specific:

Mount Diablo State Park, 96 Mitchell Canyon Road, Clayton, CA 94517

Project Location - City: Clayton

Project Location - County: Contra Costa

### Description of Project:

The project would develop four alternative camping facilities (e.g. rustic cabins, yurts, or tent cabins) in Mount Diablo State Park. The park is located in Contra Costa County, east of the cities of Walnut Creek and Danville. Facilities would be built within existing campsites #18, #19, #21, #22 in the existing Juniper Campground. Sites #19 and #21 would be developed as ADA accessible sites. Facilities would be built on piers, which would require minor grading of the existing campsites. Facilities would not be connected to the electric utility system. Access to parking would be from the existing paved campground loop road. The facilities would utilize existing parking areas. Access to the facilities would be developed as part of the project and would require minor grading within the existing campsites. A four-foot-wide, compacted decomposed granite path would be developed to provide ADA access from sites #19 and #21 to the existing adjacent combo building, approximately 100 feet away. Absence of special status-vegetation and the Alameda whipsnake would be confirmed by a US Fish and Wildlife Service (USFWS)-approved biologist prior to construction. Standard avoidance measures for Alameda whipsnake will be implemented during construction in consultation with USFWS.

Name of Public Agency Approving Project: California Department of Parks and Recreation

Name of Person or Agency Carrying Out Project: Stuart Hong

### Exempt Status: (check one)

Ministerial (Sec. 21080(b)(1); 15268);

Declared Emergency (Sec. 21080(b)(3); 15269(a));

Emergency Project (Sec. 21080(b)(4); 15269(b)(c));

Categorical Exemption. State type and section number: Section 15303(c)

Statutory Exemptions. State code number: \_\_\_\_\_

### Reasons why project is exempt:

Based on preliminary environmental review described in the attached report, the proposed project would qualify for a Categorical Exemption under Section 15303(c) of CEQA, which allows the "construction and location of limited numbers of new, small facilities or structures."

### Lead Agency

Contact Person: Stuart Hong

Area Code/Telephone/Extension: 916/653-9644

### If filed by applicant:

1. Attach certified document of exemption finding.

2. Has a Notice of Exemption been filed by the public agency approving the project?  Yes  No

Signature: SM + Hong

Date: 1/3/08

Title: OP & R S

Signed by Lead Agency

Date received for filing at OPR: \_\_\_\_\_

Signed by Applicant

January 2004

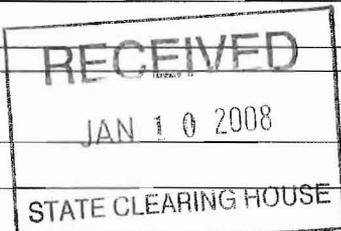
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 06-01635
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: California - Department of Parks and Recreation	<b>Organizational Unit:</b> Department: California Department of Parks and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
<b>Address:</b> Street: PO Box 942896	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>
City: Sacramento	Prefix: Ms. First Name: Betty
County: Sacramento	Middle Name
State: California Zip Code 94296-0001	Last Name Ettinger
Country: USA	Suffix:
	Email: betti@parks.ca.gov



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> [68]-[0303606]	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
<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.)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify)	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Land & Water Conservation Fund	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> El Capitan SB Alternative Camping Development California State Parks - Planning Division 1416 9th Street, Room 108 Sacramento, CA 95814
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> 06-18100	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Interior, National Park Service

<b>13. PROPOSED PROJECT</b> Start Date: Ending Date: 06/30/2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 03 b. Project 23
--	---

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 200,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/21/07
b. Applicant \$ 200,000.00	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 \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 400,000.00	

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

a. Authorized Representative

Prefix Ms. First Name Betty	Middle Name
Last Name Ettinger	Suffix
b. Title Assistant Chief, Office of Grants and Local Services	c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative <i>Betty Ettinger</i>	e. Date Signed 12-21-07

# Notice of Exemption

Form D

To:  Office of Planning and Research  
PO Box 3044, 1400 Tenth Street, Room 212  
Sacramento, CA 95812-3044

From: (Public Agency) California State Parks

Planning Division, 1416 9th Street, Room 108

Sacramento, CA 95814

(Address)

County Clerk  
County of \_\_\_\_\_

Project Title: Alternative Camping Facility Development in El Capitan State Beach

### Project Location - Specific:

El Capitan State Beach 10 Refugio Beach Rd. • Goleta, CA 93117

Project Location – City: Goleta

Project Location – County: Santa Barbara

### Description of Project:

The project would develop eight alternative camping facilities (e.g., rustic cabins, yurts, or tent cabins) in El Capitan State Beach. The park is located in Santa Barbara County off of Highway 101, approximately 17 miles west of the city of Santa Barbara. Facilities would be built within existing developed campsites in each of the four loops of the park campground. Campsites under consideration include: Loop A - #8, #11, #21, #25, #28; Loop B - #41, #43, #46; Loop C - #71, #73, #78, #79, #88, #91; Loop D - #93. Campsites #79, #88, #90 would be ADA accessible. The project would require minor grading of the existing campsites. Facilities would be built/placed on piers that would raise the floor off of the existing grade. Facilities would not include connection to the existing utility system on site. Access to parking would be from the existing paved loop roads. Existing conditions at the campsites under consideration would accommodate parking and access to the facilities. At least two of the facilities would be ADA compliant.

Name of Public Agency Approving Project: California Department of Parks and Recreation

Name of Person or Agency Carrying Out Project: Stuart Hong

### Exempt Status: (check one)

Ministerial (Sec. 21080(b)(1); 15268);

Declared Emergency (Sec. 21080(b)(3); 15269(a));

Emergency Project (Sec. 21080(b)(4); 15269(b)(c));

Categorical Exemption. State type and section number: Section 15303(c)

Statutory Exemptions. State code number: \_\_\_\_\_

### Reasons why project is exempt:

Based on preliminary environmental review described in the attached report and because the project site is not located in an environmentally sensitive area, the proposed project would qualify for a Categorical Exemption under Section 15303(c) of CEQA, which allows the "construction and location of limited numbers of new, small facilities or structures."

### Lead Agency

Contact Person: Stuart Hong

Area Code/Telephone/Extension: 916/653-9644

### If filed by applicant:

1. Attach certified document of exemption finding.

2. Has a Notice of Exemption been filed by the public agency approving the project?  Yes  No

Signature: Stuart Hong

Date: 12/13/07

Title: LRP manager

Signed by Lead Agency

Date received for filing at OPR: \_\_\_\_\_

Signed by Applicant.

January 2004

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			06-01634

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896  
City: Sacramento  
County: Sacramento  
State: California Zip Code: 94296-0001  
Country: USA

Organizational Unit: California Department of Parks and Recreation  
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)  
Prefix: Ms. First Name: Betty  
Middle Name:  
Last Name: Ettinger  
Suffix:

Email: betti@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606

Phone Number (give area code): (916) 651-8174  
Fax Number (give area code): (916) 653-6511

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)  
A. State  
Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916  
TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Clear Lake SP Alternative Camping Development  
California State Parks - Planning Division  
1416 9th Street, Room 108  
Sacramento, CA 95814

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-

13. PROPOSED PROJECT  
Start Date: Ending Date: 06/30/2011

14. CONGRESSIONAL DISTRICTS OF:  
a. Applicant 03 b. Project 01

15. ESTIMATED FUNDING:

a. Federal	\$	200,000.00
b. Applicant	\$	200,000.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	400,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  
a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: 12/21/07  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative  
Prefix Ms. First Name Betty Middle Name  
Last Name Ettinger Suffix  
b. Title Assistant Chief, Office of Grants and Local Services  
c. Telephone Number (give area code) (916) 653-7423  
d. Signature of Authorized Representative e. Date Signed 12-21-07

**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:  
not applicable

5a. Federal Entity Identifier:  
not applicable

\*5b. Federal Award Identifier:  
not applicable

**State Use Only:**

6. Date Received by State:

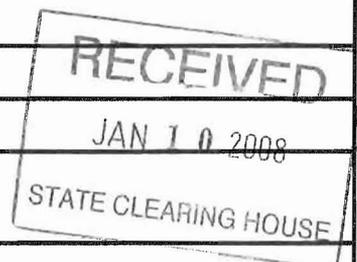
7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Self-Help Home Improvement Project SHHIP

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-2990678

\*c. Organizational DUNS:  
088852603



**d. Address:**

\*Street 1: 3777 Meadowview Drive #100  
Street 2: \_\_\_\_\_  
\*City: Redding  
County: Shasta  
\*State: California  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code: 96002

**e. Organizational Unit:**

Department Name:  
SHHIP

Division Name:  
Rehab

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

Prefix: \_\_\_\_\_ \*First Name: Keith  
Middle Name: \_\_\_\_\_  
\*Last Name: Griffith  
Suffix: \_\_\_\_\_

Title: Executive Director

Organizational Affiliation:

\*Telephone Number: 530-378-6905

Fax Number: 530-378-6910

\*Email: kgrif@shhip.org

<b>Application for Federal Assistance SF-424</b>	Version 02
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b> M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p><b>*10 Name of Federal Agency:</b> USDA Rural Development</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b> 10-420</p> <p>CFDA Title: Rural Self-Help Housing Technical Assistance (rehab) Section 523</p>	
<p><b>*12 Funding Opportunity Number:</b> 10-420</p> <p>*Title: Rural Self-Help Housing Technical Assistance (rehab) Section 523</p>	
<p><b>13. Competition Identification Number:</b> not applicable</p> <p>Title: not applicable</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Shasta and Tehama counties, California</p>	
<p><b>*15. Descriptive Title of Applicant's Project:</b> Rehabilitation of 40 low-income owner occupied homes in Shasta and Tehama Counties, California. USDA Rural Development Mutual Sel-Help Program Technical Assistance grant (Sect. 523) Self-Help Housing Rehabilitation.</p>	

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 2<sup>nd</sup> - CA

\*b. Program/Project: 2<sup>nd</sup> - CA

**17. Proposed Project:**

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

\*b. End Date: 5/31/10

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

*a. Federal	_____	330,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	330,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 1/4/08
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Keith

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

\*Last Name: Griffith

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

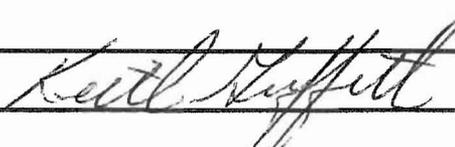
\*Title: Executive Director

\*Telephone Number: 530-378-6905

Fax Number: 530-378-6910

\* Email: kgrif@shhip.org

\*Signature of Authorized Representative:



\*Date Signed: 1/4/08

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.  
not applicable

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/17/07	Applicant Identifier
<input 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 1-4-08	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Shasta County		Organizational Unit: Department: Public Works	
Organizational DUNS: 076-124-536		Division: County Service Area No. 6 - Jones Valley	
Address: Street: 1856 Placer Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Redding		Prefix: Mr	First Name: Patrick
County: Shasta		Middle Name J	
State: CA	Zip Code 96001	Last Name Minturn	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000535		Phone Number (give area code) 530-225-5110	Fax Number (give area code) 530-225-5667
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) B) County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Shasta County Service Area #6 - Jones Valley, Shasta County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shasta County Service Area No. 6 - Jones Valley, Elk Trail Water System Improvements	
13. PROPOSED PROJECT Start Date: Feb. 2009 Ending Date: Sept. 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project 2	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ .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	\$ .00	DATE:	
c. State	\$ 4,000,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 2,000,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income USDA Rural Dev.	\$ 4,000,000.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 10,000,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr	First Name Patrick	Middle Name J	
Last Name Minturn		Suffix	
b. Title Director of Public Works		c. Telephone Number (give area code) 530-225-5110	
d. Signature of Authorized Representative		e. Date Signed 12/17/07	

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Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/10/2008	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY JAN 10 2008	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name: City of Alturas Fire Department		Organizational Unit: Department: Fire Department		
Organizational DUNS:		Division:		
Address: Street: 103 South Howard Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Stephen		
City: Alturas		Middle Name: Joseph		
County: Modoc		Last Name: Jacques		
State: California		Suffix:		
Zip Code: 96101		Email: alturasfire@cityofalturas.org		
Country: United States of America		Phone Number (give area code): 530-233-4500		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000290		Fax Number (give area code): 530-233-3559		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-364		9. NAME OF FEDERAL AGENCY: USDA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Alturas and Modoc County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Incident Command Center Equipment and Personal Protective Equipment		
13. PROPOSED PROJECT Start Date: 3/1/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th		
Ending Date: 6/1/2008		b. Project 4th		
16. ESTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 14,268.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ 4,756.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 19,024.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Stephen		Middle Name Joseph
Last Name Jacques		Suffix		
b. Title Fire Marshal		c. Telephone Number (give area code) 530-233-4500		
d. Signature of Authorized Representative		e. Date Signed 1/16/2008		

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Prescribed by OMB Circular A-102

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

## 2. DATE SUBMITTED

## Applicant Identifier

McFarland 20080823

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 1. \* TYPE OF SUBMISSION

- Pre-application  Application  
 Changed/Corrected Application

## 4. Federal Identifier

DE-FG03-89ER14048 Renewal

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 094878394

\* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Vice Chancellor of Research

\* Street1: 3227 Cheadle Hall

Street2:

\* City: Santa Barbara

County: Santa Barbara

\* State: CA: California

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 93106-2080

RECEIVED

JAN 14 2008

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Lynne

Van Der Kamp

\* Phone Number: 805-893-5687

Fax Number: 805-893-2611

Email: proposals@research.ucsb.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-6006145W

## 7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION:  New

- Resubmission  Renewal  Continuation  Revision

Other (Specify):

## Small Business Organization Type

 Women Owned 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).

## 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:

Investigations of C-H Bond Activation and Doped Metal Oxide Catalysts

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

N/A

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2008

06/30/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

23

23

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Eric

W.

McFarland

Position/Title: Professor

\* Organization Name: The Regents of the University of California

Department: Chemical Engineering

Division: College of Engineering

\* Street1: Engineering II

Street2:

\* City: Santa Barbara

County: Santa Barbara

\* State: CA: California

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 93106-5080

\* Phone Number: 805-893-4343

Fax Number: 805-893-4731

\* Email: mcfar@engineering.ucsb.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b> a. * Total Estimated Project Funding <input type="text" value="682,980.00"/> b. * Total Federal & Non-Federal Funds <input type="text" value="682,980.00"/> c. * Estimated Program Income <input type="text" value="0.00"/>	<b>17. * 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: <input type="text" value="01/14/2008"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

**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:
Ms.	Lynne		Van Der Kamp	
* Position/Title:	* Organization:			
Sponsored Projects Officer	The Regents of the University of California			
Department:	Division:			
Office of Research	Vice Chancellor of Research			
* Street1:	Street2:			
3227 Cheadle Hall				
* City:	County:	* State:		
Santa Barbara	Santa Barbara	CA: Califor		
Province:	* Country:	* ZIP / Postal Code:		
	JNITED ST	93106-2080		
* Phone Number:	Fax Number:	* Email:		
805-893-5687	805-893-2611	proposals@research.ucsb.edu		
* Signature of Authorized Representative		* Date Signed		
Completed on submission to Grants.gov		Completed on submission to Grants.gov		

**20. Pre-application**    
**21. Attach an additional list of Project Congressional Districts if needed.**

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <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
<b>5. APPLICANT INFORMATION</b>			
Legal Name <b>Los Angeles County Metropolitan Transportation Authority</b>		Organizational Unit: <b>Long Range Planning &amp; Programming</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" 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)		<b>State Chartered Transit District</b> 9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20 - 500</b> TITLE 49 U.S.C. § 5309		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: <b>Fiscal Year 2007 Fixed Guideway, CA-05-0212-01</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; text-align: center; margin: 0;">RECEIVED</p> <p style="font-size: 18px; text-align: center; margin: 0;">JAN 14 2008</p> <p style="font-size: 14px; text-align: center; margin: 0;">STATE CLEARING HOUSE</p> </div>	
13. PROPOSED PROJECT			
Start Date <b>07/01/2006</b>	Ending Date <b>6/30/2008</b>	a. Applicant <b>Districts 24 through 39, and 41</b>	b. Project <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 1,008,386.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>1/11/08</u>	
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	\$ 252,097.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$ .00		
g TOTAL	\$ 1,260,483.00		

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 <b>Gladys Lowe</b> <i>Richard Christos for</i>	b Title Director, Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d. Signature of Authorized Representative	e. Date Signed	

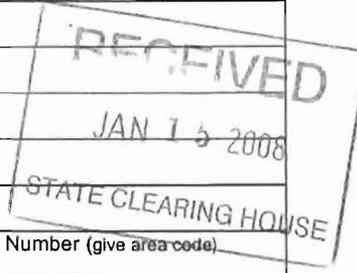
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> January 9, 2008	Applicant Identifier CMA 08-1
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier NPIAS 3-06-0339-26

**5. APPLICANT INFORMATION**

Legal Name: County of Ventura	<b>Organizational Unit:</b> Department: Department of Airports Division:
Organizational DUNS: 129771036	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Todd Middle Name:
<b>Address:</b> Street: 555 Airport Way, Suite B City: Camarillo County: Venutra State: CA Zip Code: 93010 Country: USA	Last Name: McNamee Suffix:
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000944	Email: todd.mcnamee@ventrua.org Phone Number (give area code): (805) 388-4200 Fax Number (give area code): (805) 388-4366



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

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Ventura County	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Construct North East Aircraft Apron Including Drainage (design) Rehabilitation of Airport Pavement, East & Central Ramp Including Drainage (design)
--	--

<b>13. PROPOSED PROJECT</b> Start Date: July 2008 Ending Date: December 2008	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 23 & 24 b. Project: 24
--	---

<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>150,000.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>4,145.00</td></tr> <tr><td>c. State</td><td>\$</td><td>3,750.00</td></tr> <tr><td>d. Local</td><td>\$</td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>157,895.00</td></tr> </table>	a. Federal	\$	150,000.00	b. Applicant	\$	4,145.00	c. State	\$	3,750.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	157,895.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" 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	\$	150,000.00																				
b. Applicant	\$	4,145.00																				
c. State	\$	3,750.00																				
d. Local	\$	.00																				
e. Other	\$	.00																				
f. Program Income	\$	.00																				
g. TOTAL	\$	157,895.00																				
<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.**

a. Authorized Representative

Prefix: Mr. First Name: Todd Middle Name:	Last Name: McNamee Suffix:
b. Title: Director of Airports c. Telephone Number (give area code): (805) 388-4200	e. Date Signed: January 8, 2008

d. Signature of Authorized Representative: *Todd McNamee*

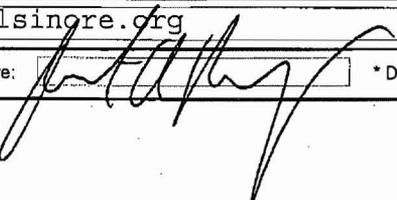
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application:      * If Revision, select appropriate letter(s): <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation      * Other (Specify) <input type="checkbox"/> Revision
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		STATE CLEARING HOUSE
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Lake Elsinore, City of		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:
95-6000707		021798863
d. Address:		
* Street1:	130 South Main Street	
Street2:		
* City:	Lake Elsinore	
County:	Riverside	
* State:	California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	92530	
e. Organizational Unit:		
Department Name:		Division Name:
Redevelopment Agency		Economic Development
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	Steven
Middle Name:		
* Last Name:	McCarty	
Suffix:		
Title:	Redevelopment Project Manager	
Organizational Affiliation:		
The Redevelopment Agency of the City of Lake Elsinore		
* Telephone Number:	951-674-3124, ext. 314	Fax Number: 951-674-2392
* Email:	smccarty@lake-elsinore.org	

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
<input type="text" value="C. City Government"/>	
Type of Applicant 2: Select Applicant Type:	
<input type="text"/>	
Type of Applicant 3: Select Applicant Type:	
<input type="text"/>	
* Other (specify):	
<input type="text"/>	
<b>* 10. Name of Federal Agency:</b>	
<input type="text" value="U.S. Economic Development Administration, Department of Commerce"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
<input type="text" value="11.300"/>	
CFDA Title:	
<input type="text" value="Grants for Public Works and Economic Development Facilities"/>	
<b>* 12. Funding Opportunity Number:</b>	
<input type="text" value="EDA022206"/>	
* Title:	
<input type="text" value="FFO Announcement for Economic Development Assistance Programs authorized by the Public Works and Economic Development Act of 1965, as amended"/>	
<b>13. Competition Identification Number:</b>	
<input type="text" value="N/A"/>	
Title:	
<input type="text" value="N/A"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
<input type="text" value="Cities: City of Lake Elsinore and surrounding region (e.g., Canyon Lake, Murrieta, Temecula); County: Riverside County; State: California"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
<input type="text" value="Lake Elsinore Technology Center: Business Incubator Project (see the attached map of project location and the attached summary description of project)"/>	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-049	* b. Program/Project CA-049
Attach an additional list of Program/Project Congressional Districts if needed.		
(see attached list) <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	10/2008	* b. End Date: 07/2009
<b>18. Estimated Funding (\$):</b>		
* a. Federal	2,600,000	
* b. Applicant	3,756,437	
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	6,356,437	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 01/15/2008		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name: Robert
Middle Name:	A.	
* Last Name:	Brady	
Suffix:		
* Title:	City Manager	
* Telephone Number:	951-674-3124	Fax Number: 951-674-2392
* Email:	bbrady@lake-elsinore.org	
* Signature of Authorized Representative:		* Date Signed: 01/15/2008

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

**Application for Federal Assistance SF-424**

Version 02

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

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

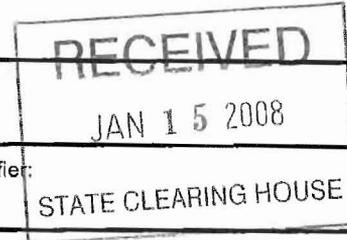
- New
- Continuation
- Revision

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

**\*Other (Specify)** \_\_\_\_\_

**3. Date Received:**

**4. Applicant Identifier:**



**5a. Federal Entity Identifier:**

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

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\*a. Legal Name:** Dry Creek Rancheria Band of Pomo Indians

**\*b. Employer/Taxpayer Identification Number (EIN/TIN):**  
942422476

**\*c. Organizational DUNS:**  
133877774

**d. Address:**

\*Street 1: 190 Foss Creek Circle  
Street 2: Suite A  
\*City: Healdsburg  
County: Sonoma  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code: 95448

**e. Organizational Unit:**

Department Name:  
Environmental Protection

Division Name:

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

Prefix: Mr \*First Name: Tom  
Middle Name: \_\_\_\_\_  
\*Last Name: Keegan  
Suffix: \_\_\_\_\_

Title: Director of DEP

Organizational Affiliation:

\*Telephone Number: (707) 473-2182

Fax Number:

\*Email: TomK@dcrcd.com

**Application for Federal Assistance SF-424**

Version 02

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

I. Indian/Native Am Tribal Govn.(Fed. 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:**

66.460 \_\_\_\_\_

CFDA Title:  
\_\_\_\_\_

**\*12 Funding Opportunity Number:**

EPA-OW-OWOW-08-01 \_\_\_\_\_

\*Title:

FY 2008 Request For Proposals from Indian Tribes and Intertribal Consortia for Non-point Source Management Grants Under Clean Water Act Section 319 \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:  
\_\_\_\_\_

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

Sonoma County, CA

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

Dry Creek Rancheria Stream Restoration

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant: CA-001

\*b. Program/Project: CA-001, CA-008

17. Proposed Project:

\*a. Start Date: 5/15/08

\*b. End Date: 10/15/09

18. Estimated Funding (\$):

*a. Federal	160,000.00
*b. Applicant	\$120,402.21
*c. State	0.0
*d. Local	0.0
*e. Other	0.0
*f. Program Income	0.0
*g. TOTAL	\$270,402.21

\*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 1/15/08
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 \*Last Name: Hopkins  
 Suffix: \_\_\_\_\_

\*First Name: Harvey

\*Title: Chairman

\*Telephone Number: 707-473-2106

Fax Number: \_\_\_\_\_

\* Email: \_\_\_\_\_

\*Signature of Authorized Representative: Harvey Hopkins

\*Date Signed: 1/14/08

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