Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15-2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

[ ] Pre-application [✓] Application
[ ] Changed/Corrected Application

4. Federal Identifier

DE-FG02-04ER15542 Supplement

RECEIVED
JAN 05 2009
STATE CLEARING HOUSE

5. APPLICANT INFORMATION

* Organizational DUNS: 72641707

* Legal Name: Carnegie Institution of Washington

Department: | Division:

* Street1: 1530 P Street, NW | Street2:

* City: Washington | County: | * State: DC: District

Province: | * Country: UNITED ST | * ZIP / Postal Code: 20005

Person to be contacted on matters involving this application

Prefix: | * First Name: June | Middle Name: | * Last Name: Napoco-Sorente | Suffix:

* Phone Number: 202-939-1129 | Fax Number: 202-387-6092 | Email: grants@ciw.edu

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

53-0196523

7. * TYPE OF APPLICANT:

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

Other (Specify):

8. * TYPE OF APPLICATION: [✓] New

[ ] Resubmission [ ] Renewal [ ] Continuation [ ] Revision

If Revision, mark appropriate box(es).

[ ] A. Increase Award [ ] B. Decrease Award [ ] C. Increase Duration

[ ] D. Decrease Duration [ ] E. Other *(specify)*

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

What other Agencies?

Small Business Organization Type

[ ] Women Owned [ ] Socially and Economically Disadvantaged

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:

Integration of sugar transport, metabolism and sensing in Arabidopsis

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

Stanford, Santa Clara County, CA

13. PROPOSED PROJECT:

* Start Date: 03/15/2009 | * Ending Date: 03/14/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: 001 | b. * Project: 014

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: | * First Name: Wolf | Middle Name: | * Last Name: Frommer | Suffix:

Position/Title: Acting Director | * Organization Name: Carnegie Institution of Washington

Department: Plant Biology | Division:

* Street1: 260 Panama Street | Street2:

* City: Stanford | County: | * State: CA: Californ

Province: | * Country: UNITED ST | * ZIP / Postal Code: 94305

* Phone Number: 650-325-1521 x 208 | Fax Number: 650-325-6857 | * Email: wfrommer@stanford.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	113,477.00
b. * Total Federal & Non-Federal Funds	113,477.00
c. * Estimated Program Income	0.00

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

a. YES [✓] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 01/05/2009

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[✓] * I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	June		Napoco-Solente	

* Position/Title:	Financial Accountant	* Organization:	Carnegie Institution of Washington
Department:		Division:	
* Street1:	1530 P Street, NW	Street2:	
* City:	Washington	County:	* State: DC: District
Province:		* Country:	UNITED ST * ZIP / Postal Code: 20005
* Phone Number:	202-939-1129	Fax Number: 202-387-8092	* Email grants@ciw.edu

*** Signature of Authorized Representative**
Completed on submission to Grants.gov

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application [ ] Add Attachment

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

[ ] Add Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
N/A	

State Use Only:

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

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JAN 07 2009
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: City of Santa Cruz Redevelopment Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
37-1518150	609697995

d. Address:

* Street1:	337 Locust Street
Street2:	
* City:	Santa Cruz
County:	Santa Cruz
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95060

e. Organizational Unit:

Department Name:	Division Name:
Redevelopment Agency	N/A

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

Prefix:	Mr.	* First Name:	Joe
Middle Name:	H.		
* Last Name:	Hall		
Suffix:			

Title: Project Manager

Organizational Affiliation:
City of Santa Cruz Redevelopment Agency

* Telephone Number:	831.420.5150	Fax Number:	831.420.5151

* Email: jhall@ci.santa-cruz.ca.us

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

01

Title:

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

City & County of Santa Cruz

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

Digital Media Center @ the Tannery - Phase One - The project will reuse three existing historic structures of the closed Salz Tannery as digital media center. The project will create 110 jobs.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 14& 17
* b. Program/Project: 17th

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/30/2009
* b. End Date: 06/01/2010

18. Estimated Funding ($):

* a. Federal	5,500,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	5,500,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/07/2009
- [ ] 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
- [x] No

Explanation

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)**

- [x] ** 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: Bonnie
Middle Name:
* Last Name: Lipscomb
Suffix:

* Title: Executive Director

* Telephone Number: 831.420.5150
Fax Number: 831.420.5151

* Email: blipscomb@ci.santa-cruz.ca.us

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ Non-Construction	2. DATE SUBMITTED 12/31/08	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY JAN - 2 2009	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Cloverdale	Organizational Unit:
Organizational DUNS: 004962867	Department: Engineering
Address:	Division:
Street: 124 North Cloverdale Boulevard	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: Mr. / First Name: Paul
City: Cloverdale	Middle Name: William
County: Sonoma	Last Name: Wade
State: California / Zip Code: 95425	Suffix:
Country: USA	Email: wade@coastlandcivil.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000310	Phone Number (give area code): (707) 894-1722 / Fax Number (give area code): (707) 894-1973

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

C

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA RUS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE (Name of Program): Water and Waste Disposal Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

1. Water Treatment Plant - New Water Well Construction
2. Water Distribution System - SCADA Improvements
3. Reservoir Recoating - Southcrest, Hot Springs and Ritter Reservoirs
4. Water Treatment Plant - Installation of 4th Filter Bed Media and Necessary Modifications
5. Construction of a 16" Transmission/Distribution Water Main

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of Cloverdale

13. PROPOSED PROJECT

Start Date:	Ending Date:
SEE ATTACHED	

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
01	01

15. ESTIMATED FUNDING:

a. Federal SEE ATTACHED	$ 2,738,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .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: 12/31/08

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: Mr.	First Name: Paul	Middle Name: William
Last Name: Wade		Suffix
b. Title: City Engineer		c. Telephone Number (give area code): (707) 894-1722
d. Signature of Authorized Representative		e. Date Signed: 12/31/08

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: January 12, 2009

Applicant Identifier:

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

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5. APPLICANT INFORMATION

Legal Name: SIERRA ECONOMIC DEVELOPMENT CORPORATION

Organizational DUNS: 08-885-6885

Address:

Street: 560 WALL STREET, STE. F

City: AUBURN

County: PLACER

State: CA Zip Code: 95603

Country: USA

Organizational Unit:

Department:

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: First Name: BRENT

Middle Name:

Last Name: SMITH

Suffix:

Email: brent@sedd.org

Phone Number (give area code): (530) 823-4703 Fax Number (give area code): (530) 823-4142

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1705043

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

Other (specify) EDD

8. TYPE OF APPLICATION: ☐ New ☒ Continuation ☐ Revision

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

Other (specify)

9. NAME OF FEDERAL AGENCY: ECONOMIC DEVELOPMENT ADMINISTRATION

10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302

TITLE (Name of Program): PLANNING

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ECONOMIC DEVELOPMENT PLANNING PROGRAM

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): EL DORADO, NEVADA, PLACER & SIERRA COUNTIES

13. PROPOSED PROJECT

Start Date: 04/01/2009 Ending Date: 03/31/2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Tom McClintock 4 b. Project: Tom McClintock 4

15. ESTIMATED FUNDING:

a. Federal	$ 76,000
b. Applicant	$
c. State	$
d. Local	$ 76,000
e. Other	$
f. Program Income	$
g. TOTAL	$ 152,000

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: 1/12/09

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

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

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

a. Authorized Representative

Prefix: First Name: BRENT Middle Name:

Last Name: SMITH Suffix:

b. Title: CHIEF EXECUTIVE OFFICER

c. Telephone Number (give area code): (530) 823-4703

d. Signature of Authorized Representative: Brent Smith

e. Date Signed: 1/12/09

Previous Edition Usable
Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
12/18/2008	

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

State Use Only:

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

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JAN 12 2009
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: March Joint Powers Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
33-0579359	799839428

d. Address:

* Street1:	23555 Meyer Drive
Street2:	
* City:	Riverside
County:	Riverside
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92518

e. Organizational Unit:

Department Name:	Division Name:
March Joint Powers Authority	

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

Prefix:	Ms.	* First Name:	Lori
Middle Name:	M.		
* Last Name:	Stone		
Suffix:			

Title: Executive Director

Organizational Affiliation:

* Telephone Number:	951-656-7000	Fax Number:	951-653-5558

* Email: stone@marchjpa.com

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Joint Powers Authority

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.307

CFDA Title:

Economic Adjustment Assistance

*** 12. Funding Opportunity Number:**

EDA10012008DISASTERSUPPLEMENTAL

* Title:

Supplemental Appropriations Disaster Relief Opportunity

13. Competition Identification Number:

02

Title:

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

Cities of Moreno Valley, Perris, Riverside and the County of Riverside, California

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

North/East Corner
Hazardous materials removal/disposal followed by demolition to enable economic development of former military base.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-044
* b. Program/Project: CA-044

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 03/01/2009
* b. End Date: 02/01/2010

18. Estimated Funding ($):

* a. Federal	1,140,000.00
* b. Applicant	126,667.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,266,667.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 12/12/2008.
- [ ] 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
- [x] No

Explanation

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)**

- [x] ** 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: Lori
Middle Name: M.
* Last Name: Stone
Suffix:

* Title: Executive Director

* Telephone Number: 951-656-7000
Fax Number: 951-653-5558

* Email: stone@marchjpa.com

* Signature of Authorized Representative: Lori M Stone
* Date Signed: 12/18/2008

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☐ Non-Construction

Preapplication
- ☐ Construction
- ☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: **County of Los Angeles**

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Organizational DUNS: **809-440-835**

Address:
Street: **900 South Fremont Ave, 1st Floor, A-9E**

City: **Alhambra**

County: **Los Angeles**

State: **California** Zip Code: **91803-1331**

Country: **USA**

Organizational Unit:
Department: **Public Works**
Division: **Aviation**

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: **Mr.** First Name: **Richard**
Middle Name: **L.**
Last Name: **Smith**
Suffix:
Email: **rsmith@dpw.lacounty.gov**
Phone number (give area code): **626-300-4602**
FAX number (give area code): **626-300-4620**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
2 0 - 6 0 0 0 9 2 7

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)
B
Other (specify)

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration - Airports Division

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
2 0 . 1 0 6
TITLE: **Airport Improvement Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
General William J. Fox Field - Master Plan Update

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
City of Lancaster, County of Los Angeles, California

13. PROPOSED PROJECT

Start Date	Ending Date
October 2010	**December 2011**

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
22,26,28,32,37	**22**

15. ESTIMATED FUNDING

a. Federal	$	190000 .00
b. Applicant	$	10000 .00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	200,000 .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: **01/12/09**

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix **Mr.** First Name **Richard** Middle Name **L.**
Last Name **Smith** Suffix
b. Title **Chief, Aviation Division**
c. Telephone number (give area code) **626-300-4602**
d. Signature of Authorized Representative
e. Date Signed 1-12-09

Previous Editions Not Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSI NCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier
DE-FG02-03ER46053/RENEWAL

5. APPLICANT INFORMATION *** Organizational DUNS:** 047120084

* Legal Name: Regents of the University of California
Department: Office of Research Division: Sponsored Programs
* Street1: 1850 Research Park Drive Street2: Suite 300
* City: Davis County: * State: CA: Califor
Province: * Country: JNITED ST * ZIP / Postal Code: 95618

RECEIVED
JAN 13 2009
STATE CLEARINGHOUSE

Person to be contacted on matters involving this application
Prefix: * First Name: Wendy Middle Name: * Last Name: Ernst Suffix:
* Phone Number: (530) 754-8140 Fax Number: (530)754-8229 Email: wlbernst@ucdavis.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*:
946036494

7. * TYPE OF APPLICANT:
H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type
☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: ☐ New
☐ Resubmission ☑ Renewal ☐ Continuation ☐ Revision

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

* Is this application being submitted to other agencies? Yes ☐ No ☑
What other Agencies?

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
81.049
TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Thermochemistry of Anion Defect and Charge Coupled Substitutions in Fluorite and Perovskite-Based Materials

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*
Yolo County

13. PROPOSED PROJECT:
* Start Date: 07/01/2009 * Ending Date: 06/30/2012

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-001 b. * Project: CA-001

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: * First Name: Alexandra Middle Name: * Last Name: Navrotsky Suffix:
Position/Title: Director / Professor * Organization Name: Regents of the University of California
Department: NEAT Organized Research Unit Division: Office of Research
* Street1: 4415 Chemistry Annex Street2:
* City: Davis County: * State: CA: Califor
Province: * Country: JNITED ST * ZIP / Postal Code: 95618
* Phone Number: (530) 752-3292 Fax Number: (530) 752-9307 * Email: anavrotsky@ucdavis.edu

OMB Number: 4040-0001
Expiration Date: 04/30/2008

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

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

RECEIVED
JAN 14 2009
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Presbyterian Homes

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-1894293	069925345

d. Address:

* Street1:	516 Burchett Street
Street2:	
* City:	Glendale
County:	Los Angeles
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	91203

e. Organizational Unit:

Department Name:	Division Name:
Affordable Housing	Corporate Office

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

Prefix:	Ms.	* First Name:	Sally
Middle Name:			
* Last Name:	Little		
Suffix:			

Title: Vice President, Affordable Housing

Organizational Affiliation:
Not-for-Profit

* Telephone Number:	(818) 247-0420	Fax Number:	(818) 247-3871

* Email: sallylittle@scphs.com

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5218-N-01

* Title:

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

S202-DEMO

Title:

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

City of Clovis, County of Fresno, State of California

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

The development of a Section 202 PRAC 60 unit affordable housing apartment building for low income seniors 62 years of age.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 27
* b. Program/Project: 21

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009
* b. End Date: 07/01/2010

18. Estimated Funding ($):

* a. Federal	400,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	400,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/14/2009.
- [ ] 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
- [x] No

Explanation

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)**

- [x] ** 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: Sally
Middle Name:
* Last Name: Little
Suffix:

* Title: Vice President, Affordable Housing

* Telephone Number: (818) 247-0420
Fax Number: (818) 247-3871

* Email: sallylittle@scphs.com

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

JAN. 14. 2009 4:27PM SCPH NO. 1116 P. 5

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. Federal Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

5. APPLICANT INFORMATION *** Organizational DUNS:** 6277974260000

* Legal Name: The Regents of the University of California

Department: Sponsored Projects Admin. Division:

* Street1: 200 University Office Bldg Street2:

* City: Riverside County: Riverside * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 92521-0217

Person to be contacted on matters involving this application

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

* Phone Number: 951-827-5535 Fax Number: 951-827-4483 Email: daniel.balban@ucr.edu>

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

956008142W

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: ☑ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration

☐ D. Decrease Duration ☐ E. Other *(specify)*:

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

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Fabrication of Metallic Nanoclusters by Low Energy Ion Beam Sputtering of Thin Films

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

NONE

13. PROPOSED PROJECT:

* Start Date: 07/01/2009 * Ending Date: 06/30/2012

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: 44TH b. * Project: 44TH

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Position/Title: Professor * Organization Name: The Regents of the University of California

Department: Physics & Astronomy Dept Division: College of Natural & Ag Scienc

* Street1: 3401 Watkins Drive Street2:

* City: Riverside County: Riverside * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 92521-0217

* Phone Number: 951-827-5336 Fax Number: 951-827-4529 * Email: jory.yarmoff@ucr.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	449,363.00
b. * Total Federal & Non-Federal Funds	128,560.00
c. * Estimated Program Income	577,923.00

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

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

DATE: 01/14/2009

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ *** I agree**

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

19. Authorized Representative

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

* Position/Title:	Contract & Grant Officer	* Organization:	The Regents of the University of California
Department:	Sponsored Projects Admin.	Division:	
* Street1:	200 University Office Bldg	Street2:	
* City:	Riverside	County:	Riverside
* State:	CA: Califor	Province:	
* Country:	JNITED ST	* ZIP / Postal Code:	92521-0217
* Phone Number:	951-827-5535	Fax Number:	951-827-4483
* Email:	daniel.balban@ucr.edu>		

*** Signature of Authorized Representative**
Completed on submission to Grants.gov

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED JAN 14 2009 STATE CLEARING HOUSE

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: Community Housing Improvement Program, Incorporated

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2223398

*c. Organizational DUNS: 010998797

d. Address:

*Street 1: 1001 Willow Street
Street 2:
*City: Chico
County: Butte
*State: CA
Province:
*Country: U.S.A.
*Zip / Postal Code 95928

e. Organizational Unit:

Department Name: N/A

Division Name:

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

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

Title: Self-Help Housing Program Manager

Organizational Affiliation:

*Telephone Number: (530) 891-6931, ext. 231

Fax Number: (530) 891-8547

*Email: imichel@chiphousing.org

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

Application for Federal Assistance SF-424 Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-420

CFDA Title:

Rural Self-Help Housing Technical Assistance

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Butte, Glenn, Tehama, and Shasta Counties.

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

This application is for $2,530,000, USDA Section 523 TA Grant, to complete 95 equivalent construction units.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-002 *b. Program/Project: CA-002

17. Proposed Project:

*a. Start Date: 6/01/2009 *b. End Date: 5/31/2011

18. Estimated Funding ($):

*a. Federal	2,530,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	2,530,000

***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 1/13/2009

☐ 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: David

Middle Name:

*Last Name: Ferrier

Suffix:

*Title: Executive Director

*Telephone Number: (530) 891-6931, ext. 240 Fax Number: (530) 891-8547

* Email: dferrier@chiphousing.org

*Signature of Authorized Representative: *Date Signed: 1/13/2009