Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15, 2010.** 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.

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	

RECEIVED
JAN - 4 2010
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
94-6000387	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Oroville

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000387	086123437

d. Address:

* Street 1: 1735 Montgomery Street
Street 2:
* City: Oroville
County: Butte
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95965

e. Organizational Unit:

Department Name:	Division Name:
Business Assistance and Housing Dev.	

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

Prefix: Mrs. * First Name: Amy
Middle Name: N.
* Last Name: Bergstrand
Suffix:

Title: Management Analyst III

Organizational Affiliation:

* Telephone Number:	Fax Number:
(530) 538-2584	(530) 538-2539

* Email: bergstrandan@cityoforoville.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Municipal

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. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

10 766

CFDA Title:

Rural Development Community Facilities

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

The City-wide limits of Oroville are affected by the purchase of PPE and EMS equipment for the Oroville Fire Department.

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

The USDA Rural Development, Community Facility funds will be used to purchase Structure Personal Protective Equipment (PPE) and medical equipment in efforts to become compliant with SSV standardization requirements.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION:

Application	Pre-application
☑ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

2. DATE SUBMITTED December 17, 2009

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of Plumas

Organizational DUNS: 01-099-7419

Address:
Street: 198 Andy's Way
City: Quincy
County: Plumas
State: California
Zip Code: 95971
Country: USA

Organizational Unit:
Department: Facility Services
Division: Airports

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Joe
Middle Name
Last Name: Wilson
Suffix:
Email: joewilson@countyofplumas.com
Phone Number (give area code): (530) 283-6070
Fax Number (give area code): (530) 283-6088

RECEIVED JAN - 5 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000528

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

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:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-108
TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Gansner Field, Quincy, Plumas County, California
Engineering Design for:
PAPI Runway 24, Airfield Beacon, AWOS; Obstruction Removal, Displace Threshold & Remark R/W Threshold; Reseal Pavement Joints and Remark
Installation of PAPI Runway 24, Airfield Beacon, AWOS

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Quincy, Plumas County, California

13. PROPOSED PROJECT
Start Date: 2010
Ending Date: 2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 02
b. Project: 02

15. ESTIMATED FUNDING:

a. Federal	$ 376,200.00
b. Applicant	$ 19,800.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 396,000.00

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: December 21, 2009
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: Joe
Middle Name
Last Name: Wilson
Suffix
b. Title: Facilities Director
c. Telephone Number (give area code): (530) 283-6070
d. Signature of Authorized Representative
e. Date Signed: 1/4/2010

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED December 17, 2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Plumas

Organizational DUNS: 01-099-7419

Address:
Street: 198 Andy's Way
City: Quincy
County: Plumas
State: California
Zip Code: 95971
Country: USA

Organizational Unit:
Department: Facility Services
Division: Airports

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Joe
Middle Name
Last Name: Wilson
Suffix:
Email: joewilson@countyofplumas.com
Phone Number (give area code): (530) 283-6070
Fax Number (give area code): (530) 283-6088

RECEIVED JAN - 5 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000528

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. County
Other (specify)

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106
TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Beckwourth Nervino Airport, Beckwourth, Plumas County, California
Snow Plow
Engineering Design of:
Reseal Pavement Joints and Paint Airfield Markings
New AWOS III, Compass Rose, Replace Rotating Beacon
Tee Hanger Site Development - Three 5-unit Buildings

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Beckwourth, Plumas County, California

13. PROPOSED PROJECT
Start Date: 2010
Ending Date: 2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 02
b. Project: 02

15. ESTIMATED FUNDING:

a. Federal	$ 260,300.00
b. Applicant	$ 13,700.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 274,000.00

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: December 21, 2009
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: Joe Middle Name:
Last Name: Wilson Suffix:
b. Title: Facilities Director
c. Telephone Number (give area code): (530) 283-6070
d. Signature of Authorized Representative
e. Date Signed: 1/4/2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED December 17, 2009	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

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Plumas

Organizational DUNS: 01-099-7419

Address:

Street: 198 Andy's Way

City: Quincy

County: Plumas

State: California

Zip Code: 95971

Country: USA

Organizational Unit:

Department: Facility Services

Division: Airports

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

Prefix: Mr. First Name: Joe

Middle Name

Last Name: Wilson

Suffix:

Email: joewilson@countyofplumas.com

Phone Number (give area code): (530) 283-6070

Fax Number (give area code): (530) 283-6088

RECEIVED JAN - 5 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000528

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. County

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Rogers Field, Chester, Plumas County, California
Environmental Assessment (EA)
Engineering Design:
Develop East Hangar Area
Extend Taxiway A to End Pavement Runway 16
Reconstruct Tee Hangar Taxiways

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

Chester, Plumas County, California

13. PROPOSED PROJECT

Start Date: 2010 Ending Date: 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 02 b. Project 02

15. ESTIMATED FUNDING:

a. Federal	$ 339,150.00
b. Applicant	$ 17,850.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 357,000.00

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: December 28, 2009

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: Joe Middle Name

Last Name: Wilson Suffix

b. Title: Facilities Director

c. Telephone Number (give area code): (530) 283-6070

d. Signature of Authorized Representative

e. Date Signed: 1/4/2010

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED December 29, 2009	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Foothill Fire Protection District

Organizational DUNS: 618344266

Address:
Street: 16796 Willow Glen Road
City: Brownsville
County: Yuba
State: California
Zip Code: 95919
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: Rick
Middle Name: Edward
Last Name: Cunningham
Suffix:
Email: rcunningham@soperwheeler.com
Phone Number (give area code): 530-675-2343
Fax Number (give area code): 530-675-0843

RECEIVED JAN 6 2010 FARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0438878

8. TYPE OF APPLICATION:
☑ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
☐ ☐
Other (specify)

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

9. NAME OF FEDERAL AGENCY:
USDA - Rural Community Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766
TITLE (Name of Program): Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase of Wildland / Structure firefighting water tender (3000 gallon mobile water source)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Yuba & Butte Counties, towns of Brownsville, Challenge, Clipper Mills, Forbestown

13. PROPOSED PROJECT
Start Date: June 1, 2010
Ending Date: June 1, 2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: California, District # 2
b. Project: California, Districts # 2 & 4

15. ESTIMATED FUNDING:

a. Federal	$ 275,000
b. Applicant	$ 75,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 350,000

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: JAN 6th, 2010
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: Rick
Middle Name: Edward
Last Name: Cunningham
Suffix:
b. Title: Fire Chief / Manager
c. Telephone Number (give area code): 530-675-2343
d. Signature of Authorized Representative: Rick Cunningham
e. Date Signed: 12/28/09

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

Pre-application: ☒ Construction ☐ Non-Construction

RECEIVED JAN - 6 2010 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: Athal Mutual Water Company

Organizational DUNS: 083102983

Address:
Street: P.O. Box 70457
City: Bakersfield
County: Kern
State: CA Zip Code: 93387
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: Francis
Middle Name: R.
Last Name: Greenhaw
Suffix:
Email: greenhaw.f@sbcglobal.net
Phone Number (give area code): (661) 706-4105
Fax Number (give area code): none

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3810142

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

Other (specify): Not for Profit, Mutual Water Company

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: USDA/Rural Development

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

USDA/Rural Development

TITLE (Name of Program): Water & Waste Disposal Loan & Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Athal MWC Water Supply Project

Drill a new well to replace collapsed well and make other emergency water system improvements.

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

Athal MWC water system, Kern Co., California

13. PROPOSED PROJECT

Start Date: 7/1/10 Ending Date: 9/1/10

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 22 b. Project 22

15. ESTIMATED FUNDING:

a. Federal	$ 200,000.00
b. Applicant	$ .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:

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: Jerry Middle Name:

Last Name: Case Suffix:

b. Title: President c. Telephone Number (give area code): (661) 845-6608

d. Signature of Authorized Representative: Jerry Case e. Date Signed: December 31, 2009

COPY

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 10-27-09	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
Pre-application: ☒ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Lower Lake County Water District No. 1
Organizational Unit:
Department:
Division:
Organizational DUNS: 09-250-1634
Address:
Street: 16254 Main St P.O. Box 263
City: Lower Lake
County: Lake
State: CA
Zip Code: 95457
Country: U.S.A
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Phillip
Middle Name: L
Last Name: Spooner
Suffix:
Email: general.manager@mchsi.com
Phone Number (give area code): 707-994-6009
Fax Number (give area code): 707-994-7415

RECEIVED JAN 11 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1585451

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

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: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: varies, see attachments

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lake County

13. PROPOSED PROJECT varies by project, please see attachments
Start Date:
Ending Date:

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant No 1
b. Project No 1

15. ESTIMATED FUNDING: varies by project, please see attachments

a. Federal	$ 21,512,430
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 21,512,430

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

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

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

a. Authorized Representative
Prefix: Mr. First Name: Phillip Middle Name: L
Last Name: Spooner Suffix:
b. Title: General Manager c. Telephone Number (give area code): 707-994-6009
d. Signature of Authorized Representative: Phillip L Spooner e. Date Signed: 10/23/09

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Prescribed by OMB Circular A-102

Version 7/03

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

Pre-application: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Hardwick Water Company

Organizational DUNS: 832879295

Address:

Street: 14616 Johnson Street

City: Hanford

County: Kings

State: CA

Zip Code: 93230

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: Mr. First Name: Alvin

Middle Name:

Last Name: Lea

Suffix:

Email:

Phone Number (give area code): (559) 584-3764

Fax Number (give area code):

RECEIVED JAN 11 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0295699

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

O

Other (specify)

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:

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Water (Well, Tank, Distribution Line) System Replacement Project

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

Hardwick Residential Service Area in Unicorporated area in Kings County

13. PROPOSED PROJECT

Start Date:

Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 20

b. Project: 20

15. ESTIMATED FUNDING:

a. Federal 20%	$ 296,955.00
b. Applicant	$ 0.00
c. State 80%	$ 1,187,820.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 1,484,775.00

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:

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: Alvin Middle Name:

Last Name: Lea Suffix:

b. Title: HWC Boar President

c. Telephone Number (give area code): (559) 584-3764

d. Signature of Authorized Representative: Alvin Lea

e. Date Signed: 1-6-10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED December 30, 2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☑ **Construction**	☐ **Construction**
☐ **Non-Construction**	☐ **Non-Construction**

5. APPLICANT INFORMATION

Legal Name: City of Watsonville

Organizational DUNS: 030414994

Address:

Street: 100 Aviation Way

City: Watsonville

County: Santa Cruz

State: California

Zip Code: 95076

Country: USA

Organizational Unit:

Department: Airports

Division:

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

Prefix: Mr. | First Name: Donald

Middle Name: E.

Last Name: French

Suffix:

Email: dfrench@ci.watsonville.ca.us

Phone Number (give area code): (831) 728-6075

Fax Number (give area code): (831) 763-4058

RECEIVED JAN 11 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 9 4 – 6 0 0 0 4 5 1

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. Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 – 1 0 6

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Watsonville Municipal Airport, Watsonville, Santa Cruz County, CA
Engineering Design Projects
Pavement Evaluation Study and Pavement Management Plan
Reconstruct Taxiway C and General Aviation Apron Phase 1
Two-Box PAPI - Runways 2, 8, 20, and 26

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

City of Watsonville, California

13. PROPOSED PROJECT

Start Date: 2010 | Ending Date: 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 17 | b. Project 17

15. ESTIMATED FUNDING:

a. Federal	$ 2,122,300.00
b. Applicant	$ 111,700.00
c. State	$ 0.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,234,000.00

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: January 5, 2010

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: Donald	Middle Name: E.
Last Name: French		Suffix
b. Title: Airport Manager		c. Telephone Number (give area code): (831) 728-6075
d. Signature of Authorized Representative: DAF		e. Date Signed: 01-07-2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	**2. DATE SUBMITTED** December 23, 2009	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Oroville	Organizational Unit:
Organizational DUNS: 066123437	Department: Public Works
Address:	Division: Airports
Street: 1735 Montgomery Street	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Oroville	Prefix: Mr. / First Name: Kent
County: Butte	Middle Name
State: California / Zip Code 95965	Last Name Westover
Country: USA	Suffix:
	Email: westoverkr@cityoforoville.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000367	Phone Number (give area code) (530) 538-2498 / Fax Number (give area code) 530-538-2426

STATE CLEARING HOUSE
RECEIVED
JAN 11 2010

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. Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Oroville Municipal Airport, Oroville, Butte County, California
Rehabilitate Runway 2-20 and Runway 13-31 and Taxiways
Remark Runways 2-20 and 13-31, Taxiways, and Apron

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

City of Oroville, Butte County, California

13. PROPOSED PROJECT

Start Date:	Ending Date:
2010	2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
1st	1st

15. ESTIMATED FUNDING:

a. Federal	$ 635,550
b. Applicant	$ 33,450
c. State	$ 0
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 669,000

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: January 6, 2010

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: H.
Last Name: Wells		Suffix
b. Title: Airport Manager		c. Telephone Number (give area code) (530) 538-2507
d. Signature of Authorized Representative		e. Date Signed: JAN 08 2010

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED January 8, 2010	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED JAN 11 2010 STATE CLEARINGHOUSE

5. APPLICANT INFORMATION

Legal Name: City of South Lake Tahoe	Organizational Unit:
Organizational DUNS: 09-5863476	Department: Department of Public Works
	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 1901 Airport Road, Suite 100	Prefix: Ms. / First Name: Sherry
City: South Lake Tahoe	Middle Name
County: El Dorado	Last Name: Miller
State: California / Zip Code: 96150	Suffix:
Country: USA	Email: smiller@cityofslt.us
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1610868	Phone Number (give area code): (530) 542-6182 / Fax Number (give area code): (530) 544-6366

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. Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California
RSA Survey, Biological Assessment, Preliminary Design
Terminal Ramp Reconstruction Phase 2 - 250' x 350'
Obstruction Removal Reimbursement
Pavement Maintenance/Management Plan
Replace Airport Snow Removal (Blower) Vehicle

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

South Lake Tahoe; El Dorado County; Douglas City, Nevada

13. PROPOSED PROJECT

Start Date:	Ending Date:
2010	2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
14	14

15. ESTIMATED FUNDING:

a. Federal	$ 1,588,400.00
b. Applicant	$ 83,600.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,672,000.00

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: January 12, 2010

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: Sherry	Middle Name
Last Name: Miller		Suffix
b. Title: Airport Manager		c. Telephone Number (give area code): (530) 542-6048
d. Signature of Authorized Representative: Sherry Miller		e. Date Signed: 1-11-10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 12/31/2009	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

Pre-application: ☐ Construction ☐ Non-Construction

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5. APPLICANT INFORMATION

Legal Name: Parlier Unified School District

Organizational DUNS: 10-000-7954

Address:

Street: 900 Newmark Avenue

City: Parlier

County: Fresno

State: CA

Zip Code: 93648

Country: United States

Organizational Unit:

Department: Food Services

Division:

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

Prefix: Ms. First Name: Brenda

Middle Name

Last Name: Weil

Suffix:

Email: bweil@parlier.k12.ca.us

Phone Number (give area code): 559-646-2731

Fax Number (give area code): 559-646-0626

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 5 2 - 1 6 8 7 3 4 3

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)

Independent School District

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6

TITLE (Name of Program): Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cafeteria equipment for the schools

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

13. PROPOSED PROJECT

Start Date: 6/1/2010 Ending Date: 6/1/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant CA-020 b. Project CA-020

15. ESTIMATED FUNDING:

a. Federal	$ 51,731.00
b. Applicant	$ 42,326.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 94,057.00

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: 01/15/2010

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: Rick Middle Name

Last Name: Rodriguez Suffix

b. Title: Superintendent c. Telephone Number (give area code): 559-646-2731

d. Signature of Authorized Representative: Rick Rodriguez e. Date Signed: 1-6-2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED January 5, 2010	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☑ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☐ Non-Construction		

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5. APPLICANT INFORMATION

Legal Name: Town of Mammoth Lakes	**Organizational Unit:**
Organizational DUNS: 144603339	Department: Public Works
Address:	Division:
Street: 1300 Airport Road	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
City: Mammoth Lakes	Prefix: Mr. / First Name: William
County: Mono	Middle Name: B.
State: California / Zip Code: 93546	Last Name: Manning
Country: USA	Suffix:
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0043067	Email: wmanning@cl.mammoth-lakes.ca.us
	Phone Number (give area code): 760-934-3813 / Fax Number (give area code): 760-934-3119

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)
Change of Priority

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

D - Township

Other (specify)

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106

TITLE (Name of Program):
Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California
Reimbursement for Debt Service - Temporary Terminal Facilities
New Terminal and Ramp Requirements Study

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

Town of Mammoth Lakes, California

13. PROPOSED PROJECT

Start Date:	Ending Date:
2010	2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
4th	4th

15. ESTIMATED FUNDING:

a. Federal	$ 2,187,694.00
b. Applicant	$ 115,142.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,302,836.00

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: January 7, 2010

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: William	Middle Name: B.
Last Name: Manning		Suffix
b. Title: Airport Manager		c. Telephone Number (give area code): (760) 934-3813
d. Signature of Authorized Representative		e. Date Signed: 11 Jan 10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED January 5, 2010	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

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Town of Mammoth Lakes

Organizational DUNS: 144603339

Address:
Street: 1300 Airport Road
City: Mammoth Lakes
County: Mono
State: California
Zip Code: 93546
Country: USA

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Organizational Unit:
Department: Public Works
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: William
Middle Name: B.
Last Name: Manning
Suffix:
Email: wmanning@ci.mammoth-lakes.ca.us
Phone Number (give area code): 760-934-3813
Fax Number (give area code): 760-934-3119

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0043067

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): Change of Priority

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

D - Township

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California
Reimbursement for Debt Service - Temporary Terminal Facilities
New Terminal and Ramp Requirements Study

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

Town of Mammoth Lakes, California

13. PROPOSED PROJECT

Start Date: 2010
Ending Date: 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 4th
b. Project: 4th

15. ESTIMATED FUNDING:

a. Federal	$ 2,187,694.00
b. Applicant	$ 115,142.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,302,836.00

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: January 7, 2010

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: William	Middle Name: B.
Last Name: Manning		Suffix
b. Title: Airport Manager		c. Telephone Number (give area code): (760) 934-3813
d. Signature of Authorized Representative		e. Date Signed: 11 Jan 10

Version 7/03

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

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Mendocino Coast Clinics, Inc.

Organizational DUNS: 8332207245

Address:

Street: 205 South Street

City: Fort Bragg

County: Mendocino

State: California

Zip Code: 95437

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: Ms. First Name: Marianne

Middle Name

Last Name: McGee

Suffix:

Email: mmcgee@mccinc.org

Phone Number (give area code): 707-961-3431

Fax Number (give area code): 707-961-2653

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 68-0262003

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)

O-Not for Profit

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Mendocino Coast Clinics' 2010 Equipment Project

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

Mendocino County, California

13. PROPOSED PROJECT

Start Date: Determined by date of award.

Ending Date: Determined by date of award.

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 01

b. Project: 01

15. ESTIMATED FUNDING:

a. Federal	$ 91,482.00
b. Applicant	$ 74,848.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 166,330.00

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: January 11, 2010

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: Paula Middle Name:

Last Name: Cohen Suffix:

b. Title: Executive Director

c. Telephone Number (give area code): 707-961-3431

d. Signature of Authorized Representative

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED January 6, 2010	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: City of Greenfield

Organizational Unit: City

Address *(give city, county, State, and zip code)*: 45 El Camino Road, Greenfield, CA. 93927

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Roger Wong, City Manager, (831) 674-5591

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000343

7. TYPE OF APPLICANT: *(enter appropriate letter in box)* C

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other*(specify)*:

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.766

TITLE: Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Greenfield Police Station Access and Electronic System Project

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of Greenfield, Monterey County, California

13. PROPOSED PROJECT

Start Date	Ending Date
5/1/10	5/1/11

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 17

b. Project: 17

15. ESTIMATED FUNDING:

a. Federal	$ 28,702.00
b. Applicant	$ 53,305.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 82,007.00

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 01/18/10

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. Type Name of Authorized Representative	b. Title	c. Telephone Number
Roger Wong	City Manager	(831) 674-5591

d. Signature of Authorized Representative

e. Date Signed 1-12-2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction; Pre-application ☐ Construction ☒ Non-Construction	2. DATE SUBMITTED 1/11/2010	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: E Center	Organizational Unit:
Organizational DUNS: 08-968-0102	Department:
Address:	Division:
Street: 410 Jones Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Thomas
City: Ukiah	Middle Name
County: Mendocino	Last Name: Wagner
State: CA Zip Code: 95482	Suffix:
Country: United States of America	Email: twagner@ecenter.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2232933	Phone Number (give area code): (707) 468-0194 Fax Number (give area code): (707) 468-0407

RECEIVED JAN 13 2010 STATE CLEARING HOUSE

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) O. Not for Profit Organization. Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.766. TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Financing for purchase of building to be used for Head Start Center & Administration.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Marysville, Yuba, California	
13. PROPOSED PROJECT: Start Date: 12/22/09 Ending Date: 2/15/10	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 4,100,000	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 1,000,000	
c. State	$	
d. Local	$	b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 5,100,000	☐ 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: Thomas	Middle Name
Last Name: Wagner		Suffix
b. Title: Chief Executive Officer		c. Telephone Number (give area code): (707) 468-0194 x106
d. Signature of Authorized Representative		e. Date Signed: 1/11/2010

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