Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15, 2011.** 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: 01/31/2008

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Telos Project dba Climate Protection Campaign

* b. Employer/Taxpayer Identification Number (EIN/TIN): 45-0485495

* c. Organizational DUNS: 361733988

d. Address:

* Street1: PO Box 3785
Street2:
* City: Santa Rosa
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95402

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Barry

Middle Name:

* Last Name: Vesser

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 707-525-1665 x113

Fax Number:

* Email: bvesser@climateprotection.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 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:**

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.762

CFDA Title:

Solid Waste Management Grants

*** 12. Funding Opportunity Number:**

RDUP-SWMGRANT-100110-FY11

* Title:

Solid Waste Managment Grant

13. Competition Identification Number:

Title:

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

The Guerneville, CA community as defined by the 95446 zip code (population 4,893)

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

Maximizing the Existing Solid Waste System and Diversion Programs in Guerneville, CA

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-006
* b. Program/Project: CA-006

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2011
* b. End Date: 07/31/2012

18. Estimated Funding ($):

* a. Federal	57,035.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	14,300.00
* f. Program Income	0.00
* g. TOTAL	71,335.00

*** 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 01/03/2011.

[ ] 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:
* First Name: Ann
Middle Name:
* Last Name: Hancock
Suffix:

* Title: Executive Director

* Telephone Number: 707-477-9946 x112
Fax Number:

* Email: ann@climateprotection.org

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	**2. DATE SUBMITTED** December 14, 2010	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

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

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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) 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 Environmental Assessment - New Terminal, Airline Apron, Access Road, and Automobile Parking
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Town of Mammoth Lakes, California	
13. PROPOSED PROJECT Start Date: 2011 / Ending Date: 2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 4th / b. Project 4th

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 427,500.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 15, 2010
b. Applicant	$ 22,500.00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 450,000.00	☐ 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 3 JAN 11

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED December 14, 2010	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: Town of Mammoth Lakes	Organizational Unit:
	Department: Public Works
Organizational DUNS: 144603339	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 1300 Airport Road	Prefix: Mr. / First Name: William
City: Mammoth Lakes	Middle Name B.
County: Mono	Last Name Manning
State: California / Zip Code 93546	Suffix:
Country: USA	Email: wmanning@ci.mammoth-lakes.ca.us
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0043067	Phone Number (give area code) 760-934-3813 / Fax Number (give area code) 760-934-3119

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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)

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

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

Town of Mammoth Lakes, California

13. PROPOSED PROJECT

Start Date: 2011 / Ending Date: 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 4th / b. Project 4th

15. ESTIMATED FUNDING:

a. Federal	$ 1,000,000.00
b. Applicant	$ 52,632.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,052,632.00

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 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 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 3 JAN 11

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: November 8, 2010

Applicant Identifier: Willows Public Library

1. TYPE OF SUBMISSION

Application	Preapplication
☒ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Applicant Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY: DEC 06 2010

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: City of Willows

Organizational Unit: Willows Public Library

Address (give city, county, state, and zip code):
201 North Lassen Street
Willows, CA 95988

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Technical: Greg Tyhurst 530-934-7041
Budgetary: Tim Sailsbery 530-934-7041
Contractual: Tim Sailsbery 530-934-7041

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 – 6 0 0 0 4 5 8

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:
United States Department of Agriculture-
Rural Development

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

TITLE: Community Facilities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Replace severly damaged roof on community facility within the City of Willows. Said facility houses the community library, recreation department, police department, City Hall and the Council Chambers.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Community Facility within the City of Willows

13. PROPOSED PROJECT:

Start Date	Ending Date
12/01/10	06/30/11

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: California 2nd-Wally Herger

b. Project: California 2nd-Wally Herger

15. ESTIMATED FUNDING:

a. Federal	$	38000.00
b. Applicant	$	31091.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	69091.00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THESTATE 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.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	**2. DATE SUBMITTED**	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01708

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	**Organizational Unit:** Department: California Department of Parks and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. First Name: Patti
City: Sacramento	Middle Name
County: Sacramento	Last Name Keating
State: California Zip Code 94296-0001	Suffix:
Country: USA	Email: pkeating@parks.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68 - 0303606	Phone Number (give area code) (916) 651-8597 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)
	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:** Survey of Public Opinions and Attitudes on Outdoor Recreation in California
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: 06- Statewide	
13. PROPOSED PROJECT Start Date: Ending Date: 01/31/2013	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 03 b. Project Statewide

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 162,414.00	a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/06/2011
b. Applicant	$ 162,414.00	
c. State	$	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other	$	
f. Program Income	$	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 324,828.00	☐ 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 Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-8597
d. Signature of Authorized Representative Patti Keating		e. Date Signed 1-6-11

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U.S. Department of Transportation

Federal Transit Administration

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Application

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-Y716-02
Budget Number:	3 - Budget Pending Approval
Project Information:	El Monte Bswy/Harbor Trstwy/Bus Acq

Part 1: Recipient Information

Project Number:	CA-90-Y716-02
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y716-02
Project Description:	El Monte Bswy/Harbor Trstwy/Bus Acq
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis - 213.202.3956
Recipient Contact:	Gladys Lowe - 213.922.2459
New/Amendment:	Amendment
Amend Reason:	Increase Award
Fed Dom Asst. #:	20507
Sec. of Statute:	5307-2
State Appl. ID:	None Specified

Gross Project Cost:	$28,043,915
Adjustment Amt:	$0
Total Eligible Cost:	$28,043,915
Total FTA Amt:	$22,435,132
Total State Amt:	$0
Total Local Amt:	$5,608,783
Other Federal Amt:	$0
Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified

Start/End Date:	Dec. 01, 2009 - Dec. 30, 2011
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Dec. 03, 2010
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 27, 2010
Program Page:	56
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	31	Xavier Becerra
6	32	Judy L Chu
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	37	Laura Richardson

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application: ☒ Construction ☐ Non-Construction; Pre-application: ☒ Construction ☐ Non-Construction	2. DATE SUBMITTED 3/1/2010	Applicant Identifier
	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: Fiddletown Community Service Dist.	Organizational Unit: ~~Department:~~
Organizational DUNS: 833254969	Division:
Address: Street: P.O. BOX 35	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Bill
City: Fiddletown	Middle Name
County: Amador	Last Name Easton
State: CA Zip Code 95629-0035	Suffix:
Country: United States	Email: terouge@volcano.net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2173057	Phone Number (give area code) 209-245-3117 Fax Number (give area code) 209-245-5415
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) 6 Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA Rural Develop
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): WATER AND WASTEWATER GRANT PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Storage Improvement and Water Filtration
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FCSD Users - Fiddletown, CA	
13. PROPOSED PROJECT Start Date: 6/1/2010 Ending Date: 12/1/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd b. Project 3rd

15. ESTIMATED FUNDING:

a. Federal	$ 500,000 ~~200,000~~
b. Applicant	$ 175,000
c. State	$ 0
d. Local	$ 0
e. Other	$ 0
f. Program Income	$ 0
g. TOTAL	$ 500,000 ~~375,000~~

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:

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 Bill	Middle Name
Last Name Easton	Suffix
b. Title Board Chairman	c. Telephone Number (give area code) 209-245-3117
d. Signature of Authorized Representative	e. Date Signed 2/26/2010

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED December 28, 2010	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 JAN 07 2011	Federal Identifier 04-0415-671400192

5. APPLICANT INFORMATION

Legal Name: Pit River Tribe	Organizational Unit: Department: Pit River Tribe Housing Board
Organizational DUNS: 153041538	Division: Indian Housing
Address: Street: 37116 Main Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. / First Name: Allen
City: Burney	Middle Name Evans
County: Shasta	Last Name Lowry
State: CA / Zip Code 96013	Suffix:
Country: USA	Email: prthousing@frontiernet.net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2424153	Phone Number (give area code): 530-335-4809 / Fax Number (give area code): 530-335-4849

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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)
K. Indian Tribe
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-770
TITLE (Name of Program):
Native Americans-Section 306C Water and Waste Disposal Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
New small community water system for Pit River tribal housing at Chimney Rock Development on XL Ranch in Modoc County, CA.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Chimney Rock Development; XL Ranch Reservation in Modoc County, CA

13. PROPOSED PROJECT
Start Date: 4/1/11
Ending Date: 12/1/11

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

15. ESTIMATED FUNDING:

a. Federal	$ 365,130.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 365,130.00

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 Allen	Middle Name Evans
Last Name Lowry		Suffix
b. Title Housing Coordinator		c. Telephone Number (give area code) 530-335-4809
d. Signature of Authorized Representative		e. Date Signed 12/28/2010

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