

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1 - 15, 2012**. 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

*** 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 03 2012

STATE CLEARING HOUSE

*** 3. Date Received:**

Completed by Grants.gov upon submission.

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:**

Woodbury University

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

95-2786163

*** c. Organizational DUNS:**

0523900100000

d. Address:

*** Street1:**

7500 Glenoaks Boulevard

Street2:

*** City:**

Burbank

County/Parish:

Los Angeles

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

91510-7846

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

*** First Name:**

Peter

Middle Name:

*** Last Name:**

Arnold

Suffix:

Title:

Co-Director, Arid Lands Institute

Organizational Affiliation:

Arid Lands Institute at Woodbury University

*** Telephone Number:**

818-767-0888 x335

Fax Number:

818-767-8851

*** Email:**

aridlands@woodbury.edu

Application for Federal Assistance SF-424

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

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.761

CFDA Title:

Technical Assistance and Training Grants

*** 12. Funding Opportunity Number:**

TAT-FY12

* Title:

Technical Assistance and Training Grant

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

LEVERAGING GIS AND VISUALIZATION TECHNOLOGIES TO ADDRESS WATER PROBLEMS IN LOW-INCOME RURAL AREAS: TECHNICAL ASSISTANCE & TRAINING ON SURFACE WATER, GROUNDWATER, AND WASTEWATER MITIGATION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="281,167.00"/>
* b. Applicant	<input type="text" value="99,694.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="380,861.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

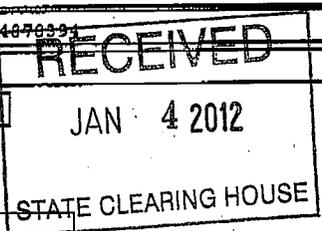
3. DATE RECEIVED BY STATE: State Application Identifier

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

4. a. Federal Identifier
b. Agency Routing Identifier

2. DATE SUBMITTED Applicant Identifier
Odette20120730

5. APPLICANT INFORMATION * Organizational DUNS: 05487633
* Legal Name: The Regents of the University of California
Department: Office of Research Division: Vice Chancellor of Research
* Street1: 3227 Cheadle Hall
Street2:
* City: Santa Barbara County/Parish: Santa Barbara
* State: CA: California Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-2050



Person to be contacted on matters involving this application
Prefix: Ms. * First Name: Jamie Middle Name:
* Last Name: Sprague Suffix:
* Phone Number: 805/893-8503 Fax Number: 805/893-2611
Email: sprague@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-6006145W

7. * TYPE OF APPLICANT: R: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: If Revision, mark appropriate box(es).
 New Resubmission A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 Renewal Continuation Revision E. Other (specify):
* Is this application being submitted to other agencies? Yes No What other Agencies?:

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Ductile-Phase Toughened and Fiber-Reinforced Tungsten for Plasma Facing Materials

12. PROPOSED PROJECT: * 13. CONGRESSIONAL DISTRICT OF APPLICANT
* Start Date * Ending Date
09/01/2012 08/31/2015 CA-023

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. * First Name: G. Middle Name: Robert
* Last Name: Odette Suffix:
Position/Title: Professor
* Organization Name: The Regents of the University of California
Department: Mechanical Engineering Division: College of Engineering
* Street1: Engineering II, room 2343
Street2:
* City: Santa Barbara County/Parish: Santa Barbara
* State: CA: California Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-2050
* Phone Number: 805/893-3525 Fax Number: 805/893-8651
* Email: odette@engineering.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input style="width:150px;" type="text" value="758,899.00"/></p> <p>b. Total Non-Federal Funds <input style="width:150px;" type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input style="width:150px;" type="text" value="758,899.00"/></p> <p>d. Estimated Program Income <input style="width:150px;" type="text" value="0.00"/></p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: <input style="width:100px;" type="text" value="12/23/2011"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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17. 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.

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative * Date Signed

20. Pre-application

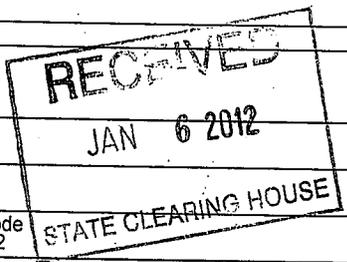
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 12, 2011	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY DEC 13 2011	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: City of Rio Dell	Organizational Unit: Department: City Government
Organizational DUNS: 626731868	Division:
Address: Street: 675 Wildwood Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Rio Dell	Prefix: Mr.
County: Humboldt	First Name: Ron
State: CA	Middle Name: David
Zip Code: 95562	Last Name: Henrickson
Country: USA	Suffix:
	Email: CM@RIODELLCITY.COM



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1603860

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

C. Municipal

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)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):
Community Facilities Loan

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Street Improvement Project

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

13. PROPOSED PROJECT

Start Date: July 1, 2012 Ending Date: October 1, 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant District 1 b. Project District 1

15. ESTIMATED FUNDING:

a. Federal	\$	2,000,000.00
b. Applicant	\$	825,000.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	2,825,000.00

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

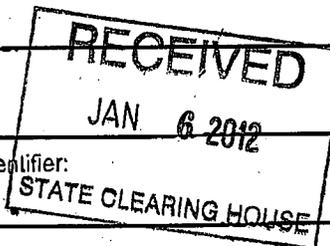
Prefix Mr.	First Name Ron	Middle Name David
Last Name Henrickson	Suffix	
b. Title City Manager	c. Telephone Number (give area code) 707-764-3532	
d. Signature of Authorized Representative	e. Date Signed 12/12/2011	

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:		*2. Type of Application		* If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	*Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision			

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: Inland Empire Utilities Agency

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6004609

*c. Organizational DUNS:
043656206

d. Address:

*Street 1: 6075 Kimball Avenue
Street 2: _____
*City: Chino
County: San Bernardino
*State: California
Province: _____
*Country: USA
*Zip / Postal Code: 91708

e. Organizational Unit:

Department Name: Financial Planning Division Name: Grants Administration

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

Prefix: Mr. *First Name: Jason
Middle Name: _____
*Last Name: Gu
Suffix: _____
Title: Grants Officer

Organizational Affiliation:
Inland Empire Utilities Agency

*Telephone Number: 909-993-1636 Fax Number: 909-993-1986

*Email: jgu@ieua.org

Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: D. Special District Government</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: Department of the Interior, Bureau of Reclamation</p>	
<p>11. Catalog of Federal Domestic Assistance Number: <u>15.504</u></p> <p>CFDA Title: <u>Water Reclamation and Reuse Program</u></p>	
<p>*12 Funding Opportunity Number: <u>R12SF80050</u></p> <p>*Title: <u>WaterSMART: Title XVI Water Reclamation and Reuse Program Construction Activities for Fiscal Year 2012</u></p>	
<p>13. Competition Identification Number: _____</p> <p>Title: _____</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): City of Chino, City of Chino Hills, City of Norco, City of Ontario, unincorporated San Bernardino and Riverside counties (including communities of Mira Loma, Glen Avon, and Home Gardens).</p>	
<p>*15. Descriptive Title of Applicant's Project: 1010 Zone Pump Station and New Product Water Pipelines, Part of the Lower Chino Dairy Area Desalination Project</p>	

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: CA-42, -43, -26 *b. Program/Project: CA-42, -43, and -44

17. Proposed Project:
*a. Start Date: May 16, 2011 *b. End Date: April 11, 2014

18. Estimated Funding (\$):

*a. Federal	\$4,000,000
*b. Applicant	\$24,704,900
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	0
*g. TOTAL	\$28,704,900

***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 January 10⁶, 2012

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: Mr. *First Name: Thomas

Middle Name: A.

*Last Name: Love

Suffix: _____

*Title: General Manager

*Telephone Number: 909-993-1600 Fax Number: 909-993-1985

* Email: tlove@ieua.org

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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RECEIVED
JAN 09 2012
STATE CLEARING HOUSE

* 3. Date Received: 12/29/2011	4. Applicant Identifier: City of Needles
--	--

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

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** City of Needles

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000750	* c. Organizational DUNS: 030582910
--	---

d. Address:

* Street1:	817 Third Street
Street2:	_____
* City:	Needles
County:	San Bernardino
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92363

e. Organizational Unit:

Department Name: City Manager	Division Name: Water Department
---	---

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

Prefix: Mr.	* First Name: David
Middle Name: Graham	
* Last Name: Brownlee	
Suffix: Jr.	

Title: City Manager

Organizational Affiliation:

* Telephone Number: (760) 326-5700 X323	Fax Number: (760) 326-6765
--	-----------------------------------

*** Email:** ndlscityproject@citlink.net

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:**

Bureau of Reclamation - Lower Colorado Region

11. Catalog of Federal Domestic Assistance Number:

15.530

CFDA Title:

Water Conservation Field Services Program (WCFSP)

*** 12. Funding Opportunity Number:**

R12SF30005

* Title:

WCFSP - Lower Colorado Regional Area

13. Competition Identification Number:

Title:

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

Needles, CA, San Bernardino County

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

Home Water Audit Program

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

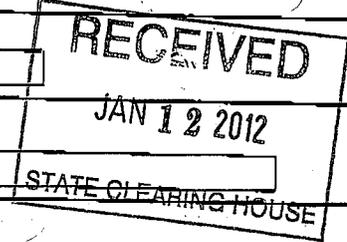
* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:



5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

R12SF80050

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name:

Inland Empire Utilities Agency

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

95-6004609

* c. Organizational DUNS:

043656206

d. Address:

* Street1:

6075 Kimball Avenue

Street2:

* City:

Chino

County:

San Bernardino

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91708-5174

e. Organizational Unit:

Department Name:

Financial Planning

Division Name:

Grants Administration

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

Prefix:

Mr.

* First Name:

Jason

Middle Name:

H.

* Last Name:

Gu

Suffix:

Title: Grants Officer

Organizational Affiliation:

Inland Empire Utilities Agency employee

* Telephone Number:

909 993-1636

Fax Number:

909 993-1986

* Email:

jgu@ieua.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

10. Name of Federal Agency:

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Water Reclamation and Reuse Program

12. Funding Opportunity Number:

R12SF80050

Title:

WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2012

13. Competition Identification Number:

R12SF80050

Title:

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

City of Chino, City of Chino Hills, City of Norco, City of Ontario, unincorporated San Bernardino and Riverside counties (including communities of Mira Loma, Glen Avon, and Home Gardens).

15. Descriptive Title of Applicant's Project:

1010 Zone Pump Station and New Product Water Pipelines, Part of the Lower Chino Dairy Area Desalination Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="4,000,000.00"/>
* b. Applicant	<input type="text" value="110,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="24,594,900.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="28,704,900.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	RECEIVED JAN 13 2012 STATE CLEARING HOUSE
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: Southern California Presbyterian Homes		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1894293	* c. Organizational DUNS: 0699253450000	
d. Address:		
* Street1: 516 Burchett Street	_____	
Street2:	_____	
* City: Glendale	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 91203-1014	_____	
e. Organizational Unit:		
Department Name: Affordable Housing	Division Name: Corporate Office	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Jacqueline	
Middle Name: A.	_____	
* Last Name: Seegobin	_____	
Suffix: _____	_____	
Title: _____	_____	
Organizational Affiliation: nonprofit		
* Telephone Number: (818) 247-0420	Fax Number: (818) 247-3871	
* Email: jacqueline.seegobin@thebegroup.org		

Application for Federal Assistance SF-424

*** 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-5564-N-01

* Title:

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

SD202-01

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

The development of a Section 202 PRAC 68 unit affordable housing apartment building for low income seniors 62 years of age and older.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="9,409,500.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="1,050,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="10,484,500.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 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

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

JAN 13 2012

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

*** a. Legal Name:**

Southern California Presbyterian Homes

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

95-1894293

*** c. Organizational DUNS:**

0699253450000

d. Address:

*** Street1:**

516 Burchett Street

Street2:

*** City:**

Glendale

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

91203-1014

e. Organizational Unit:

Department Name:

Affordable Housing

Division Name:

Corporate Office

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

Prefix:

*** First Name:**

Jacqueline

Middle Name:

A.

*** Last Name:**

Seegobin

Suffix:

Title:

Director, Affordable Housing

Organizational Affiliation:

nonprofit

*** Telephone Number:**

818-247-0420

Fax Number:

818-247-3871

*** Email:**

jacqueline.seegobin@thebegroup.org

Application for Federal Assistance SF-424

*** 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-5564-N-01

* Title:

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

SD202-01

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

The development of a Section 202 PRAC 43 unit affordable housing apartment building for low income seniors 62 years of age and older.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="400,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="400,000.00"/>

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

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

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..

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Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

JAN 13 2012

5a. Federal Entity Identifier:

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

NA

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Pajaro Valley Water Management Agency

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

77-0068646

*** c. Organizational DUNS:**

883830812

d. Address:

*** Street1:**

36 Brennan Street

Street2:

*** City:**

Watsonville

County/Parish:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95076

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:**

Mary

Middle Name:

*** Last Name:**

Bannister

Suffix:

Title:

General Manager

Organizational Affiliation:

Pajaro Valley Water Management Agency

*** Telephone Number:**

(831) 722-9292

Fax Number:

(831) 722-3139

*** Email:**

bannister@pvwma.dst.ca.us

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation- Denver Office

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R12SF80050

* Title:

Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2012

13. Competition Identification Number:

Title:

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

City of Watsonville, Santa Cruz & Monterey Counties

Add Attachment

Delete Attachment

View Attachment

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

Watsonville Area Water Recycling Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="20,000,000.00"/>
* b. Applicant	<input type="text" value="32,500,000.00"/>
* c. State	<input type="text" value="27,700,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="80,200,000.00"/>

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- c. Program is not covered by E.O. 12372.

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Yes No

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** I AGREE

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Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Mary Bannister

01/17/2012