

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 2005**. 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 Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Rowland Unified School District

Address: 1830 S. Nogales St.

Organizational Unit

Rowland Heights
City

CA
State

Los Angeles
County

91748
ZIP Code + 4

2. Applicant's D-U-N-S Number 077233849

6. Novice Applicant Yes No

3. Applicant's T-I-N 9512651870

7. Is the applicant delinquent on any Federal debt? Yes No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Future Nobles Mentoring Program

8. Type of Applicant (Enter appropriate letter in the box.) A B C D E F G H I J K

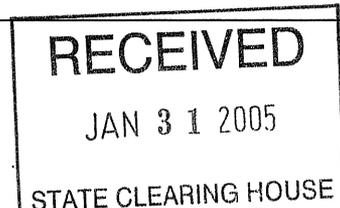
- A - State
- B - Local
- C - Special District
- D - Indian Tribe
- E - Individual
- F - Independent School District
- G - Public College or University
- H - Private, Non-profit College or University
- I - Non-profit Organization
- J - Private, Profit-Making Organization

5. Project Director: Nancy Ballantyne

Address: 17800 E. Renault St.

La Puente CA 91744
City State Zip code + 4
Tel. #: (626) 854 - 8359 Fax #: (626) 854 - 2229

K - Other (Specify):



E-Mail Address: nballantyne@mail.rowland.k12.ca.us

Application Information

9. Type of Submission:

- PreApplication Construction
- Application Construction
- Non-Construction
- Non-Construction

10. Is application subject to review by Executive Order 12372 process?
 Yes (Date made available to the Executive Order 12372 process for review): / /

No (If "No," check appropriate box below.)
 Program is not covered by E.O. 12372.
 Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/04 9/30/07
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
 Yes (Go to 12a.) No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
 Yes (Provide Exemption(s) #):
 No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:
Mentoring program with matches of high school students with elementary aged students.

Estimated Funding

14a. Federal \$ 175,794.00

b. Applicant \$ 25,800.00

c. State \$ 0.00

d. Local \$ 0.00

e. Other \$ 0.00

f. Program Income \$ 0.00

g. TOTAL \$ 201,594.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application 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 (Please type or print name clearly.)
Ronald J. Leon

b. Title: Superintendent

c. Tel. #: (626) 965 - 2541 Fax #: (626) 854 - 8302

d. E-Mail Address: rleon@mail.rowland.k12.ca.us

e. Signature of Authorized Representative

Ronald J. Leon

Date: 06/13/04

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Birchim Community Services District	Organizational Unit: Department:
Organizational DUNS: 179259259	Division:
Address: Street: HCR 79 Box 8	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Brian
City: Sunnyslopes	Middle Name
County: Mono	Last Name Knox
State: California Zip Code 93546	Suffix:
Country: USA	Email: access@qnet.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0300540	Phone Number (give area code) (760) 934-4667	Fax Number (give area code) (760) 934-4616
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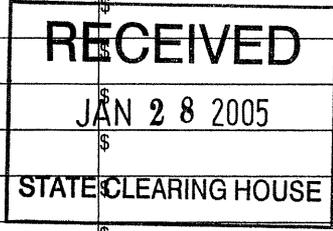
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Services/Special District Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY: USDA Rural Utility District

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Drilling and development of new well. Installation of pump power and telemetry at pump site. Installation of well supply main to existing water system.
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mono County

13. PROPOSED PROJECT Start Date: 4/2005 Ending Date: 6/2005	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA District 25 b. Project CA District 25
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 364,550.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 364,550.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No



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

a. Authorized Representative		
Prefix Mr. First Name Brian Middle Name		
Last Name Knox Suffix		
b. Title President Birchim Community Services District	c. Telephone Number (give area code) (760) 934-4667	
d. Signature of Authorized Representative	e. Date Signed 1.4.05	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <i>Jan 21, 2005</i>	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application <input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: <i>Amador Water Agency</i>	Organizational Unit: Department: <i>Administration</i>
Organizational DUNS: <i>627507536</i>	Division:
Address: Street: <i>12800 Ridge Road</i>	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <i>MR.</i> First Name: <i>Michael</i>
City: <i>Sutter Creek</i>	Middle Name <i>James</i>
County: <i>Amador</i>	Last Name <i>Lee</i>
State: <i>California</i> Zip Code <i>95685</i>	Suffix:
Country: <i>U.S.</i>	Email: <i>mlee@amadorwa.com</i>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0029577	Phone Number (give area code) <i>209-257-5207</i>	Fax Number (give area code) <i>209-257-5281</i>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) <i>6. Special District</i> Other (specify)	
Other (specify)	9. NAME OF FEDERAL AGENCY: <i>USDA - RUS</i>	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>10-760</i>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>LA MEL Heights Water System Improvements (New Tank, well, and distribution system upgrades)</i>
TITLE (Name of Program):	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>Amador County, California</i>	

13. PROPOSED PROJECT Start Date: <i>May 2005</i>	Ending Date: <i>December 2006</i>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <i>03</i>	b. Project <i>03</i>
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ <i>290,000</i> .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <i>4/25/03</i>
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ RECEIVED .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ <i>JAN 24 2005</i> .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$ <i>290,000</i> .00	

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

a. Authorized Representative

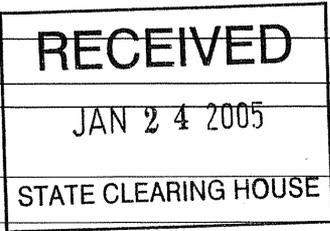
Prefix <i>Mr.</i>	First Name <i>Michael</i>	Middle Name <i>James</i>
Last Name <i>Lee</i>		Suffix
b. Title <i>Financial Services Mgr.</i>		c. Telephone Number (give area code) <i>209-257-5207</i>
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed <i>1-21-05</i>

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/14/2005	Applicant Identifier CA-90-Y334
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y334

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Foothill Transit		Department: Finance	
Organizational DUNS: 94-364-2124		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 100 N. Barranca Avenue, Suite 100		Prefix: Mr.	First Name: Gil
City: West Covina		Middle Name	
County: Los Angeles		Last Name Victorio	
State: CA	Zip Code 91791	Suffix: NA	
Country: USA		Email: gvictorio@foothilltransit.org	



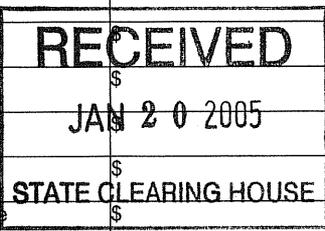
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4668218		Phone Number (give area code) (626) 967-2274 ext. 234	Fax Number (give area code) (626) 915-1143
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Joint Powers Authority
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-507	9. NAME OF FEDERAL AGENCY: Federal Transit Authority

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 cities and Los Angeles County	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of El Monte Transit Stores and Purchase of Universal Fare Collection Equipment
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13. PROPOSED PROJECT Start Date: 10/01/04 Ending Date: 12/31/2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District No. 26,29,32,38 & 42 b. Project Same
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 6,999,377.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/14/05
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 1,500,623.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 8,500,000.00	



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

a. Authorized Representative		
Prefix Mr.	First Name Gil	Middle Name
Last Name Victorio		Suffix
b. Title Finance Manager		c. Telephone Number (give area code) (626) 967-2274 ext. 234
d. Signature of Authorized Representative <i>Gil Victorio</i>		e. Date Signed 01/14/05

8 MAY 2005

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
5. APPLICANT INFORMATION		3. DATE RECEIVED BY STATE		State Application Identifier
Legal Name: Plumas Eureka Community Services District		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
Organizational DUNS:		Organizational Unit: Department: Plumas Eureka CSD		
Address: Street: 200 Lundy Lane		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Blairsden		Prefix:		First Name:
County: Plumas		Middle Name		
State: CA		Last Name		
Zip Code 96103		Suffix:		
Country:		Email:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [0][0]-[0][3][0][5][5][6][9]		Phone Number (give area code)		Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Special District Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Loans and Grants		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Plumas Eureka Development, Plumas County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Plant 7 Improvement Project		
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant John Doolittle b. Project Same		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 573,896.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE:		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 573,896.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Ivan	Middle Name		
Last Name Gossage		Suffix		
b. Title General Manager		c. Telephone Number (give area code) 530-836-1953		
d. Signature of Authorized Representative		e. Date Signed 4/30/04		

RECEIVED
 JAN 20 2005
 STATE CLEARING HOUSE

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CMB Approval No. CMB-0046

APPLICATION FOR FEDERAL ASSISTANCE

<p>1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction</p>		<p>2. DATE SUBMITTED</p>	<p>Applicant Identifier</p>
<p>3. DATE RECEIVED BY STATE</p>		<p>State Application Number</p>	
<p>4. DATE RECEIVED BY FEDERAL AGENCY</p>		<p>Federal Identifier</p>	
<p>5. APPLICANT INFORMATION</p> <p>Legal Name: <u>Passen Family Services, Inc.</u> Address (city, county, state, and zip code): <u>P.O. Box 701, 911 Main Street, Susanville, CA 96130</u> Organizational Unit</p>			
<p>6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-2693072</u></p>		<p>7. TYPE OF APPLICANT (enter appropriate letter in box) A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Tribal <input type="checkbox"/> E. Individual <input type="checkbox"/> F. Informal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Other (Specify): <u>Non-Profit</u></p>	
<p>8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal</p> <p>9. FISCAL YEAR (enter appropriate biennial year): A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (Specify):</p>		<p>10. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u></p>	
<p>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>To purchase land and buildings for a non-profit organization in developing essential community facilities such as a crisis intervention services office building.</u></p>			
<p>12. AREAS AFFECTED BY PROJECT (State, County, and District): <u>Lassen, Sierra, Modoc, and Plumas Counties.</u></p>			
<p>13. PROPOSED PROJECT: <u>Office Purchase Third District</u></p>			
<p>14. CONGRESSIONAL DISTRICTS OF: <u>1165 Lassen Family Services</u></p>			
<p>15. ESTIMATED FUNDING: a. Federal: \$ <u>350,000</u> b. Applicant: \$ <u>1,660</u> c. State: \$ <u>0</u> d. Local: \$ <u>0</u> e. Other: \$ <u>0</u></p>			
<p>16. IS THIS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 13372 PROCESS? a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 13372 PROCESS FOR REVIEW: <u>NO</u> b. NO, THIS PROGRAM IS NOT COVERED BY E.O. 13242 FOR REVIEW: <u>NO</u></p>			
<p>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</p>			
<p>a. Type Name of Authorized Representative: <u>Linda McAndrews</u></p>		<p>b. Title: <u>Executive Director</u></p>	
<p>c. Telephone Number: <u>530-257-5459</u></p>		<p>d. Date Signed: <u>1-18-05</u></p>	
<p>Printed Name of Applicant: <u>Passen Family Services</u> Authority for Local Signatures</p>			

RECEIVED
 JAN 18 2005
 STATE CLEARING HOUSE

See State Form 453 (Rev. 7-97)
 Prescribed by CMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 1/11/05	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Wells Fargo Bank, N.A.	Organizational Unit: Department:
Organizational DUNS:	Division: FHA Insured Financing Division
Address: Street: 200 South Sixth Street Suite 1350	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Brenda
City: Minneapolis	Middle Name: Kay
County: Hennepin	Last Name: Meier
State: MN Zip Code: 55402	Suffix:
Country: USA	Email: bmeier@wellsfargo.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 1 3 4 7 3 9 3

Phone Number (give area code) 612-335-7761	Fax Number (give area code) 612-335-7799
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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)

N - Mortgage Banker

Other (specify)

9. NAME OF FEDERAL AGENCY:
 US Department of Housing & Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 4 - 1 2 9

TITLE (Name of Program):
 Mortgage Insurance - Nsg Homes, ICF, Board and Care and ALF

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 HUD mortgage insurance - 120 bed residential care facility for mentally disordered individuals. The facility will be one story.

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

13. PROPOSED PROJECT

Start Date: 5/1/05	Ending Date: 3/1/06
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant b. Project

15. ESTIMATED FUNDING:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JAN 18 2005</p> <p>STATE CLEARING HOUSE</p> </div>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 8,109,500		DATE: 1/11/05
c. State \$.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 8,109,500		

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: Chare	Middle Name: Rober
Last Name: Stock	Suffix:	

b. Title: Director

c. Telephone Number (give area code): 612-335-7765

d. Signature of Authorized Representative: *Chare Rober Stock*

e. Date Signed: 1/11/05