Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 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.

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

5. APPLICANT INFORMATION

Legal Name: DUCOR COMMUNITY SERVICES DISTRICT

Organizational DUNS: 605634336

Address:

Street: P O BOX 187

City: Ducor

County: Tulare

State: Ca

Zip Code: 93218

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: Stan

Middle Name

Last Name: Carter

Suffix:

Email: dlong@ocsnet.net

Phone Number (give area code): 559 920-1141

Fax Number (give area code): 559 783-0838

JAN 19 2010

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0254861

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

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:

NEW REPLACEMENT WELL, PUMP & APPURTENANCES, METERS, LINES, GATE VALVES AND OLD WELL ABANDONMENTS

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

SERVICE AREA - DUCOR, CA

13. PROPOSED PROJECT

Start Date:

Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 21

b. Project: 21

15. ESTIMATED FUNDING:

a. Federal	$ 300,000.00
b. Applicant	$ 10,000.00
c. State	$ 1,056,913.00
d. Local	$ 0.00
e. Other	$ 12,000.00
f. Program Income	$ 0.00
g. TOTAL	$ 1,378,913.00

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: Stan	Middle Name
Last Name: Carter		Suffix
b. Title: DCSD Board President		c. Telephone Number (give area code): 559 920-1141
d. Signature of Authorized Representative		e. Date Signed

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Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424 Version 02

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

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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: Hills Valley Irrigation District

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2904515

*c. Organizational DUNS: 18-624-4935

d. Address:

*Street 1: P.O. Box 911
Street 2:
*City: Visalia
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 93279

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: Dennis
Middle Name: R.
*Last Name: Keller
Suffix:

Title: Consulting Engineer

Organizational Affiliation:

*Telephone Number: 559-732-7938 Fax Number: 559-732-7937

*Email: kelweg1@aol.com

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

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
Special District (D)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Bureau of Reclamation, Mid-Pacific Regional Office

11. Catalog of Federal Domestic Assistance Number:
15.530

CFDA Title:
Water Conservation Field Services (WCFSP)

***12 Funding Opportunity Number:**
R 10 AF 20006

*Title:
Water Conservation Field Service

13. Competition Identification Number:
N/A

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Hills Valley Irrigation District

***15. Descriptive Title of Applicant's Project:**
SCADA System Design and Installation Project.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: 9-30-2010 *b. End Date: 12-1-2011

18. Estimated Funding ($):

*a. Federal	50,000
*b. Applicant	50,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	100,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 1-19-2010

☐ 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: Dennis

Middle Name: R.

*Last Name: Keller

Suffix:

*Title: Secretary/Treasurer

*Telephone Number: 559-732-7938 Fax Number: 559-732-7937

* Email: kelweg1@aol.com

*Signature of Authorized Representative: Dennis R. Keller *Date Signed: 1-18-10

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: January 19, 2010

Applicant Identifier: N/A

1. TYPE OF SUBMISSION:
Application — Pre-application
Construction — Construction
(Non Construction) — Non Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Ivanhoe Irrigation District

Organizational DUNS: 171581689

Address:

Street: 33777 Road 164

City: Visalia

County: Tulare

State: CA Zip Code: 93292

Country: USA

Organizational Unit: Special District

Department: N/A

Division: N/A

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

Prefix: Mr. First Name: Dennis

Middle Name: R.

Last Name: Keller

Suffix:

Email: Kelwegl@aol.com

Phone Number (give area code): 559/732-7938

Fax Number (give area code): 559/732-7937

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6. EMPLOYER IDENTIFICATION NUMBER (EIN):

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):

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

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):

9. NAME OF FEDERAL AGENCY:
U.S. Bureau of Reclamation

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15.530
TITLE (Name of Program): Water Conservation Field Service

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Design Investigation for System Optimization Phase II

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

13. PROPOSED PROJECT

Start Date: September 2010 Ending Date: February 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 21 b. Project: 21

15. ESTIMATED FUNDING:

a. Federal	$ 25,000
b. Applicant	$ 25,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 50,000

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

(a. Yes) THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 1-19-10

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. Authorized Representative

Prefix: Mr. First Name: W. Middle Name: Dale

Last Name: Sally Suffix: Jr.

b. Title: Manager-Secretary c. Telephone Number (give area code): 559/798-1118

d. Signature of Authorized Representative: W. Dale Sally Jr. e. Date Signed: 1-18-10

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ Non-Construction	2. DATE SUBMITTED 1/7/2010	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY JAN 12 2010	Federal Identifier 845 270304

5. APPLICANT INFORMATION

Legal Name: Plumas Hospital District	Organizational Unit:
Organizational DUNS:	Department:
Address:	Division:
Street: 1065 Bucks Lake Road	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Quincy	Prefix: / First Name: John
County: Plumas	Middle Name: Merle
State: CA / Zip Code: 95971	Last Name: Nadone
Country: USA	Suffix:
	Email: jnadone@pdh.org
	Phone Number (give area code): 530 283-7103 / Fax Number (give area code): 530 283-7953

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6036992

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)

Special District

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

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

TITLE (Name of Program): Community Facility Loan Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SB1953 Replacement Facility, due to State mandate

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
6/2010	1/2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
4th	4th

15. ESTIMATED FUNDING:

a. Federal USDA	$ 12,100,000.00
b. Applicant Plumas Hospital District	$ 700,000.00
c. State	$ .00
d. Local G.O. Bonds Sold	$ 3,200,000.00
e. Other USDA-Revenue Bonds	$ 4,000,000.00
f. Program Income	$ .00
g. TOTAL	$ 20,000,000.00

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	First Name: John	Middle Name: Merle
Last Name: Nadone		Suffix
b. Title: CFO		c. Telephone Number (give area code): 530 283-7103
d. Signature of Authorized Representative		e. Date Signed: 1/7/2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED JANUARY 12, 2010	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	**3. DATE RECEIVED BY STATE**	State Application Identifier
☑ Construction ☐ Non-Construction	☐ Construction ☐ Non-Construction	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier

RECEIVED JAN 19 2010 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: COUNTY OF LAKE	**Organizational Unit:** Department: COUNTY ADMINISTRATIVE OFFICE
Organizational DUNS: 15-935-4914	Division:
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Street: 255 N. FORBES STREET	Prefix: MR. First Name: HEBER
City: LAKEPORT	Middle Name MATTHEW
County: LAKE	Last Name PERRY
State: CA Zip Code 95453	Suffix:
Country: UNITED STATES	Email: MATT_P@CO.LAKE.CA.US
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000825	Phone Number (give area code) 707-263-2580 Fax Number (give area code) 707-263-1012

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)

Other (specify) COUNTY

9. NAME OF FEDERAL AGENCY: DEPARTMENT OF AGRICULTURE

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

TITLE (Name of Program): USDA RURAL DEVELOPMENT COMMUNITY FACILITIES GRANT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COURTHOUSE ELEVATOR REPLACEMENT

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
APRIL 1, 2010	SEPTEMBER 30, 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
ONE	ONE

15. ESTIMATED FUNDING:

a. Federal	$ 100,000.00
b. Applicant	$ 123,230.00
c. State	$ 95,670.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 318,900.00

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 MR.	First Name KELLY	Middle Name F.
Last Name COX		Suffix
b. Title COUNTY ADMINISTRATIVE OFFICER		c. Telephone Number (give area code) 707-263-2580
d. Signature of Authorized Representative		e. Date Signed JANUARY 12. 2010

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JAN - 7 2010

JAN - 7 2010

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JAN 19 2010

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED: January 7 2010	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY: JAN - 7 2010	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Northshore Fire Protection District	Organizational Unit: Department: Northshore Fire Protection District
Organizational DUNS: 786 14 2240	Division: Nice Station
Address: Street: 6257 7th Ave P.O Box 1199	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: First Name: Patrick
City: Lucerne	Middle Name: Edward
County: Lake	Last Name: Brown
State: CA. Zip Code: 95458	Suffix:
Country: USA	Email: firesail@netscape.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1983372	Phone Number (give area code): 707-274-3100 Fax Number (give area code): 707-274-3102
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) Special District. Other (specify)
	9. NAME OF FEDERAL AGENCY:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766. TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase Bauer SCBA Compressor - Mobile Fill Station + Rescue Vehicle
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Nice - Lake - CA.	
13. PROPOSED PROJECT: Start Date: 1-15-10 Ending Date: 12-31-2010	14. CONGRESSIONAL DISTRICTS OF: Thompson a. Applicant 1st b. Project 1st
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal $ 97,240.00	a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: changed 9-29-06 - now covered
b. Applicant $ 32,413.00	
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 $ 129,653.00	☐ 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	First Name: Patrick	Middle Name: Edward
Last Name: Brown		Suffix
b. Title: Battalion Chief		c. Telephone Number (give area code): 707-274-3100
d. Signature of Authorized Representative: Patrick E. Brown		e. Date Signed: 1-6-10

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JAN - 7 2010

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: January 7, 2010	Applicant Identifier	RECEIVED
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY: JAN - 7 2010	Federal Identifier	JAN 19 2010 STATE CLEARING HOUSE

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

5. APPLICANT INFORMATION

Legal Name: Northshore Fire Protection District
Organizational DUNS: 786142240
Address:
Street: 6257 7th Ave. P.O Box 1199
City: Lucerne
County: Lake
State: CA. Zip Code: 95458
Country: USA

Organizational Unit:
Department: Northshore Fire Protection District
Division: Clearlake Oaks Station
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: First Name: Patrick
Middle Name: Edward
Last Name: Brown
Suffix:
Email: fireson@netscape.com
Phone Number (give area code): 707-274-3100
Fax Number (give area code): 707-274-3102

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 14-1983377

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)
Special District - Fire
Other (specify)

9. NAME OF FEDERAL AGENCY: Rural Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase Type III Medic Ambulance

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Clearlake Oaks - Lake - CA.

13. PROPOSED PROJECT
Start Date: 1-15-10 Ending Date: 12-31-2010

14. CONGRESSIONAL DISTRICTS OF: Thompson
a. Applicant: 1st b. Project: 1st

15. ESTIMATED FUNDING:

a. Federal	$ 100,000
b. Applicant	$ 50,110
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 150,110

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: Changed Sept 24, 2009 - Now covered
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: Patrick Middle Name: Edward
Last Name: Brown Suffix:
b. Title: Battalion Chief c. Telephone Number (give area code): 707-274-3100
d. Signature of Authorized Representative: Patrick E. Brown e. Date Signed: 1-6-10

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Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED December 30, 2009	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		

5. APPLICANT INFORMATION

Legal Name: City of Alturas		Organizational Unit:	
		Department: Public Works	
Organizational DUNS: 15-416-1728		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 200 W. North Street		Prefix: Mr.	First Name: Chester
City: Alturas		Middle Name	
County: Modoc		Last Name Robertson	
State: California	Zip Code 96101	Suffix:	
Country: USA		Email: crobertson@cityofalturas.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 2 9 0		Phone Number (give area code) 530-233-2377	Fax Number (give area code) 530-233-3559

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JAN 25 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)
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:
Alturas Municipal Airport, Alturas, Modoc County, California
Extension of Water Lines and Fire Hydrant; Environmental Studies (EA); Avigation Easements; Engineering Design Projects; Medium Intensity Taxiway Edge Lights - Taxiway B Complex

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
2010	2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
02	02

15. ESTIMATED FUNDING:

a. Federal	$ 646,950.00
b. Applicant	$ 34,050.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 681,000.00

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 Chester	Middle Name
Last Name Robertson		Suffix
b. Title Director of Public Works		c. Telephone Number (give area code) (530) 233-2377
d. Signature of Authorized Representative Chester Robertson DPW		e. Date Signed 01/14/10

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

5. APPLICANT INFORMATION

Legal Name: City of Culver City

Organizational DUNS: 069693161

Address:
Street: 4343 Duquesne Avenue
City: Culver City
County: Los Angeles
State: California
Zip Code: 90232
Country: United States of America

Organizational Unit:
Department: Transportation
Division: Transportation Administration

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Art
Middle Name
Last Name: Ida
Suffix:
Email: art.ida@culvercity.org
Phone Number (give area code): 310-253-6545
Fax Number (give area code): 310-253-6513

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6000701

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 Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507
TITLE (Name of Program): Federal Section 5309 funds

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
FFY 09 FTA Section 5309 Federal Funding for Bus Replacements and a Culver City Multi-Modal Aerial Station

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
City of Culver City and West Los Angeles

13. PROPOSED PROJECT
Start Date: July 1, 2009
Ending Date: December 31, 2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 33
b. Project: 33

15. ESTIMATED FUNDING:

a. Federal	$ 1,789,186.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 447,297.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,236,483.00

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: Art
Middle Name
Last Name: Ida
Suffix
b. Title: Transportation Director
c. Telephone Number (give area code): 310-253-6545
d. Signature of Authorized Representative
e. Date Signed: 1/25/10

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	

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STATE CLEARING HOUSE

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

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

State Use Only:

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

8. APPLICANT INFORMATION: Willow Creek Volunteer Fire Department

*** a. Legal Name:** Willow Creek Volunteer Fire Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
80-0249139	

d. Address:

* Street1:	PO Box 51
Street2:	
* City:	Willow Creek
County:	Humboldt
* State:	California
Province:	
* Country:	USA USA: UNITED STATES
* Zip / Postal Code:	95573

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:	Nathan
Middle Name:	
* Last Name:	Falk
Suffix:	
Title:	Fire Chief
Organizational Affiliation:	
* Telephone Number:	530 629 4161
Fax Number:	
* Email:	meen10@msn.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

X

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

Volunteer Fire Department

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

NGMS Agency USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS

*** Title:**

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

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

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

Ready Rack system for Fire Department Turnouts, Helmets Wildland P.P.E. Personnel Protective Equipment

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-001
* b. Program/Project:

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

CA-002 | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 3/1/10
* b. End Date: 3/29/10

18. Estimated Funding ($):

* a. Federal	5116.72
* b. Applicant	1705.57
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$6822.29

*** 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
- [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)**

- [ ] ** 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:	Nathan
Middle Name:	Donald
* Last Name:	Funk
Suffix:	
* Title:	Fire Chief
* Telephone Number:	530-629-4161
Fax Number:	530-629-1979
* Email:	NFFR10@MSN.com
* 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

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:
El Medio Fire Protection District

Organizational DUNS:
082800558

Address:
Street:
3515 Myers Street

City:
Oroville,

County:
Butte

State: CA
Zip Code: 95966

Country: USA

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Organizational Unit:
Department:

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Chief
First Name: Michael
Middle Name: Duane
Last Name: Ohlhausen
Suffix:
Email:
Phone Number (give area code): 530-533-4484
Fax Number (give area code): 530-533-9606

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
9 4 - 6 0 1 7 6 5 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)
G - Special District
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 0 - 7 6 6
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Central heat & air replacement and roof repair

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

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

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

15. ESTIMATED FUNDING:

a. Federal	$ 27,500.00
b. Applicant	$ 22,500.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 50,000.00

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: 1/25/10
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. Authorized Representative
Prefix
First Name: Michael
Middle Name: Duane
Last Name: Ohlhausen
Suffix
b. Title: Fire Chief
c. Telephone Number (give area code): (530) 533-4484
d. Signature of Authorized Representative: Michael D. Ohlhausen
e. Date Signed: 1/25/10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED December 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 Colfax	**Organizational Unit:** Department:
Organizational DUNS: 004949152	Division:
Address: Street: 33 South Main Street/ PO Box 702	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: First Name: Bruce
City: Colfax	Middle Name
County: Placer	Last Name Kranz
State: California / Zip Code 95713	Suffix:
Country:	Email: colfaxkranz@foothill.net
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 0 0 3 1 3	Phone Number (give area code) 530-346-2313 / Fax Number (give area code) 530-346-6214

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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)

C

Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Collection System I/I Repair/ Replacement
WWTP Reservoir Pond

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

City of Colfax

13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date: June 2010	Ending Date: June 2011	a. Applicant 4th - Tom McClintock	b. Project 4th - Tom McClintock

15. ESTIMATED FUNDING:	
a. Federal	$ 5,555,387.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 5,555,387.00

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 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	First Name Bruce	Middle Name Lee
Last Name Kranz		Suffix
b. Title City Manager		c. Telephone Number (give area code) 530-346-2313
d. Signature of Authorized Representative Bruce Kranz		e. Date Signed Nov 25, 2009

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

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)

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* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier: klcs

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: 01/29/2010

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles Unified School District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6001908

* c. Organizational DUNS: 06-389-5623

d. Address:

* Street1: 1061 West Temple Street
Street2:
* City: Los Angeles
County: Los Angeles
* State: CA
Province:
* Country: USA: United States
* Zip / Postal Code: 90012-

e. Organizational Unit:

Department Name: Educational Broadcasting

Division Name: KLCS-TV

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

Prefix: Dr.
* First Name: Janalyn
Middle Name: W.
* Last Name: Glymph
Suffix: Ph.D.

Title: General Manager

Organizational Affiliation: Educational Broadcasting

* Telephone Number: (213) 241-4073
Fax Number: (213) 481-1019

* Email: janalyn.glymph@lausd.net

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:

G

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

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

Los Angeles, Orange, Ventura, Santa Barbara, San Bernardino, Riverside, San Diego and Kern Counties in the State of California.

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

Construction Project

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 34
* b. Program/Project: CA 22 - CA 49

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

17. Proposed Project:

* a. Start Date: 10/01/2010
* b. End Date: 04/01/2011

18. Estimated Funding ($):

* a. Federal	111,138
* b. Applicant	37,046
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	148,184

*** 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 01/29/2010
- [ ] 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

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 thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

- [x] **** I AGREE**

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

Authorized Representative:

Prefix:	Ms.
* First Name:	Mónica
Middle Name:	
* Last Name:	Garcia
Suffix:	
* Title:	President, Board of Education
* Telephone Number:	(213) 241-6180
Fax Number:	(213) 241-8459
* Email:	monica.garcia@lausd.net
* Signature of Authorized Representative:	Mónica Garcia
* Date Signed:	1/28/10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED JANUARY 27, 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

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STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: COUNTY OF LAKE

Organizational Unit: Department: SHERIFF'S OFFICE

Organizational DUNS: 15-935-4914

Division:

Address:

Street: 255 N. FORBES STREET

City: LAKEPORT

County: LAKE

State: CA

Zip Code: 95453

Country: UNITED STATES

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

Prefix: MR. First Name: HEBER

Middle Name: MATTHEW

Last Name: PERRY

Suffix:

Email: matt_p@co.lake.ca.us

Phone Number (give area code): 707-263-2580

Fax Number (give area code): 707-263-1012

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 0 0 0 8 2 5

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

Other (specify): COUNTY

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: DEPARTMENT OF AGRICULTURE

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

TITLE (Name of Program): USDA RURAL DEVELOPMENT COMMUNITY FACILITIES GRANT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: JAIL SECURITY SYSTEMS

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

13. PROPOSED PROJECT

Start Date: APRIL 1, 2010

Ending Date: SEPTEMBER 30, 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: ONE

b. Project: ONE

15. ESTIMATED FUNDING:

a. Federal	$ 79,640.00
b. Applicant	$ 65,160.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 144,800.00

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 27, 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: KELLY Middle Name: F.

Last Name: COX Suffix:

b. Title: COUNTY ADMINISTRATIVE OFFICER

c. Telephone Number (give area code): 707-263-2580

d. Signature of Authorized Representative

e. Date Signed: JANUARY 27, 2010