

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 2011**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED	Applicant Identifier 3-06-0087-FAT FFY2011
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction
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5. APPLICANT INFORMATION

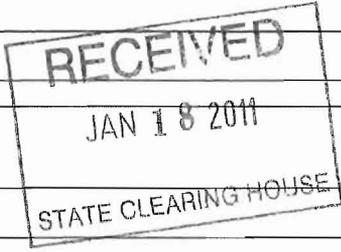
Legal Name: **City of Fresno**

Organizational DUNS: **17-678-5079**

Address: Street: **4995 East Clinton Way**
City: **Fresno**
County: **Fresno**
State: **CA** Zip Code: **93727**
Country: **United States of America**

Organizational Unit: **Airports Department**
Department: **Airports**
Division: **Projects and Engineering**

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: **Mr.** First Name: **Kevin**
Middle Name:
Last Name: **Meikle**
Suffix:
Email: **kevin.meikle@fresno.gov**



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 3 8

Phone number (give area code): **559-621-4536** FAX number (give area code): **559-498-5549**

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)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **Airport Improvement Program**

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresno Yosemite International Airport (FAT) Environmental Assessment for Runway 11L/29R Extension/RSA Improvements (RSA compliance Phase 3)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Counties of Fresno, Madera, Kings, Tulare, Merced and Mariposa

13. PROPOSED PROJECT

Start Date 6/2011	Ending Date 6/2013
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14. CONGRESSIONAL DISTRICTS OF

a. Applicant 21st	b. Project 21st
-----------------------------	---------------------------

15. ESTIMATED FUNDING

a. Federal	\$	356,250	.00
b. Applicant	\$	18,750	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	375,000	.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: **TBD**

b. No. PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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 **Russell** Middle Name **C.**
Last Name **Widmar** Suffix **AAE**
b. Title **Director of Aviation** c. Telephone number (give area code) **559-621-4600**
d. Signature of Authorized Representative e. Date Signed **January 11, 2011**

APPLICATION FOR FEDERAL ASSISTANCE

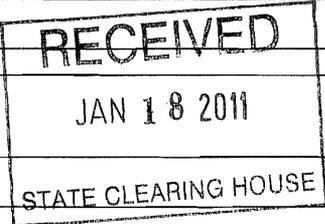
2. DATE SUBMITTED	Applicant Identifier 3-06-0087-FAT FFY2011
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
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5. APPLICANT INFORMATION

Legal Name: City of Fresno	Organizational Unit: Airports Department Department: Airports
Organizational DUNS: 17-678-5079	Division: Projects and Engineering
Address: Street: 4995 East Clinton Way	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: Mr. First Name: Kevin
City: Fresno	Middle Name:
County: Fresno	Last Name: Meikle
State: CA Zip Code: 93727	Suffix:
Country: United States of America	Email: kevin.meikle@fresno.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	6	0	0	0	3	3	8
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Phone number (give area code): **559-621-4536** FAX number (give area code): **559-498-5549**

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
Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresno Yosemite International Airport (FAT) Rehabilitation of East Side Commercial Aviation Apron (Construction); Runway 11L-29R RSA Study Update (RSA Compliance Phase 2)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2	0	-	1	0	6
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TITLE: **Airport Improvement Program**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Counties of Fresno, Madera, Kings, Tulare, Merced and Mariposa

14. CONGRESSIONAL DISTRICTS OF

a. Applicant 21st	b. Project 21st
-----------------------------	---------------------------

13. PROPOSED PROJECT

Start Date 6/2011	Ending Date 6/2013
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15. ESTIMATED FUNDING

a. Federal	\$	5,440,345	.00
b. Applicant	\$	286,334	.00
c. State	\$.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	5,726,679	.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: **TBD**

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 Russell	Middle Name C.
Last Name Widmar		Suffix AAE
b. Title Director of Aviation		c. Telephone number (give area code) 559-621-4600
d. Signature of Authorized Representative 		e. Date Signed January 11, 2011

**APPLICATION FOR
FEDERAL ASSISTANCE**

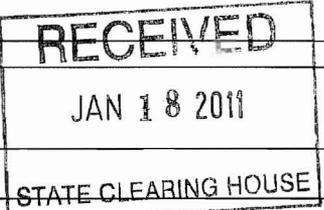
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3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
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5. APPLICANT INFORMATION

Legal Name: City of Fresno	Organizational Unit: Airports Department Department: Airports
Organizational DUNS: 17-678-5079	Division: Projects and Engineering
Address: Street: 4995 East Clinton Way	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Kevin
City: Fresno	Middle Name:
County: Fresno	Last Name: Meikle
State: CA Zip Code: 93727	Suffix:
Country: United States of America	Email: kevin.meikle@fresno.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 3 8

Phone number (give area code): 559-621-4536	FAX number (give area code): 559-498-5549
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8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):
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Other (specify)

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

Other (specify)

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **Airport Improvement Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresno Yosemite International Airport (FAT) Rehabilitate and Widen/Lengthen Runway 11R/29L (Design) (RSA Compliance Phase 1)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Counties of Fresno, Madera, Kings, Tulare, Merced and Mariposa

13. PROPOSED PROJECT

Start Date 6/2011	Ending Date 6/2013
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14. CONGRESSIONAL DISTRICTS OF

a. Applicant 21st	b. Project 21st
-----------------------------	---------------------------

15. ESTIMATED FUNDING

a. Federal	\$	1,445,976	.00
b. Applicant	\$	76,104	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	1,522,080	.00

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

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DATE: **TBD**

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

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a. Authorized Representative

Prefix Mr.	First Name Russell	Middle Name C.
Last Name Widmar		Suffix AAE
b. Title Director of Aviation		c. Telephone number (give area code) 559-621-4600
d. Signature of Authorized Representative 		e. Date Signed January 11, 2011

APPLICATION FOR FEDERAL ASSISTANCE

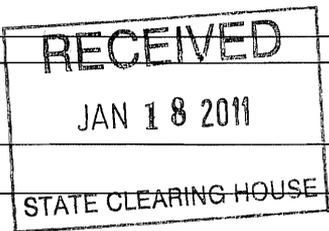
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3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction
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5. APPLICANT INFORMATION

Legal Name: City of Fresno	Organizational Unit: Airports Department Department: Airports
Organizational DUNS: 17-678-5079	Division: Projects and Engineering
Address: Street: 4995 East Clinton Way	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Fresno	Prefix: Mr. First Name: Kevin
County: Fresno	Middle Name:
State: CA Zip Code: 93727	Last Name: Meikle
Country: United States of America	Suffix:
	Email: kevin.meikle@fresno.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIM):

9	4	-	6	0	0	0	3	3	8
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Phone number (give area code): **559-621-4536** FAX number (give area code): **559-498-5549**

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2	0	-	1	0	6
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TITLE: **Airport Improvement Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresno Yosemite International Airport (FAT) Wildlife Hazard Assessment and Plan

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Counties of Fresno, Madera, Kings, Tulare, Merced and Mariposa

13. PROPOSED PROJECT

Start Date 6/2011	Ending Date 6/2013
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14. CONGRESSIONAL DISTRICTS OF

a. Applicant 21st	b. Project 21st
-----------------------------	---------------------------

15. ESTIMATED FUNDING

a. Federal	\$	166,250	.00
b. Applicant	\$	8,750	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	175,000	.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: **TBD**

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.

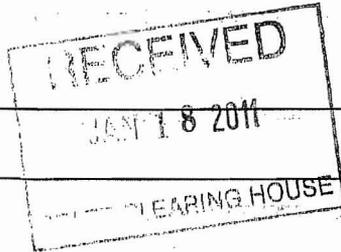
a. Authorized Representative

Prefix Mr.	First Name Russell	Middle Name C.
Last Name Widmar	Suffix AAE	
b. Title Director of Aviation	c. Telephone number (give area code) 559-621-4600	
d. Signature of Authorized Representative	e. Date Signed January 11, 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"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		

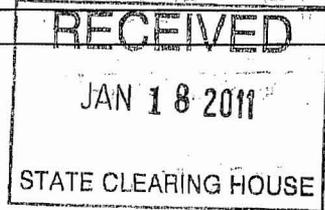


State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069	*c. Organizational DUNS: 195930276
d. Address:	
*Street1: 1001 I Street Street 2: P.O. Box 1436 *City: Sacramento County: Sacramento *State: CA Province: Country: USA	
*Zip/ Postal Code: 95814	



e. Organizational Unit:	
Department Name: California Air Resources Board	Division Name: Administrative Services Division

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms. Middle Name: *Last Name: Ford Suffix:	First Name: Leslie
Title: Manager, Grants & Revenues Section	
Organizational Affiliation:	

*Telephone Number: (916)322-8202	Fax Number: (916)322-9612
*Email: lford@arb.ca.gov	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*12. Funding Opportunity Number:

*Title:

EPA-OAR-OTAQ-11-01

13. Competition Identification Number:

Title:

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

State of California

*15. Descriptive Title of Applicant's Project:

Installation of Diesel Particulate Filters on California School Buses

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version:02

16. Congressional Districts Of:

*a. Applicant **CD-005**

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

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

17. Proposed Project:

*a. Start Date: **April 1, 2011**

*b. End Date: **July 31, 2012**

18. Estimated Funding (\$):

*a. Federal **\$1,000,000.00**

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL **\$1,000,000.00**

***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.)**

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: **Ms.**

*First Name: **Cathy**

Middle Name:

*Last Name: **Chapin**

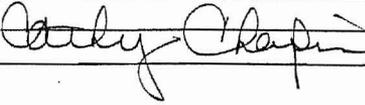
Suffix:

*Title: **Chief, Financial Operations Branch**

*Telephone Number: **(916)322-8200**

Fax Number: **(916)322-9612**

*Email: **cchapin@arb.ca.gov**

*Signature of Authorized Representative: 

Date Signed: **1/12/11**

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:		4. Application Identifier:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 18 2011 STATE CLEARING HOUSE </div>	
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: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069	*c. Organizational DUNS: 195930276
---	---------------------------------------

d. Address:

*Street1: 1001 I Street
 Street 2: P.O. Box 1436
 *City: Sacramento
 County: Sacramento
 *State: CA
 Province:
 Country: USA

*Zip/ Postal Code: 95814

e. Organizational Unit:

Department Name: California Air Resources Board	Division Name: Administrative Services Division
--	--

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

Prefix: Ms. First Name: Leslie
 Middle Name:
 *Last Name: Ford
 Suffix:

Title: Manager, Grants & Revenues Section

Organizational Affiliation:

*Telephone Number: (916)322-8202	Fax Number: (916)322-9612
*Email: lford@arb.ca.gov	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*12. Funding Opportunity Number: EPA-OAR-OTAQ-11-01

*Title:

FY11 National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

Los Angeles County, Riverside County, San Bernardino County & surrounding areas.

*15. Descriptive Title of Applicant's Project:

Repower Three Older Switch (Yard) or Medium Horsepower (MHP) Locomotives or Four Older Intrastate Line Haul (Freight) Locomotives to Operate in the South Coast Air Basin

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CD-005

*b. Program/Project: CD-022, 025, 026, 027, 028

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

CD-029, 030, 031, 032, 033, 034, 035, 036, 037, 038, 039, 041, 042, 043, 044, 045, 046, 049

17. Proposed Project:

*a. Start Date: June 01, 2011

*b. End Date: October 31, 2012

18. Estimated Funding (\$):

*a. Federal \$3,000,000.00

*b. Applicant

*c. State

*d. Local

*e. Other \$1,500,000.00

*f. Program Income

*g. TOTAL \$4,500,000.00

***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.)**

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: Ms.

*First Name: Cathy

Middle Name:

*Last Name: Chapin

Suffix:

*Title: Chief, Financial Operations Branch

*Telephone Number: (916)322-8198

Fax Number:

*Email: cchapin@arb.ca.gov

*Signature of Authorized Representative: *Cathy Chapin*

Date Signed: 1/12/11

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: San Francisco Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Alec Naugle (510) 622-2510	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u> A </u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 81.104 Title: Office of Environmental Waste Processing		9. Name of Federal Agency: U. S. Department of Energy	
12. Area Affected by Project: (cities, counties, states, etc.) San Francisco Bay area, California		11. Descriptive Title of Applicant's Project: Perform technical review and provide comments on reports and studies in support of the environmental restoration of the Lawrence Livermore National Laboratory and SANDIA sites. Perform site visits to ensure investigations and cleanup activities are implemented. Support public participation activities and represent the Water Board at technical meetings.	
13. Proposed Project: STATE CLEARING HOUSE		14. Congressional District of: Applicant: 3 Project: California - All	
Start Date 10/1/2010	End Date 9/30/2013	16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: January 19, 2011 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
15. ESTIMATED FUNDING: a. Federal \$132,168 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$132,168		17. Is the applicant delinquent on any Federal debt? _____ YES, attach 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 BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Thomas Howard		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed: January 25, 2011	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <i>Donner Summit Public Utility District</i>			Organizational Unit: Department: <i>Administration</i>		
Organizational DUNS: <i>006434575</i>			Division: <i>N/A</i>		
Address: Street: <i>53823 Sherritt Lane, P.O. Box 610</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>Tom</i>		
City: <i>Soda Springs</i>			Middle Name <i>Gunder</i>		
County: <i>Nevada</i>			Last Name <i>Skjelstad</i>		
State: <i>CA</i>		Zip Code <i>95728</i>		Suffix:	
Country: <i>USA</i>			Email: <i>tskjelstad@dsaud.com</i>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>94-1602536</i>			Phone Number (give area code) <i>530-426-3456</i>		Fax Number (give area code) <i>530-426-3460</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.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) <i>G.</i>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>Water & Waste Disposal</i> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			9. NAME OF FEDERAL AGENCY: <i>USDA</i>		
TITLE (Name of Program): <i>Loan & Grant Program</i>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Donner Summit PUD Wastewater Treatment Plant Upgrade & Expansion Project</i>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>State</i>			14. CONGRESSIONAL DISTRICTS OF: a. Applicant <i>4th</i> b. Project <i>4th</i>		
13. PROPOSED PROJECT Start Date: <i>03/2012</i> Ending Date: <i>12/2013</i>			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 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		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal		\$ <i>12,000,000</i>			
b. Applicant		\$ <i>169,800</i>			
c. State		\$ <i>4,849,765</i>			
d. Local		\$ <i>3,000,000</i>			
e. Other		\$ <i>500,000</i>			
f. Program Income		\$ <i>0</i>			
g. TOTAL		\$ <i>20,519,565</i>			
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>Thomas</i>		Middle Name <i>Gunder</i>	
Last Name <i>Skjelstad</i>			Suffix		
b. Title <i>General Manager</i>			c. Telephone Number (give area code) <i>530-426-3456</i>		
d. Signature of Authorized Representative <i>[Signature]</i>			e. Date Signed <i>10/26/10</i>		

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Standard Form 424 (Rev. 9-2003)
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APPLICATION FOR
FEDERAL ASSISTANCE

Version 3.03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application 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
5. APPLICANT INFORMATION			
Legal Name: Sierra Lakes County Water District		Organizational Unit: Department: Administration	
Organizational DUNS: 007064363		Division:	
Address: Street: 7305 Short Rd		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mr. First Name: Richard	
City: Soda Springs		Middle Name: Wade	
County: Placer		Last Name: Freedle	
State: CA	Zip Code: 95728	Suffix:	
Country: United States		Email: anna.nickerson@slc wd.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1619513		Phone Number (give area code): 530-426-7800	Fax Number (give area code): 530-426-1120
9. 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):		8. NAME OF FEDERAL AGENCY: US DA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: STATE CLEARING HOUSE	
13. PROPOSED PROJECT Start Date: 3/2012 Ending Date: 12/2003		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th b. Project 4th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 9,000,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	Yes If 'Yes' attach an explanation. No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ **		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Richard	Middle Name Wade	
Last Name Freedle		Suffix	
b. Title Board President		c. Telephone Number (give area code): 530-426-7800	
d. Signature of Authorized Representative <i>Wade Freedle</i>		e. Date Signed 1/19/11	

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** For total project costs please refer to Donner Summit PUD's application dated 10/12/10. See attached.

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 10, 2010	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application		
5. APPLICANT INFORMATION			
Legal Name: City of Chico		Organizational Unit: Department: General Services	
Organizational DUNS: 08-528-7522		Division: Facilities - Airports	
Address: Street: P.O. Box 3420		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Chico		Prefix: Mr.	First Name: Kim
County: Butte		Middle Name	
State: California	Zip Code: 95927	Last Name: Parks	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000308		Phone Number (give area code) (530) 894-4200	Fax Number (give area code) (530) 895-4731
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) C. Municipal Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico Municipal Airport, Chico, Butte County, California New Sweeper Engineering Design of Reconstruction of Taxiway H and Holding Apron	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Chico, Butte County and Adjacent Counties		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd	
13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 15, 2010 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	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 307,800.00		
b. Applicant	\$ 16,200.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 324,000.00		
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 David	Middle Name	
Last Name Burkland	b. Title City Manager		Suffix
d. Signature of Authorized Representative		c. Telephone Number (give area code) (530) 896-7200	e. Date Signed 1/21/11

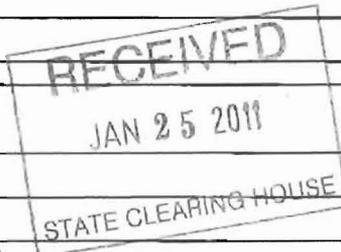
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AUTHORIZED PURSUANT TO BUDGET
POLICY G.6.a. PARTICIPATION IN
FEDERAL, STATE, OR OTHER FUNDING
ASSISTANCE PROGRAMS, AS CONTAINED
IN THE 2010-11 ANNUAL BUDGET

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 10, 2010	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Chico		Organizational Unit: Department: General Services	
Organizational DUNS: 08-528-7522		Division: Facilities - Airports	
Address: Street: P.O. Box 3420		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Chico		Prefix: Mr.	First Name: Kim
County: Butte		Middle Name	
State: California	Zip Code 95927	Last Name Parks	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000308		Phone Number (give area code) (530) 894-4200	Fax Number (give area code) (530) 895-4731
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) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Chico, Butte County and Adjacent Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico Municipal Airport, Chico, Butte County, California Environmental Study - Master Plan Development	
13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 238,450.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 15, 2010	
b. Applicant	\$ 12,550.00	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	\$.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	\$ 251,000.00		
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 David	Middle Name	
Last Name Burkland		Suffix	
b. Title City Manager	c. Telephone Number (give area code) (530) 896-7200		
d. Signature of Authorized Representative	e. Date Signed		1/21/11



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

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE State Application Identifier
2. DATE SUBMITTED 11/15/2010		4. a. Federal Identifier b. Agency Routing Identifier
5. APPLICANT INFORMATION * Legal Name: Lygos, Inc. Department: _____ Division: _____ * Street1: 1534 Innes Ave Street2: _____ * City: San Francisco County / Parish: San Francisco * State: CA: California Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 94124-2621		* Organizational DUNS: 563901470 RECEIVED JAN 25 2011 STATE CLEARING HOUSE
Person to be contacted on matters involving this application Prefix: Dr. * First Name: Jeffrey Middle Name: Lloyd * Last Name: Fortman Suffix: _____ * Phone Number: 6125909639 Fax Number: _____ Email: clembumstead@gmail.com		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 27-3280691		
7. * TYPE OF APPLICANT: _____ R: Small Business Other (Specify): _____ Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> E. Other (specify): _____ If Revision, mark appropriate box(es). * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? _____		
9. * NAME OF FEDERAL AGENCY: Chicago Service Center		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: B1.049 TITLE: Office of Science Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: High-throughput screens and selections for microbially produced diacids		
12. PROPOSED PROJECT: * Start Date: 06/01/2011 * Ending Date: 03/30/2012		* 13. CONGRESSIONAL DISTRICT OF APPLICANT CA-008
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: Dr. * First Name: Jeffrey Middle Name: Lloyd * Last Name: Fortman Suffix: _____ Position/Title: President * Organization Name: Lygos, Inc. Department: _____ Division: _____ * Street1: 1534 Innes Ave Street2: _____ * City: San Francisco County / Parish: San Francisco * State: CA: California Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 94124-2621 * Phone Number: 6125909639 Fax Number: _____ * Email: clembumstead@gmail.com		

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="150,000.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input type="text" value="150,000.00"/></p> <p>d. Estimated Program Income <input 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 type="text" value="11/15/2010"/></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>
--	--

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:

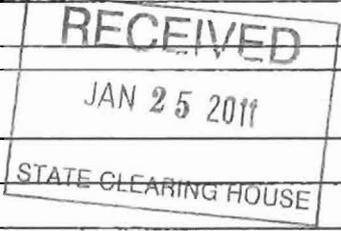
<p>* Signature of Authorized Representative</p> <div style="border: 1px solid black; padding: 2px; width: 90%; margin: 0 auto;">Completed on submission to Grants.gov</div>	<p>* Date Signed</p> <div style="border: 1px solid black; padding: 2px; width: 90%; margin: 0 auto;">Completed on submission to Grants.gov</div>
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20. Pre-application

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <i>Jan. 25 2011</i>	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <i>Economic Development Initiative Special Project: B-09-SP-CR-0130</i>
5. APPLICANT INFORMATION			
Legal Name: <i>City of Huntington Beach</i>		Organizational Unit: Department: <i>US Dept. of Housing & Urban Development</i>	
Organizational DUNS:		Division: <i>Congressional Grants Division</i>	
Address: Street: <i>2000 Main St.</i>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: <i>Huntington Beach</i>		Prefix:	First Name: <i>David</i>
County: <i>Orange</i>		Middle Name	
State: <i>CA</i>	Zip Code <i>92648</i>	Last Name <i>Dominguez</i>	
Country: <i>USA</i>		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>95-0000723</i>		Phone Number (give area code) <i>714.374.5309</i>	Fax Number (give area code) <i>714.374.1654</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>C</i>	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: <i>HUD</i>	
<i>14-251</i>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Construction of a larger Seniors Center that meets the needs of the projected increase in the City's population.</i>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>City of Huntington Beach</i>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <i>46TH</i> b. Project <i>46TH</i>	
13. PROPOSED PROJECT Start Date: Ending Date:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <i>1/25/2011</i> 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	
15. ESTIMATED FUNDING: a. Federal \$ <i>142,500</i> ⁰⁰ b. Applicant \$ ⁰⁰ c. State \$ ⁰⁰ d. Local \$ ⁰⁰ e. Other \$ ⁰⁰ f. Program Income \$ ⁰⁰ g. TOTAL \$ <i>142,500</i> ⁰⁰		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	First Name <i>Paul</i>	Middle Name	
Last Name <i>Emery</i>		Suffix	
b. Title <i>Interim Director, Community Services Dept.</i>		c. Telephone Number (give area code) <i>714.536.5495</i>	
d. Signature of Authorized Representative		e. Date Signed <i>1-25-2011</i>	



OMB Number: 4040-0004
Expiration Date: 03/31/2012

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: 01/27/2011	4. Applicant Identifier: _____	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 27 2011 STATE CLEARING HOUSE </div>
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: The Regents of the University of California, Riverside		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142W	* c. Organizational DUNS: 6277974260000	
d. Address:		
* Street1: Office of Sponsored Programs Administration	Street2: 200 University Office Building	
* City: Riverside	County/Parish: Riverside	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92521-0217	
e. Organizational Unit:		
Department Name: Bourns College of Engineering	Division Name: CERT	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Gillian	
Middle Name: _____	* Last Name: Fischer	
Suffix: _____	Title: Principal Contract and Grant Officer	
Organizational Affiliation: _____		
* Telephone Number: 951-827-4816	Fax Number: 951-827-4483	
* Email: gfischer@ucr.edu		

Application for Federal Assistance SF-424

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

H: Public/State Controlled 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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-11-02

*** Title:**

Clean Diesel Emerging Technologies Funding Assistance Program

13. Competition Identification Number:

Title:

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



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

Measure of Effectiveness of World Energy Air-to-Air Retrofit Cooling Technology (NOxBOX™), GreenLink System™, and Coated Diesel Oxidation Catalyst (DOC)

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input type="text" value="CA-044"/>	b. Program/Project <input type="text" value="CA-044"/>
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Cancel"/> <input type="button" value="OK"/>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="06/01/2011"/>	* b. End Date: <input type="text" value="05/31/2012"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="479,264.00"/>
* 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="479,264.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="01/27/2011"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Cancel"/> <input type="button" value="OK"/>	
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)	
<input checked="" type="checkbox"/> ** 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: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Gillian"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Fischer"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Principal Contract and Grant Officer"/>	
* Telephone Number: <input type="text" value="951-827-4816"/>	Fax Number: <input type="text" value="951-827-4483"/>
* Email: <input type="text" value="gfischer@ucr.edu"/>	
* Signature of Authorized Representative: <input type="text" value="Gillian Fischer"/>	* Date Signed: <input type="text" value="01/27/2011"/>

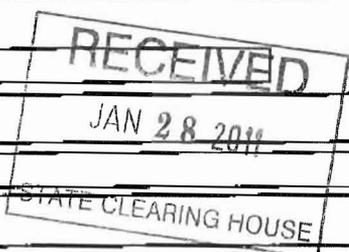
OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
---	--

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
--	---



State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="953099419"/>	* c. Organizational DUNS: <input type="text" value="0259861590000"/>
---	---

d. Address:

* Street1:	<input type="text" value="21865 Copley Drive"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Diamond Bar"/>
County/Parish:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="91765"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

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

Prefix: <input type="text"/>	* First Name: <input type="text" value="Mary"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Leonard"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="909-396-2780"/>	Fax Number: <input type="text" value="909-396-2765"/>
---	---

* Email:

OMB Number: 4040-0004
Expiration Date: 03/31/2012

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:

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:**

South Coast Air Quality Management District

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

953099419

*** c. Organizational DUNS:**

0259861590000

d. Address:

*** Street1:**

21865 Copley Drive

Street2:

*** City:**

Diamond Bar

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

91765-0943

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:**

Leonard

Suffix:

Title:

Financial Analyst

Organizational Affiliation:

*** Telephone Number:**

909-396-2780

Fax Number:

909-396-2765

*** Email:**

mleonard@aqmd.gov

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Special District

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*** 12. Funding Opportunity Number:**

EPA-OAR-CTAQ-11-02

* Title:

Clean Diesel Emerging Technologies Funding Assistance Program

13. Competition Identification Number:

Title:

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

San Joaquin

San Joaquin

San Joaquin

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

Retrofit of Heavy Duty Diesel Trucks with Engine Control Systems Actifilter SG System

Attach supporting documents as specified in agency instructions.

Attachment 1

Attachment 2

Attachment 3

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 42

b. Program/Project 24-45

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

Empty box for additional list of Congressional Districts.

17. Proposed Project:

* a. Start Date: 06/01/2011

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal	1,482,500.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,482,500.00

* 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 01/27/2011.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

Empty box for explanation of delinquency.

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:

Barry Wallerstein

Prefix: * First Name: Barry

Middle Name:

* Last Name: Wallerstein

Suffix: D. Env.

* Title: Executive Officer

* Telephone Number: 909-396-2100 Fax Number: 909-396-3340

* Email: bwallerstein@aqmd.gov

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

APPROVED AS TO FORM
KURT R WESE, GENERAL COUNSEL

By: *[Signature]*
Date: 1/25/11

X

OMB Number: 4040-0004
Expiration Date: 04/31/2012**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"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 28 2011 STATE CLEARING HOUSE </div>	
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: South Coast Air Quality Management District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419			*c. Organizational DUNS: 025986159		
d. Address:					
*Street1: 21865 Copley Drive					
Street 2:					
*City: Diamond Bar					
County: Los Angeles					
*State: CA					
Province:					
Country: USA				*Zip/ Postal Code: 91765	
e. Organizational Unit:					
Department Name:			Division Name:		
			Finance		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: Mary			
Middle Name:					
*Last Name: Leonard					
Suffix:					
Title: Financial Analyst					
Organizational Affiliation:					
Finance Division					
*Telephone Number: 909-396-2780			Fax Number: 909-396-2765		
*Email: mleonard@aqmd.gov					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:
- Select One -

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify):
Special District



*10. Name of Federal Agency:
United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
66.039
CFDA Title:
National Clean Diesel Emissions Reduction Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Boyle Heights Neighborhood and the non-desert areas of Los Angeles County

*15. Descriptive Title of Applicant's Project:

On-Road Heavy-Duty Diesel Trucks Retrofit, Re-power, and Replacement Project for Boyle Heights

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

CA-024-049

*b. Program/Project:

CA-024-049

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

17. Proposed Project:

*a. Start Date: 7/1/2011

*b. End Date: 5/30/2013

18. Estimated Funding (\$):

*a. Federal	\$2,963,625.00	*d. Local	
*b. Applicant		*e. Other	\$3,367,500.00
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$6,331,125.00

***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: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D. Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100

Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative: *Barry Wallerstein* Date Signed: 1/13/2011

APPROVED AS TO FORM
KURT R. WESE, GENERAL COUNSEL

By: *[Signature]*

Date: 1/13/2011

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected 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:	4. Application Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">JAN 28 2011</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: South Coast Air Quality Management District		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS: 025986159	
d. Address:		
*Street1: 21865 Copley Dr Street 2: *City: Diamond Bar County: *State: California Province: Country: *Zip/ Postal Code: 91765		
e. Organizational Unit:		
Department Name:	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Middle Name: *Last Name: Leonard Suffix:	First Name: Mary	
Title: Financial Analyst		
Organizational Affiliation: South Coast Air Quality (SCAQMD) is a regional agency with jurisdiction over air quality in California's South Coast Air Basin(EPA Region 9)		
*Telephone Number: 909-396-2780		Fax Number: 909-396-2765
*Email: mleonard@aqmd.gov		

OMB Number: 4040-0004
Expiration Date: 04/31/2012**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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*12. Funding Opportunity Number: EPA-OAR-OTAG-11-01

*Title: National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

Title:

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

South Coast Air Basin-Orange and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

On-Road Heavy-Duty Diesel Trucks Retrofit Project

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02.

16. Congressional Districts Of: EPA Region 9

*a. Applicant

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 6/1/2011

*b. End Date: 05/30/2013

18. Estimated Funding (\$):

*a. Federal	\$2,992,500.00	*d. Local	
*b. Applicant	\$2,850,000.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$5,842,500.00

***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.)

 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: Barry

Middle Name:

*Last Name: Wallerstein

Suffix: D. Env.

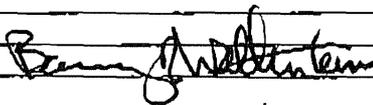
*Title:

Executive Officer

*Telephone Number: 909-396-2100

Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative:  Date Signed: 11/13/2011

APPROVED AS TO FORM
 ART R WIESE, GENERAL COUNSEL



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/14/2011		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<input type="checkbox"/> Non-Construction					
<input checked="" type="checkbox"/> Non-Construction					
5. APPLICANT INFORMATION				RECEIVED JAN 28 2011	
Legal Name: Livingston Community Health Services		Organizational Unit: Department:		STATE CLEARING HOUSE	
Organizational DUNS: 071859821		Division:			
Address: Street: 1140 Main Street		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: Livingston		Prefix:		First Name: Leslie	
County: Merced		Middle Name: T		Last Name: McGowan	
State: California		Suffix: MPH		Email: lmcgowan@livingstonmedical.org	
Zip Code: 95334-1257		Phone Number (give area code): 293941365		Fax Number (give area code): 2093941327	
Country: United States		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 1 9 6 5 6			
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) O: Not for Profit Organization Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Building/Land Acquisition, Construction and Equipment for Hilmar Community Health Center- a comprehensive, primary and preventive health center providing services to all patients regardless of their ability to pay.			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MSSA 95 (Ballico, Hilmar, Cressey, Livingston and Delhi)		9. NAME OF FEDERAL AGENCY: USDA-Rural Development			
13. PROPOSED PROJECT Start Date: 04/01/2011		Ending Date: 10/31/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-18	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	1,807,497	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/13/2011		
b. Applicant	\$	.	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.			
g. TOTAL	\$	1,807,497			
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 John		Middle Name S	
Last Name Alexander		Suffix MBA		c. Telephone Number (give area code) 2093941310	
b. Title Chief Executive Officer		e. Date Signed 01/14/2011			
d. Signature of Authorized Representative					

Previous Edition Usable
Authorized for Local Reproduction

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

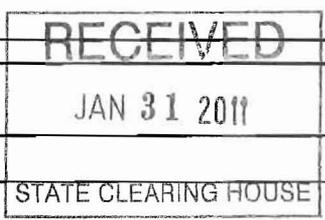
Reset Form

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 31, 2011	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		11-8500-0652-CA

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department: Agricultural Commissioner's Office	
County of Riverside		Division:	
Organizational DUNS: 146761429		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address:		Prefix:	
Street: 4080 Lemon Street, Room 19 P.O. Box 1089		First Name: John	
City: Riverside		Middle Name:	
County: Riverside		Last Name: Snyder	
State: CA		Suffix:	
Zip Code: 92502-1089		Email: AgDept@rivcoag.org	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000930	Phone Number (give area code) (951) 955-3011	Fax Number (give area code) (951) 955-3012
---	---	---

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" 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) B Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY: USDA - APHIS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-025	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Coachella Valley and Temecula Valley Area-Wide Management and Treatment Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Coachella Valley and Temecula Valley in Riverside County, California	

13. PROPOSED PROJECT Start Date: 10/01/2010 Ending Date: 09/30/2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California b. Project: California
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 400,000.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 31, 2011
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 \$.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 \$ 400,000.00	

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	First Name: John	Middle Name
Last Name: Snyder	Suffix	
b. Title: Agricultural Commissioner / Sealer of Weights and Measures	c. Telephone Number (give area code): (951) 955-3011	
d. Signature of Authorized Representative: <i>John Snyder</i>	e. Date Signed: 1/31/11	

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:

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:

15.506

CFDA Title:

Water Desalination Research and Development Program

*** 12. Funding Opportunity Number:**

R116E0307

*** Title:**

Reclamation Rural Water Supply Program

13. Competition Identification Number:

Title:

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

San Diego County, San Diego & all cities surrounding San Diego. All cities and counties from San Diego County in the south to Ventura County north of Los Angeles (North San Diego, Riverside, Los Angeles, Ventura Counties, etc.)

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

Valley Center Municipal Water District -
Water Supply and Facility Appraisal Investigation

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

* 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="230,000.00"/>
* b. Applicant	<input type="text" value="30,000.00"/>
* 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="260,000.00"/>

*** 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.)**

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:

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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: Central Basin Municipal Water District		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6004978		*c. Organizational DUNS: 005447503
d. Address:		
*Street 1:	6252 Telegraph Road	
Street 2:	_____	
*City:	Commerce	
County:	_____	
*State:	CA	
Province:	_____	
*Country:	United States of America	
*Zip / Postal Code	90040	
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: Arthur
Middle Name:	Joseph	
*Last Name:	Aguilar	
Suffix:	_____	
Title:	General Manager	
Organizational Affiliation:		
*Telephone Number: (323) 201-5500		Fax Number: (323) 201-5550
*Email: arta@centralbasin.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:**

Department of the Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

WaterSMART: Development of Feasibility Studies under the Title XVI Water Reclamation and Reuse Program

***12 Funding Opportunity Number:**

R11SF80310

*Title:

WaterSMART: Development of Feasibility Studies under the Title XVI Water Reclamation and Reuse Program

13. Competition Identification Number:

Title:

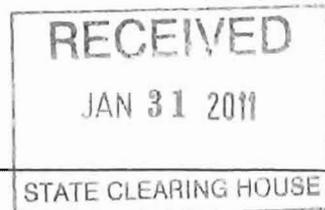
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Pico Rivera and County of os Angeles.

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

Feasibility Study for Central Basin Municipal Water District Advanced Recycled Water Treatment Plant.

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): <input type="checkbox"/> * Other (Specify)
*3. Date Received: 		4. Application Identifier: na
5a. Federal Entity Identifier: na		*5b. Federal Award Identifier: na
State Use Only: 6. Date Received by State: 7. State Application Identifier:		
8. APPLICANT INFORMATION:		
* a. Legal Name: Self-Help Home Improvement Project		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2990678	*c. Organizational DUNS: 088852603	
d. Address: *Street1: 3777 Meadowview Dr., #100 Street 2: *City: Redding County: *State: California Province: Country: USA *Zip/ Postal Code: 96002		
e. Organizational Unit:		
Department Name: Self-Help Home Improvement Project		Division Name: na
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Middle Name: *Last Name: Griffith Suffix:		First Name: Keith
Title: Executive Director		
Organizational Affiliation: 		
*Telephone Number: 530-378-6904		Fax Number: 530-378-6910
*Email: kgrif@shhip.org		



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

Housing Preservation Grant

*12. Funding Opportunity Number: 10-433

*Title:

Housing Preservation Grant

13. Competition Identification Number: na

Title:

na

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

Shasta and Tehama Counties, California

*15. Descriptive Title of Applicant's Project:

Scattered site housing preservation repair and rehabilitation assistance to 25 very low-income owner occupied housing units in Shasta and Tehama counties, California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **2nd**

*b. Program/Project: **2nd**

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

17. Proposed Project:

*a. Start Date: **8/1/11**

*b. End Date: **8/1/13**

18. Estimated Funding (\$):

*a. Federal **\$100,000.00**

*b. Applicant

*c. State

\$250,000.00

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$350,000.00

***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 **2/1/11**

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: **Keith**

Middle Name:

*Last Name: **Griffith**

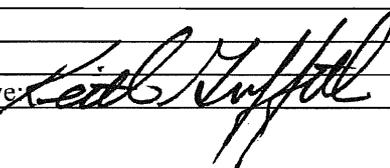
Suffix:

*Title: **Executive Director**

*Telephone Number: **530-378-6904**

Fax Number: **530-378-6910**

*Email: **kgrif@shhip.org**

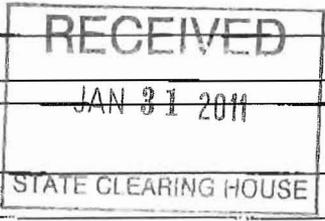
*Signature of Authorized Representative: 

Date Signed: **2/1/11**

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department: Agriculture & Measurement Standards	
County of Kern		Division:	
Organizational DUNS: Standard & Poors #94-916-9015		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address: Street: 1115 Truxtun Avenue, 5th Floor		Prefix: Mr.	
City: Bakersfield		First Name: Ruben	
County:		Middle Name J.	
State: CA		Last Name Arroyo	
Zip Code 93301		Suffix:	
Country: USA		Email: agcomm@co.kern.ca.us	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000925	Phone Number (give area code) 661-868-6300	Fax Number (give area code) 661-868-6301
---	---	---

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) B. County Other (specify)
--	---

9. NAME OF FEDERAL AGENCY: USDA, APHIS, PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant & Animal Disease, Pest Control & Animal Care 10-025	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development of Area-wide Pest Management Strategies for Glassy-winged Sharpshooter in Kern County
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Kern, California
--

13. PROPOSED PROJECT Start Date: 01/01/11 Ending Date: 12/31/11	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Dist. 20:Costa; Dist. 22:McCarthy b. Project Dist. 20:Costa; Dist. 22:McCarthy
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 31, 2011
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 \$.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 \$ 1,000,000.00	

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 Chairman	First Name Mike	Middle Name
Last Name Maggard		Suffix
b. Title Chairman of the Board, Kern County Board of Supervisors		c. Telephone Number (give area code) 661-868-3670
d. Signature of Authorized Representative 		e. Date Signed JAN 18 2011