Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **July 1 through 15th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 7-12-02

Applicant Identifier

1. TYPE OF SUBMISSION

Application / *Preapplication*

☐ Construction ☐ Construction

☒ Non-Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

RECEIVED JUL 15 2002 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: 101 Redwood, Inc.

Organizational Unit: n/a

Address *(Give City, County, State, and Zip code)*:

101 N. Main Street
Mendocino County
Willits, CA 95490

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

Hal Wagenet 707-459-5101
Madelin Holtkamp 707-462-2353

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:

9 4 - 1 5 2 2 8 6 0

7. TYPE OF APPLICANT: *(Enter appropriate letter in box)*

M

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Control Instit. of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit organization
N. Other (Specify) _____

8. TYPE OF APPLICATION

☒ **New** ☐ **Continuation** ☐ **Revision**

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

☐ ☐

A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration

Other *(Specify)* _____

9. NAME OF FEDERAL AGENCY: U. S. Forest Service, Forest Products Laboratory

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

1 0 - 6 6 4

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

I O Buildings with Waste Wood

12. AREA AFFECTED BY PROJECT *(Cities, counties, states, etc.)*

Mendocino County, California

13. PROPOSED PROJECT:

Start Date	End Date
9/02	8/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
California 1st - Mike Thompson	same

15. ESTIMATED FUNDING

a. Federal	$ 50,000
b. Applicant	$ 10,000
c. State	$
d. Local	$
e. Other	$
f. Program	$
g. TOTAL	$ 60,000

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

a. YES. This preapplication/application was made available to the State Executive Order 12372 Process for review on:

DATE: 7-12-02

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. Type Name of Authorized Representative	b. Title	c. Telephone Number
Hal Wagenet	General Manager	707-459-5101

d. Signature of Authorized Representative

e. Date Signed 7-12-02

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 7/10/02	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

RECEIVED JUL 15 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application: [x] Construction [ ] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: Alliance for West Oakland Development

Organizational Unit: N/A

Address (give city, county, State, and zip code): 1357 5th Street, Oakland, CA 94607

Name and telephone number of person to be contacted on matters involving this application (give area code): Jabari Herbert (510) 663-0363

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3333351

7. TYPE OF APPLICANT: (enter appropriate letter in box) [N]

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) non-profit

8. TYPE OF APPLICATION:

[x] New [ ] Continuation [ ] Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY: Dept. of Health & Human Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570

TITLE: CSBG: Discr. Awards (Urban/Rural ED)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mandela Transit Village- Catalyst Site - Community Economic Development

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oakland, Alameda County, CA

13. PROPOSED PROJECT

Start Date: 09/02 Ending Date: 09/07

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 9 b. Project: District 9

15. ESTIMATED FUNDING:

a. Federal	$ 113,034 .00
b. Applicant	$ 261,424 .00
c. State	$ NA .00
d. Local	$ NA .00
e. Other	$ 140,500 .00
f. Program Income	$ NA .00
g. TOTAL	$ 514,958 .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 7/11/02

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. [x] 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. Type Name of Authorized Representative: Jabari Herbert	b. Title: Executive Director	c. Telephone Number: (510) 663-0363
d. Signature of Authorized Representative		e. Date Signed: 7/9/2002

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED 7/11/02	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Solana Recyclers, Inc.

Organizational Unit: Recycled Products Purchasing Co-op

Address *(give city, county, State, and zip code)*: 137 N. El Camino Real, Encinitas, CA 92024

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Tyson Miller (760) 436-7986

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 33 – 0009949

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) non-profit

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other*(specify)*:

9. NAME OF FEDERAL AGENCY: U.S. EPA Region 9

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66 – 808

TITLE: Solid Waste Management Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Western Markets Initiative

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12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: states of CA, AZ, NV

13. PROPOSED PROJECT

Start Date: 9/02 Ending Date: 3/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 51st

b. Project: all districts in CA, AZ, NV

15. ESTIMATED FUNDING:

a. Federal	$ 25,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 25,000 .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 7/11/02

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. Type Name of Authorized Representative: Jacy Davis	b. Title: Executive Director	c. Telephone Number: (760) 436-7986
d. Signature of Authorized Representative		e. Date Signed: 7/11/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address

Legal Name: San Diego State University Foundation

Address: 5250 Campanile Drive

Organizational Unit:

San Diego (City) CA (State) San Diego (County) 92182 - 193 (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 0 7 3 3 7 1 3 4 6

3. Applicant's T-I-N: 9 5 - 6 0 4 2 7 2 1

4. Catalog of Federal Domestic Assistance #: 8 4 . 1 8 4 B

Title: Mentoring Programs

5. Project Director: Benita Page

Address: 4283 El Cajon Boulevard, Suite 115

San Diego (City) CA (State) 92105 (ZIP Code + 4)

Tel #: (619) 594-2841 Fax #: (619) 594-2425

E-Mail Address: bpage@projects.sdsu.edu

6. Novice Applicant: ☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No

8. Type of Applicant (*Enter appropriate letter in the box*): I

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

Application Information

9. Type of Submission:

Preapplication
☐ Construction
☐ Non-Construction

Application
☐ Construction
☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☐ Yes (*Date made available to the Executive Order 12372 process for review*): / /

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

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11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

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

13. Descriptive Title of Applicant's Project:
CHOICE Mentor/Tutoring Project

Estimated Funding

a. Federal	$ 200,000	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 200,000	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Skaidrite Krisans

b. Title
Associate Dean for Student Services, Graduate Division

c. Tel #: (619)594-4162 Fax #: (619)594-0189

d. E-Mail Address: skrisans@sunstroke.sdsu.edu

e. Signature of Authorized Representative

Date: 7/2/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address

Legal Name: San Diego State University Foundation

Address: 5250 Campanile Drive

Organizational Unit:

San Diego (City) CA (State) San Diego (County) 92182 - 193 (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 0 7 3 3 7 1 3 4 6

3. Applicant's T-I-N: 9 5 - 6 0 4 2 7 2 1

4. Catalog of Federal Domestic Assistance #: 8 4 . 1 8 4 B

Title: Mentoring Programs

5. Project Director: Russell Young

Address: San Diego State University

San Diego (City) CA (State) 92182-1152 (ZIP Code + 4)

Tel #: (619) 594-6890 Fax #: (619) 594-1183

E-Mail Address: ruyoung@mail.sdsu.edu

6. Novice Applicant: ☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No

8. Type of Applicant (Enter appropriate letter in the box): I

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

Application Information

9. Type of Submission:

— PreApplication
☐ Construction
☐ Non-Construction

— Application
☐ Construction
☒ Non-Construction

RECEIVED JUL 15 2002 STATE CLEARING HOUSE

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002

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

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

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

13. Descriptive Title of Applicant's Project:
Santa Margarita Mentoring Program

Estimated Funding

14a. Federal	$ 192,007	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 192,007	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Skaidrite Krisans

b. Title
Associate Dean for Student Services, Graduate Division

c. Tel #: (619)594-4162 Fax #: (619)594-0189

d. E-Mail Address: skrisans@sunstroke.sdsu.edu

e. Signature of Authorized Representative

Date: 7/2/2002

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION *Application* ☐ Construction ☒ Non-Construction	*Preapplication* ☐ Construction ☒ Non-Construction	2. DATE SUBMITTED 07/02/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED JUL 15 2002 STATE CLEARING HOUSE

5. APPLICANT INFORMATION — IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☒ NO IF YES, LIST COMPANY(IES)

Legal Name:
Cal State L.A. University Auxiliary Services, Inc.

Organizational Unit:

Address *(give city, county, state, and zip code)*:
5151 State University Drive
Los Angeles, CA 90032

Name and telephone and E-mail number of the person to be contacted on matters involving this application *(give area code)*
PI: Crist S. Khachikian, ckhachi@calstatela.edu, (323) 343-6002

ADMIN. CONTACT: Alma P. Sahagun, asahag@cslanet.calstatela.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 — 4 0 1 6 6 5 3

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other *(specify)*:

9. NAME OF FEDERAL AGENCY:
U.S. Environmental Protection Agency - ORD - NCER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 5 0 0

TITLE: 2002-NCER-K1
Superfund Minority Institutions Program: Hazardous Substance Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Reducing Risks from Soils Contaminated by Mixed Wastes: An Integrated Strategy that is Cost-Effective and Appropriate

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Los Angeles County, California

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
01/01/03	12/31/04	31	31

15. ESTIMATED TOTAL PROJECT FUNDING:	
a. Federal	$ 199,999.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 199,999.00

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 07/02/02

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. Typed Name of Authorized Representative Alma P. Sahagun	b. Title Director, Contracts & Grants Administration	c. Telephone number 323-343-4970
d. Signature of Authorized Representative A. Sahagun		e. Date Signed 7/2/02

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Standard Form 424 (REV 4-88)

Application for Federal Education Assistance

Note: If available, please pro . application package on diskette and specify the file format

U.S. Department of Education

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

Applicant Information

1. Name and Address

Legal Name: Pittsburg Pre-School and Community Council

Address: 2000 Railroad Avenue

Organizational Unit: Special Programs

Pittsburg (City) | CA (State) | Contra Costa (County) | 94565 - 3894 (Zip Code + 4)

2. Applicant's D-U-N-S Number: 5 2 1 7 7 1 2 2 5

3. Applicant's T-I-N 5 2 - 1 7 7 1 2 2 5

4. Catalog of Federal Domestic Assistance #: **84.** 1 8 4 B → Title: Mentoring Programs

5. Project Director: To Be Named

Address 1760 Chester Drive

Pittsburg (City) | CA (State) | 94565 - 3920 (Zip code + 4)

Tel. #: (925) 439-2061 Fax#: (925) 432-7473

E-Mail Address: pscc1760@inreach.com

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

7. Type of Applicant *(Enter appropriate letter in the box.)* N

A – State
B – County
C – Municipal
D – Township
E – Interstate
F – Intermunicipal
G – Special District
H – Independent School District
I – Public College or University
J – Private, Non-Profit College or University
K – Indian Tribe
L – Individual
M – Private, Profit-Making Organization
N – Other *(Specify):* Private, Non Profit Org

8. Novice Applicant X Yes No

Application Information

9. Type of Submission:

-PreApplication
___ Construction
___ Non-Construction

-Application
___ Construction
X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 07 / 02 / 2002

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

11. Proposed Project Dates: 10/01/2002 **Start Date** 09/30/2005 **End Date**

12. Are any research activities involving human subjects planned at any time during the proposed project period? ___Yes X No
a. If "Yes," Exemption(s) #: b. Assurance of Compliance #:
OR
c. IRB approval date: ___Full IRB or ___Expedited Review

13. Descriptive Title of Applicant's Project:

SAFE HAVEN mentoring program

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JUL 15 2002
STATE CLEARING HOUSE

Estimated Funding

14a. Federal	$	199,993	.00
b. Applicant	$	60,000	.00
c. State	$		.00
d. Local	$	1,197,765	.00
e. Other	$		.00
f. Program Income	$		.00
			.00
g. TOTAL	$	1,457,758	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative
Frances Greene

b. Title: Executive Director

c. Tel. #: (925) 439-2061 Fax #: (925) 432-7473

d. E-Mail Address: Pscc1760@inreach.com

e. Signature of Authorized Representative

Date: 7 / 01 /2002

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED JUL 14 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION Application ☐ Construction X Non-Construction	Preapplication ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 07/02/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Applicant Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION — IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES X NO IF YES, LIST ACRONYM(S)

Legal Name:
Cal State L.A. University Auxiliary Services, Inc.

Organizational Unit:

Address (give city, county, state, and zip code):
5151 State University Drive
Los Angeles, CA 90032

Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)
PI: Barry Hibbs, bhibbs@calstatela.edu, 323-343-2414
ADMIN. CONTACT: Alma P. Sahagun, asahag@cslanet.calstatela.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 — 4 0 1 6 6 5 3

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
X New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
U.S. Environmental Protection Agency - ORD - NCER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 5 0 0

TITLE: 2002-NCER-K1
Superfund Minority Institutions Program: Hazardous Substance Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Analysis of Stream/Aquifer Interactions and Redox Potential on Trace Element Loading and Speciation: San Diego Creek Aquifer and Watershed

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Orange County and Southern California

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
06/01/03	05/30/05	31	31

15. ESTIMATED TOTAL PROJECT FUNDING:	
a. Federal	$ 199,995.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 199,995.00

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 07/02/02
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. X 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. Typed Name of Authorized Representative	b. Title	c. Telephone number
Alma P. Sahagun	Director, Contracts & Grants Administration	323-343-4970
d. Signature of Authorized Representative A. Sahagun		e. Date Signed 7/2/02

RECEIVED
JUL 12 2002
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: July 10, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Fresno Leadership Foundation dba 1 by 1Leadership

Organizational Unit:

Address (give city, county, State, and zip code): 3845 N. Clark St., Fresno, Fresno County, CA 93726

Name and telephone number of person to be contacted on matters involving this application (give area code): Gus Pendleton, 559-459-1878

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0359864

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) private non profit

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: Dept. Of Health and Human Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570

TITLE: Community Services Block Grant-Discretionary Award:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Job creation for low-income residents, by economic stimulas of local econmy by increasing capicity of small business employers.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Fresno, Fresno County, CA

13. PROPOSED PROJECT OP PRIORITY 1

Start Date: 11/01/02 Ending Date: 10/31/03

14. CONGRESSIONAL DISTRICTS OF: a. Applicant George Radanovich #19 b. Project Calvin Dooley #20

15. ESTIMATED FUNDING:

a. Federal	$ 677975.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 677975.00

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 7/12/02

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. Type Name of Authorized Representative: Kurt Madden	b. Title: Chief Operating Officer	c. Telephone Number: (559) 448-8861
d. Signature of Authorized Representative		e. Date Signed: 7-11-02

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Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OP - 1

Application for Federal Education Assistance

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

RECEIVED
JUL 12 2002
STATE CLEARING HOUSE

Applicant Information

1. Name and Address
   Legal Name: Pathways To Your Future, Inc.
   Organizational Unit:
   Address: 1621 Centinela Ave.
   Inglewood (City) CA (State) Los Angeles (County) 90302 - 1620 (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 1 1 1 8 4 2 1 1 3

3. Applicant's T-I-N: 9 5 - 4 7 7 2 5 4 4

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
   Title: Mentoring Programs
   Department of Education

5. Project Director: Gerald Thompson
   Address: 1621 Centinela Ave.
   Inglewood (City) CA (State) 90302 - 1620 (ZIP Code + 4)
   Tel. #: (323) 755-1020 Fax #: (323) 242-7678
   E-Mail Address: PathwaysTYF@attbi.com

6. Novice Applicant: ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.): I

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

Application Information

9. Type of Submission:

—PreApplication	—Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
    ☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
    ☐ No (If "No," check appropriate box below.)
    ☐ Program is not covered by E.O. 12372.
    ☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

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

13. Descriptive Title of Applicant's Project:
    Pathways School-based Mentor Program

Estimated Funding

14a. Federal	$	475,018.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	**475,018**.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
   Linda B. Thompson
b. Title
   Executive Director
c. Tel. #: (323) 755-1020 Fax #: (323) 242-7678
d. E-Mail Address: PathwaysTYF@attbi.com
e. Signature of Authorized Representative: Linda B. Thompson
   Date: 6/27/2002

Application for Federal Education Assistance (ED 424)

RECEIVED JUL 12 2002 STATE CLEARING HOUSE

U.S. Department of Education

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

Organizational Unit

Antelope Valley Athletic Club

Applicant Information

1. Name and Address
Legal Name: Antelope Valley Athletic Club
Address: 45116 13th Street West
Lancaster (City) CA (State) Los Angeles (County) 93534 – 2156 (ZIP Code + 4)

2. Applicant's D-U-N-S Number | 7 | 7 | 0 | 5 | 4 | 9 | 8 | 7 | 0 |

3. Applicant's T-I-N | 7 | 7 | - | 0 | 5 | 4 | 9 | 8 | 7 | 0 |

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |
Title: Mentoring Programs

5. Project Director: Gary Thomas
Address: 45116 13th Street West
Lancaster (City) CA (State) 93534 2156 (Zip code + 4)
Tel. #: (661) 951-8553 Fax #: (661) 942 - 2621
E-Mail Address: avac01@cs.com

6. Novice Applicant X Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other *(Specify)*: _____

Application Information

9. Type of Submission:

Preapplication	*Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review)*: 07 / 02 / 02
___ No *(If "No," check appropriate box below.)*
___ Program is not covered by E.O. 12372.
___ Program has not been selected by State for review.

11. Proposed Project Dates: 08 / 01 / 02 (Start Date) 07 / 31 / 05 (End Date)

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

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

13. Descriptive Title of Applicant's Project:
AVAC f.a.m.i.l.y. (fostering, administering, mentoring, investing in the lives of youth) Program

Estimated Funding

14a. Federal	$	181,180.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	181,180.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*
Gary Thomas
b. Title: Executive Director
c. Tel. #: (661) 951 - 8553 Fax #: (661) 942 - 2126
d. E-Mail Address: avac01@cs.com
e. Signature of Authorized Representative
Gary Thomas Date: 07 / 02 / 02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED JUL 12 2002 STATE CLEARINGHOUSE

2. DATE SUBMITTED 07/12/2002		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier EPA #X-98947701-2

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: CSU, Chico Research Foundation

Organizational Unit: Aquatic Bioassessment Lab

Address *(give city, county, State, and zip code)*: Kendall Hall, Room 114, CSU, Chico, Chico, CA 95929-0870

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

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0386518

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

A. State, B. County, C. Municipal, D. Township, E. Interstate, F. Intermunicipal, G. Special District, H. Independent School Dist., I. State Controlled Institution of Higher Learning, J. Private University, K. Indian Tribe, L. Individual, M. Profit Organization, N. Other (Specify) _____

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other*(specify)*: _____

9. NAME OF FEDERAL AGENCY: EPA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606

TITLE: Surveys, Studies, Investigating, & Spec.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Bioassessment

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

13. PROPOSED PROJECT

Start Date	Ending Date
8/31/02	6/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Second

b. Project: All

15. ESTIMATED FUNDING:

a. Federal	$ 30,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 30,000.00

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 07/12/02

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. Type Name of Authorized Representative	b. Title	c. Telephone Number
Jeff Wright	Director, Sponsored Programs	(530) 898-5700

d. Signature of Authorized Representative: Virginia Burr for Jeff Wright

e. Date Signed: 7/11/02

CSU, Chico
Research
Foundation

RECEIVED
JUL 12 2002
STATE CLEARING HOUSE

July 12, 2002

California State Clearinghouse
Office of Planning & Research
P.O. Box 3044
Sacramento, CA 95812-3044

RE: The CSU, Chico Research Foundation/Special investigations to develop regional reference conditions and promote biological criteria in California (CFDA # 66.606)

Dear State Clearinghouse:

As per federal requirements under Executive Order 12372, enclosed please find one (1) copy of Form 424, entitled: "Special investigations to develop regional reference conditions and promote biological criteria in California" (CFDA # 66.606) submitted by the CSU, Chico Research Foundation to the U.S. Environmental Protection Agency. Please review and forward you comments prior to August 31, 2002 to:

Melinda Taplin
Grants Management Office, PMD-7
Policy and Management Protection Agency
75 Hawthorne Street
San Francisco, CA 94105

If you have any questions, please do not hesitate to call me at 530-898-6543, or e-mail: (dmjohnson2@csuchico.edu).

Thank you for your timely assistance in this matter.

Sincerely,

Diane M. Johnson

Diane M. Johnson
Office of Sponsored Programs

Office of Sponsored Programs
California State University, Chico
Chico, California 95929-0870
t: (530) 898-5700 f: (530) 898-6804
www.csuchico.edu/gisp/sp

COPY

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

RECEIVED JUL 1 2 2002 STATE CLEARING HOUSE

Applicant Information

1. Name and Address
   Legal Name: Gateway Unified School District
   Organizational Unit:
   Address: 4411 Mountain Lakes Boulevard
   Redding (City) CA (State) Shasta (County) 96003 (ZIP Code)

2. Applicant's D-U-N-S Number: 6 0 6 8 0 5 6 1 2

3. Applicant's T-I-N: 9 4 - 0 3 1 4 3 9 2

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
   Title: Safe and Drug-Free Schools Program -- Mentoring Programs

5. Project Director: Lynn Miller
   Address: 4620 Vallecito Street
   Shasta Lake (City) CA (State) 96019 - (ZIP Code + 4)
   Tel. #: (530) 275-7057 Fax #: (530) 275-7009
   E-Mail Address: lmiller@gsd.k12.ca.us

6. Novice Applicant ☐ Yes ☑ No

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

8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

—PreApplication	—Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
    ☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
    ☐ No (If "No," check appropriate box below.)
    ☐ Program is not covered by E.O. 12372.
    ☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 9/2/2002 End Date: 9/1/2005

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

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

13. Descriptive Title of Applicant's Project:
    Project GAIN
    Gateway's Academic Interagency Network

Estimated Funding

14a. Federal	$	192,893.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	192,893.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.) Bill Tonkin

b. Title Superintendent

c. Tel. #: (530) 245-7900 Fax #: (530) 245-7920

d. E-Mail Address: btonkin@gsd.k12.ca.us

e. Signature of Authorized Representative: Bill Tonkin Date: 6-20-02

Federal Register / Vol. 67, No. 102 / Tuesday, May 28, 2002 / Notices

RECEIVED JUL 12 2002 STATE CLEARING HOUSE

ATTACHMENT 9

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Preapplication ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED: 7-11-02
	3. DATE RECEIVED BY STATE
	4. DATE RECEIVED BY FEDERAL AGENCY
	Applicant Identifier
	State Application Identifier
	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Community Equity Partners, Inc

Organizational Unit: Economic Development

Address (give city, county, State, and zip code): 6601 Center Drive West #500, Los Angeles, CA 90045

Name and telephone number of person to be contacted on matters involving this application (give area code): 310 348-8177

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4752278

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Non-profit

8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570

TITLE: CSBG Disc

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business Development expansion loan Priority Area 3 Developmental Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County

13. PROPOSED PROJECT: Start Date 10-1-02; Ending Date 9-30-05

14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Hon. Diane Watson (32nd); b. Project: Hon. Lucille Roybal-Allord (33rd Dist)

15. ESTIMATED FUNDING:

a. Federal	$ 350,000
b. Applicant	$
c. State	$
d. Local	$ 250,000
e. Other	$ 2,400,000
f. Program Income	$
g. TOTAL	$ 3,000,000

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 7-12-02

DATE _____

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ☐ Yes If "Yes," attach an explanation. ☒ No

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

a. Typed Name of Authorized Representative: Samuel Hughes	b. Title: Co-Executive Director	c. Telephone Number: 310 348-8177
d. Signature of Authorized Representative		e. Date Signed: 7-12-02

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

DRJ 903 CODE 4184-01-C

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED JUL 11 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Preapplication ☐ Construction ☐ Non-Construction	**2. DATE SUBMITTED**	Applicant Identifier	
	3. DATE RECEIVED BY STATE	State Application Identifier	
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Faith BAsed Community Development Corporation

Organizational Unit:

Address *(give city, county, State, and zip code)*: 169 Roymar Road, Suite "C" Oceanside, CA 92054

Name and telephone number of person to be contacted on matters involving this application *(give area code)* Daniel Scott (760) 435-0600

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 3 3 — 0 8 2 6 7 2 9

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Nonprofit

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other*(specify)*:

9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 3 — 5 7 0

CSBG

TITLE: Community Economic Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Priority Area 4 Community Economic Development Planning Project

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Oceanside, San Diego, CA

13. PROPOSED PROJECT Economic Develop

14. CONGRESSIONAL DISTRICTS OF: 48 & 51

Start Date	Ending Date	a. Applicant	b. Project
1/2003	12/31/03	48	48 & 51

15. ESTIMATED FUNDING:

a. Federal	$ 75,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 75,000 .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 7/9/02

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. Type Name of Authorized Representative: Daniel Scott	b. Title: Executive Director	c. Telephone Number: (760) 435-0600
d. Signature of Authorized Representative		e. Date Signed: July 9, 2002

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

RECEIVED
JUL 11 2002
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION Application: ☐ Construction ☒ Non-Construction Preapplication: ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 7/15/2002	Applicant Identifier	
	3. DATE RECEIVED BY STATE	State Application Identifier	
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: The Regents of the University of California

Organizational Unit: Institute of Marine Sciences

Address (give city, county, state, and zip code):
University of California, Santa Cruz
1156 High Street
Santa Cruz, California 95064
Santa Cruz County

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Tech. Steve Berkeley (831) 459-3530
Admin. Lynne VanDerKamp (831) 459-1574

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 – 1 5 3 9 5 6 3

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
NOAA-NMFS Saltonstall-Kennedy

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 . 4 2 7
TITLE: Fisheries Development and Utilization Research and Development Grants And Cooperative Agreements Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Pilot Project: Testing the Feasibility of pot gear to Catch Petral Sole and reduce rockfish by catch

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

13. PROPOSED PROJECT:

Start Date	Ending Date
1/1/03	5/31/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
17th	17th

15. ESTIMATED FUNDING:

a. Federal	$	117,400.00
b. Applicant	$	35,282.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	152,682.00

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 7/15/02
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. Typed Name of Authorized Representative	b. Title	c. Telephone number
Lynne VanDerKamp	Sr. Research Administrator OSP	(831) 459-1574

d. Signature of Authorized Representative: Lynne VanDerKamp
e. Date Signed: 7/12/02

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Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

RECEIVED JUL 10 2002 STATE CLEARING HOUSE

2. DATE SUBMITTED: 7-8-02

Applicant Identifier:

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☒ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Ukiah Valley Cultural and Recreational Center

Organizational Unit:

Address (give city, county, state, and zip code):
P.O. Box 561
Ukiah, CA 95482

Name and telephone number of person to be contacted on matters involving this application (give area code)
Deborah Mead 707 462 8562

6. EMPLOYER IDENTIFICATION (EIN): 94-3273691

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) non profit corp.

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.766

TITLE: Rural Housing Services

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Multi-use community facility for after school activities, Public health outreach, adult classes, Boys and Girls Club and community activities

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
City/County Ukiah/Mendocino

13. PROPOSED PROJECT

Start Date	Ending Date
8/02	10/03

14. CONGRESSIONAL DISTRICTS OF: Mike Thompson

a. Applicant: Ukiah Val. Cult. Rec Cn

b. Project: Community Center

15. ESTIMATED FUNDING

a. Federal USDA	$ 50,000
b. Applicant Donat.	$ 1,750,000
c. State CDBG CDE	$ 1,750,000
d. Local County School Dis	$ 2,000,000
e. Other Foundation	$ 00,000
f. Program Income	$
g. Total	$ 6,250,000 0.00

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 7-2-02

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 (Attach 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. Type Name of Authorized Representative: Deborah Mead

b. Title: Executive Director

c. Telephone Number: 707 462 8562

d. Signature of Authorized Representative: Deborah Mead

e. Date Signed: 7-2-02

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STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

RECEIVED JUL 10 2002 STATE CLEARING HOUSE

Applicant Information

1. Name and Address
   Legal Name: Antelope Valley Athletic Club
   Address: 45116 13th Street West
   Lancaster (City) CA (State) Los Angeles (County) 93534 – 2156 (ZIP Code + 4)

Organizational Unit: Antelope Valley Athletic Club

2. Applicant's D-U-N-S Number | 7 | 7 | 0 | 5 | 4 | 9 | 8 | 7 | 0 |
3. Applicant's T-I-N | 7 | 7 | - | 0 | 5 | 4 | 9 | 8 | 7 | 0 |
4. Catalog of Federal Domestic Assistance #: **84. 1 | 8 | 4 | B |**
   Title: Mentoring Programs
5. Project Director: Gary Thomas
   Address: 45116 13th Street West
   Lancaster (City) CA (State) 93534 2156 (Zip code + 4)
   Tel. #: (661) 951-8553 Fax #: (661) 942 - 2621
   E-Mail Address: avac01@cs.com
6. Novice Applicant X Yes ___ No
7. Is the applicant delinquent on any Federal debt? ___ Yes X No
   (If "Yes," attach an explanation.)
8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

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

K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
    X Yes *(Date made available to the Executive Order 12372 process for review):* 07 / 02 / 02
    ___ No *(If "No," check appropriate box below.)*
    ___ Program is not covered by E.O. 12372.
    ___ Program has not been selected by State for review.
11. Proposed Project Dates: 08 / 01 / 02 (**Start Date:**) 07 / 31 / 05 (**End Date:**)
12. Are any research activities involving human subjects planned at any time during the proposed project period?
    ___ Yes (Go to 12a.) X No (Go to item 13.)
    12a. Are **all** the research activities proposed designated to be exempt from the regulations?
    ___ Yes (Provide Exemption(s) #): _____
    ___ No (Provide Assurance #): _____
13. Descriptive Title of Applicant's Project:
    AVAC f.a.m.i.l.y. (fostering, administering, mentoring, investing in the lives of youth) Program

Estimated Funding

14a. Federal	$	181,180. 00
b. Applicant	$	. 00
c. State	$	. 00
d. Local	$	. 00
e. Other	$	. 00
f. Program Income	$	. 00
g. TOTAL	$	181,180. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Gary Thomas
b. Title: **Executive Director**
c. Tel. #: (661) 951 - 8553 Fax #: (661) 942 - 2126
d. E-Mail Address: avac01@cs.com
e. Signature of Authorized Representative
Gary Thomas
Date: 07 / 02 / 02

ATTACHMENT B

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: July 12, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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

5. APPLICANT INFORMATION

Legal Name: Charles W. Dunn Jr. Inc

Organizational Unit:

Address (give city, county, State, and zip code): 430 E. Mendocino Street Altadena, CA 91001

Name and telephone number of person to be contacted on matters involving this application (give area code): Sharon A. Miller CEO/Chairperson (626) 798-5100

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4643348

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) None - Profit Corporation

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: DHHS - ACF/OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570
TITLE: CSBG Community Economic Development AWARDS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PP- Proiority Area 4 Community Economic Development (Planning Projects)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LOS ANGELES COUNTY

13. PROPOSED PROJECT: Start Date 10-1-02; Ending Date 10-1-03

14. CONGRESSIONAL DISTRICTS OF: Adam Schiff 27th District
a. Applicant ✓
b. Project District in Los Angeles County

15. ESTIMATED FUNDING:

a. Federal	$ 75,000
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 75,000

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/11/02

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. Type Name of Authorized Representative: Sharon A. Miller	b. Title: CEO/Chairperson	c. Telephone Number: (626) 798-5100
d. Signature of Authorized Representative: Sharon A. Miller		e. Date Signed: 7/10/02

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Grants Coordination, State Clearninghouse, Office of Planning and Research
P.O. Box 3044, Room 222
Sacramento, California 95812-3044

RECEIVED
JUL 10 2002
STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 7/12/02	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Fernando Valley Small Business Development Corporation

Organizational Unit: n/a

Address (give city, county, State, and zip code): 12502 Van Nuys Blvd., #119, Pacoima, CA 91331

Name and telephone number of person to be contacted on matters involving this application (give area code): Roberto Barragan, 818-907-9977

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 – 3464246

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) non profit Econom Development Corp.

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: Department of Health and Human Services.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93.570

TITLE: Community Services Block Grant-Discretionary Awards (Urban Rural Economic Development)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pacoima Business Incubation Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northeast San Fernando Valley, CA

13. PROPOSED PROJECT

Start Date: 10/1/02 Ending Date: 2/28/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 26 b. Project: 26

15. ESTIMATED FUNDING:

a. Federal	$ 699	00 998
b. Applicant	$ 41	00 446
c. State	$	00
d. Local	$	00
e. Other	$ 157	00 123
f. Program income	$	00
g. TOTAL	$ 898	00 567

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 7/9/02

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. Type Name of Authorized Representative: Roberto Barragan	b. Title: President	c. Telephone Number: 818-907-9977
d. Signature of Authorized Representative		e. Date Signed: 7/8/02

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OP: Priority Area 1
Operational Projects

RECEIVED JUL 10 2002 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED 07/01/02	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:
Application: [X] Construction [ ] Non-Construction
Preapplication: [ ] Construction [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: The Yurok Tribe

Organizational Unit: Federally Recognized Indian Tribe

Address (give city, county, State, and zip code): 1034 6th Street, Eureka, CA 95501

Name and telephone number of person to be contacted on matters involving this application (give area code): Nancy Atkinson (707) 444-0433

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0178020

7. TYPE OF APPLICANT: (enter appropriate letter in box) [K]

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
[X] New [ ] Continuation [ ] Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency, Region 9

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-468
TITLE: Drinking Water Infrastructure Tribal Set-Aside Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Yurok Tribe - McBeth Water System Improvement Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Del Norte County, California

13. PROPOSED PROJECT: Start Date Oct.2002; Ending Date Dec.2004

14. CONGRESSIONAL DISTRICTS OF: a. Applicant First District; b. Project First District

15. ESTIMATED FUNDING:

a. Federal	$ 1,028,870 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,028,870 .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 07/01/02

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. Type Name of Authorized Representative: Susan Masten	b. Title: Chairperson	c. Telephone Number: (707) 444-0433
d. Signature of Authorized Representative		e. Date Signed

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

RECEIVED JUL - 9 2002 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION Application: ☐ Construction ☒ Non-Construction Preapplication: ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED July 10, 2002	Applicant Identifier	
	3. DATE RECEIVED BY STATE	State Applicant Identifier	
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION — IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☒ NO IF YES, LIST ACRONYM(S)

Legal Name:
Sequoia Foundation

Organizational Unit:

Address (give city, county, state, and zip code):
2166 Avenida de la Playa, Suite D
La Jolla, CA 92037

Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)
PI: Marilyn Underwood, PhD (510) 622-4415 munderwo@dhs.ca.gov
ADMIN. CONTACT: Pam Petree (858) 459-0434 laipetree@aol.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 3 - 0 1 0 0 2 0 8

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) non-profit corporation

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
U.S. Environmental Protection Agency - ORD - NCER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 5 0 0
TITLE: 2002-STAR - J1

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Holistic Risk Assessment: A State-Tribal Collaborative

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
San Diego County, California
Humboldt County, California

13. PROPOSED PROJECT: Start Date	Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant	b. Project
1/01/03	12/31/05	49	Districts 1, 49, and 50

15. ESTIMATED TOTAL PROJECT FUNDING:		
a. Federal	$ 450,000	.00
b. Applicant	$	.00
c. State	$ 45,719	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 495,719	.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 7/8/02
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. Typed Name of Authorized Representative	b. Title	c. Telephone number
John S. Petterson, Ph.D.	President, Board of Directors	(858) 459-0434
d. Signature of Authorized Representative		e. Date Signed
		July 8, 2002

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Standard Form 424 (REV 4-88)

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Community Partners
Address: WYSE. Women and Youth Supporting Each Other
606 S. Olive Street, Suite 2400
Los Angeles (City) CA (State) Los Angeles (County) 90014 - (ZIP Code + 4)

Organizational Unit: Finance and Administration

2. Applicant's D-U-N-S Number: 0 3 6 9 3 2 0 7 2

3. Applicant's T-I-N: 9 5 - 4 3 0 2 0 6 7

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Mina Kim
Address: 634 S. Spring Street, Suite 902
Los Angeles (City) CA (State) 90014- (ZIP Code + 4)
Tel. #: 213. 488. 4942 Fax #: 213.488.4999
E-Mail Address: mina@wyse.org

6. Novice Applicant [X] Yes [ ] No

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

8. Type of Applicant (Enter appropriate letter in the box.) I

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

Application Information

9. Type of Submission:
—PreApplication
[ ] Construction
[ ] Non-Construction
—Application
[ ] Construction
[X] Non-Construction

RECEIVED JUL - 9 2002 STATE CLEARING HOUSE

10. Is application subject to review by Executive Order 12372 process?
[X] Yes (Date made available to the Executive Order 12372 process for review): 7/2/02
[ ] No (If "No," check appropriate box below.)
[ ] Program is not covered by E.O. 12372.
[ ] Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 9/1/2002 End Date: 8/30/2004

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

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

13. Descriptive Title of Applicant's Project:
WYSE California Expansion Project

Estimated Funding

14a. Federal	$ $120,000	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$ $95,000	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ $215,000	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
JANET V. ELLIOTT

b. Title
SVP FINANCE & ADMIN.

c. Tel. #: 213/439-9640 x16 Fax #: 213/439-9650

d. E-Mail Address: jelliott@communitypartners.org

e. Signature of Authorized Representative: Janet V. Elliott Date: 7/1/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Wildlife Foundation

Organizational Unit:

Address (give city, county, state, and zip code): 1621 13th St. Suite B, Sacramento, CA. 95814

Name and telephone number of the person to be contacted on matters involving this application (give area code): Peter L. Haaker (562)342-7181

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 0 8 - 0 2 3 4 7 4 4

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Non-Profit foundation

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: National Marine Fisheries Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements 1 1 - 4 2 7

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rebuilding white abalone in Southern California: Assessment, Culture, Genetics, and Disease

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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Southern California ocean waters

13. PROPOSED PROJECT

Start Date	Ending Date
10/1/02	9/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 5th District

b. Project:

15. ESTIMATED FUNDING:

a. Federal	$ 237,781 .00
b. Applicant	$ .00
c. State	$ 61,961 .00
d. Local	$ .00
e. Other	$ 20,000 .00
f. Program Income	$ .00
g. TOTAL	$ 331,094 .00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE _____

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

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

a. Type Name of Authorized Representative: Tom Martens	b. Title: Executive Director	c. Telephone Number: (916)446-2956
d. Signature of Authorized Representative		e. Date Signed

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Standard Form 424 (Rev. 4-92)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: July 10, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION

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

5. APPLICANT INFORMATION — IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☒ NO IF YES, LIST ACRONYM(S)

Legal Name: Sequoia Foundation

Organizational Unit:

Address (give city, county, state, and zip code): 2166 Avenida de la Playa, Suite D, La Jolla, CA 92037

Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)
PI: Marilyn Underwood, PhD (510) 622-4415 munderwo@dhs.ca.gov
ADMIN. CONTACT: Pam Petree (858) 459-0434 lajpetree@aol.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 3 - 0 1 0 0 2 0 8

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) non-profit corporation

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 8 6 . 5 0 0
TITLE: 2002-STAR - J1

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Holistic Risk Assessment: A State-Tribal Collaborative

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Diego County, California; Humboldt County, California

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13. PROPOSED PROJECT:

Start Date	Ending Date
1/01/03	12/31/05

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 49
b. Project: Districts 149 and 50

15. ESTIMATED TOTAL PROJECT FUNDING:

a. Federal	$ 450,000	.00
b. Applicant	$	.00
c. State	$ 45,719	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 495,719	.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 7/8/02
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. Typed Name of Authorized Representative	b. Title	c. Telephone number
John S. Petterson, Ph.D.	President, Board of Directors	(858) 459-0434

d. Signature of Authorized Representative

e. Date Signed: July 8, 2002

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Standard Form 424 (REV 4-88)

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. Date Submitted	Applicant Identifier
3. Date Received by State	State Application Identifier
4. Date Rec'd by Fed Agency	Federal Identifier

1. TYPE OF SUBMISSION:

Application
[ ] Construction
[X] Nonconstruction

Preapplication
[ ] Construction
[ ] Nonconstruction

5. APPLICANT INFORMATION

Legal Name
State Water Resources Control Board

Organizational Unit
Division of Clean Water Programs

Address (give city, county, state, and zip code):

State Water Resources Control Board
1001 Street
Sacramento County
Sacramento, CA 95814

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

Elizabeth L. Haven
(916) 341-5808

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

[6 | 8 | - | 0 | 2 | 8 | 1 | 9 | 8 | 6]

7. TYPE OF APPLICANT: (enter appropriate letter in box) [A]

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Institute Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify): _____

8. TYPE OF APPLICATION:

[X] New [ ] Continuation [ ] Revision

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

A. Increase Award B. Decrease Award

C. Increase Duration D. Decrease Duration

Other (Specify) _____

9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER [6 | 6] - [8 | 0 | 5]

TITLE Leaking Underground Storage Tank Trust Fund Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Funds will support redevelopment of abandoned and underutilized former gas station sites.

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

City of Los Angeles

13. PROPOSED PROJECT

Start Date	Ending Date
[illegible]	9/30/03

14. CONGRESSIONAL DISTRICT OF:

a. Applicant	b. Project
3	California—All

15. ESTIMATED FUNDING

a. Federal	$ 100,000.00
b. Applicant	$ .00
c. State	$ 11,111.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 111,111.00

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: July 8, 2002

b. NO: [ ] Program is not covered by EO 12372.

[ ] Or program has not been selected by state for review.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes, attach an explanation. [X] 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. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Celeste Cantú	Executive Director	(916) 341-5615

d. Signature of Authorized Representative

e. Date Signed

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Attachment B-1

OMB Approval No. 0348-004

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Community Resource Project, Inc.

Organizational Unit: Family Learning Center

Address (give city, county, State, and zip code): 250 Harris Ave., Suite 1, Sacramento, CA 95838

Name and telephone number of person to be contacted on matters involving this application (give area code): Louise Perez (916) 567-5220 x 233

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2280427

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) 501 (C) 3 Non-profit

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: Office of Community Services, OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Nutrition Project

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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northern California Galt, Citrus Heights in Sacramento County

13. PROPOSED PROJECT: Nutrition Project

14. CONGRESSIONAL DISTRICTS OF: 3

Start Date: 10/02 Ending Date: 9/03

a. Applicant: Community Resource Project

b. Project: Northern Project

15. ESTIMATED FUNDING: $50,000

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

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 07/03/02

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. Type Name of Authorized Representative: Louise A. Perez	b. Title: Executive Director	c. Telephone Number: (916) 567-5220 x 233
d. Signature of Authorized Representative		e. Date Signed: 07/03/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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1. TYPE OF SUBMISSION: Application [ ] Construction [✓] Non-Construction; Preapplication [ ] Construction [ ] Non-Construction	2. DATE SUBMITTED 06/14/2002	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: New Directions, Inc.

Organizational Unit: New Directions North

Address (give city, county, state, and zip code): 11303 Wilshire Blvd., VA Bldg. 116, Los Angeles, Los Angeles County, CA 90073-1003

Name and telephone number of the person to be contacted on matters involving this application (give area code): Dr. Lorin Lindner, Clinical Director -(310) 914-4045, ext. 105 llindner@newdirectionsinc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 4242745

7. TYPE OF APPLICANT: (enter appropriate letter in box) [N]

A. State; B. County; C. Municipal; D. Township; E. Interstate; F. Intermunicipal; G. Special District; H. Independent School Dist.; I. State Controlled Institution of Higher Learning; J. Private University; K. Indian Tribe; L. Individual; M. Profit Organization; N. Other (Specify): Private Nonprofit Organization

8. TYPE OF APPLICATION: [✓] New [ ] Continuation [ ] Revision

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

A. Increase Award; B. Decrease Award; C. Increase Duration; D. Decrease Duration; Other (specify):

9. NAME OF FEDERAL AGENCY: SAMHSA, CSAT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 02-006

TITLE: Treatment for Homeless

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Residential Dual Diagnosis Center for Homeless Veterans

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Los Angeles County, California

13. PROPOSED PROJECT:

Start Date	Ending Date
12/01/2002	11/30/2005

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
29	24-41 (Los Angeles County)

15. ESTIMATED FUNDING:

a. Federal	$	473,509.00
b. Applicant	$	80,000.00
c. State	$	50,000.00
d. Local	$	.00
e. Other	$	330,000.00
f. Program Income	$	355,780.00
g. TOTAL	$	1,289,289.00

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 06/14/2002

b. NO. [ ] PROGRAM IS NOT COVERED BY E.O. 12372

[ ] OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION 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. Typed Name of Authorized Representative	b. Title	c. Telephone number
Toni Reinis	Executive Director	(310) 914-4045

d. Signature of Authorized Representative

e. Date Signed: 06/14/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Organizational Unit

Applicant Information

1. Name and Address

Legal Name: Coalition for Zero Violence

Address: 65 S. Grand Avenue, Suite 202

Pasadena (City) CA (State) _____ (County) 91105-1602 (ZIP Code + 4)

2. Applicant's D-U-N-S Number |1|1|2|7|1|9|9|9|7|

3. Applicant's T-I-N |9|5| - |4|4|6|3|5|3|7|

4. Catalog of Federal Domestic Assistance #: **84.1|8|4|b|**

Title: Mentoring Programs

5. Project Director: Susan MacLean

Address: 65 S. Grand Avenue, Suite 202

Pasadena (City) CA (State) 91105 - 1602 (Zip code + 4)

Tel. #: (626) 395 -7484 Fax #: (626) 395 - 7530

E-Mail Address: SusanMacLean@pacbell.net

6. Novice Applicant ___Yes _x_No

7. Is the applicant delinquent on any Federal debt? ___Yes _x_No
(If "Yes," attach an explanation.)

8. Type of Applicant *(Enter appropriate letter in the box.)* |I|

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

K - Other (*Specify*): _____

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Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
__ Non-Construction	_x_ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

__x_ Yes (*Date made available to the Executive Order 12372 process for review*): _7__/_2__/__02_____

___ No *(If "No," check appropriate box below.)*

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

___ Program has not been selected by State for review.

11. Proposed Project Dates: _10_/_1__/_2002___ __9__/_30_/_2005_____
Start Date: **End Date:**

12. Are any research activities involving human subjects planned at any time during the proposed project period?

___ Yes (Go to 12a.) __x No (Go to item 13.)

12a. Are **all** the research activities proposed designated to be exempt from the regulations?

___ Yes (Provide Exemption(s) #): _____

___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Pasadena Mentoring Program

Estimated Funding

14a. Federal	$	600,000. 00
b. Applicant	$	0 . 00
c. State	$	0 . 00
d. Local	$	0 . 00
e. Other	$	0 . 00
f. Program Income	$	0 . 00
g. TOTAL	$	600,000. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)

John M. Hitchcock

b. Title: **Chairperson, Coalition for Zero Violence**

c. Tel. #: (323)254-2274 x232 Fax #: (323) 254-0598

d. E-Mail Address: jhitchcock@hillsides.org

e. Signature of Authorized Representative

John M Hitchcock

Date: 7/1/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address
Legal Name: YMCA of Orange County

Address: 13821 Newport Avenue Suite 200

Organizational Unit

Tustin (City) CA (State) Orange (County) 92780 - (ZIP Code + 4)

2. Applicant's D-U-N-S Number |0|7|9|5|4|3|7|3|2|

3. Applicant's T-I-N |9|5| - |1|6|4|4|0|5|5|

4. Catalog of Federal Domestic Assistance #: **84.1 8 4 B**

Title: Youth Achievers

5. Project Director: Adrienne Stokols

Address: 13821 Newport Avenue Suite 200

Tustin (City) CA (State) 92780 (Zip code + 4)

Tel. #: (714) 549-9622 Fax #: (714) 838-5976

E-Mail Address: astokols@ymcaoc.net

6. Novice Applicant X Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* |I|

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (*Specify*): _____

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Application Information

9. Type of Submission:

-PreApplication
___ Construction
___ Non-Construction

-Application
___ Construction
✓ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes (*Date made available to the Executive Order 12372 process for review*): 7/ 02/ 2002

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

11. Proposed Project Dates: 10 / 02 / 02 (**Start Date:**) 9 / 30 / 05 (**End Date:**)

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

12a. Are **all** the research activities proposed designated to be exempt from the regulations?
___ Yes (Provide Exemption(s) #): _____

___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

School based mentoring for youth at risk of school failure and/or delinquency.

Estimated Funding

14a. Federal	$ 592,881	.00
b. Applicant	$ 381,150	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 974,031	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Peggy Carollo

b. Title: **Chief Financial Officer**

c. Tel. #: (714) 549-9622 Fax #: (714) 838-5976

d. E-Mail Address: pcarollo@ymcaoc.net

e. **Signature of Authorized Representative**
Peggy Carollo Date: 7/1/02

DOT FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-X970-02
Budget Number:	3 - Budget Pending Approval
Project Information:	FY00 - Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-X970-02
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

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Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	$235,501,467
Project Number:	CA-90-X970-02	Adjustment Amt:	$0
Project Description:	FY00 - Capital Assistance	Total Eligible Cost:	$235,501,467
Recipient Type:	Transit Authority	Total FTA Amt:	$198,492,448
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	$0
Recipient Contact:	Gladys Lowe 213.922.2459	Total Local Amt:	$37,009,019
New/Amendment:	Amendment	Other Federal Amt:	$0
Amend Reason:	Increase Award	Special Cond Amt:	$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified

State Appl. ID:	None Specified
Start/End Date:	Jun. 01, 1998 - Jul. 31, 2007
Recvd. By State:	Jul. 03, 2002
EO 12372 Rev:	YES
Review Date:	Dec. 31, 2001
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 11, 2002
Program Page:	19 - 25
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

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

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman
6	30	Xavier Becerra
6	31	Hilda L Solis
6	32	Diane E Watson
6	33	Lucille Roybal-Allard
6	34	Grace F Napolitano
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Organizational Unit

Norwalk-La Mirada Unified School District

Applicant Information

1. Name and Address
   Legal Name: **Norwalk-La Mirada Unified School District**

   Address : 12820 S. Pioneer Blvd.

Norwalk	CA	Los Angeles	90650- 2875
City	State	County	ZIP Code + 4

2. Applicant's D-U-N-S Number | 0 | 7 | 7 | 9 | 7 | 7 | 0 | 7 | 2 |

3. Applicant's T-I-N | 9 | 5 | - | 6 | 0 | 0 | 2 | 2 | 2 | 8 |

4. Catalog of Federal Domestic Assistance #: **84. 1 | 8 | 4 | B |**

   Title: Federal Mentoring Program

5. Project Director: Mr. Chris Forehan
   Address: 12820 S. Pioneer Blvd.

Norwalk	CA	90650- 2875
City	State	ZIP Code + 4

   Tel. #: (562) 868-0431 X2106 Fax #: (562) 868-7541

   E-Mail Address: dickes_kim@nlmusd.k12.ca.us

6. Novice Applicant X Yes __ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* |F|

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

K - Other (*Specify*): _____

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Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
X Non-Construction	___ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
    X Yes *(Date made available to the Executive Order 12372 process for review):* 6/25/ 2002

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

11. Proposed Project Dates: 9/1/2002 **Start Date:** 8/31/2005 **End Date:**

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

    12a. Are **all** the research activities proposed designated to be exempt from the regulations?
    ___ Yes (Provide Exemption(s) #): _____

    ___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

    Federal Mentoring Program

Estimated Funding

14a. Federal	$ 200,000. 00
b. Applicant	$ 119,010. 00
c. State	$. 00
d. Local	$ 729,000. 00
e. Other	$. 00
f. Program Income	$. 00
g. TOTAL	$ 1,048,010. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)

   Ginger Shattuck

b. Title: **Superintendent**

c. Tel. #: (562) 868-0431 X2200 Fax #: (562) 868-7541

d. E-Mail Address: gshattuck@nlmusd.k12.ca.us

e. **Signature of Authorized Representative**

Ginger Shattuck

Date: 6 /27/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Organizational Unit

San Jacinto Unified School District

Applicant Information

1. Name and Address
Legal Name: **San Jacinto Unified School District**

Address : 2045 S. San Jacinto Ave

San Jacinto	CA	Riverside	92583- 5626
City	State	County	ZIP Code + 4

2. Applicant's D-U-N-S Number | 0 | 7 | 0 | 9 | 3 | 8 | 3 | 2 | 9 |

3. Applicant's T-I-N | 3 | 3 |-| 0 | 7 | 1 | 9 | 1 | 6 | 2 |

4. Catalog of Federal Domestic Assistance #: **84. 1 | 8 | 4 | B |**

Title: Federal Mentoring Program

5. Project Director: Myrna Rohr

Address : 2045 S. San Jacinto Ave

San Jacinto	CA	92583- 5626
City	State	ZIP Code + 4

Tel. #: (909) 929-7700 X4259 Fax #: (909) 929 2890

E-Mail Address: mrohr@sanjacinto.k12.ca.us

6. Novice Applicant X Yes __ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* |F|

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

K - Other (*Specify*): _____

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Application Information

9. Type of Submission:

-PreApplication	*-Application*
__ Construction	__ Construction
X Non-Construction	__ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes (*Date made available to the Executive Order 12372 process for review*): 6/27/2002

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

11. Proposed Project Dates: 9/15/2002 **Start Date:** 8/14/2005 **End Date:**

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

12a. Are **all** the research activities proposed designated to be exempt from the regulations?
__ Yes (Provide Exemption(s) #): _____

__ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Federal Mentoring Program

Estimated Funding

14a. Federal	$ 200,000. 00
b. Applicant	$ 55,700. 00
c. State	$. 00
d. Local	$ 273,600. 00
e. Other	$. 00
f. Program Income	$. 00
g. TOTAL	$ 529,300.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)

Dr. Peter Demyan

b. Title: **Superintendent**

c. Tel. #: (909) –929-7700 Fax #: (909) –929-2890

d. E-Mail Address: pdemyan@sanjacinto.k12.ca.us

e. **Signature of Authorized Representative**

_____ Date: 6 /28/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Organizational Unit

Alvord Unified School District

Applicant Information

1. Name and Address
   Legal Name: **Alvord Unified School District**

   Address : 10365 Keller Avenue

Riverside	CA	Riverside	92505- 1398
City	State	County	ZIP Code + 4

2. Applicant's D-U-N-S Number | 0 | 6 | 6 | 1 | 5 | 1 | 7 | 4 | 7 |

3. Applicant's T-I-N | 9 | 1 | - | 1 | 7 | 9 | 4 | 3 | 9 | 0 |

4. Catalog of Federal Domestic Assistance #: **84. 1 | 8 | 4 | B |**

   Title: Federal Mentoring Program

5. Project Director: Gale Gorke

   Address: 10365 Keller Avenue

Riverside	CA	92505 1398
City	State	Zip code + 4

   Tel. #: (909) 351-7557 Fax #: (909) 351-9382

   E-Mail Address: ggorke@alvord.k12.ca.us

6. Novice Applicant X Yes __ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* |F|

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

   K - Other (*Specify*): _____

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Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
X Non-Construction	___ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
    X Yes (*Date made available to the Executive Order 12372 process for review*): 6/26/2002

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

11. Proposed Project Dates: 9/15/2002 **Start Date:** 8/14/2005 **End Date:**

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

    12a. Are **all** the research activities proposed designated to be exempt from the regulations?
    ___ Yes (Provide Exemption(s) #): _____

    ___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

    Federal Mentoring Program

Estimated Funding

14a. Federal	$ 200,000. 00
b. Applicant	$ 52,800. 00
c. State	$ 15,790. 00
d. Local	$ 57,260. 00
e. Other	$. 00
f. Program Income	$. 00
g. TOTAL	$ 325,850. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)

   Ronald G. Bennett, Ed.D.

b. Title: **Superintendent**

c. Tel. #: (909) -509-5070 Fax #: (909) -509-6070

d. E-Mail Address: rbennett@alvord.k12.ca.us

e. **Signature of Authorized Representative**

Ronald G. Bennett Date: 7/01/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address
Legal Name: Catholic Healthcare West DBA California Hospital Medical Center

Address: 1401 South Grand Avenue

Los Angeles (City) CA (State) Los Angeles (County) 90015 - (ZIP Code + 4)

Organizational Unit: Hope Street Family Center

2. Applicant's D-U-N-S Number | 0 | 5 | 3 | 8 | 7 | 9 | 2 | 3 | 5 |

3. Applicant's T-I-N | 9 | 4 | - | 1 | 1 | 9 | 6 | 2 | 0 | 3 |

4. Catalog of Federal Domestic Assistance #: **84. 1 8 4 B**

Title: Mentoring Programs

5. Project Director: Vickie Kropenske

Address: 1401 S. Grand Ave.

Los Angeles (City) CA (State) 90015 (Zip code + 4)

Tel. #: (213) 742-5893 Fax #: (213) 742-5875

E-Mail Address: rhume@chw.edu

6. Novice Applicant ___ Yes _X_ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

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

K - Other *(Specify)*: _____

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Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	_X_ Non-Construction

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

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

11. Proposed Project Dates: 10/1/02 **Start Date:** 9/30/05 **End Date:**

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

12a. Are **all** the research activities proposed designated to be exempt from the regulations?
___ Yes (Provide Exemption(s) #): _____

___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Hope Street Mentoring Program

Estimated Funding

14a. Federal	$ 200,000	.00
b. Applicant	$ 23,624	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. **TOTAL**	$ 223,624	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*
Mark A. Meyers

b. Title: President

c. Tel. #: (213) 742-5778 Fax #: (213) 765-4078

d. E-Mail Address: meyersm@chw.edu

e. **Signature of Authorized Representative**
Mark A. Meyers

Date: 7/1/02

Application for Federal Assistance

OMB Approval No. 0348-0043

	2. Date Submitted (mm/dd/yyyy) 07/02/2002	Applicant Identifier
1. Type of Submission Application: [X] Construction Rehab [ ] Non-Construction Pre-application: [ ] Construction [ ] Non-Construction	3. Date Received by State (mm/dd/yyyy)	State Application Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. Applicant Information

Legal Name MONTEREY VISTA MOBILE HOME PARK	Organizational Unit Monterey Vista Mobile Estates Homeowners Assoc. Inc.
Address (give city, county, State, and zip code) 144 HOLM ROAD #2 WATSONVILLE, CA 95076	Name and telephone number of the person to be contacted on matters involving this application (give area code) DAVID SEMELSBERGER TEL (619) 544-0123 FAX (619) 544-9110

6. Employer Identification Number (EIN) (xx-yyyyyyy)

77 — 0574050

7. Type of Applicant (enter appropriate letter in box) N

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Inter-municipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N Nonprofit
O Public Housing Agency
P. Other (Specify)

8. Type of Application:

[X] New [ ] Continuation [ ] Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify)

9. Name of Federal Agency

U.S. DEPT. OF HUD

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

Title: FHA Section 207(m)

11. Descriptive Title of Applicant's Project

This is an acquisition of a 123-space mobile home park including clubhouse, to be financed under the FHA Section 207(m) program.

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12. Areas Affected by Project (cities, counties, States, etc.)

Watsonville, Santa Cruz, California

13. Proposed Project		14. Congressional Districts of	
Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	a. Applicant 17th District of California	b. Project 17th District of California

15. Estimated Funding

Complete form HUD-424-M, Funding Matrix

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. **Yes** This pre-application/application was made available to the State Executive Order 12372 Process for review on:

Date (mm/dd/yyyy) 07/02/2002

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 [X] No

18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number (Include Area Code)
MATTHEW D. UFFERMAN	ANALYST	(614) 857-1595
d. Signature of Authorized Representative Matth D. Ufferman		e. Date Signed (mm/dd/yyyy)

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form **SF-424** (7/97)
Prescribed by OMB Circular A-102

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
FHA Section 207(m)		3,341,000					3,341,000
MPROP			1,500,000				1,500,000
Grand Totals		3,341,000	1,500,000				4,841,000

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION

Application
- ☐ Construction
- ■ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Bay Area Air Quality Management District

Organizational Unit:

Address (give city, county, state, and zip code): San Francisco, CA 94109

Name and telephone number of the person to be contacted on matters involving this application (give area code): Ronald C. Raimondi, Finance Mamager (415) 749-4957

6. EMPLOYER IDENTIFICATION (EIN): 94-1622746

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

- A. State
- B. County
- C. Municipal
- D. Township
- E. Interstate
- F. Intermunicipal
- G. Special District
- H. Independent School District
- I. State Controlled Institution of Higher Learning
- J. Private University
- K. Indian Tribe
- L. Individual
- M. Profit Organization
- N. Other (Specify): _____

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award

C. Increase Duration D. Decrease Duration

Other Specify: _____

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9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.606

TITLE: Surveys, Studies, Investigations,

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Funding to Continue District's $PM_{2.5}$ Monitoring Network:

District's portion	$ 358,455.00
"In-Kind" portion	36,324.00
Total Project	$ 394,779.00

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano & Sonoma

13. PROPOSED PROJECT:

Start Date	End Date
7/1/02	6/30/03

14. CONGRESSIONAL DISTRICT OF:

a. Applicant: 02

b. Project: 04-13

15. Estimated Funding:

a. Federal	$ 394,779.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 394,779 .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 PROCESSES FOR REVIEW ON: July 5, 2002

DATE _____

b. NO.
- ☐ PROGRAM IS NOT COVERED BY E.O. 12372
- ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☐ No

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

a. Typed Name of Authorized Representative: Ellen Garvey	b. Title: Air Pollution Control Officer	c. Telephone Number (415) 749-4970
d. Signature of Authorized Representative		e. Date Signed

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Standard Form 424A (REV 4-88)
Prescribed by OMB Circular A-102

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JUL - 8 2002
STATE CLEARING HOUSE

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Saddleback Valley Unified School District
Address: 25631 Peter A. Hartman Way
Mission Viejo, California 92691
City | State | County: Orange | ZIP Code + 4: (949)586-1234

Organizational Unit: School District

2. Applicant's D-U-N-S Number: 0 8 5 5 8 9 1 4 1
3. Applicant's T-I-N: 9 5 - 2 8 2 3 5 9 6
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs
5. Project Director: Carol Lerman
Address: S.V.U.S.D. 25631 Peter A. Hartman Way
Mission Viejo | CA | 92691
City | State | ZIP Code + 4
Tel. #: (949)580-3222 Fax #: (949)454-1711
E-Mail Address: lerman@svusd.k12.ca.us

6. Novice Applicant: [XX] Yes [ ] No
7. Is the applicant delinquent on any Federal debt? [ ] Yes [XX] No
(If "Yes," attach an explanation.)
8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

—PreApplication	—Application
[ ] Construction	[ ] Construction
[ ] Non-Construction	[XX] Non-Construction

10. Is application subject to review by Executive Order 12372 process?
[XX] Yes (Date made available to the Executive Order 12372 process for review): 6/27/02
[ ] No (If "No," check appropriate box below.)
[ ] Program is not covered by E.O. 12372.
[ ] Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: Fall 2002 End Date: Summer 2005

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

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

13. Descriptive Title of Applicant's Project:
Saddleback Valley Unified School District
Mentoring Connection

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Estimated Funding

14a. Federal	$ 179,000	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL (1 Year)	$ 179,000	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Jerry C. Gross
b. Title
Superintendent
c. Tel. #: (949) 586-1234 Fax #: (949) 951-0994
d. E-Mail Address: grossj@svusd.k12.ca.us
e. Signature of Authorized Representative: Jerry C. Gross
Date: 6/25/02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: July 8, 2002

Applicant Identifier:

1. TYPE OF SUBMISSION:

Application: [ ] Construction [X] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Catholic Charities of Los Angeles, Inc.

Organizational Unit: Our Lady of the Angels Region-Metro Area

Address (give city, county, State, and zip code): 1531 James M.Wood Blvd. Los Angeles, CA 90015

Name and telephone number of person to be contacted on matters involving this application (give area code): Jackie Lazarus, 323-662-1462

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1690973

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Nonprofit

8. TYPE OF APPLICATION:

[X] New [ ] Continuation [ ] Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY: DHHS ACF OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571

TITLE: Community Food and Nutrition Prog.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Health Smart" will serve no less than 3,500 low income individuals by providing food and nutrition information.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, Los Angeles County, CA

13. PROPOSED PROJECT: 12 months

14. CONGRESSIONAL DISTRICTS OF: 30th and 35th

Start Date: 8/01/02 Ending Date: 7/31/03

a. Applicant: Catholic Charities of LA

b. Project: The Community Food and Nutrition Pr

15. ESTIMATED FUNDING:

a. Federal	$ 50,000 .00
b. Applicant	$ 27,667 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 77,667 .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 July 8, 2002

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. [X] 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. Type Name of Authorized Representative: Rev. Monsignor Gregory A. Cox

b. Title: Executive Director

c. Telephone Number: 213-251-3464

d. Signature of Authorized Representative: Gregory A. Cox

e. Date Signed: 7/8/02

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

RECEIVED
JUL - 8 2002
STATE CLEARING HOUSE

Applicant Information

1. Name and Address

Legal Name: Shasta County Chemical People, Inc.

Address: P. O. Box 493777

Redding (City) State: CA County: Shasta ZIP Code + 4: 96049 - 3777

Organizational Unit

2. Applicant's D-U-N-S Number | 5 | 5 | 5 | 5 | 6 | 6 | 3 | 6 | 3 |

3. Applicant's T-I-N | 6 | 8 | - | 0 | 0 | 2 | 7 | 8 | 8 | 8 |

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |

Title: Mentoring Program

5. Project Director: Betty Cunningham

Address: P. O. Box 493777

Redding (City) State: CA Zip code + 4: 96049-3777

Tel. #: (530) 241 - 5958 Fax #: (530) 247 - 0915

E-Mail Address: drugfree1@cs.com

6. Novice Applicant X Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 07/02/2002

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

11. Proposed Project Dates: 10/01/2002 09/30/2003
Start Date: **End Date:**

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

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

13. Descriptive Title of Applicant's Project:
Shasta County Peer Mentoring Project for high school and middle school

Estimated Funding

14a. Federal	$	200,000.00
b. Applicant	$	.00
c. State	$	27,500.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	227,500.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Betty Cunningham

b. Title: Executive Director

c. Tel. #: (530) 241 - 5958 Fax #: (530) 247 - 0915

d. E-Mail Address: drugfree1@cs.com

e. Signature of Authorized Representative
Betty Cunningham Date: 07/02/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

6/28/02 SP.

RECEIVED JUL - 8 2002 STATE CLEARING HOUSE

Applicant Information

1. Name and Address
Legal Name: Assistance League of Southern California
Address: 8134 Van Nuys Blvd. #200

Organizational Unit
Volunteer Center of Los Angeles

Panorama City (City) CA (State) Los Angeles (County) 91402 - 4818 (ZIP Code + 4)

2. Applicant's D-U-N-S Number |0|7|4|1|3|6|8|4|7|

3. Applicant's T-I-N |9|5|-|1|6|4|1|9|6|0|

4. Catalog of Federal Domestic Assistance #: 84.|1|8|4|B|

Title: Mentoring Programs

5. Project Director: Jim Leahy, Executive Director

Address: Volunteer Center of Los Angeles, 8134 Van Nuys Blvd. #200

Panorama City (City) CA (State) 91402 4818 (Zip code + 4)
Tel. #: (818) 908 - 5066 Fax #: (818) 908 - 5147

E-Mail Address: jimleahy@vcla.net

6. Novice Applicant ___Yes X No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* |I|

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 07 / 02 / 2002

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

11. Proposed Project Dates: 10 /01 / 2002 (**Start Date:**) 09 / 30 / 2005 (**End Date:**)

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

12a. Are **all** the research activities proposed designated to be exempt from the regulations?
___ Yes (Provide Exemption(s) #): _____
X No (Provide Assurance #): None

13. Descriptive Title of Applicant's Project:
Beyond the Bell Mentoring Program

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Estimated Funding

14a. Federal	$ 599,663	.00
b. Applicant	$	.00
c. State	$ 208,620	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 808,283	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Katie Osterloh

b. Title: President

c. Tel. #: (323) 469 - 1973 Fax #: (323) 469 - 3533

d. E-Mail Address: email@alsc.net

e. Signature of Authorized Representative
Katie Osterloh

Date: 06 / 28 / 2002

Application for Federal Education Assistance (ED 424)

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STATE CLEARING HOUSE

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Ojai Valley Youth Foundation
Address: 201 Church Road
Ojai (City) CA (State) Ventura (County) 93023-3119 (ZIP Code + 4)

Organizational Unit: Community-Based Organization

2. Applicant's D-U-N-S Number: 799416862

3. Applicant's T-I-N: 77-0455993

4. Catalog of Federal Domestic Assistance #: 84184B
Title: Mentoring Programs

5. Project Director: Ruth Cooper
Address: 201 Church Road
Ojai (City) CA (State) 93023-3119 (ZIP Code + 4)
Tel. #: 805-640-9555 Fax #: 805-640-7211
E-Mail Address: info@ovyf.org

6. Novice Applicant ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) I

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

Application Information

9. Type of Submission:

—PreApplication
☐ Construction
☐ Non-Construction

—Application
☐ Construction
☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): July 2, 2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/01/02 End Date: 09/30/05

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

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

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13. Descriptive Title of Applicant's Project:
Ojai Valley School-Based Mentoring Project

Estimated Funding

14a. Federal	$ 165,000	.00
b. Applicant	$ 50,245	.00
c. State	$	.00
d. Local	$	.00
e. Other	$ 20,000	.00
f. Program Income	$	.00
g. TOTAL	$ 235,245	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Suzanne Nixon Bohnett

b. Title
Associate Director

c. Tel. #: 805-640-9555 Fax #: 805-640-7211

d. E-Mail Address: suzie@ovyf.org

e. Signature of Authorized Representative: Suzanne N. Bohnett Date: 7/1/02

RECEIVED JUL 3 2002 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application: ☐ Construction ☒ Non-Construction; Preapplication: ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED: 7/3/2002	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: x-989772-01-0

5. APPLICANT INFORMATION

Legal Name: California Tree Fruit Agreement

Organizational Unit:

Address (give city, county, State, and zip code): 975 I Street, Reedley, CA 93654

Name and telephone number of person to be contacted on matters involving this application (give area code): Gary W. Van Sickle (559) 638-8260

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-9362520

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Non-Profit Organization

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

Extension of x-989772-01-0

9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Integrated Pest Management in Stone Fruits

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, Kings, Yuba, Sutter, Kern, and Tulare Counties

13. PROPOSED PROJECT

Start Date	Ending Date
10/01/02	9/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 19

b. Project: 19, 20, 21, 2

15. ESTIMATED FUNDING:

a. Federal	$ 11,800 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 11,800 .00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 7/3/2002

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. Type Name of Authorized Representative: Gary W. Van Sickle	b. Title: Research Director	c. Telephone Number: (559) 638-8260
d. Signature of Authorized Representative: Gary W. Van Sickle		e. Date Signed: 7/3/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Kern Valley High School (Kern High School District)
Address: 3340 Erskine Creek Road

Organizational Unit: Center for Achievement, Retention and Enrichment

Lake Isabella (City) | CA (State) | Kern (County) | 93240 - (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 1 0 0 1 1 8 2 6 4

3. Applicant's T-I-N: 9 5 - 6 0 0 1 7 6 4

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Program

5. Project Director: Genel Wokal
Address: P. O. Box 750 (summer)
Kernville (City) | CA (State) | 93240 - 0750 (ZIP Code + 4)
Tel. #: (760) 379-2611 Fax #: (760) 379-8314
E-Mail Address: GWOKAL@KHSD.K12.CA.US WGENEL@AOL.COM

6. Novice Applicant ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

—PreApplication	—Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 6/25/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

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

13. Descriptive Title of Applicant's Project:
Adult/Student One on One Mentoring Program and High School Student/Elementary School Student Mentoring Program

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Estimated Funding

14a. Federal	$	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	0.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
William Hatcher

b. Title Superintendent

c. Tel. #: (661) 827-3154 Fax #:

d. E-Mail Address:

William D. Hatcher
e. Signature of Authorized Representative

Date: 6/25/2002

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: June 26, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: American Lung Association of Los Angeles County

Organizational Unit: Program Department

Address (give city, county, State, and zip code): 5858 Wilshire Blvd., Suite 300, Los Angeles, CA 90036

Name and telephone number of person to be contacted on matters involving this application (give area code): Susana Jacomet 323-935-5864 x227

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1641451

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) ~~Non-profit community-based organization~~

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606

TITLE: Community-Based In-Home Asthma Education and Management Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Healthy Homes for Little Lungs

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County

JUL - 5 2002

13. PROPOSED PROJECT

Start Date: 11-30-02 Ending Date: 11-29-03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 32 b. Project: 24, 26

15. ESTIMATED FUNDING:

a. Federal	$ 150,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 150,000 .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 6-27-02

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. Type Name of Authorized Representative: Enrique Chiock	b. Title: President & CEO	c. Telephone Number: 323-935-5864 x235
d. Signature of Authorized Representative: Enrique Chiock		e. Date Signed: June 26, 2002

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

2. DATE SUBMITTED: 7/3/02
Applicant Identifier:
3. DATE RECEIVED BY STATE
State Application Identifier:
4. DATE RECEIVED BY FEDERAL AGENCY
Federal Identifier:

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5. APPLICANT INFORMATION
Legal Name: Organic Farming Research Foundation
Organizational Unit:
Address (give city, county, State, and zip code): PO Box 440, Santa Cruz, CA 95061-0440
Name and telephone number of person to be contacted on matters involving this application (give area code): Don Burgett (831) 426-6606

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 - 0 2 5 2 5 4 5

7. TYPE OF APPLICANT: (enter appropriate letter in box) N
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Nonprofit Organization

8. TYPE OF APPLICATION:
☐ New ☒ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency - Region

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 - 6 0 6
TITLE: Surveys, Studies, Investigations, ...

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Organic Farming Research Projects for Pest and Weed Management

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California, Nevada, Arizona, and Hawaii

13. PROPOSED PROJECT
Start Date: 12/31/02 Ending Date: 12/31/04

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 17th - Sam Farr
b. Project: All CA, NV, AZ, and HI districts

15. ESTIMATED FUNDING:

a. Federal	$ 10,430 00
b. Applicant	$ 00
c. State	$ 00
d. Local	$ 00
e. Other	$ 00
f. Program Income	$ 00
g. TOTAL	$ 10,430 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 7/3/02
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. Type Name of Authorized Representative: Bob Scowcroft
b. Title: Executive Director
c. Telephone Number: (831) 426-6606
d. Signature of Authorized Representative: Bob Scowcroft
e. Date Signed: 7/3/02

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Fresno County Office of Education
Address: 1111 Van Ness
Organizational Unit: LEA

Fresno (City) | CA (State) | Fresno (County) | 93721 - 2000 (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 6 1 8 1 6 5 2 1 1

3. Applicant's T-I-N: 9 4 - 6 0 0 2 2 1 0

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Program

5. Project Director: Randy Mehrten
Address: 1111 Van Ness
Fresno (City) | CA (State) | 93721 - 2000 (ZIP Code + 4)
Tel. #: (559) 265-3002 Fax #: (559) 497-3704
E-Mail Address: rmehrten@fcoe.k12.ca.us

6. Novice Applicant: ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.): F

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

Application Information

9. Type of Submission:

—PreApplication	—Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☐ Yes (Date made available to the Executive Order 12372 process for review): _____
☑ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/02 End Date: 9/30/05

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

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

13. Descriptive Title of Applicant's Project:
Mentoring Program

RECEIVED
JUL - 5 2002
STATE CLEARINGHOUSE

Estimated Funding

14a. Federal	$	515,014	.00
b. Applicant	$		.00
c. State	$		.00
d. Local	$	150,000	.00
e. Other	$		.00
f. Program Income	$		.00
g. TOTAL	$	665,014	0.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Don Collins

b. Title
Deputy Superintendent

c. Tel. #: (559) 265-3090 Fax #: (559) 497-3739

d. E-Mail Address: dcollins@fcoe.k12.ca.us

e. Signature of Authorized Representative: Donald E. Collins
Date: 7/2/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address
Legal Name: YMCA Community Services

Address: 12831 Newport Avenue Suite 150

Tustin (City) CA (State) Orange (County) 92780 - (ZIP Code + 4)

Organizational Unit

2. Applicant's D-U-N-S Number |0|7|9|5|4|3|7|3|2|

3. Applicant's T-I-N |9|5| - |1|6|4|4|0|5|5|

4. Catalog of Federal Domestic Assistance #: **84.1|8|4|B|**

Title: United for Success

5. Project Director: Jean Moonilal

Address: 12831 Newport Avenue Suite 150

Tustin (City) CA (State) 92780 (Zip code + 4)

Tel. #: (714) 665-1342 Fax #: (714) 838- 5976

E-Mail Address: astokols@ymcaoc.net

6. Novice Applicant X Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* |I|

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

K - Other (*Specify*): _____

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Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	✓ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes (*Date made available to the Executive Order 12372 process for review*): 7/ 02/ 2002

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

11. Proposed Project Dates: 10 / 02 / 02 (**Start Date:**) 9 / 30 / 05 (**End Date:**)

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

12a. Are **all** the research activities proposed designated to be exempt from the regulations?
___ Yes (Provide Exemption(s) #): _____

___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Community-based Mentoring for foster and homeless youth

Estimated Funding

14a. Federal	$ 571,730 .00
b. Applicant	$ 30,000 .00
c. State	$ _____ .00
d. Local	$ _____ .00
e. Other	$ _____ .00
f. Program Income	$ _____ .00
g. TOTAL	$ 601,730 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)

Peggy Carollo

b. Title: Chief Financial Officer

c. Tel. #: (714) 549-9622 Fax #: (714) 838-5976

d. E-Mail Address: pcarollo@ymcaoc.net

e. Signature of Authorized Representative

Peggy Carollo EVP Date: 7/1/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Jobs For Progress, Inc. Fresno County SER
Address: 407 S. Clovis Ave., Suite 109

Organizational Unit
SER-Jobs For Progress, Inc.

Fresno (City) | CA (State) | Fresno (County) | 93727 (ZIP Code + 4)

2. Applicant's D-U-N-S Number |0|4|7|9|0|2|1|9|7|

3. Applicant's T-I-N |9|4|-|2|1|8|8|6|0|9|

4. Catalog of Federal Domestic Assistance #: 84.1|7|4|B
Title: Mentoring Programs

5. Project Director: Rebecca Mendibles
Address: 407 S. Clovis Ave., Suite 109
Fresno (City) | CA (State) | 93727 (Zip code + 4)
Tel. #: (559) 452-0881 Fax #: (559) 452-8038
E-Mail Address: becki.m@netzero.net

6. Novice Applicant ___Yes X No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* |I|

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 07 / 02 / 02

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

11. Proposed Project Dates: 10 / 01 / 02 **Start Date:** 09 / 30 / 05 **End Date:**

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

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

13. Descriptive Title of Applicant's Project:
SER Mentoring Program

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Estimated Funding

14a. Federal	$ 473,369.05
b. Applicant	$ _____ .00
c. State	$ _____ .00
d. Local	$ _____ .00
e. Other	$ _____ .00
f. Program Income	$ _____ .00
g. TOTAL	$ 473,369.05

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Rebecca Mendibles

b. Title: **Executive Director**

c. Tel. #: (559) 452 – 0881 Fax #: (559) 452 – 8038

d. E-Mail Address: becki.m@netzero.net

e. **Signature of Authorized Representative**
Rebecca Mendibles

Date: 07 / 02 / 02

PR/AWARD No: S184B020023

Application for Federal Education Assistance

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Community School Parents Association
Address: 5954 Airdrome Street

Los Angeles (City) CA (State) Los Angeles (County) 90035 - (ZIP Code + 4)

Organizational Unit
Community Magnet Elementary School Los Angeles Unified School District

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

3. Applicant's T-I-N 954058022

6. Novice Applicant Yes

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #: 84 184B

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

8. Type of Applicant *(Enter appropriate letter in the box.)* I

A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other *(Specify):*

5. Project Director: Pamela A Marton
Address: Principal, Community Magnet School 5954 Airdrome S...
Los Angeles (City) CA (State) 90035 - (ZIP Code + 4)

Tel. #: (323) 935-7288 Fax #: (323) 930-2289

E-Mail Address: pmarton@lausd.k12.ca.us

Application Information

9. Type of Submission:

--PreApplication

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

No - Program is not covered by E.O. 12372

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

12a. Are **all** the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

No (Provide Assurance #, if available):

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11. Proposed Project Dates:

Start Date:	End Date:
09/01/2002	08/30/2005

13. Descriptive Title of Applicant's Project:
CATCH: Caring Adults Teaching Children How... an academic mentoring program

Estimated Funding

14a. Federal	$	198,745	.00
b. Applicant	$	0	.00
c. State	$	0	.00
d. Local	$	0	.00
e. Other	$	26,000	.00
f. Program Income	$	0	.00
g. **TOTAL**	$	224,745	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative
Lisa Riggs

b. Title
Treasurer, CSPA

c. Tel. #: (310) 830-7111 Fax #: (310) 518-7007

d. E-Mail Address: lriggs39@hotmail.com

e. Signature of Authorized Representative

REV. 11/12/99

ED 424

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address
Legal Name: Home Start, Inc.
Address: 5005 Texas Street, Suite 203

Organizational Unit

San Diego (City) CA (State) San Diego (County) 92108 (ZIP Code + 4)

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

3. Applicant's T-I-N 95-3138268

4. Catalog of Federal Domestic Assistance #: 84184B
Title: Mentoring Programs

5. Project Director: Cindy Grossman
Address: 5005 Texas Street, Suite 203
San Diego (City) CA (State) 92108 (ZIP Code + 4)
Tel. #: (619) 692-0727 Fax #: (619) 692-0785
E-Mail Address: cgrossman@home-start.org

6. Novice Applicant [X] Yes [ ] No

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

8. Type of Applicant (Enter appropriate letter in the box.) I

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

Application Information

9. Type of Submission:

—PreApplication
[ ] Construction
[ ] Non-Construction

—Application
[ ] Construction
[X] Non-Construction

10. Is application subject to review by Executive Order 12372 process?
[X] Yes (Date made available to the Executive Order 12372 process for review): July 1, 2002
[ ] No (If "No," check appropriate box below.)
[ ] Program is not covered by E.O. 12372.
[ ] Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/01/02 End Date: 09/30/05

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

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

13. Descriptive Title of Applicant's Project:
Mentoring Program for Girls

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Estimated Funding

14a. Federal	$	182,557	.00
b. Applicant	$	-0-	.00
c. State	$	-0-	.00
d. Local	$	-0-	.00
e. Other	$	-0-	.00
f. Program Income	$	-0-	.00
g. TOTAL	$	182,557	0.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
LAURA S. SPIEGEL

b. Title
CEO

c. Tel. #: 619.692.0727 Fax #: 619.692-0785

d. E-Mail Address: LSpiegel@home-start.org

e. Signature of Authorized Representative: Laura S. Spiegel Date: 7-1-02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: The David & Margaret Home, Inc.
Address: 1350 Third Street

Organizational Unit

La Verne (City) CA (State) Los Angeles (County) 91750 - 5299 (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 0 7 6 2 4 3 5 3 4

3. Applicant's T-I-N: 9 5 - 1 6 6 0 3 4 6

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Brandy Tovar
Address: 1350 Third Street
La Verne (City) CA (State) 91750 - 5299 (ZIP Code + 4)
Tel. #: (909) 596-5921 Fax #: (909) 596-7583
E-Mail Address: tovarb@dmhome.org

6. Novice Applicant ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) I

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

Application Information

9. Type of Submission:

Preapplication	Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 11/1/2002 End Date: 10/31/2005

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

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

13. Descriptive Title of Applicant's Project:
The Mentor Program

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Estimated Funding

14a. Federal	$	459,908.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	459,908.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Charles C. Rich, LCSW

b. Title Executive Director

c. Tel. #: (909) 596-5921 Fax #: (909) 596-7583

d. E-Mail Address: richc@dmhome.org

Charles C. Rich
e. Signature of Authorized Representative

Date: 7/2/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address
Legal Name: Mt. Diablo Unified School District

Address: 1936 Carlotta Drive

Organizational Unit: Mt. Diablo High School

Concord (City) CA (State) Contra Costa (County) 94519 - 1397 (ZIP Code + 4)

2. Applicant's D-U-N-S Number | 0 | 8 | 6 | 1 | 6 | 5 | 7 | 6 | |

3. Applicant's T-I-N | 6 | 8 | - | 0 | 0 | 9 | 1 | 1 | 5 | 7 |

4. Catalog of Federal Domestic Assistance #: **84.** 1 | 8 | 4 | B |

Title: Safe and Drug Free Schools Mentoring Programs

5. Project Director: Sue Midar

Address: Mt. Diablo High School, 2450 Grant Street

Concord (City) CA (State) 94520 2297 (Zip code + 4)

Tel. #: (925) 672 - 4840 Fax #: (925) 673 - 9723

E-Mail Address: midars@mdusd.k12.ca.us

6. Novice Applicant ✓ Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | F |

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

K - Other (*Specify*): _____

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STATE CLEARING HOUSE

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	✓ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
✓ Yes (*Date made available to the Executive Order 12372 process for review*): 07 / 02 / 2002

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

11. Proposed Project Dates: 10 / 01 / 2002 (**Start Date:**) 09 / 30 / 2005 (**End Date:**)

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

12a. Are **all** the research activities proposed designated to be exempt from the regulations?
___ Yes (Provide Exemption(s) #): _____

___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Success Taking Over Mentoring Program (STOMP)

Estimated Funding

14a. Federal	$	197,669.00
b. Applicant	$	42,404 00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	240,073.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Gary McHenry

b. Title: **Superintendent**

c. Tel. #: (925) 682 - 8000 Fax #: (925) 689 - 1649

d. E-Mail Address: mchenryg@mdusd.k12.ca.us

e. Signature of Authorized Representative
Gary McHenry Date: 7 / 1 / 02

\pplication for Federal
:ducation Assistance (ED 424)

U.S. Department of Education

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

pplicant Information

Name and Address
Legal Name: Quail Valley Healthy Communities
Project LIFT
Address: 29210 Goetz Rd.

Organizational Unit

Quail Valley | CA | Riverside | 92587
City | State | County | ZIP Code + 4

Applicant's D-U-N-S Number 1 1 2 5 2 1 8 1 5

Applicant's T-I-N 3 3 - 0 7 4 2 9 9 6

Catalog of Federal Domestic Assistance #: **84.** 1 8 4 B

Title: Mentoring Programs

Project Director: Rita J. Peters

Address: 29210 Goetz Rd.

Quail Valley | CA | 92587
City | State | Zip code + 4

Tel. #: (909) 246-2894 Fax #: (909) 246-9579

-Mail Address: qvhcprojectlift@yahoo.com

6. Novice Applicant X Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* I

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other *(Specify)*: _____

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pplication Information

Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

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

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

. Proposed Project Dates: 9 1 02 (**Start Date:**) 9 01 05 (**End Date:**)

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

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

13. Descriptive Title of Applicant's Project:
Lifting Up Lives Through Mentoring

stimated Funding

a. Federal	$ 329,047	.00
Applicant	$ 71,700	.00
State	$	.00
Local	$ 17,064	.00
Other	$ 5,375	.00
ogram Income	$ -0-	.00
TOTAL	$ 423,186	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*
Rita J. Peters

b. Title: Executive Director

c. Tel. #: (909) 246 2894 Fax #: (909) 246-9579

d. E-Mail Address: qvhcprojectlift@yahoo.com

e. Signature of Authorized Representative

Rita J. Peters

Date: / /

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Application for Federal Education Assistance (ED 424)

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U.S. Department of Education

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

Applicant Information

1. Name and Address
Legal Name: Young Men's Christian Association of Anaheim
Address: 240 South Euclid Street

Organizational Unit

Anaheim | CA | Orange | 92802 - 1047
City | State | County | ZIP Code + 4

2. Applicant's D-U-N-S Number | 0 | 3 | 0 | 5 | 8 | 4 | 2 | 4 | 7 |

3. Applicant's T-I-N | 9 | 5 | - | 1 | 7 | 0 | 9 | 2 | 9 | 9 |

4. Catalog of Federal Domestic Assistance #: 84.1 | 8 | 4 | B |

Title: Mentoring Programs

5. Project Director: Melissa Gonzales-Runcie
Address: 240 South Euclid Street
Anaheim | CA | 92802 1047
City | State | Zip code + 4
Tel. #: (714) 635 - 9622 Fax #: (714) 635 -8151
E-Mail Address: mruncie@anaheimymca.org

6. Novice Applicant X Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 07/02/02
___ No *(If "No," check appropriate box below.)*
___ Program is not covered by E.O. 12372.
___ Program has not been selected by State for review.

11. Proposed Project Dates: 10/1/02 (Start Date:) 09/30/05 (End Date:)

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

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

13. Descriptive Title of Applicant's Project: Anaheim Achieves Mentor Program: Using trained mentors to ~~provide academic, social, and career~~ development support to 200-225 primarily ~~Hispanic "greatest need" 4th-12th~~ grader

Estimated Funding

14a. Federal	$ 600,000	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ ~~600,000~~	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Paul Andresen

b. Title: Chief Executive Officer

c. Tel. #: (714) 635 - 9622 Fax #: (714) 635 - 8151

d. E-Mail Address: pandresen@anaheimymca.org

e. Signature of Authorized Representative
Paul Andresen Date 07/1/02

APPLICATION FOR FEDERAL ASSISTANCE

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OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION *Application* ☐ Construction ☒ Non-Construction *Preapplication* ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED	Applicant Identifier	
	3. DATE RECEIVED BY STATE	State Applicant Identifier	
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION — IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☐ NO IF YES, LIST ACRONYM(S)

Legal Name: Regents of the University of California

Organizational Unit: University of California, Riverside

Address *(give city, county, state, and zip code)*:
University of California, Riverside
Department of Chemical and Environmental Engineering
Riverside, CA 92521

Name and telephone and E-mail number of the person to be contacted on matters involving this application *(give area code)*
PI: Yushan Yan, 909-787-2068, Yushan.Yan@ucr.edu
ADMIN. CONTACT: Ruben B. Gomez, 909-787-5535, Ruben.Gomez@ucr.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 6 1 4 2

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other *(specify)*:

9. NAME OF FEDERAL AGENCY:
U.S. Environmental Protection Agency - ORD - NCER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 5 0 0
TITLE: **2002-STAR –** L1

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Nanostructured Membranes for Proton Exchange Membrane Fuel Cells

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

13. PROPOSED PROJECT: Start Date	Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant	b. Project
01/01/03	12/31/05	43rd	US

15. ESTIMATED TOTAL PROJECT FUNDING:	
a. Federal	$ 372,064 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 372,064 .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 6/28/02
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. Typed Name of Authorized Representative	b. Title	c. Telephone number
Ruben B. Gomez	Principle Contract and Grant Analyst	909-787-5535

d. Signature of Authorized Representative: Ruben B. Gomez
e. Date Signed: 6/28/02

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Standard Form 424 (REV 4-88)

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Tehama County Department of Education
Address: 1135 Lincoln St
P.O. Box 689
Red Bluff (City) CA (State) Tehama (County) 96080 - 0689 (ZIP Code + 4)

Organizational Unit:

2. Applicant's D-U-N-S Number: 8 2 6 1 9 8 4 8 3

3. Applicant's T-I-N: 9 4 - 2 1 5 2 8 4 2

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Amy Schutter, CHES
Address: 1135 Lincoln Street
Red Bluff (City) CA (State) 96080 - 0689 (ZIP Code + 4)
Tel. #: (530) 527-5811 Fax #: (530) 529-4120
E-Mail Address: aschutte@tcde.tehama.k12.ca.us

6. Novice Applicant: ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.): K

A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify): County Office of Education

Application Information

9. Type of Submission:

Preapplication	Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 9/1/2002 End Date: 8/30/2005

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

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

13. Descriptive Title of Applicant's Project:
Northern California Mentoring Project

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Estimated Funding

14a. Federal	$	166,199.00
b. Applicant	$	80,750.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	246,949.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Robert E. Douglas

b. Title
County Superintendent of Schools

c. Tel. #: (530) 527-5811 Fax #: (530) 529-4120

d. E-Mail Address: rdouglas@tcde.tehama.k12.ca.us

e. Signature of Authorized Representative: Robert E. Douglas
Date: 6-27-02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

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Applicant Information

1. Name and Address
   Legal Name: Jefferson Union High School District
   Address: 699 Serramonte Blvd.
   Suite 100
   Daly City (City) CA (State) San Mateo (County) 94015 - 4132 (ZIP Code + 4)

   Organizational Unit: DALY CITY YOUTH HEALTH CENTER

2. Applicant's D-U-N-S Number: 0 7 8 7 7 2 8 2 9

3. Applicant's T-I-N: 9 4 - 3 0 8 3 7 7 2

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
   Title: Mentoring Programs

5. Project Director: Barbara Raboy
   Address: 2780 Junipero Serra Blvd.
   Daly City (City) CA (State) 94015 - 1634 (ZIP Code + 4)
   Tel. #: (650) 991-2240 Fax #: (650) 991-7498
   E-Mail Address: barblraboy@aol.com

6. Novice Applicant: [x] Yes [ ] No

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

8. Type of Applicant (Enter appropriate letter in the box.) B

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

Application Information

9. Type of Submission:
   —PreApplication
   [ ] Construction
   [ ] Non-Construction
   —Application
   [ ] Construction
   [x] Non-Construction

10. Is application subject to review by Executive Order 12372 process?
    [x] Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
    [ ] No (If "No," check appropriate box below.)
    [ ] Program is not covered by E.O. 12372.
    [ ] Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

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

13. Descriptive Title of Applicant's Project:
    MENTORING CONNECTIONS

Estimated Funding

14a. Federal	$	200,000.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	200,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
   Michael J. Crilly
b. Title: Superintendent, Jefferson Union High School District
c. Tel. #: (650) 550-7960 Fax #: (650) 550-7888
d. E-Mail Address: mcrilly@juhsd.k12.ca.us
e. Signature of Authorized Representative: Michael J. Crilly
   Date: 6-27-02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address

Legal Name: Oakland Asian Students Educational Services (OASES)

Organizational Unit

Address: 196 Tenth Street

Oakland (City) CA (State) Alameda (County) 94607 - 4839 (ZIP Code + 4)

2. Applicant's D-U-N-S Number | 1 | 1 | 2 | 1 | 4 | 4 | 6 | 7 | 5 |

3. Applicant's T-I-N | 9 | 4 | - | 3 | 1 | 4 | 5 | 9 | 9 | 7 |

4. Catalog of Federal Domestic Assistance #: **84.** 1 | 8 | 4 | B |

Title: OASES Youth Programs

5. Project Director: Perry Chen

Address: 196 Tenth Street

Oakland (City) CA (State) 94607-4839 (Zip code + 4)

Tel. #: (510) 891 - 9928 Fax #: (510) 891 - 9418

E-Mail Address: perry@oases.org

6. Novice Applicant X Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

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

K - Other *(Specify)*: _____

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Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
X Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 6 / 26 / 2002

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

11. Proposed Project Dates: 9 / 4 / 2003 **Start Date:** 6 / 15 / 2004 **End Date:**

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

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

13. Descriptive Title of Applicant's Project:

OASES Youth Programs: Empowering Youth to Maximize Their Potential

Estimated Funding

14a. Federal	$ 84,000	.00
b. Applicant	$ 0	.00
c. State	$ 84,000	.00
d. Local	$ 75,000	.00
e. Other	$ 40,000	.00
f. Program Income	$ 0	.00
g. TOTAL	$ 283,000	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*

Perry Chen

b. Title: Executive Director

c. Tel. #: (510) 891 - 9928 Fax #: (510) 891 - 9418

d. E-Mail Address: perry@oases.org

e. **Signature of Authorized Representative**

Perry Chen

Date: 6 / 26 / 02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 3/22/02	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Proteus, Inc.

Organizational Unit:

Address (give city, county, State, and zip code): 1830 N. Dinuba Blvd. Visalia, CA 93291

Name and telephone number of person to be contacted on matters involving this application (give area code) Mike Bowen, Planner (559) 733-5423

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2184330

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Nonprofit Organization

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY: Office of Juvenile Justice and Delinquency Prevention

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-726

TITLE: Juvenile Mentoring Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: JUMP to Success in Corcoran (juvenile mentoring program in Corcoran, California)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kings County, California

13. PROPOSED PROJECT

Start Date: 10/1/02 Ending Date: 9/30/05

14. CONGRESSIONAL DISTRICTS OF: 20th Congressional District (Dooley)

a. Applicant: Proteus, Inc.

b. Project: Juvenile mentoring program

15. ESTIMATED FUNDING:

a. Federal	$ 204,945 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 204,945 .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 3/22/02

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. Type Name of Authorized Representative	b. Title	c. Telephone Number
Michael E. McCann	Chief Executive Officer	(559) 733-5423
d. Signature of Authorized Representative		e. Date Signed 3/14/02

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Application for Federal Education Assistance (ED 424)

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U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Friends of Alameda County CASA Inc.
Address: 2647 International Blvd. Suite 500
Oakland, CA 94601-1569
City: Oakland CA. State: Alameda County: 94601 - 1569 ZIP Code + 4

Organizational Unit: Alameda County Court Appointed Special Advocates

2. Applicant's D-U-N-S Number: TBD
3. Applicant's T-I-N: 94-3309728
4. Catalog of Federal Domestic Assistance #: 84.184B
Title: Mentoring Programs

5. Project Director: Arnold Chavez
Address: 2647 International Blvd. #500
Oakland, CA 94601-1569
City State Zip code + 4
Tel. #: (510) 434-2501 Fax #: (510) 434-2470
E-Mail Address: ARChavez@co.alameda.ca.us

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

8. Type of Applicant *(Enter appropriate letter in the box.)* I

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other *(Specify)*: ___

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
___ Yes *(Date made available to the Executive Order 12372 process for review):* ___/___/___
___ No *(If "No," check appropriate box below.)*
___ Program is not covered by E.O. 12372.
___ Program has not been selected by State for review.

11. Proposed Project Dates: 1/01/03 (Start Date:) 12/31/05 (End Date:)

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

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

13. Descriptive Title of Applicant's Project:
CASA Mentoring and Advocacy for Group Home Foster Care Children

Estimated Funding

14a. Federal	$ 576,486 .00
b. Applicant	$ 205,040 .00
c. State	$ ___ .00
d. Local	$ ___ .00
e. Other	$ ___ .00
f. Program Income	$ ___ .00
g. TOTAL	$ 781,526 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*
Arnold Chavez
b. Title: Program Director
c. Tel. #: (510) 434-2501 Fax #: (510) 434-2470
d. E-Mail Address: ARChavez@co.alameda.ca.us
e. Signature of Authorized Representative: Arnold Chavez Date: 7/2/02

Application for Federal Education Assistance (ED 424)

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U.S. Department of Education

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

Applicant Information

1. Name and Address

Legal Name: San Diego State University Foundation

Address: 5250 Campanile Drive

Organizational Unit

City	State	County	ZIP Code + 4
San Diego	CA	San Diego	92182 - 1931

2. Applicant's D-U-N-S Number: 0 7 3 3 7 1 3 4 6

3. Applicant's T-I-N: 9 5 - 6 0 4 2 7 2 1

4. Catalog of Federal Domestic Assistance #: 8 4 . 1 8 4 B

Title: Mentoring Programs

5. Project Director: Ian Pumpian

Address: 4283 El Cajon Boulevard

City	State	ZIP Code + 4
San Diego	CA	92105

Tel #: (619) 594-1950 Fax #: (619) 594-8810

E-Mail Address: ipumpian@mail.sdsu.edu

6. Novice Applicant: ☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No

8. Type of Applicant (*Enter appropriate letter in the box*): I

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

Application Information

9. Type of Submission:

PreApplication
☐ Construction
☐ Non-Construction

Application
☐ Construction
☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (*Date made available to the Executive Order 12372 process for review*): 7/2/02

☐ No (*If "No", check appropriate box below.*)

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

☐ Program has not been selected by State for review.

11. Proposed Project Dates:

Start Date:	End Date:
10/1/2002	9/30/2005

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a) ☒ No (Go to item 13)

12a. Are **all** the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #, if available:

13. Descriptive Title of Applicant's Project:

Project Protégé: A City Heights Mentoring Initiative

Estimated Funding

14a. Federal	$ 199,311	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 199,311	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Skaidrite Krisans

b. Title
Associate Dean for Graduate and Research Affairs

c. Tel #: (619)594-4162 Fax #: (619)594-0189

d. E-Mail Address: skrisans@sunstroke.sdsu.edu

e. Signature of Authroized Representative

Date: 7/2/2002

Application for Federal Education Assistance (ED 424)

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U.S. Department of Education

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

Applicant Information

1. Name and Address

Legal Name: **Big Brothers Big Sisters of Butte County, Inc.**

Address: **1280 E. 9th Street, Suite C**

Chico (City) **CA** (State) **Butte** (County) **95928 -** (ZIP Code + 4)

Organizational Unit

2. Applicant's D-U-N-S Number |P|E|N|D|I|N|G| | |

3. Applicant's T-I-N |9|1| - |1|7|7|4|9|2|9|

4. Catalog of Federal Domestic Assistance #: 84. |1|8|4|B|

Title: **Safe and Drug-Free Schools and Communities - National Programs**

5. Project Director: **JoAna Brooks**

Address: **1280 E. 9th Street, Suite C**

Chico (City) **CA** (State) **95928 -** (Zip code + 4)

Tel. #: (**530**) **343-8407** Fax #: (**530**) **343-3712**

E-Mail Address: _____

6. Novice Applicant: **X** Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* |I|

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

K - Other *(Specify)*: _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	**X** Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 07 / 02 / 2002

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

11. Proposed Project Dates: **10/01/02** **Start Date:** **09/30/05** **End Date:**

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

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

13. Descriptive Title of Applicant's Project:

Butte County School Based Mentoring Program

Estimated Funding

14a. Federal	$ **591,841**	**.00**
b. Applicant	$ _____	**.00**
c. State	$ _____	**.00**
d. Local	$ _____	**.00**
e. Other	$ _____	**.00**
f. Program Income	$ _____	**.00**
g. **TOTAL**	$ **591,841**	**.00**

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*

JoAna Brooks

b. Title: **Executive Director**

c. Tel. #: (**530**) **343 - 8607** Fax #: (**530**) **343 - 3712**

d. E-Mail Address: **joana@bigbrothersister.org**

e. Signature of Authorized Representative _____ Date: 7/2/02

Application for Federal Education Assistance (ED 424)

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U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: San Jose Unified School District
Organizational Unit
Address: 855 Lenzen Ave.
San Jose (City) CA (State) Santa Clara (County) 95126 - 2736 (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 0 6 9 1 2 5 1 3 6

3. Applicant's T-I-N: 9 4 - 6 0 0 2 6 0 6

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Karen Fuqua
Address: 855 Lenzen Ave.
San Jose (City) Ca (State) 95136 - 2736 (ZIP Code + 4)
Tel. #: (408) 535-6444 Fax #: (408) 535-2302
E-Mail Address: karen_fuqua@sjusd.k12.ca.us

6. Novice Applicant ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) H

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

Application Information

9. Type of Submission:

—PreApplication
☐ Construction
☐ Non-Construction

—Application
☐ Construction
☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/1/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 9/1/2002 End Date: 8/31/2005

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

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

13. Descriptive Title of Applicant's Project:
Future Vision
San Jose Unified School District's Mentoring Program

Estimated Funding

14a. Federal	$	171,157.00
b. Applicant	$	45,340.00
c. State	$	.00
d. Local	$	.00
e. Other	$	90,000.00
f. Program Income	$	.00
g. TOTAL	$	306,497.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Linda Murray, Ph.D.

b. Title: Superintendent

c. Tel. #: (408) 535-6090 Fax #: (408) 535-6090

d. E-Mail Address: linda_murray@sjusd.k12.ca.us

e. Signature of Authorized Representative: Linda Murray Date: 7/1/2002

Application for Federal Education Assistance (ED 424)

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U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: FRIENDS FOR YOUTH, INC
Address: 1741 Broadway, First Floor
Redwood City (City) CA (State) San Mateo (County) 94063 - 2403 (ZIP Code + 4)

Organizational Unit: Mentoring Services

2. Applicant's D-U-N-S Number: 1 9 4 5 0 2 9 8 5

3. Applicant's T-I-N: 9 4 - 2 9 6 1 0 3 4

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Department of Education Mentoring Programs

5. Project Director: Chrystine Smith
Address: 1741 Broadway, First Floor
Redwood City (City) CA (State) 94063 - 2403 (ZIP Code + 4)
Tel. #: (650) 368-4465 Fax #: (650) 368-4467
E-Mail Address: chrys@friendsforyouth.org

6. Novice Applicant ☐ Yes ☑ No

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

8. Type of Applicant (Enter appropriate letter in the box.) I

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

Application Information

9. Type of Submission:

Preapplication	Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

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

13. Descriptive Title of Applicant's Project:
FRIENDS FOR YOUTH MENTORING SERVICES

Estimated Funding

14a. Federal	$	143,480.00
b. Applicant	$	80,000.00
c. State	$	.00
d. Local	$	10,000.00
e. Other	$	340,151.00
f. Program Income	$	0.00
g. TOTAL	$	573,631.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Rebecca Cooper

b. Title: Executive Director

c. Tel. #: (650) 368-4464 Fax #: (650) 368-4467

d. E-Mail Address: becky@friendsforyouth.org

e. Signature of Authorized Representative: Rebecca A Cooper

Date: 7/2/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

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Applicant Information

1. Name and Address
   Legal Name: Glendale Unified School District
   Address: 223 N. Jackson Street
   Glendale (City) CA (State) Los Angeles (County) 91206 -4380 (ZIP Code + 4)

   Organizational Unit: Intercultural Education

2. Applicant's D-U-N-S Number: 0 7 7 2 3 9 9 2 9
3. Applicant's T-I-N: 9 5 - 6 0 0 1 4 6 4
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
   Title: Mentoring Programs
5. Project Director: Joanna Junge
   Address: 223 N. Jackson Street
   Glendale (City) CA (State) 91206 4380 (ZIP Code + 4)
   Tel. #: (818)241-3111 Ext.457 Fax #: (818)247-9765
   E-Mail Address: jjunge@gusd.net
6. Novice Applicant [X] Yes [ ] No
7. Is the applicant delinquent on any Federal debt? [ ] Yes [X] No
   (If "Yes," attach an explanation.)
8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:
   —PreApplication
   [ ] Construction
   [ ] Non-Construction
   —Application
   [ ] Construction
   [X] Non-Construction
10. Is application subject to review by Executive Order 12372 process?
    [X] Yes (Date made available to the Executive Order 12372 process for review): 07-02-02
    [ ] No (If "No," check appropriate box below.)
    [ ] Program is not covered by E.O. 12372.
    [ ] Program has not been selected by State for review.
11. Proposed Project Dates: Start Date: _____ End Date: _____
12. Are any research activities involving human subjects planned at any time during the proposed project period?
    [ ] Yes (Go to 12a.) [X] No (Go to item 13.)
    12a. Are all the research activities proposed designated to be exempt from the regulations?
    [ ] Yes (Provide Exemption(s) #):
    [ ] No (Provide Assurance #):
13. Descriptive Title of Applicant's Project:
    MENTORING FOR SUCCESS, a high-quality mentoring program targeting 300 at-risk youth in grades 4,6,8 in the Glendale Unified School District.

Estimated Funding

14a. Federal	$	200,000 .00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	200,000 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
    a. Authorized Representative (Please type or print name clearly.) James R. Brown
    b. Title Superintendent
    c. Tel. #: (818)241-3111 Fax #: (818)548-9041
    d. E-Mail Address: JBrown@gusd.net
    e. Signature of Authorized Representative: James R Brown
    Date: 07/02/02

S184B020087

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Application for Federal Education Assistance

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: A Place Called Home
Address: 2830 South Central Avenue

Organizational Unit

Los Angeles (City) CA (State) Los Angeles (County) 90011 - (ZIP Code + 4)

2. Applicant's D-U-N-S Number 878207562

3. Applicant's T-I-N 954427291

4. Catalog of Federal Domestic Assistance #: 84 184B

Title: Mentoring Programs

5. Project Director: Lee Rosenblum
Address: 2830 South Central Avenue
Los Angeles (City) CA (State) 90011 - (ZIP Code + 4)
Tel. #: (323) 232-7653 Fax #: (323) 232-0139
E-Mail Address: lee@apch.org

6. Novice Applicant Yes

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

8. Type of Applicant *(Enter appropriate letter in the box.)* I

A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other *(Specify)*:

Application Information

9. Type of Submission:
--Application
Non-Construction

10. Is application subject to review by Executive Order 12372 process?
Yes *(Date made available to the Executive Order 12372 process for review)*: 7/2/02

11. Proposed Project Dates:

Start Date:	End Date:
01/01/2003	12/31/2006

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)
12a. Are all the research activities proposed designated to be exempt from the regulations? No
Yes (Provide Exemption(s)#):
No (Provide Assurance #, if available):

13. Descriptive Title of Applicant's Project:
South Central Los Angeles Mentoring Program

Estimated Funding

14a. Federal	$	182,011	.00
b. Applicant	$	0	.00
c. State	$	0	.00
d. Local	$	0	.00
e. Other	$	0	.00
f. Program Income	$	0	.00
g. **TOTAL**	$	182,011	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative
Lee Rosenblum

b. Title
VP Development and Market

c. Tel. #: (323) 232-7653 Fax #: (323) 232-0139

d. E-Mail Address: lee@apch.org

e. Signature of Authorized Representative

REV. 11/12/99

ED 424

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Alameda Unified School District
Address: 2200 Central Ave
Alameda (City) CA (State) 94501 (County) - (ZIP Code + 4)

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Organizational Unit: Encinal High School

2. Applicant's D-U-N-S Number: 0 7 6 5 2 7 3 2 4

3. Applicant's T-I-N: 9 4 - 6 0 0 2 0 6 1

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Linda Karlin, Encinal High School
Address: 210 Central Ave
Alameda (City) CA (State) 94501 - (ZIP Code + 4)
Tel. #: (510) 337-2462 Fax #: (510) 521-4956
E-Mail Address: lkarlin@alameda.k12.ca.us

6. Novice Applicant ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

—PreApplication
☐ Construction
☐ Non-Construction

—Application
☐ Construction
☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 7/30/2002 End Date: 6/30/2003

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

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

13. Descriptive Title of Applicant's Project:
Mentoring program linking incoming freshmen with senior advisors.

Estimated Funding

14a. Federal	$	160,000.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	160,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Ardella Dailey

b. Title
Assistant Superintendent

c. Tel. #: (510) 337-7063 Fax #: (510) 523-8862

d. E-Mail Address: adailey@alameda.k12.ca.us

e. Signature of Authorized Representative: Ardella Dailey
Date: 7/1/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

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Applicant Information

1. Name and Address
Legal Name: Tri-City Community Action
Address: 1425 Andover Ct
Fairfield (City) Ca. (State) Solano (County) 94533 (ZIP Code + 4)

Organizational Unit: Tri-City Community Action

2. Applicant's D-U-N-S Number 1 1 2 7 6 0 9 0 0

3. Applicant's T-I-N 9 4 - 3 3 3 9 7 0 7

4. Catalog of Federal Domestic Assistance #: 84 1 8 4 B
Title: Mentoring Program

5. Project Director: Samuel B Martin
Address: 1425 Andover Ct
Fairfield (City) Ca. (State) 94533 (Zip code + 4)
Tel. #: (707) 694 - 3989 Fax #: (707) 422 - 8457
E-Mail Address: TriCityAction @ Aol.Com

6. Novice Applicant XX Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* I

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (*Specify*): _____

Application Information

9. Type of Submission:
-PreApplication
___ Construction
___ Non-Construction
-Application
___ Construction
XX Non-Construction

10. Is application subject to review by Executive Order 12372 process?
XX Yes *(Date made available to the Executive Order 12372 process for review)*: 09/02/02
___ No *(If "No," check appropriate box below.)*
___ Program is not covered by E.O. 12372.
___ Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/02 (Start Date:) 06/30/05 (End Date:)

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

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

13. Descriptive Title of Applicant's Project:
Youth mentoring program

Estimated Funding

14a. Federal	$588,746.97.00
b. Applicant	$ _____.00
c. State	$ _____.00
d. Local	$ _____.00
e. Other	$ _____.00
f. Program Income	$ _____.00
g. TOTAL	$ 588,746.97.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*
Samuel B Martin
b. Title: Exective Director
c. Tel. #: (707) 694 -8457 Fax #: (707) 422 -8457
d. E-Mail Address: TriCityAction @Aol.Com
e. Signature of Authorized Representative
[signature] Date 07/01/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Poway Unified School District
Address: 13626 Twin Peaks Road
Poway (City) CA (State) 92064 - 3034 (ZIP Code + 4)
San Diego (County)

Organizational Unit: Wellness Department

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JUL 2 2002

2. Applicant's D-U-N-S Number: 0 7 8 7 2 7 3 3 6

3. Applicant's T-I-N: 9 5 - 6 0 0 2 4 5 2

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Sharon Jahn
Address: 13626 Twin Peaks Road
Poway (City) CA (State) 92064 - 3034 (ZIP Code + 4)
Tel. #: (858) 679-2533 Fax #: (858) 679-8375
E-Mail Address: sjahn@sdcoe.k12.ca.us

6. Novice Applicant ☐ Yes ☑ No

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

8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

Preapplication	Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 9/1/2002 End Date: 6/30/2005

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

12a. Are all the research activities proposed designated to be exempt from the regulations?
☐ Yes (Provide Exemption(s) #):
☑ No (Provide Assurance #): None

13. Descriptive Title of Applicant's Project:
Mentors Empowering Students to Achieve, or "MESA" Program - This mentoring program is designed to assist selected at greatest risk students to achieve their full potential in areas of academics and social behaviors through a one-on-one relationship with a screened and trained volunteer mentor engaged in a committed, long term of service to the student.

Estimated Funding

14a. Federal	$	200,000.00
b. Applicant	$	50,000.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	250,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Donald A. Phillips, Ed.D.

b. Title: Superintendent

c. Tel. #: (858) 679-2550 Fax #: (858) 679-2642

d. E-Mail Address: phillips@sdcoe.k12.ca.us

e. Signature of Authorized Representative

Date: 7/1/2002

Application for Federal Education Assistance (ED424)

U.S. Department of Education
Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

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Applicant Information

1. Name and Address
Legal Name: AMERICA ON TRACK
Address: P.O. BOX 4141
TUSTIN (City) CA (State) ORANGE (County) 92781 - 4141 (ZIP Code + 4)

Organizational Unit: ORANGE COUNTY ON TRACK

2. Applicant's D-U-N-S Number: 1 2 5 1 1 8 4 8 4

3. Applicant's T-I-N: 3 3 - 0 7 2 4 0 4 4

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: MENTORING PROGRAMS

5. Project Director: TERRY THOMPSON
Address: P.O. BOX 4141
TUSTIN (City) CA (State) 92781 - 4141 (ZIP Code + 4)
Tel. #: (714) 531-7144 Fax #: (714) 531-7773
E-Mail Address: OCONTRACK@AOL.COM

6. Novice Applicant ☐ Yes ☑ No

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

8. Type of Applicant (Enter appropriate letter in the box.) I

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

Application Information

9. Type of Submission:

PreApplication	Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

12a. Are all the research activities proposed designated to be exempt from the regulations?
☐ Yes (Provide Exemption(s) #):
☑ No (Provide Assurance #): None

13. Descriptive Title of Applicant's Project:
ON TRACK YOUTH-TO-YOUTH MENTORING AND YOUTH ASSET BUILDING PROGRAM

Estimated Funding

14a. Federal	$	142,723.00
b. Applicant	$	12,000.00
c. State	$	.00
d. Local	$	15,000.00
e. Other	$	.00
f. Program Income	$	0.00
g. TOTAL	$	169,723.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
CLAIRE BRAEBURN

b. Title EXECUTIVE DIRECTOR

c. Tel. #: (714) 531-7144 Fax #: (714) 531-7773

d. E-Mail Address: OCONTRACK@AOL.COM

e. Signature of Authorized Representative: Claire Braeburn Date: 6/28/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address
Legal Name: Merced County Office of Education

Organizational Unit

Address: 632 W. 13th Street

Merced (City) CA (State) Merced (County) 95340 (ZIP Code + 4)

2. Applicant's D-U-N-S Number 9 3 2 8 8 4 4 2 2

3. Applicant's T-I-N 9 4 - 6 0 0 2 3 7 9

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentoring Programs

5. Project Director: Marcia Marrs

Address: 942 W. Main Street

Merced (City) CA (State) 95340 (Zip code + 4)

Tel. #: (209) 385 - 5356 Fax #: (209) 385 - 5395

E-Mail Address: mmarrs@mcoe.org

6. Novice Applicant ___ Yes X No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* H

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

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Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 7 / 02 / 2002

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

11. Proposed Project Dates: 10/ 01/ 2002 (Start Date:) 9 / 30 / 2005 (End Date:)

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

12a. Are all the research activities proposed designated to be exempt from the regulations?
X Yes (Provide Exemption(s) #): 1

___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:
Somos Dos Palos Mentoring Program

Estimated Funding

14a. Federal	$ 324,622	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$ 632,280	.00
f. Program Income	$	.00
g. TOTAL	$ 956,902	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*
Lee Andersen

b. Title: Superintendent

c. Tel. #: (209) 381 - 6101 Fax #: (209) 381 - 6767

d. E-Mail Address: landerse @mcoe.org

e. Signature of Authorized Representative

Date: 7 / 01 / 2002

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 7/	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION

Application: ☐ Construction ✓ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

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5. APPLICANT INFORMATION

Legal Name: County of Humboldt

Organizational Unit: Community Development Services, Economic Division

Address (give city, county, state, and zip code): 520 E Street, Eureka, CA 95501

Name and telephone number of the person to be contacted on matters involving this application (give area code): Paula Mushrush, (707) 445-7746

6. EMPLOYER IDENTIFICATION (EIN): 94-6000513

7. TYPE OF APPLICANT: (enter appropriate letter here) B

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify): _____

8. TYPE OF APPLICATION:

✓New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify: _____

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.811

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Samoa Peninsula Redevelopment; Phase I, Phase II, Assess zoning & redevelopment needs, solicit citizen input for final project.

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

Humboldt County, California

13. PROPOSED PROJECT:

Start Date	End Date
01/01/03	12/31/04

14. CONGRESSIONAL DISTRICT OF:

a. Applicant: #1

b. Project: #1

15. Estimated Funding:

a. Federal	$ 200,000.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 200,000.00

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 PROCESSES FOR REVIEW ON:

DATE 7-2-2002

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. Typed Name of Authorized Representative: Kirk Girard	b. Title: Community Development Services Director	c. Telephone Number (707) 268-3735
d. Signature of Authorized Representative		e. Date Signed

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Prescribed by OMB Circular A-102

Standard Form 424A (REV 4-88)

AUTHORIZED FOR LOCAL REPRODUCTION

Application for Federal Education Assistance

Note: If available, please provide application package on diskette and specify the file format

COPY

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U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 06/30/2001

Applicant Information

1. Name and Address
Legal Name: San Juan Unified School District
Address: 3738 Walnut Ave.
P. O. Box 477
Carmichael (City) CA (State) Sacramento (County) 95609 - 0477 (ZIP Code + 4)

Organizational Unit
San Juan Unified School District

2. Applicant's D-U-N-S Number: 0 7 3 [illegible]

6. Is the applicant delinquent on any Federal debt? ___Yes __X_No
(If "Yes," attach an explanation.)

3. Applicants's T-I-N: 9 4 - 6 0 2 5 3 3

Title: **Building Bridges Mentoring Program**

4. Catalog of Federal Domestic Assistance #: **84.1 8 4 B** ==>

5. Project Director: Michael Koerner
Address: 3738 Walnut Avenue
Carmichael (City) CA (State) 95608 0477 (Zip code + 4)
Tel. #: (916) 971-7022 Fax #: (916) 971-7767
E-Mail Address: mkoerner@sanjuan.edu

7. Type of Applicant *(Enter appropriate letter in the box.)* |H|

A - State	H - Independent School District
B - County	I - Public College or University
C - Municipal	J - Private, Non-Profit College or University
D - Township	K - Indian Tribe
E - Interstate	L - Individual
F - Intermunicipal	M - Private, Profit-Making Organization
G - Special District	N - Other *(Specify)*:

8. Novice Applicant _X_Yes ____ No

Application Information

9. Type of Submission:

-PreApplication	*-Application*
____Construction	____Construction
____Non-Construction	__X_Non-Construction

10. Is application subject to review by Executive Order 12372 process?
__X_ Yes *(Date made available to the Executive Order 12372 process for review):* 7/2/2002
____ No *(If "No," check appropriate box below.)*
____ Program is not covered by E.O. 12372.
____ Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/02 (**Start Date:**) 9/30/05 (**End Date:**)

12. Are any research activities involving human subjects planned at any time during the proposed project period? ____Yes ___X_No
a. If "Yes," Exemption(s) #: b. Assurance of Compliance #:
OR
c. IRB approval date: ____ Full IRB **or** ____ Expedited Review

13. Descriptive Title of Applicant's Project:

Building Bridges Mentoring: Serve 6 high needs schools with mentoring services at grades 4-5, 8 and 9-12 to build a bridge between children and youth and the adult community: Literacy Little League, E Mentoring, and PALS.

Estimated Funding

14a. Federal	$ 258,017.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 258,017.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative
Jan Boyer

b. Title: **Associate Superintendent**

c. Tel. #: (916) 971-7219 Fax #: (916) 971-7682

d. E-Mail Address: jboyer@sanjuan.edu

e. **Signature of Authorized Representative**
J Boyer
Date: 7/1/02

ED 424 (rev 11/12/99)

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address
Legal Name: The Kern County Youth Mariachi Foundation (KCYMF)

Address: 1401 19th Street, Suite 105

Bakersfield (City) CA (State) Kern (County) 93301 - (ZIP Code + 4)

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Organizational Unit

2. Applicant's D-U-N-S Number | 1 | | 3 | 2 | 5 | 5 | 4 | 9 | 6 |

3. Applicant's T-I-N | 7 | 7 | - | 0 | 4 | 7 | 9 | 2 | 4 | 9 |

4. Catalog of Federal Domestic Assistance #: **84.1|8|4|B|**

Title: Mentoring Programs

5. Project Director: Blodgie Rodriguez

Address: 1401 19th Street, Suite 105

Bakersfield (City) CA (State) 93301 (Zip code + 4)

Tel. #: (661) 327-4934 Fax #: (661) 327-4938

E-Mail Address: blodgie@kcymariachi.com

6. Novice Applicant X Yes __ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

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

K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
__ Construction	__ Construction
__ Non-Construction	X Non-Construction

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

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

11. Proposed Project Dates: 09 / 02 / 2002 (**Start Date:**) 08 / 31 / 2005 (**End Date:**)

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

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

13. Descriptive Title of Applicant's Project:

The Kern County Youth Mariachi Foundation: Mentoring Program

Estimated Funding

14a. Federal	$ 150,000. 00
b. Applicant	$ _____. 00
c. State	$ _____. 00
d. Local	$ 139,089. 00
e. Other/(In-kind)	$ 64,920. 00
f. Program Income	$ 10,000. 00
g. TOTAL	$ 364,009. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Blodgie Rodriguez

b. Title: **Interim Program Director**

c. Tel. #: (661) 327-4934 Fax #: (661) 327-4938

d. E-Mail Address: blodgie@kcymariachi.com

e. **Signature of Authorized Representative**
Blodgie Rodriguez Date: 07/01/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

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Organizational Unit

Applicant Information

1. Name and Address
   Legal Name: Family Connections El Dorado Inc

   Address: 344 Placerville Drive Suite 10

   Placerville (City) CA (State) El Dorado County (County) 95667 (ZIP Code + 4)

2. Applicant's D-U-N-S Number |1|5|9|6|4|6|8|3|5|

3. Applicant's T-I-N |9|4|-|2|6|3|3|0|1|6|

4. Catalog of Federal Domestic Assistance #: 84.1|8|4|B|

   Title: Safe and Drug-Free Schools and Communities National Program (B)

5. Project Director: Wendy Wood

   Address: 344 Placerville Drive Suite 10

   Placerville (City) CA (State) 95667 (Zip code + 4)
   Tel. #: (530) 626-5164 Fax #: (530) 626-0670

   E-Mail Address: wendywood@familyconnected.org

6. Novice Applicant x Yes ___No

7. Is the applicant delinquent on any Federal debt? ___Yes xNo
   (If "Yes," attach an explanation.)

8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

   A - State
   B - Local
   C - Special District
   D - Indian Tribe
   E - Individual
   F - Independent School District
   G - Public College or University
   H - Private, Non-profit College or University
   I - Non-profit Organization
   J - Private, Profit-Making Organization
   K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
x Non-Construction	xNon-Construction

10. Is application subject to review by Executive Order 12372 process?
    X Yes *(Date made available to the Executive Order 12372 process for review):* _07_/_02_/_2002__

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

11. Proposed Project Dates: 09/01/2002 (**Start Date:**) 08/31/2005 (**End Date:**)

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

    12a. Are **all** the research activities proposed designated to be exempt from the regulations?
    ___ Yes (Provide Exemption(s) #): _____

    ___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

    El Dorado County School Mentor Project

Estimated Funding

14a. Federal	$ 171,600	.00
b. Applicant	$ 235,000	.00
c. State	$ _____	.00
d. Local	$ _____	.00
e. Other	$ _____	.00
f. Program Income	$ _____	.00
g. TOTAL	$ 406,600	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
   Wendy Wood MPA

b. Title: Executive Director

c. Tel. #: (530) 626-5164 Fax #: (530) 626-0670

d. E-Mail Address: wendywood@familyconnected.org

e. **Signature of Authorized Representative**
   Wendy Wood Date: 7/2/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

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Applicant Information

1. Name and Address
Legal Name: Youth Mentoring Connection
Address: 1316 Keniston Ave.

Organizational Unit

Los Angeles (City) CA (State) Los Angeles (County) 90019 - (ZIP Code + 4)

2. Applicant's D-U-N-S Number |0|3|6|4|9|5|1|2|0|

3. Applicant's T-I-N |9|5| - |4|8|4|5|1|0|5|

4. Catalog of Federal Domestic Assistance #: **84. 1 | 8 | 4 | B |**

Title: Mentoring Programs

5. Project Director: Jennifer LoRe
Address: 1316 Keniston Ave.
Los Angeles (City) CA (State) Los Angeles (County) 90019 (ZIP Code + 4)
Tel. #: (323) 525-1049 Fax #: (323) 525-1048
E-Mail Address: youthmentoring@attbi.com

6. Novice Applicant x Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | J |

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (*Specify*): ___

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
x Non-Construction	x Non-Construction

10. Is application subject to review by Executive Order 12372 process?
___ Yes (*Date made available to the Executive Order 12372 process for review*): ___/___/___
x No (*If "No," check appropriate box below.*)
___ Program is not covered by E.O. 12372.
x Program has not been selected by State for review.

11. Proposed Project Dates: 9/1/2002 **Start Date:** 8/31/2005 **End Date:**

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

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

13. Descriptive Title of Applicant's Project:
Program Expansion

Estimated Funding:

14a. Federal	$ 585,955	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$ 920,240	.00
f. Program Income	$	.00
g. TOTAL	$ 1,506,195	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Giacomo Mattioli
b. Title: Chairman of the Board
c. Tel. #: (323) 525-1049 Fax #: (323) 525-1048
d. E-Mail Address: youthmentoring@attbi.com
e. Signature of Authorized Representative ___ Date: 7/1/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

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Applicant Information

1. Name and Address
Legal Name: ELK GROVE UNIFIED SCHOOL DISTRICT

Address: 9510 Elk Grove-Florin Road

Elk Grove (City) CA (State) Sacramento (County) 95624 (ZIP Code + 4)

Organizational Unit

2. Applicant's D-U-N-S Number 0 1 3 6 1 7 2 0 4

3. Applicant's T-I-N 9 4 - 6 0 2 5 0 1

4. Catalog of Federal Domestic Assistance #: 84.1 8 4 B

Title: Mentoring Programs

5. Project Director: Matt Collier

Address: 9510 Elk Grove-Florin Road

Elk Grove (City) CA (State) 95624 (Zip code + 4)

Tel. #: (916) 686-7568 Fax #: (916) 686-7596

E-Mail Address: mcollier@edcenter.egusd.k12.ca.us

6. Novice Applicant ___ Yes _X_ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* F

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other *(Specify)*: _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
_X_ Non-Construction	_X_ Non-Construction

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

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

11. Proposed Project Dates: 10/01/02 to 9/30/05
Start Date: **End Date:**

12. Are any research activities involving human subjects planned at any time during the proposed project period?
___ Yes (Go to 12a.) _X_ (Go to item 13.)

12a. Are **all** the research activities proposed designated to be exempt from the regulations?
___ Yes (Provide Exemption(s) #): _____

___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

OPPORTUNITIES MENTORING PROGRAM

Estimated Funding

14a. Federal	$	588,483 .00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	588,483 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*
James Knapp

b. Title: Finance Director

c. Tel. #: (916) 686-7770 Fax #: (916) 686-7756

d. E-Mail Address: jknapp@edcenter.egusd.k12.ca.us

e. Signature of Authorized Representative

Date: 07/01/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
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OMB No. 1875-0106
Exp. 11/30/2004

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Applicant Information

1. Name and Address
Legal Name: Ventura County Superintendent of Schools Office
Organizational Unit: Special Projects
Address: 465 Horizon Circle
Camarillo (City) CA (State) Ventura (County) 93010 - (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 1 8 4 0 3 1 5 7 3

3. Applicant's T-I-N: 9 5 - 6 0 0 0 9 4 5

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Dan Little
Address: 465 Horizon Circle
Camarillo (City) CA (State) 93010 - (ZIP Code + 4)
Tel. #: (805) 388-4435 Fax #: (805) 388-4460
E-Mail Address: dlittle@vcss.k12.ca.us

6. Novice Applicant: ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

Preapplication	Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

12a. Are all the research activities proposed designated to be exempt from the regulations?
☑ Yes (Provide Exemption(s) #): 5
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:
Mentoring for Success

Estimated Funding

14a. Federal	$	184,000.00
b. Applicant	$	40,000.00
c. State	$	60,000.00
d. Local	$	25,000.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	309,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Shirley Maclean
b. Title: Director, Business Services
c. Tel. #: (805) 383-1942 Fax #: (805) 383-1944
d. E-Mail Address: smaclean@vcss.k12.ca.us
e. Signature of Authorized Representative: Shirley Maclean
Date: 7-2-02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

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Applicant Information

1. Name and Address
Legal Name: Central American Resource Center (CARECEN)
Address: 2845 West 7th Street
Los Angeles (City) CA (State) Los Angeles (County) 90005 - 3907 (ZIP Code + 4)

Organizational Unit

2. Applicant's D-U-N-S Number | 9 | 2 | 9 | 2 | 2 | 0 | 1 | 0 | 1 |
3. Applicant's T-I-N | 9 | 5 | - | 3 | 8 | 6 | 7 | 7 | 2 | 4 |
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B
Title: Mentoring Programs
5. Project Director: Francy Balcomb
Address: 2845 West 7th Street
Los Angeles (City) CA (State) 90005 - 3907 (Zip code + 4)
Tel. #: (213) 385- 0312 Fax #: (213) 385 - 1094
E-Mail Address: fbalcomb@carecen-la.org

6. Novice Applicant X Yes ___ No
7. Is the applicant delinquent on any Federal debt? ___ Yes X No
(If "Yes," attach an explanation.)
8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 07 / 02 / 2002
___ No *(If "No," check appropriate box below.)*
___ Program is not covered by E.O. 12372.
___ Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 2002 (**Start Date:**) 09 / 30 / 2005 (**End Date:**)

12. Are any research activities involving human subjects planned at any time during the proposed project period?
___ Yes (Go to 12a.) X No (Go to item 13.)
12a. Are **all** the research activities proposed designated to be exempt from the regulations?
___ Yes (Provide Exemption(s) #): _____
___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:
CARECEN Mentor Program

Estimated Funding

14a. Federal	$ 100,000	.00
b. Applicant	$ 60,000	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 160,000	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Angela Sanbrano
b. Title: Executive Director
c. Tel. #: (213) 385 - 0312 Fax #: (213) 385 - 1094
d. E-Mail Address: fbalcomb@carecen-la.org
e. **Signature of Authorized Representative**
Angela Sanbrano Date: 7/2/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

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JUL - 2 2002
STATE CLEARINGHOUSE

Applicant Information

1. Name and Address

Legal Name: Pueblo Nuevo Development

Organizational Unit

Address: PO Box 17778

1732 West 7th Street

Los Angeles — City

CA — State

Los Angeles — County

90017 - 0778 — ZIP Code + 4

2. Applicant's D-U-N-S Number | 1 | 1 | 2 | 7 | 1 | 7 | 3 | 2 | 2 |

3. Applicant's T-I-N | 9 | 5 | - | 3 | 9 | 5 | 5 | 8 | 6 | 4 |

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |

Title: Safe and Drug-Free Schools & Communities

National Programs B

5. Project Director: Ron Palacios

Address: P. O. BOX 17778

Los Angeles — City; CA — State; 90017 - 0778 — Zip code + 4

Tel. #: (213) 483 - 2000 x 15 Fax #: (213) 483 - 2003

E-Mail Address: ronopal@yahoo.com

6. Novice Applicant X Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

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

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 06 / 27 / 2002

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

11. Proposed Project Dates: 10 / 24 / 2002 — **Start Date:** 7 / 01 / 2005 — **End Date:**

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

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

13. Descriptive Title of Applicant's Project:

PROJECT STUDENT SUCCESS

Estimated Funding

14a. Federal	$ 600,102	.00
b. Applicant	$ 3,000	.00
c. State	$ 200,000	.00
d. Local	$ 15,000	.00
e. Other	$ 0	.00
f. Program Income	$ 0	.00
g. TOTAL	$ 818,102	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Philip Lance

b. Title: President and Executive Director

c. Tel. #: (213) 483 - 2000 x 16 Fax #: (213) 483 - 2003

d. E-Mail Address: plance@pueblonuevo.org

e. **Signature of Authorized Representative**
Philip J. Lance

Date: 7 / 02 / 2002

Application for Federal Education Assistance

U.S. Department of Education
Form Approved
OMB No. 1875-0100
Exp. 11/30/2004

RECEIVED JUL - 2 2002 STATE CLEARING HOUSE

Applicant Information

1. Name and Address
Legal Name: PARTNERS Mentorship Program
Address: 3295 Meade Avenue
San Diego (City) CA (State) San Diego (County) 92116 - 4557 (ZIP Code + 4)

Organizational Unit: PARTNERS Mentorship Program

2. Applicant's D-U-N-S Number: 9 2 7 0 5 5 1 4 5
3. Applicant's T-I-N: 3 3 - 0 5 8 7 7 4 5
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs
5. Project Director: Katie Edwards
Address: 3295 Meade Avenue
San Diego (City) CA (State) 92116 - 4557 (ZIP Code + 4)
Tel. #: (619) 584-5797 Fax #: (619) 584-5799
E-Mail Address: partners@abac.com

6. Novice Applicant: ☑ Yes ☐ No
7. Is the applicant delinquent on any Federal debt? ☐ Yes ☑ No
(If "Yes," attach an explanation.)
8. Type of Applicant (Enter appropriate letter in the box.): I

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

Application Information

9. Type of Submission:

Preapplication	Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 1/1/2002 End Date: 12/31/2005

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

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

13. Descriptive Title of Applicant's Project:
The Mentoring Youth, Mid-City (MY Mid-City) Project will provide a one-to-one mentoring program for youth identified as "Habitual Truants" to improve school attendance and performance.

Estimated Funding

14a. Federal	$	92,832.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	92,832.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Katie Edwards
b. Title: Executive Director
c. Tel. #: (619) 584-5797 Fax #: (619) 584-5799
d. E-Mail Address: partners@abac.com
e. Signature of Authorized Representative: Katie Edwards
Date: 7/2/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

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STATE CLEARING HOUSE

Applicant Information

1. Name and Address
Legal Name: Larry D. Maguire
Address: P.O. Box 230942
Encinitas (City) CA (State) United States (County) 92023 - 0942 (ZIP Code + 4)

Organizational Unit: SETACT -FIRST FLIGHT

2. Applicant's D-U-N-S Number: 9 4 4 8 9 3 6 9 2

3. Applicant's T-I-N: 5 8 - 2 0 8 5 3 2 6

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 b
Title: Mentoring Program

5. Project Director: Larry D. Maguire
Address: P.O. Box 230942
Encinitas (City) CA (State) 92023 - 0942 (ZIP Code + 4)
Tel. #: (760) 944-7509 Fax #: (888) 311-6841
E-Mail Address: flack@speakeasy.org

6. Novice Applicant ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) I

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

Application Information

9. Type of Submission:

—PreApplication	—Application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 9/1/2002 End Date: 8/31/2002

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

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

13. Descriptive Title of Applicant's Project:
FIRST FLIGHT

Estimated Funding

14a. Federal	$	183,339.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	183,339.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Larry "Flack" Maguire

b. Title: Project Manager

c. Tel. #: (760) 944-7509 Fax #: (888) 311-6841

d. E-Mail Address: flack@speakeasy.org

e. Signature of Authorized Representative: L.D. Maguire Date: 7/2/2002

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED JUL - 2 2002 STATE CLEARING HOUSE

2. DATE SUBMITTED: July 2, 2002

Applicant Identifier:

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Center for Environmental Econ. Development

Organizational Unit: Zero Waste Program

Address (give city, county, State, and zip code): 1175 G St, #B, Arcata, CA 95521 (street)
P.O. Box 4167, Arcata, CA 95518 (mail)

Name and telephone number of person to be contacted on matters involving this application (give area code): Ruthanne Cecil (707) 822-8347

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3186347

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) non-profit

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-808

TITLE: Solid Waste Management Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Organics Recycling Board Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Humboldt County, CA

13. PROPOSED PROJECT

Start Date: 9/1/02 Ending Date: 2/28/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: First Dist. - Calif.

b. Project: First Dist. - Calif.

15. ESTIMATED FUNDING:

a. Federal	$ 25,000.00
b. Applicant	$ 5,700.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ 30,700.00
g. TOTAL	$ .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 7/2/02

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. Type Name of Authorized Representative: Daniel M. Ihara

b. Title: Executive Director

c. Telephone Number: 707-822-8347

d. Signature of Authorized Representative: Dan Ihara

e. Date Signed: July 2, 2002

Application for Federal Education Assistance

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

RECEIVED
JUL - 2 2002
STATE CLEARING HOUSE

Applicant Information

1. Name and Address
Legal Name: Oakland Unified School District
Address: 1025 Second Avenue
Oakland (City) CA (State) Alameda (County) 94606 - 2212 (ZIP Code + 4)

Organizational Unit: Alternative Education

2. Applicant's D-U-N-S Number: 0 7 6 5 5 4 5 0 0

3. Applicant's T-I-N: 9 4 - 6 0 0 0 3 8 5

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Mara Benitez
Address: 1025 Second Avenue
Oakand (City) CA (State) 94606 - 2212 (ZIP Code + 4)
Tel. #: (510) 879-2905 Fax #: (510) 879-8800
E-Mail Address: marabeni@ousd.k12.ca.us

6. Novice Applicant: ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.): F

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

Application Information

9. Type of Submission:

—PreApplication	—Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 7/1/2005

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

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

13. Descriptive Title of Applicant's Project:
Peacemakers Academy Mentoring Program

Estimated Funding

14a. Federal	$ 200,000	.00
b. Applicant	$ 33,528	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 233,528	0.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Dennis Chaconas

b. Title
Superintendent

c. Tel. #: (510) 879-8828 Fax #: (510) 879-8800

d. E-Mail Address: chaconas@ousd.k12.ca.us

e. Signature of Authorized Representative

Date: 6/24

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

RECEIVED
JUL 2 2002
STATE CLEARING HOUSE

Applicant Information

1. Name and Address

Legal Name: Sacramento County Office of Education

Address: 9738 Lincoln Village Drive

Sacramento — City; CA — State; Sacramento — County; 95827 - 3399 — ZIP Code + 4

Organizational Unit: Prevention & Student Services Department

2. Applicant's D-U-N-S Number 8 0 0 9 0 6 2 3 2

3. Applicant's T-I-N 9 4 - 6 0 0 2 5 3 6

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentoring Programs

5. Project Director: Cheryl Raney

Address: 9738 Lincoln Village Drive

Sacramento — City; CA — State; 95827 3399 — Zip code + 4

Tel. #: (916 228 - 2202 Fax #: (916 228 - 2216

E-Mail Address: craney@scoe.net

6. Novice Applicant ___ Yes X No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* K

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other *(Specify)*: County Office of Education

Application Information

9. Type of Submission:

-PreApplication
___ Construction
___ Non-Construction

-Application
___ Construction
X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 7 / 2 / 02
___ No *(If "No," check appropriate box below.)*
___ Program is not covered by E.O. 12372.
___ Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/02 — **Start Date:** 09/30/05 — **End Date:**

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

12a. Are all the research activities proposed designated to be exempt from the regulations?
X Yes (Provide Exemption(s) #): 3,4,5
___ No (Provide Assurance #): ___

13. Descriptive Title of Applicant's Project:
Folsom Friends & Families Mentoring Program

Estimated Funding

14a. Federal	$ 600,000	.00
b. Applicant	$ 225,892	.00
c. State	$	.00
d. Local	$	.00
e. Other	$ 54,000	.00
f. Program Income	$	.00
g. TOTAL	$ 879,892	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*
David P. Meaney, EdD.

b. Title: County Superintendent of Schools

c. Tel. #: (916) 228 - 2810 Fax #: (916) 228 - 2216

d. E-Mail Address: dmeaney@scoe.net

e. Signature of Authorized Representative

Date: 7/2/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Catholic Healthcare West DBA California Hospital Medical Center
Address: 1401 South Grand Avenue
Los Angeles (City) CA (State) Los Angeles (County) 90015 - (ZIP Code + 4)

Organizational Unit: Hope Street Family Center

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2. Applicant's D-U-N-S Number | 0 | 5 | 3 | 8 | 7 | 9 | 2 | 3 | 5 |
3. Applicant's T-I-N | 9 | 4 | - | 1 | 1 | 9 | 6 | 2 | 0 | 3 |
4. Catalog of Federal Domestic Assistance #: 84. | 1 | 8 | 4 | B |
Title: Mentoring Programs
5. Project Director: Vickie Kropenske
Address: 1401 S. Grand Ave.
Los Angeles (City) CA (State) 90015 (Zip code + 4)
Tel. #: (213) 742-5893 Fax #: (213) 742-5875
E-Mail Address: rhume@chw.edu

6. Novice Applicant ___ Yes _X_ No
7. Is the applicant delinquent on any Federal debt? ___ Yes _X_ No
(If "Yes," attach an explanation.)
8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

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

K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	_X_ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
___ Yes (*Date made available to the Executive Order 12372 process for review*): ___/___/___
___ No (*If "No," check appropriate box below.*)
___ Program is not covered by E.O. 12372.
___ Program has not been selected by State for review.

11. Proposed Project Dates: 10/1/02 (**Start Date:**) 9/30/05 (**End Date:**)

12. Are any research activities involving human subjects planned at any time during the proposed project period?
___ Yes (Go to 12a.) _X_ No (Go to item 13.)
12a. Are all the research activities proposed designated to be exempt from the regulations?
___ Yes (Provide Exemption(s) #): _____
___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:
Hope Street Mentoring Program

Estimated Funding

14a. Federal	$ 200,000	.00
b. Applicant	$ 23,624	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 223,624	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Mark A. Meyers
b. Title: President
c. Tel. #: (213) 742-5778 Fax #: (213) 765-4078
d. E-Mail Address: meyersm@chw.edu
e. Signature of Authorized Representative
Mark A Meyers
Date: 7/1/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Jefferson Union High School District
Address: 699 Serramonte Blvd.
Suite 100
Daly City (City) CA (State) 94015 - 4132 (ZIP Code + 4)
County: San Mateo

Organizational Unit: DALY CITY YOUTH HEALTH CENTER

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2. Applicant's D-U-N-S Number: 0 7 8 7 7 2 8 2 9

3. Applicant's T-I-N: 9 4 - 3 0 8 3 7 7 2

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Barbara Raboy
Address: 2780 Junipero Serra Blvd.
Daly City (City) CA (State) 94015 - 1634 (ZIP Code + 4)
Tel. #: (650) 991-2240 Fax #: (650) 991-7498
E-Mail Address: barblraboy@aol.com

6. Novice Applicant: ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) B

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

Application Information

9. Type of Submission:

PreApplication	Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

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

13. Descriptive Title of Applicant's Project:
MENTORING CONNECTIONS

Estimated Funding

14a. Federal	$	200,000.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	200,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Michael J. Crilly
b. Title: Superintendent, Jefferson Union High School District
c. Tel. #: (650) 550-7960 Fax #: (650) 550-7888
d. E-Mail Address: mcrilly@juhsd.k12.ca.us
e. Signature of Authorized Representative: Michael J. Crilly
Date: 6-27-02

JUL 02 02 10:53a daly city youth health 650 991 7498 p.3

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 1/30/2004

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STATE CLEARING HOUSE

Organizational Unit

Applicant Information

1. Name and Address
Legal Name: Vallejo Community Consortium/Fighting Back
Address: 505 Santa Clara St., 3rd Floor

Vallejo, CA
City

CA
State

Solano
County

94590
ZIP Code + 4

2. Applicant's D-U-N-S Number Application in Process

3. Applicant's T-I-N 68-0292809

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

5. Project Director: Melvin Orpilla
Address: 505 Santa Clara St., 3rd Floor
Vallejo (City) CA (State) 94590 (Zip code + 4)
Tel. #: (707) 648 - 5230 Fax #: (707) 648 - 5212
E-Mail Address: mel@fight-back.org

6. Novice Applicant ___ Yes X No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* I

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other *(Specify)*: _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 06/29/02

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

11. Proposed Project Dates: 10/01/2002 (Start Date) 09/30/2005 (End Date)

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

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

13. Descriptive Title of Applicant's Project:
Mentoring Programs

Estimated Funding

14a. Federal	$ 118,823	.00
b. Applicant	$ 22,170	.00
c. State	$ _____	.00
d. Local	$ _____	.00
e. Other	$ _____	.00
f. Program Income	$ _____	.00
TOTAL	$ 138,993	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*
Jane Callahan

b. Title: Executive Director

c. Tel. #: (707) 648 - 5230 Fax #: (707) 648 - 5212

d. E-Mail Address: jane@fight-back.org

e. Signature of Authorized Representative
Jane Callahan

Date: 7/1/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

RECEIVED JUL - 2 2002 STATE CLEARING HOUSE

Applicant Information

1. Name and Address
Legal Name: Oakland Unified School District
Address: 1025 Second Avenue
Oakland (City) CA (State) Alameda (County) 94606 - 2212 (ZIP Code + 4)

Organizational Unit: Peralta, Hoover and Longfellow Elementary Schoools

2. Applicant's D-U-N-S Number: 0 7 6 5 5 4 5 0 0

3. Applicant's T-I-N: 9 4 - 6 0 0 0 3 8 5

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Helen Keels
Address: 460 63rd Street
Oakland (City) CA (State) 94609 - 1399 (ZIP Code + 4)
Tel. #: (510) 879-1454 Fax #: (510) 879-1459
E-Mail Address: sspindt@yahoo.com

6. Novice Applicant: ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

—PreApplication	—Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 7/1/2005

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

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

13. Descriptive Title of Applicant's Project:
Northwest Oakland Mentor Project

Estimated Funding

14a. Federal	$	200,000.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	200,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Dennis Chaconas
b. Title
Superintendent
c. Tel. #: (510) 879-8828 Fax #: (510) 879-8800
d. E-Mail Address: chaconas@ousd.k12.ca.us
e. Signature of Authorized Representative
Date: 6/28/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: The Kern County Youth Mariachi Foundation (KCYMF)

Address: 1401 19th Street, Suite 105

Organizational Unit

Bakersfield (City) CA (State) Kern (County) 93301 - (ZIP Code + 4)

2. Applicant's D-U-N-S Number | 1 | 1 | 3 | 2 | 5 | 5 | 4 | 9 | 6 |

3. Applicant's T-I-N | 7 | 7 | - | 0 | 4 | 7 | 9 | 2 | 4 | 9 |

4. Catalog of Federal Domestic Assistance #: 84.1|8|4|B|

Title: Mentoring Programs

5. Project Director: Blodgie Rodriguez

Address: 1401 19th Street, Suite 105

Bakersfield (City) CA (State) 93301 (Zip code + 4)

Tel. #: (661) 327-4934 Fax #: (661) 327-4938

E-Mail Address: blodgie@kernmariachi.com

6. Novice Applicant X Yes __ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

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

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Application Information

9. Type of Submission:

-PreApplication	*-Application*
__ Construction	__ Construction
__ Non-Construction	X Non-Construction

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

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

11. Proposed Project Dates: 09 / 02 / 2002 (Start Date) 08 / 31 / 2006 (End Date)

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

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

13. Descriptive Title of Applicant's Project:

The Kern County Youth Mariachi Foundation: Mentoring Program

Estimated Funding

14a. Federal	$ 150,000. 00
b. Applicant	$ _____. 00
c. State	$ _____. 00
d. Local	$ 139,089. 00
e. Other/(In-kind)	$ 64,920. 00
f. Program Income	$ 10,000. 00
g. TOTAL	$ 364,009. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*

Blodgie Rodriguez

b. Title: **Interim Program Director**

c. Tel. #: (661) 327-4934 Fax #: (661) 327-4938

d. E-Mail Address: blodgie@kernmariachi.com

e. Signature of Authorized Representative

Blodgie Rodriguez Date: 07/01/2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

RECEIVED JUL - 1 2002 STATE CLEARING HOUSE

Applicant Information

1. Name and Address
Legal Name: A World Fit For Kids!
Address: 2550 W. Beverly Blvd.
2nd Floor
Los Angeles (City) CA (State) Los Angeles (County) 90057 -1029 (ZIP Code + 4)

Organizational Unit

2. Applicant's D-U-N-S Number 0 4 1 3 4 7 9 6 9

3. Applicant's T-I-N 3 3 - 0 5 5 0 9 9 4

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Safe & Drug-Free Schools and Communities Mentoring Programs.

5. Project Director: Ms. Normandie Nigh
Address: 2550 W. Beverly Blvd. 2nd Fl
Los Angeles (City) CA (State) 90057 1029 (ZIP Code + 4)
Tel. #: 213-387-7712 Fax #: 213-487-3240
E-Mail Address: Lafit@aol.com

6. Novice Applicant [ ] Yes [x] No

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

8. Type of Applicant (Enter appropriate letter in the box.) 1

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

Application Information

9. Type of Submission:

—PreApplication	—Application
[ ] Construction	[ ] Construction
[ ] Non-Construction	[x] Non-Construction

10. Is application subject to review by Executive Order 12372 process?
[X] Yes (Date made available to the Executive Order 12372 process for review): 7-01-02
[ ] No (If "No," check appropriate box below.)
[ ] Program is not covered by E.O. 12372.
[ ] Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 01/01/2003 End Date: 12/31/2005

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

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

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13. Descriptive Title of Applicant's Project:
A World Fit For Kids!
After-School Mentoring Program

Estimated Funding

14a. Federal	$ 200,000	.00
b. Applicant	$ 400,000	.00
c. State	$ 120,000	.00
d. Local	$ 0	.00
e. Other	$ 76,725	.00
f. Program Income	$ 0	.00
g. TOTAL	$ 796,725	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Ms. Normandie Nigh

b. Title
Executive Director

c. Tel. #: 213-387-7712 Fax #: 213-487-3240

d. E-Mail Address: Lafit@aol.com

Normandie Nigh
e. Signature of Authorized Representative

Date 07/01/2002

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STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	7-2-02
Applicant Identifier	
3. DATE RECEIVED BY STATE	
State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	
Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Humboldt

Organizational Unit: Community Development Serv., Economic Division.

Address (give city, county, State, and zip code): 520 E. Street, Eureka, Humboldt, CA 95501

Name and telephone number of person to be contacted on matters involving this application (give area code): Jacqueline Debets (707) 445-7747

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000513

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-811

TITLE: Brownfields Assessment Demo.Pilot

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Samoa Peninsula Redevelopment; Phase I, Phase II, Assess zoning & redevelopment needs, solicit citizen input for final project.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Humboldt County, California

13. PROPOSED PROJECT

Start Date: 10/02 Ending Date: 10/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant # 1 b. Project # 1

15. ESTIMATED FUNDING: 200,000

a. Federal	$ 200,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 200,000 .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 7-2-02

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. Type Name of Authorized Representative: Kirk Girard	b. Title: Community Development Services Director	c. Telephone Number: (707) 288-3735
d. Signature of Authorized Representative: Kirk Girard		e. Date Signed: 7/02/02

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Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

RECEIVED
JUL - 2 2002
STATE CLEARING HOUSE

Organizational Unit

Applicant Information

1. Name and Address
Legal Name: The Kern County Youth Mariachi Foundation (KCYMF)

Address: 1401 19th Street, Suite 105

Bakersfield (City) CA (State) Kern (County) 93301 - (ZIP Code + 4)

2. Applicant's D-U-N-S Number | 1 | 1 | 3 | 2 | 5 | 5 | 4 | 9 | 6 |

3. Applicant's T-I-N | 7 | 7 | - | 0 | 4 | 7 | 9 | 2 | 4 | 9 |

4. Catalog of Federal Domestic Assistance #: 84.1|8|4|B|

Title: Mentoring Programs

5. Project Director: Blodgie Rodriguez

Address: 1401 19th Street, Suite 105

Bakersfield (City) CA (State) 93301 (Zip code + 4)

Tel. #: (661) 327-4934 Fax #: (661) 327-4938

E-Mail Address: blodgie@kernmariachi.com

6. Novice Applicant X Yes __ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | J |

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

K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
__ Construction	__ Construction
__ Non-Construction	X Non-Construction

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

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

11. Proposed Project Dates: 09 / 02 / 2002 (**Start Date:**) 08 / 31 / 2005 (**End Date:**)

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

12a. Are **all** the research activities proposed designated to be exempt from the regulations?
__ Yes (Provide Exemption(s) #): _____

__ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

The Kern County Youth Mariachi Foundation: Mentoring Program

Estimated Funding

14a. Federal	$ 150,000. 00
b. Applicant	$ _____. 00
c. State	$ _____. 00
d. Local	$ 139,089. 00
e. Other/(In-kind)	$ 64,920. 00
f. Program Income	$ 10,000. 00
g. TOTAL	$ 364,009. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)

Blodgie Rodriguez

b. Title: **Interim Program Director**

c. Tel. #: (661) 327-4934 Fax #: (661) 327-4938

d. E-Mail Address: blodgie@kernmariachi.com

e. **Signature of Authorized Representative**

_____ Date: 07/01/2002

RECEIVED JUL - 2 2002 CLEARINGHOUSE

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Apple Valley Unified School Dist.
Address: 22974 Bear Valley Rd.
Apple Valley
City

Organizational Unit
Yucca Loma Elementary
21351 Yucca Loma Rd.
Apple Valley, CA 92307

CA (State) San Bernardino (County) 92308 (ZIP Code + 4)

2. Applicant's D-U-N-S Number 0 5 7 5 1 9 2 0 9

3. Applicant's T-I-N 3 3 - 0 2 2 1 7 3 8

4. Catalog of Federal Domestic Assistance #: 8 4 2 8 7
Title:

5. Project Director: Paul Swick
Address: 21351 Yucca Loma Rd.
Apple Valley CA 92307
City State ZIP Code + 4
Tel. #: 760 247-2623 Fax #: 760 247-4300
E-Mail Address: paul-swick@avsd.k12.ca.us

6. Novice Applicant ☐ Yes ☒ No

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

8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

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

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372 process for review): 7/3/02
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 9/1/02 End Date: 06/30/05

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

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

13. Descriptive Title of Applicant's Project:
TURNING POINTS - A Mentoring Program for Youth

Estimated Funding

14a. Federal	$ 265,055	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 265,055	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Tom E. Hoegerman

b. Title
Assistant Superintendent

c. Tel. #: 760 247-8001 Fax #: 760 247-4103

d. E-Mail Address: tom-hoegerman@avsd.k12.ca.us

e. Signature of Authorized Representative

Date: 7/1/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0105
Exp. 11/30/2004

RECEIVED JUL - 1 2002 STATE CLEARING HOUSE

Applicant Information

1. Name and Address
Legal Name: The University Corporation, Calif. State University, Northridge
Organizational Unit: Educational Opportunity Programs
Address: 18111 Nordhoff Street

Northridge (City) CA (State) Los Angeles (County) 91330 - 8232 (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 0 5 5 7 5 2 3 3 1

3. Applicant's T-I-N: 9 5 - 1 9 9 2 7 3 2

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Frank Muniz
Address: 18111 Nordhoff Street
Northridge (City) CA (State) 91330 - 8366 (ZIP Code + 4)
Tel. #: (818) 677-4151 Fax #: (818) 677-4153
E-Mail Address: frank.muniz@csun.edu

6. Novice Applicant: ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) G

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

Application Information

9. Type of Submission:

—PreApplication
☐ Construction
☐ Non-Construction

—Application
☐ Construction
☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/1/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

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

13. Descriptive Title of Applicant's Project:
EOP Community Mentor Program

Estimated Funding

14a. Federal	$	600,000.00
b. Applicant	$	530,815.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	1,130,815.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Scott Pérez

b. Title: Director of Research

c. Tel. #: (818) 677-2901 Fax #: (818) 677-4691

d. E-Mail Address: scott.perez@csun.edu

e. Signature of Authorized Representative: Scott Pérez Date: 7/1/2002

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED JUL - 1 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION *Application* ☐ Construction ☒ Non-Construction *Preapplication* ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED June 28, 2002	Applicant Identifier	
	3. DATE RECEIVED BY STATE	State Applicant Identifier	
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION — IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☒ NO IF YES, LIST AGENCY(S)

Legal Name: Regents, University of California

Organizational Unit:

Address *(give city, county, state, and zip code)*:
University of California, Riverside, Office of Research Affairs
University of California, Riverside, Office of Research Affairs
Department of Entomology, University of California
County of Riverside

Name and telephone and E-mail number of the person to be contacted on matters involving this application *(give area code)*
PI: John Trumble phone: 909-787-5624
e-mail: john.trumble@ucr.edu
ADMIN. CONTACT: Jeanne Reyes phone: 909-787-5535
e-mail: jeanne.reyes@ucr.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6006142

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other *(specify)*:

9. NAME OF FEDERAL AGENCY:
U.S. Environmental Protection Agency - ORD - NCER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.500
TITLE: 2002-STAR-NCER-K1

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Potential for increased bioavailability of mercury in selenium contaminated sites: Risk assessment and ecological effects

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

13. PROPOSED PROJECT:

Start Date	Ending Date
Jan 1, 2003	Dec 31, 2004

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 43 — Regents, University of California
b. Project 43

15. ESTIMATED TOTAL PROJECT FUNDING:

a. Federal	$ 199,802 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 199,802 .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 7/1/02
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. Typed Name of Authorized Representative Jeanne Reyes	b. Title Senior Contract and Grants Analyst	c. Telephone number 909-787-5535
d. Signature of Authorized Representative C. Jeanne Reyes		e. Date Signed 07/01/02

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Standard Form 424 (REV 4-88)

2001217

TOTAL P.03

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED MAY 30 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION: Application [x] Construction [ ] Non-Construction; Preapplication [x] Construction [ ] Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Strawberry Lodge Mutual Water Company

Organizational Unit: Same

Address (give city, county, State, and zip code): P.O. Box 7, Twin Peaks, CA 92391

Name and telephone number of person to be contacted on matters involving this application (give area code): John G. Egan, 909-889-0676

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6064515

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

A. State; B. County; C. Municipal; D. Township; E. Interstate; F. Intermunicipal; G. Special District; H. Independent School Dist.; I. State Controlled Institution of Higher Learning; J. Private University; K. Indian Tribe; L. Individual; M. Profit Organization; N. Other (Specify) Non-Profit

8. TYPE OF APPLICATION: [X] New [ ] Continuation [ ] Revision

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

A. Increase Award; B. Decrease Award; C. Increase Duration; D. Decrease Duration; Other (specify):

9. NAME OF FEDERAL AGENCY: United States Dept. of Agriculture Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE: Water & Waste Disposal Loan & Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replace, upgrade obsolete and old water distribution facilities - pipelines, well, and storage.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Bernardino County, California

13. PROPOSED PROJECT

Start Date	Ending Date
6/03	8/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 40th (Lewis)

b. Project: 40th

15. ESTIMATED FUNDING:

a. Federal	$ 1,100,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,100,000 .00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE _____

b. No. [ ] PROGRAM IS NOT COVERED BY E. O. 12372
[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation. [X] 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. Type Name of Authorized Representative	b. Title	c. Telephone Number
JOHN F MACDONALD	PRESIDENT	909-336-1888
d. Signature of Authorized Representative		e. Date Signed
[signature]		5/24/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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STATE CLEARING HOUSE

1. TYPE OF SUBMISSION *Application* ☐ Construction ☒ Non-Construction	*Preapplication* ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Applicant Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION — IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☐ NO IF YES, LIST ACRONYM(S)

Legal Name:
Regents of the University of California

Organizational Unit:
College of Engineering

Address *(give city, county, state, and zip code)*:
University of California, Riverside
Bourns College of Engineering
Department of Chemical & Environmental Engineering
Riverside, CA. 92521

Name and telephone and E-mail number of the person to be contacted on matters involving this application *(give area code)*
PI: Ashok Mulchandani, (909) 787-6419, adani@engr.ucr.edu
Dept. of Chemical & Environmental Engineering
ADMIN. CONTACT: Ruben Gomez
(909) 787-5535, rube.Gomez@ucrac1.ucr.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 — 6 0 0 6 1 4 2

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other *(specify)*:

9. NAME OF FEDERAL AGENCY:
U.S. Environmental Protection Agency - ORD - NCER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 5 0 0

TITLE: **2002-STAR – L1**
Environmental Futures Research in Nanoscale Science, Engineering and Technology

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
NANOBIOELECTRONIC DEVICE FOR ENVIRONMENTAL MONITORING

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

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
01/01/03	12/31/05	43rd	

15. ESTIMATED TOTAL PROJECT FUNDING:		
a. Federal	$	390,000.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	390,000.00

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 June 28, 2002
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. Typed Name of Authorized Representative	b. Title	c. Telephone number
Ruben B. Gomez	Principal Contract & Grant Analyst	(909) 787-5535
d. Signature of Authorized Representative Ruben B. Gomez		e. Date Signed 6-28-02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Alameda Unified School District
Address: 2200 Central Avenue
Alameda — City; CA — State; Alameda — County; 94501 - ZIP Code + 4

Organizational Unit

JUL - 1 2002
STATE CLEARINGHOUSE

2. Applicant's D-U-N-S Number: 0 7 6 5 2 7 3 4 2

3. Applicant's T-I-N: 9 4 - 6 0 0 2 0 6 1

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Carla Greathouse
Address: 2200 Central Avenue, Room 209E
Alameda — City; CA — State; 94501 - ZIP Code + 4
Tel. #: (510) 337-7093 Fax #: (510) 337-7163
E-Mail Address: carlagreathouse@msn.com

6. Novice Applicant ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

—PreApplication	—Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 6/26/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 8/15/2002 End Date: 6/30/2006

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

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

13. Descriptive Title of Applicant's Project:
Alameda Unified School District
Literacy Intervention Mentoring Program

Estimated Funding

14a. Federal	$	504,729.00
b. Applicant	$	166,614.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	671,343.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Ms. Ardella Dailey

b. Title
Assistant Superintendent, Alameda Unified School District

c. Tel. #: (510) 337-7064 Fax #: (510) 522-6926

d. E-Mail Address: adailey@alameda.k12.ca.us

e. Signature of Authorized Representative: Ardella Dailey

Date: 6/26/2002

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: June 28, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Gardena, California

Organizational Unit: Municipality

Address (give city, county, State, and zip code): 1700 West 162nd Street, Gardena, CA 90247

Name and telephone number of person to be contacted on matters involving this application (give area code): Yvonne Mallory (310)217-9533

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000713

7. TYPE OF APPLICANT: (enter appropriate letter in box) [C]

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-811

TITLE: Brownfields Pilot Cooperative Agreement

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Gardena Brownfields Economic Redevelopment Additional Site Assessments

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

13. PROPOSED PROJECT

Start Date: 10/1/02 Ending Date:

14. CONGRESSIONAL DISTRICTS OF: State of California, District No. 35

a. Applicant: City of Gardena, CA

b. Project: Brownfields Pilot

15. ESTIMATED FUNDING:

a. Federal	$ 150,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 150,000.00

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 6/28/02

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. Type Name of Authorized Representative: Mitchell G. Lansdell	b. Title: City Manager	c. Telephone Number: (310)217-9505
d. Signature of Authorized Representative: Mitchell G. Lansdell		e. Date Signed: 6-27-02

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Juma Ventures
Address: 190 Ninth Street
Suite 100
San Francisco (City) CA (State) San Francisco (County) 94103 - 2603 (ZIP Code + 4)

Organizational Unit

2. Applicant's D-U-N-S Number: 0 1 4 2 6 9 3 9 8

3. Applicant's T-I-N: 9 4 - 3 2 0 3 2 0 3

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Muriel O'Connell
Address: Juma Ventures 190 Ninth Street, Suite 100
San Francisco (City) CA (State) 94103 - 2603 (ZIP Code + 4)
Tel. #: (415) 252-0502 Fax #: (415) 252-0940
E-Mail Address: murielo@jumaventures.org

6. Novice Applicant ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) I

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

Application Information

9. Type of Submission:

—PreApplication
☐ Construction
☐ Non-Construction

—Application
☐ Construction
☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 6/21/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

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

13. Descriptive Title of Applicant's Project:
Work Based Youth Mentoring Program

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Estimated Funding

14a. Federal	$	450,000.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	317,508.00
f. Program Income	$	.00
g. TOTAL	$	767,508.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Diane Flannery, Ph.D.

b. Title
Chief Executive Officer

c. Tel. #: (415) 252-0502 Fax #: (415) 252-0940

d. E-Mail Address: dianef@jumaventures.org

e. Signature of Authorized Representative: Diane F Flannery

Date: 6/26/2002

Application for Federal Education Assistance (ED 424)

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U.S. Department of Education

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

Applicant Information

1. Name and Address
Legal Name: Oakland Unified School District
Address: 1025 Second Avenue
Organizational Unit: Fruitvale Elementary

Oakland (City) Ca (State) Alameda (County) 94602 (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 9 4 6 0 0 0 3 8 5
3. Applicant's T-I-N: 9 4 - 6 0 0 0 3 8 5
4. Catalog of Federal Domestic Assistance #: 84 1 8 4 B
Title: Mentoring Programs
5. Project Director: Stuart J. Richardson
Address: 3200 Boston Avenue
Oakland (City) CA (State) 94602 (Zip code + 4)
Tel. #: (510) 879 - 2826 Fax #: (510) 879 - 117
E-Mail Address: oaklandsaigon@att.net

6. Novice Applicant ___ Yes X No
7. Is the applicant delinquent on any Federal debt? ___ Yes X No
(If "Yes," attach an explanation.)
8. Type of Applicant *(Enter appropriate letter in the box.)* B

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

K - Other *(Specify)*: _____

Application Information

9. Type of Submission:

PreApplication	*Application*
___ Construction	___ Construction
___ Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 9/02/02
___ No *(If "No," check appropriate box below.)*
___ Program is not covered by E.O. 12372
___ Program has not been selected by State for review.

11. Proposed Project Dates: 9/01/02 (Start Date:) 8/30/03 (End Date:)

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

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

13. Descriptive Title of Applicant's Project:
Fruitvale ECHO Mentoring Program

Estimated Funding

14a. Federal	$ 450,000 .00
b. Applicant	$ 27,700 .00
c. State	$ 136,426 .00
d. Local	$ 0 .00
e. Other	$ 233,595 .00
f. Program Income	$ 0 .00
g. TOTAL	$ 847,721 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative *(Please type or print name clearly.)*
b. Title:
c. Tel. #: ( ) - Fax #: ( ) -
d. E-Mail Address:
e. Signature of Authorized Representative

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JUL - 1 2002
STATE CLEARINGHOUSE

Application for Federal Education Assistance

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Helix Charter High School
Address: 7323 University Ave.

Organizational Unit: Public Charter High School

La Mesa (City) CA (State) San Diego (County) 91941 - 6055 (ZIP Code + 4)

2. Applicant's D-U-N-S Number 100116581

3. Applicant's T-I-N 956001517

4. Catalog of Federal Domestic Assistance #: 84 184B

5. Project Director: Douglas D Smith
Address: 7323 University Ave
La Mesa (City) CA (State) 91941 - 6055 (ZIP Code + 4)
Tel. #: (619) 644-1940 Fax #: (619) 462-9266
E-Mail Address: dsmith@helixcharter.net

6. Novice Applicant Yes

Title: Mentoring Programs

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

8. Type of Applicant *(Enter appropriate letter in the box.)* K

A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other *(Specify)*: Charter School

Application Information

9. Type of Submission:
--Application
Non-Construction

10. Is application subject to review by Executive Order 12372 process?
Yes *(Date made available to the Executive Order 12372 process for review)*: 07/02/2002

11. Proposed Project Dates:

Start Date:	End Date:
09/01/2002	09/01/2005

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)
12a. Are **all** the research activities proposed designated to be exempt from the regulations? No
Yes (Provide Exemption(s)#):
No (Provide Assurance #, if available):

13. Descriptive Title of Applicant's Project:
Senior High/Senior Life Connection (Mentoring Program)

Estimated Funding

14a. Federal	$	105,824	.00
b. Applicant	$	0	.00
c. State	$	0	.00
d. Local	$	0	.00
e. Other	$	0	.00
f. Program Income	$	0	.00
g. TOTAL	$	105,824	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative
Douglas D. Smith, Ed.D.

b. Title Principal

c. Tel. #: (619)644-1940 x 111

d. E-Mail Address: dsmith@helixcharter.net

e. Signature of Authorized Representative

Application for Federal Education Assistance (ED 424)

RECEIVED JUL - 1 2002

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
Address: 1108 Bissell Avenue
Richmond (City) CA (State) Contra Costa (County) 94801 - 3135 (ZIP Code + 4)

Organizational Unit
Adams Middle School
Portola Middle School

2. Applicant's D-U-N-S Number 1 0 0 1 3 1 7 1 3

3. Applicant's T-I-N 6 8 - 0 0 0 0 4 9 5

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Gloria Scoggins
Address: 2625 Barnard Road
Richmond (City) CA (State) 94806 - (ZIP Code + 4)
Tel. #: (510) 222-8354 Fax #: (510) 758-3210
E-Mail Address: gscoggins@wccusd.k12.ca.us

6. Novice Applicant ☑ Yes ☐ No

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

8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

Preapplication	Application
☐ Construction	☐ Construction
☐ Non-Construction	☑ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☑ Yes (Date made available to the Executive Order 12372 process for review): 7/1/2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/1/2002 End Date: 9/30/2005

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

12a. Are all the research activities proposed designated to be exempt from the regulations?
☑ Yes (Provide Exemption(s) #): 3
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:
Middle School Mentoring Project at Adams & Portola

Estimated Funding

14a. Federal	$	159,769.00
b. Applicant	$	79,930.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	239,699.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Dr. Gloria Johnston

b. Title
Superintendent of Schools

c. Tel. #: (510) 620-2205 Fax #: (510) 236-6784

d. E-Mail Address: gjohnston@wccusd.k12.ca.us

Gloria L. Johnston KEB
e. Signature of Authorized Representative

Date: 6/28/2002

Application for Federal Education Assistance (ED 424)

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U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Fremont Unified School District
Address: 4210 Technology Drive

Organizational Unit: STATE CLEARING HOUSE

Fremont (City) | CA (State) | Alameda (County) | 94538 (ZIP Code + 4)

2. Applicant's D-U-N-S Number: 0 8 0 7 1 6 3 0 1

3. Applicant's T-I-N: 9 4 - 1 6 3 6 0 2 9

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

5. Project Director: Sherry Jennings-King
Address: 4588 Peralta Blvd., Suite 17
Fremont (City) | CA (State) | 94536 (ZIP Code + 4)
Tel. #: 510-795-6488 ext. 6174 Fax #: 510-795-6498
E-Mail Address: sherryjk@beamentor.org

6. Novice Applicant: ☐ Yes ☒ No

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

8. Type of Applicant (Enter appropriate letter in the box.): K

A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify): Local Educational Agency

Application Information

9. Type of Submission:

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

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/01/02 End Date: 09/30/02

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

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

13. Descriptive Title of Applicant's Project:
Fremont Mentor Program

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Estimated Funding

14a. Federal	$ 224,576	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 224,576	0.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
Sharon Belshaw-Jones

b. Title: Superintendent

c. Tel. #: 510-659-2542 Fax #: 510-659-2597

d. E-Mail Address:

e. Signature of Authorized Representative: Sharon Belshaw-Jones

Date: 6-27-02

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Application for Federal Education Assistance (ED 424)

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Imperial County Office of Education
Address: 1398 Sperber Road
El Centro, CA 92243
El Centro (City) CA (State) Imperial (County) 92243 - (ZIP Code + 4)

Organizational Unit: Student Well-Being & Family Resources

2. Applicant's D-U-N-S Number: 0 8 4 9 8 0 1 7 6
3. Applicant's T-I-N: 9 5 - 6 0 0 1 6 6 5
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Program
5. Project Director: Rita Brogan
Address: 1398 Sperber Road
El Centro (City) CA (State) 92243 - (ZIP Code + 4)
Tel. #: 760-312-6498 Fax #: 760-312-6576
E-Mail Address: rbrogan@icoe.k12.ca.us
6. Novice Applicant: [X] Yes [ ] No
7. Is the applicant delinquent on any Federal debt? [ ] Yes [X] No
(If "Yes," attach an explanation.)
8. Type of Applicant (Enter appropriate letter in the box.) F

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

Application Information

9. Type of Submission:

—PreApplication	—Application
[ ] Construction	[ ] Construction
[ ] Non-Construction	[XX] Non-Construction

10. Is application subject to review by Executive Order 12372 process?
[X] Yes (Date made available to the Executive Order 12372 process for review): 7/1/02
[ ] No (If "No," check appropriate box below.)
[ ] Program is not covered by E.O. 12372.
[ ] Program has not been selected by State for review.

11. Proposed Project Dates: Start Date: 10/01/02 End Date: 09/30/03

12. Are any research activities involving human subjects planned at any time during the proposed project period?
[ ] Yes (Go to 12a.) [XX] No (Go to item 13.)
12a. Are all the research activities proposed designated to be exempt from the regulations?
[ ] Yes (Provide Exemption(s) #):
[X] No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:
Safe and Drug Free Schools Mentoring Program

Estimated Funding

14a. Federal	$ 200,000	.00
b. Applicant	$ 50,199	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 250,199	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)
John D. Anderson
b. Title
County Superintendent of Schools
c. Tel. #: 760-312-6440 Fax #: 760-312-6576
d. E-Mail Address: janderson@icoe.k12.ca.us
e. Signature of Authorized Representative: John D. Anderson
Date: 07/02/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application: ☐ Construction ☑ Non-Construction; Preapplication: ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED: July 2, 2002	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Fish and Game

Organizational Unit: Wildlife Conservation Board

Address (give city, county, state, and zip code):
1807-13th Street, Suite 103
Sacramento, Sacramento County
California, 95814-7117

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Debbie Townsend (916) 445-1113

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 – 0296961

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
☑ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15- – 615

TITLE: Cooperative Endangered Species Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Land Acquisition
Otay Lakes/Proctor Valley
San Diego County

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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City of Chula Vista, County of San Diego, California

13. PROPOSED PROJECT
Start Date: 7/05/02
Ending Date: 9/30/05

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: Statewide
b. Project: Congressional Districts 48-52

15. ESTIMATED FUNDING:

a. Federal	$ 14,225,000.00
b. Applicant	$
c. State	$ 30,085,000.00
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 44,310,000.00

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 7/2/02

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. Type Name of Authorized Representative: Al Wright	b. Title: Executive Director	c. Telephone Number: (916) 445-0137
d. Signature of Authorized Representative		e. Date Signed: July 2, 2002

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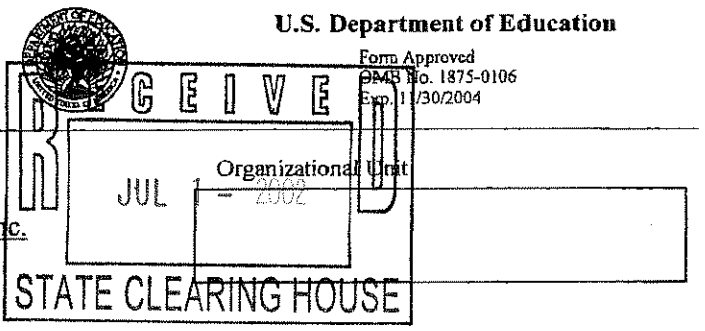
Standard Form 424 (Rev. 4-92)
Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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



Organizational Unit

Applicant Information

1. Name and Address

Legal Name: Big Brothers Big Sisters of Mendocino County, Inc.

Address: 498 N. McPherson Street

Fort Bragg, (City) California (State) Mendocino (County) 95437 - 3314 (ZIP Code + 4)

2. Applicant's D-U-N-S Number | 8 | 5 | 9 | 7 | 9 | 0 | 1 | 7 | 2 |

3. Applicant's T-J-N | 9 | 4 | - | 2 | 8 | 7 | 5 | 1 | 0 | 0 |

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |

Title: EDGE: EDUCATION, DEVELOPMENT, GUIDANCE, and EXPOSURE

5. Project Director: Wendy Wall

Address: 498 N. McPherson Street

Fort Bragg (City) CA. (State) 95437 - 3314 (Zip code + 4)

Tel. #: (707) 964 - 1228 Fax #: (707) 964 - 8922

E-Mail Address: bbbs@mcn.org

6. Novice Applicant ___ Yes _X_ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | 1 |

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

K - Other (*Specify*): _____

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	_X_ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

_X_ Yes (*Date made available to the Executive Order 12372 process for review*): 7 / 1 / 2002

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

11. Proposed Project Dates: 10 / 1 / 2002 (**Start Date:**) 9 / 30 / 2005 (**End Date:**)

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

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

13. Descriptive Title of Applicant's Project:

the EDGE (Education, Development, Guidance, Exposure) will sever high risk children be matched with adtult and high school mentors

Estimated Funding

14a. Federal	$	573,018.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	573,018.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Wendy Wall

b. Title: Executive Director

c. Tel. #: (707) 964 - 1228 Fax #: (707) 964 - 8922

d. E-Mail Address: bbbs@mcn.org

e. **Signature of Authorized Representative** Wendy Wall July 1, 2002

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address

Legal Name: Redwood Community Action Agency

Organizational Unit

Address: 904 G St.

Eureka, Ca. Humboldt 95501 - 1829
City State County ZIP Code + 4

2. Applicant's D-U-N-S Number | 1 | 2 | 0 | 8 | 0 | 3 | 8 | 5 | 3 |

3. Applicant's T-I-N | 9 | 4 | - | 2 | 6 | 4 | 6 | 3 | 7 | 0 |

4. Catalog of Federal Domestic Assistance #: **84.1 | 8 | 4 | B |**

Title: Mentoring Programs, Department of Education, Office of Elementary and Secondary Education, Safe and Drug-Free Schools Programs

5. Project Director: Lorey Keele

Address: 904 G St.

Eureka Ca. 95501
City State Zip code + 4

Tel. #: (707) 269-2052 Fax #: (707) 445-0884

E-Mail Address: mentor@rcaa.org

6. Novice Applicant X Yes ___ No

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

8. Type of Applicant *(Enter appropriate letter in the box.)* | J |

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

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Application Information

9. Type of Submission:

-PreApplication	*-Application*
Construction	Construction
Non-Construction	X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* 06 / 28 / 02
No *(If "No," check appropriate box below.)*
Program is not covered by E.O. 12372.
Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 02 09 / 30 / 05
Start Date: End Date:

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

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

13. Descriptive Title of Applicant's Project:

The Northcoast Mentor Program is a collaborative within which partners have shared goals and objectives. See attachment.

Estimated Funding

14a. Federal	$	200,000 .00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	200,000 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*)
Kermit Thobaben, LCSW

b. Title: **Acting Executive Director**

c. Tel. #: (707) 269 -2021 Fax #: (707) 445-0884

d. E-Mail Address: planning@rcaa.org

e. **Signature of Authorized Representative**

Date: 06 / 24 / 02